

PREVALENCE OF DIFFERENT FORMS OF INTIMATE PARTNER VIOLENCE AMONG WOMEN IN INFORMAL SETTLEMENTS IN NAIROBI COUNTY, KENYA.

¹Makena Njuki, ²Susan K. Muriungi & ³Sylvia Tuikong

^{1,2}School of Applied Human Sciences; Daystar University

³School of Arts and Social Sciences; Daystar University

¹fnjuki@daystar.ac.ke, ²smuriungi@daystar.ac.ke, ³stuikong@daystar.ac.ke

ABSTRACT: *-Intimate Partner Violence (IPV) has a wide range of negative effects on the women who experience it. These may range from mental health issues to death. There are frequent reports in the media of IPV, while others go unreported. However, for the relevant authorities to be able to enact policies that turn the tide, it is vital that data be presented that illustrates the magnitude of the issue. There are various forms of Intimate Partner Violence that are perpetrated globally. IPV may be psychological, physical, economic, or sexual. This paper reviews the prevalence of different forms of Intimate Partner Violence in informal settlements in Nairobi County, Kenya. The study used Concurrent Triangulation which is a mixed method research design. Participants were women above the age of eighteen years who had been exposed to IPV. They were screened for IPV using the Women Abuse Screening Tool (WAST). This was done at the onset of the study, to obtain the baseline assessment. The therapeutic intervention took place on a weekly basis for a period of 10 weeks. After this, there was a midline and end-line assessment. The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 27. The results showed that the most prevalent form of abuse among the respondents was verbal abuse (93.9%) followed by physical abuse (92.5%) and then sexual abuse (88.6%). Overall, this study established that there is a high prevalence of different forms of IPV in informal settlements in Nairobi County, Kenya.*

KEYWORDS: Intimate Partner Violence, Women Abuse Screening Tool; therapeutic intervention; Concurrent Triangulation

INTRODUCTION

Intimate Partner Violence usually begins with emotional, psychological, verbal and at times physical abuse, which can progress to sexual abuse. The silence of the victim gives encouragement to the perpetrator to take it a step further. Over time, the effects become more and more severe (CDC, 2014). It has been shown that physical assault does not usually begin at the onset of a relationship. What usually happens is that the abuser begins a pattern of emotional and verbal abuse. There is also increased control of the victim. The perpetrator begins to attack the self-worth of the victim which consequently leads to a very low self-esteem, to the degree that she begins to doubt any decisions that he or she would like to make (Bright Horizons, 2016). Another effective tactic that is used by the perpetrator is to isolate the victim from an existing social system, as well as denying them permission to work outside of the home to earn an income. This then escalates the physical abuse when it does begin as the perpetrator blames the victim for their behavior. Intimidation of the victim continues with battery, sexual abuse as well as destruction of property and threats of harm to the children. Some abusers threaten to kill or kidnap the children if the

victim ever leaves the relationship (Bright Horizons, 2016).

According to the World Health Organization (2013), Intimate Partner Violence affects one-third of women globally. It is widespread across all cultures. The violence begins with emotional abuse and progresses to severe battery and possible death in the absence of intervention. According to the National Coalition Against Domestic Violence (Progress West Hospital, 2016), IPV often starts with verbal mistreatment such as name-calling and the use of threatening language. It then escalates to hitting or throwing objects. Finally, it worsens and the perpetrator begins to push, and hold the victim against his or her will. The battery goes further to now include kicking, punching, and hitting. At this point, it is now life-threatening, as bones may be broken and choking of the victim may occur as well as the use of weapons may be introduced. (Progress West Hospital, 2016). 38% of all murders of women have been shown to be caused by their intimate partners (WHO, 2013).

LITERATURE REVIEW

Intimate Partner Violence is a global phenomenon. It takes place in diverse settings regardless of location, religious persuasion, or socio-economic status. Men tend to be the perpetrators, on most occasions, the women who are experiencing IPV are often not aware that they are being abused (Marques, 2019). This lack of awareness allows the abuse to continue for a longer period of time than if the situation was called for what it was and an intervention made to halt the violence. According to Breiding (2015), IPV is whereby current or former intimate partner is physically, sexually, psychologically, or verbally violent. Stalking is also recognized as a form of IPV. Physical violence that leaves marks on the victim's body is usually what is widely viewed as IPV. The reality, however, is that emotional and psychological violence that leaves no physical scars or bruises is just as harmful. This includes instilling fear in the victim, criticizing, insulting and humiliating the victim which greatly damages the victim's sense of self-worth (Marques, 2019).

From a global perspective and according to the World Health Organization (2021), the most prevalent form of IPV is that which is carried out by one's intimate partner. The rate is higher for younger women who are between the ages of 20-44 years, and 10-16% of the women in this age bracket have experienced this violence within the last 12 months (WHO,2021). In Southern Asia, the prevalence rate was 35%, while in Sub-Saharan Africa, it was at 33%. The regions that were found to have the lowest rates of IPV were Europe with a range of 16%-23%, Asia with an average rate of 19.6%, and Australia and New Zealand at 23% (WHO, 2021). A study conducted in seven Arab nations indicated that the prevalence of physical abuse ranged from 6%-59% for physical abuse. Sexual violence was at 3%-40%, while emotional and psychological abuse was the highest with a range from 5%-91% (Elghossain et al., 2019). The Covid pandemic also affected IPV prevalence rates. In regions where IPV was already present, the lockdowns that were put in place by the various government inadvertently caused a rise in the incidences of IPV. A study carried out in Peru is one such nation. Before the Covid pandemic, approximately 60% of women had experienced some form of IPV. With the imposed lockdown, the calls to the helplines for domestic violence increased by 48% (Aguero,2021).

According to Izugbara et al. (2020), it is estimated that in Sub-Saharan Africa, 36% of women experienced at least one form of IPV, 12.8% experienced two types and 4.6% experienced all three types. In Kenya, a study was conducted for those women who had experienced IPV. 3,028 women participated, and married women made up 76.9% of the sample. Those aged between 20-29 years were the highest in number and were 43.1% of the total number interviewed (Memiah et al., 2018). According to Ajmera (2018), IPV generally follows a four-stage pattern. The details may vary from

one couple to the next however there are certain similarities that remain across the board. The first stage is the one whereby tension begins to build up in the relationship. It occurs just before the abusive act occurs. During this stage, the abuser becomes passive-aggressive, and due to the lack of effective communication, the relationship becomes increasingly strained. The victim becomes very tense and tries as much as possible to avoid provoking the abuser by changing her behavior. She fears triggering an abusive episode and so does all that she can to avoid making him angry. When one is an abuser, very little provocation is needed. This is due to the fact that there are individual factors that cause one to become a perpetrator, which are not caused by the victim (Cherry, 2022). The abusive incident that takes place may involve physically or sexually assaulting the victim. Other ways of inflicting pain on the victim include emotional abuse and intimidation, neglecting to take care of her needs, financially depriving her or becoming excessively controlling of her (Ajmera, 2018).

According to Gillette (2022), after the abusive incident has taken place, the perpetrator then tries to placate the victim by apologizing. This is referred to as the reconciliation stage. He may even buy her gifts and show her extreme kindness. He becomes overly affectionate and promises that such an incident will never occur again. He becomes very caring and manages to convince the victim that the abuse will never be repeated again. Some of the perpetrators are genuinely remorseful for having inflicted pain, however, there are those that choose to ignore the entire episode. Some also blame the victim and make her feel that it was her behavior that caused the eruption (Bottaro, 2022). After the third stage, there is a period of calm in the relationship. Sometimes it lasts for a long enough period that the victim becomes convinced that the abuser has actually reformed. However, in all relationship's conflicts are sure to arise sooner or later. The result then, is that tension begins to build up again and the cycle of abuse become repeated over and over again (Ajmera, 2018)

There are some signs that indicate that a person may be undergoing some sort of IPV. According to Kunz (2018) in couples where there is IPV, the perpetrator tends to be extremely jealous and possessive. He claims that it is because he really loves his partner. The root cause however is a deep sense of insecurity. This causes him to always want to either be with his partner or to know where she is. He may also stop her from attending social events, or he may insist that she stops seeing certain people. The perpetrator also shows disrespect for the victim. He may abuse her verbally or humiliate her in public. He then twists the story to show how it was all her fault. Control of the individual is also indicative of an abusive relationship. The abuser seeks to control every aspect of his partner's life. In some cases, he chooses what she is to wear, who she is to see, where she gets to go, and how long she stays there. He may threaten to harm her, her loved ones, or even himself if she ever decides to leave him (Kunz, 2018).

As the violence progresses, the victims of intimate partner violence begin to experience a wide range of physical ailments such as soft tissue and muscular injuries. Somatoform disorders such as hypertension and chronic pain also result. Psychologically, the victims may develop PTSD, anxiety, depression, eating disorders as well as suicidality (WHO, 2013). In instances where the victim manages to leave the abusive relationship, IPV may progress to separation violence. This is whereby the partner being abused manages to separate from the abuser. However, even then, her safety is not guaranteed because separation violence is still a factor. The perpetrator refuses to accept the reality that the relationship is over and still tries to control the other partner. A study carried out (Indiana University, 2016) shows that 75% of the reported assaults occur after the couple has already separated while 25% of female homicides were carried out by partners whom

the women had already separated from. This does not mean that one should continue living in a dangerous relationship, but rather that great care should be taken when the decision is made to leave to guarantee one's safety (Indiana University, 2016).

Lack of awareness by the victim as well as the wider society is a contributor to the prevalence of IPV (Crowley, 2019). Financial violence is another form of IPV that is hardly recognized. According to Marques (2019), this is whereby the perpetrator causes the victim to become totally dependent on him for her every need. He does this by not allowing her to work or run any business, insisting that she stay at home to take care of the family (Pace, 2019). In cases whereby she is allowed to work, he takes complete control of her money and does not allow her to access or control it, often accruing debts that she has to honor. This causes her to not only lose her self-esteem, it also ensures that she will never have the means to leave him and have a life on her own without him. When children are involved, it entraps her even more as she has no way of financially sustaining herself and her children (Crowley, 2019). Intimate Partner Violence wears many faces and cannot be said to be caused by only one factor. There are different forces that interact to produce both the perpetrator and the victim. According to the World Health Organization (2012), the factors can be either individual, relationship factors or community factors. Some of the individual factors that influence the likelihood of a man behaving in a violent manner are if the woman is of a younger age or if the man has a low level of education. If the man had witnessed violence as a child, then the chances that he too will be violent, are high. Substance abuse and personality disorders are also factors that influence IPV. Economic hardship also triggers violence in a relationship (WHO, 2012).

CDC (2016) states that abuse can be caused by depression, anger, and hostility. When a person has a history of being physically abusive, then he or she will most likely continue in the same way. Other reasons given are that person with anti-social and borderline disorders may also be abusive towards their partners. Unresolved emotional issues and insecurities as well as unemployment are other factors that have been identified. A man's desire for power and dominance also contributes to physical and sexual abuse. Societal factors such as poverty as well as low community intervention during a violent episode, also contribute to the perpetuation of violence (CDC, 2016).

A woman will tend to accept the violence meted out to her if she has a low level of education. If she witnessed violence between her parents then that makes her vulnerable to the same. Being sexually abused as a child as well as any other form of abuse as a child will predispose her to be a potential victim of abuse when in an intimate relationship (WHO, 2012). Sometimes a woman will try to leave an abusive situation. If the attempt is not successful, the violence that is meted out to her may lead to her death (Block, 2003). It happens without warning and she is therefore disadvantaged. Early parenthood according to the National Institute of Justice (2007) is another stressor that causes intimate relationships to turn violent.

Significant changes in the life of a family such as illness or an unexpected pregnancy can also trigger violence in a family. The violent partner begins to feel left out. To regain his sense of control, he may begin to threaten and abuse his wife and other family member residing with them at that time. These could be the couple's own children or even members of their respective extended families. (Bewley and Mezey, 2016). According to Carlson et al. (2000), poverty has a direct bearing on whether or not a relationship will turn abusive. The rates of intimate partner violence were noted to be higher in households that had lower income levels. According to the Journal on Family Violence (2008), the fact that most women do not report incidents of violence encourages the vice to continue. According to Kamimura et al. (2014), women only seek health

care when they have been injured. Low education as well as low levels of social support are also further causative factors. In developing countries, a large number of the enforcers are male. When cases are reported, the investigations are not thoroughly carried out due to biases on the part of the officers. Most of this happens in patriarchal societies where the males tend to be more dominant, as a result, a lot of gender inequality puts women at a disadvantage (Journal on family violence, 2008).

Michalski (2004) states that the various factors that contribute to IPV include the couple's social isolation. They do not have the benefit of a social network that can offer support during times of crisis. Also, when a couple gets support from different peer groups, there is a high probability of tension. This is as opposed to the couple getting emotional support from the same network of friends and family. The inequality between partners, an individual's exposure to violence as well as a society that is more intrinsically patriarchal are also factors that encourage intimate partner violence (Michalski, 2004). Alcohol and substance abuse have also been identified in various studies as influencing IPV. Even though substance abuse in and of itself cannot be said to cause violence, it nevertheless aggravates a situation that may already be volatile (Doak, 2009). Intimate Partner Violence takes on different forms. It may be physical, sexual, verbal, or psychological. Controlling behaviors such as restricting the person socially are also regarded as being abusive (Atrain, 2022). IPV according to the World Health Organization includes not only physical and sexual abuse but emotional abuse as well. Controlling behaviors that include restricting the victim's access to resources such as medical assistance or even employment are also considered abusive (WHO, 2012).

From a global perspective and according to the World Health Organization (2021), the most prevalent form of IPV is that which is carried out by one's intimate partner. The rate is higher for younger women who are between the ages of 20-44 years, and 10-16% of the women in this age bracket have experienced this violence within the last 12 months (WHO, 2021). In Southern Asia the prevalence rate was 35%, while in Sub-Saharan Africa, it was at 33%. The regions that were found to have the lowest rates of IPV were Europe with a range of 16%-23%, Asia with an average rate of 19.6%, and Australia and New Zealand at 23% (WHO, 2021)

A study conducted in seven Arab nations indicated that the prevalence of physical abuse ranged from 6%-59% for physical abuse. Sexual violence was at 3%-40%, while emotional and psychological abuse was the highest with a range from 5%-91% (Elghossain et al., 2019). The Covid pandemic also affected IPV prevalence rates. In regions where IPV was already present, the lockdowns that were put in place by the various governments inadvertently caused a rise in the incidences of IPV. A study carried out in Peru is one such nation. Before the Covid pandemic, approximately 60% of women had experienced some form of IPV. With the imposed lockdown, the calls to the helplines for domestic violence increased by 48% (Aguero, 2020). According to Izugbara et al. (2020), it is estimated that in Sub-Saharan Africa, 36% of women experienced at least one form of IPV, 12.8% experienced two types and 4.6% experienced all three types. In Kenya, a study was conducted for those women who had experienced IPV. 3,028 women participated, and married women made up 76.9% of the sample. Those aged between 20-29 years were the highest in number and were 43.1% of the total number interviewed (Memiah et al., 2018).

METHODS AND TOOLS

This study used the Concurrent Triangulation Design, also referred to as Convergent Parallel Design (Cresswell and Clark, 2011) which is a mixed-method research design model. It incorporates both quantitative and qualitative data collection methods during the same time frame

(Cresswell & Clark, 2011). The information obtained from these two methods was then compared to check for similarities. These similarities were regarded as the points of convergence. target population was adult women aged 18 years and above, living in the informal settlements of Gatina and Kibera in Nairobi County who had experienced intimate partner violence.

The sample size was calculated using the formula $n = (z^2pq)/d^2$ (Mugenda and Mugenda, 2012). An attrition rate of 20% was also taken into consideration (Dumville, Togerson and Hewitt, 2006) bringing the sample size to 116. The sites were selected using purposive sampling, whereas the study participants were selected using the convenience sampling method. The study used a Socio-demographic questionnaire together with the WAST (Women Abuse Screening Tool) to screen for IPV. The WAST is able to screen for physical, verbal, and psychological abuse Iskandar et al. (2015) It consists of eight items and has been shown to have an internal reliability of .801. A score of 13 out of a possible total of 24 identifies a woman as having experienced intimate partner violence.

The study was conducted in an ethical manner. It took into consideration the ethical principles as they were prescribed by the American Psychological Association (Gravetter & Forzano, 2012). Ethical clearance from DU ERB as well as the authority to collect data from NACOSTI was obtained. To begin with, the respondents were not harmed in any way. Care was taken to ensure that their welfare was safeguarded at each stage of the research process. The researcher and research assistants conducted themselves in a professional and trustworthy manner. Integrity in all dealings with the respondents was upheld. The respondents were treated with dignity and respect (APA, 2020). Approval for the research was obtained from the Daystar ERB (Ethics and Review Board) as well as from NACOSTI (National Commission for Science Technology and Innovation), in order to ensure that the intended study adhered to the laid down research guidelines.

Informed consent was obtained from each of the respondents prior to the study. They were informed of the purpose of the research and how long it was expected to take. According to APA (2020) it was also important to let the respondents know that they had the liberty to withdraw from the study at any point in time, without any negative consequences. Great care was taken to not re-traumatize the respondents. This was due to the fact that they had already been exposed to IPV in one degree or another. The nature of the SFT intervention was such that it was future-oriented and did not focus on what had happened in the past. The respondents were encouraged to only talk about what they were comfortable discussing. No pressure was exerted on them to discuss anything that they were not comfortable sharing. There was no participant that experienced a negative psychological effect from the intervention. The limits of confidentiality were discussed with the respondents at the onset of the study. Regular assurance of privacy and confidentiality was also provided throughout the research period. The respondents were assisted to appreciate the fact that confidentiality had limits, especially when either the respondent's life or that of another person was under threat. Any concerns or questions that the respondents had were addressed, and anything that they did not understand well was clarified.

In as far as incentives for participation were concerned, the participants were made aware that even if no monetary compensation would be given for their participation, they would gain by being psychologically equipped so that they would be able to begin focusing on futures that would be more hopeful, despite the abuse suffered. Due to the prevailing socio-economic status of the sites, transport was facilitated so that the women would be able to attend the therapy sessions on a regular basis. After the study period was over, the women who participated in the control group and who were willing were offered free SFT group sessions, in appreciation of their goodwill to the

research.

The results of the study will be disseminated in a way that benefits the wider society. This will be done through publications, as well as through cooperation with the relevant stakeholders to explore ways in which the intervention may be adopted and be of use to the community.

RESULTS

Table 1: IPV Status in the two sites (Gatina and Kibera settlements)

		Sample		
		Gatina	Kibera	Total
Tension Status based on WAST	Some tension	28(19.3%)	13(9.0%)	41(28.3%)
	Lots of tension	53(36.6%)	51(35.2%)	104(71.7%)
Total		81(55.9%)	64(44.1%)	145(100.0%)
Pearson Chi-Square		$\chi^2=3.582$; $df=1$; $p=0.058$		
Ongoing Abuse	Yes	40(28.0%)	39(27.3%)	79(55.2%)
	No	40(28.0%)	24(16.8%)	64(44.8%)
Total		80(55.9%)	63(44.1%)	143(100.0%)
Pearson Chi-Square		$\chi^2=2.020$; $df=1$; $p=.155$		
Length of Abuse	0-5years	41(29.9%)	33(24.1%)	74(54.0%)
	6-10years	21(15.3%)	16(11.7%)	37(27.0%)
	Over10years	12(8.8%)	14(10.2%)	26(19.0%)
Total		74(54.0%)	63(46.0%)	137(100.0%)
Pearson Chi-Square		$\chi^2=.816$; $df=2$; $p=.665$		

Table 1 illustrates the tension status in the relationship. 19.3% of those in the experimental group reported some tension and 36.6% had lots of tension. In the control group, 9% had some tension and 35.2% had lots of tension. Overall, 28.3% of the women reported some tension and 71.7% reported lots of tension. Therefore, those who had experienced lots of tension were the majority. Results from both sites revealed the difference in tension status was not statistically significant ($p=0.058$) and this shows that both groups were similar in terms of the tension status in the relationship.

In regards to ongoing abuse, 28% of those in the Gatina respondents and 27.3% of those in the Kibera respondents had ongoing abuse. Overall, 55.2% of the women had ongoing abuse. This shows that more than half of the respondents had ongoing abuse. The differences between the Kibera and the Gatina respondents in terms of ongoing abuse had no statistically significant difference ($p=0.155$) showing that both groups were similar in terms of ongoing abuse.

Concerning the length of abuse, 29.9% of those from Gatina and 24.1% of those from Kibera settlements had endured abuse for between 0-5 years, which was 54% in both groups. Those who had been abused for 6-10 years were 15.3% among Kibera settlement respondents and 11.7% in the Gatina settlement giving 27% for both groups. There were those who had experienced abuse for over 10 years, these were 8.8% in from Gatina settlement, 10.2% among Kibera settlement respondents. Overall, 19% of the participants had been abused for over 10 years.

This indicates that most of the women who were experiencing IPV had been in relationships for the relatively shorter time period of 5 years and below. The differences between Gatina settlement

respondents and those from Kibera settlement in terms of length of abuse were not statistically significant ($p=0.665$) showing that both groups were similar in terms of the length of abuse.

Table 2: The Prevalence of Various Forms of IPV and their Perpetrators from the two sites

Form of Abuse	Sample	Abuser	Abuse Status		Pearson Square	Chi-Square
			Yes	No		
Physical Abuse	Gatina site	Husband	57(89.1%)	5(7.8%)	$\chi^2=.786$ df=1 p=.375	
		Boyfriend	1(1.6%)	0(0.0%)		
		Relative	1(1.6%)	0(0.0%)		
		Total	59(92.2%)	5(7.8%)		
	Kibera site	Husband	49(87.5%)	2(3.6%)		
		Boyfriend	2(3.6%)	2(3.6%)		
		Relative	1(1.8%)	0(0.0%)		
		Total	52(92.9%)	4(7.1%)		
	Total	Husband	106(88.3%)	7(5.8%)		
		Boyfriend	3(2.5%)	2(1.7%)		
		Relative	2(1.7%)	0(0%)		
		Total	111(92.5%)	9(7.5%)		
Sexual Abuse	Gatina site	Husband	29(87.9%)	3(9.1%)	$\chi^2=1.04$ df=1 p=0.001	
		Boyfriend	0(0.0%)	1(3.0%)		
		Relative	0(0%)	0(0%)		
		Total	29(87.9%)	4(12.1%)		
	Kibera site	Husband	36(78.3%)	4(8.7%)		
		Boyfriend	4(8.7%)	1(2.2%)		
		Relative	1(2.2%)	0(0.0%)		
		Total	41(89.1%)	5(10.9%)		
	Total	Husband	65(82.3%)	7(8.9%)		
		Boyfriend	4(5.1%)	2(2.5%)		
		Relative	1(1.3%)	0(0%)		
		Total	70(88.6%)	9(11.4%)		
Verbal Abuse	Gatina site	Husband	41(87.2%)	5(10.6%)	$\chi^2=2.35$ df=1 p=.125	
		Boyfriend	1(2.1%)	0(0.0%)		
		Relative	0(0%)	0(0%)		
		Total	42(89.4%)	5(10.6%)		
	Kibera site	Husband	45(88.2%)	0(0.0%)		
		Boyfriend	3(5.9%)	1(2.0%)		
		Relative	2(3.9%)	0(0.0%)		
		Total	50(98%)	1(2%)		
	Total	Husband	86(87.8%)	5(5.1%)		
		Boyfriend	4(4.1%)	1(1%)		
		Relative	2(2%)	0(0%)		
		Total	92(93.9%)	6(6.1%)		

Table 2 shows that 92.5% had been physically abused (Gatina respondents - 92.2%, Kibera respondents - 92.9%) and the perpetrators were husbands (88.3%), boyfriends (2.5%) and relatives

(1.7%). This shows that most of the women had experienced physical abuse from their husbands. The differences in physical abuse between respondents from the two sites groups had statistically significant differences showing that both groups were similar in terms of physical abuse.

In regards to sexual abuse, 88.6% had been sexually abused (Gatina respondents - 87.9%, Kibera respondents - 89.1%) and the perpetrators were husbands (82.3%), boyfriends (5.1%) and relatives (1.3%). Thus, husbands were the ones associated with most of the sexual abuse. The differences in sexual abuse between respondents from the two sites had a statistically significant difference ($p=0.001$) showing that those from the Kibera site had undergone more sexual abuse 82.3% from their husbands as compared to those from Gatina site (78.3%).

Regarding verbal abuse, 93.9% had been verbally abused (Gatina site respondents - 9.4%, control 98%) and the perpetrators were husband (87.8%), boyfriend (4.1%), and relatives (2%). Therefore, the perpetrators of verbal abuse were mostly the husbands. The differences in verbal abuse between the respondents from the two sites were not statistically significant ($p=.125$) showing that both groups were similar in terms of verbal abuse.

Overall, the table shows that the most prevalent form of abuse among the respondents was verbal abuse (93.9%) followed by physical abuse (92.5%) and then sexual abuse (88.6%). Hence, all the forms of abuse were highly prevalent in this sample.

DISCUSSION

According to the World Health Organization (2018), lifetime prevalence rates of IPV differ from region to region. The nations of Oceania which were considered to be the least developed had a prevalence rate of 37%. Southeast Asia had a lifetime prevalence of 35%, while sub-Saharan Africa was ranked the third highest at 33%. Overall, Europe was discovered to have the lowest IPV prevalence rates which ranged from 16-23% (WHO, 2018).

An overall IPV prevalence rate of 55.2% was found, indicating that more than half of the participants were currently experiencing abuse in one form or another. This was found to be due to a variety of factors and authenticates a report by the World Health Organization (WHO, 2012) in the literature reviewed which illustrated that IPV occurs due to factors that may not be unique to the individual, but that may also be as a result of the environment. The prevalence rate in this current study of 55.2% was similar to a study that was conducted earlier in the Americas by Bott et al., (2019) in which Bolivia was found to have an IPV rate of 58.5%. This earlier finding however also discovered that the 58.5% prevalence rate was in contrast to other regions in the Americas. The IPV prevalence rate for women in Brazil, Panama and Uruguay was relatively lower ranging from 14%-17%. A different study was conducted among 11 Arab nations by Elghossain et al. (2019). It made use of 56 data sets which included both national surveys as well as information from various peer-reviewed journals. This study looked at physical, sexual as well as emotional, and psychological abuse, and discovered that while prevalence rates ranged from 6% to 59% for physical abuse. The overall prevalence rate for sexual abuse was 3-40%, while emotional and psychological abuse ranged from 5-91% (Elghossain et al., 2019).

Of interest to note is the fact that women who had been in their intimate relationships for a shorter time period (0-5 years) were found to be experiencing higher levels of IPV than their counterparts who had been with their intimate partners for a longer period of time. The women who fell in this category were 24.1% of those in the control group and 29.9% of those in the experimental group which overall constituted 54% of the women. A possible reason for this high prevalence rate may

be due to the new and unexpected demands that come with a young relationship. When a couple is dating, their attention, as well as resources, are directed more towards each other and to catering to each other's needs. With the establishment of a new family unit, priorities change and resources may now possibly have to be adjusted to include the needs of the spouse, children born into the family, as well as possibly the needs of the spouse's family. If these resources are not adequate, then there is the possibility of tension forming and escalating. This was demonstrated by a study that was conducted in Denmark, which found that 18.5% of couples had experienced one form of IPV or another within the last year (Trillingsgaard et al., 2019). These couples had been intimate for an average period of 4.5 years and were experiencing various transitions simultaneously such as expecting their first babies which came accompanied by both joy as well as fatigue. New demands were taking up their time and they realized that they no longer had time exclusively as a couple that they had previously enjoyed (Trillingsgaard et al., 2019).

The findings of this current study indicated that although differences in physical and verbal abuse for both groups were not statistically significant for the experimental and control groups ($p=.125$), it, however, emerged that in regards to sexual abuse, those in the control group had experienced more IPV (Control=82.3%, Experimental =78.3%) and that there was a statistical significance of $p=0.001$. Verbal abuse ranked as the highest form of abuse at 93.9%, physical abuse followed closely at 92.5% and sexual abuse stood at 88.6%.

Verbal abuse is considered as one form of psychological abuse and is extremely detrimental to a person's emotional well-being (Butarro, 2022). This is similar to what was discovered by this study. When a perpetrator is psychologically abusive, he will use not only use words deliberately, but actions as well that cause the victim to feel afraid, and thereby he is able to manipulate her, as she has already been emotionally weakened. According to Safelives (2022), a psychologically abused person's thoughts become confused, and their sense of self becomes altered. 91% of victims experienced psychological abuse according to Kaukinen (2004), he also referred to psychological abuse as "grooming" which is whereby the perpetrator confuses the victim emotionally by alternating the abuse with brief periods of benevolence and affability. This causes the victim to become desensitized to the abuse that she is experiencing, thereby paving the way for the other forms of IPV to be perpetrated. According to the Centre for Hope and Safety (2022), before a woman experiences physical abuse, she will have gone through various forms of psychological abuse prior.

This study unearthed that husbands were the ones that perpetrate all forms of IPV the most. This stands at 88.3% for physical abuse, 82.3% for sexual abuse, and 87.8% for verbal abuse. Married women were found to be the ones who had experienced all the different forms of IPV (Gatina site:65%, Kibera site:59.4%). For all the categories of IPV, married women in all age brackets had the highest prevalence. For physical abuse, it was 18-30 years (72.9%), 31-45 years (58.5%), 46-60years (41.7%). Married women also underwent more sexual abuse than their counterparts; 18-30-year-olds (65.5%), 31-45-year-olds (66%), and 46-60-year-olds (55.6%). There was a percentage of married women (14%), who due to the IPV endured, reported that they were no longer intimate with their partners. These findings are similar to the findings of a study carried out in Kenya which established that 47.6% of IPV was usually perpetrated by the woman's husband (Stiller et al.,2022). The study was investigating IPV prevalence among pregnant women. The findings were that physical violence was the most common for this sample at 78.6%, emotional 67.8%, and sexual at 34.8%, indicating that even pregnancy was not necessarily a protective factor against IPV.

A study carried out in Nigeria by Oseni et al. (2022) corroborates the findings of this study, that IPV is higher among married women. The fact that married women in all age brackets experience a greater degree of IPV than their counterparts who are not married indicates that marriage is not a protective factor against abuse. The reasons as to why a man becomes a perpetrator of IPV to his intimate partner have further been explored. According to the Centre for relationship abuse awareness (2022), the perpetrator cultivates a sense of entitlement coupled with the belief that it is normal to control his intimate partner. The fact that in most cases, the abuser gets away with it becomes a learned experience that informs him that it is acceptable to continue with his abusive patterns.

Additionally, the patriarchal nature of most cultures creates an atmosphere in which abuse flourishes. From a young age, the message given to boys throughout their upbringing is that they need to behave in a masculine manner. Traits that are considered feminine are frowned upon. Boys that easily show their emotions are considered weak and effeminate. They are often the subject of a lot of merciless teasing and ridicule. This informs the male child that to be gentle and kind is a fault. They, therefore, aim to prove their masculinity through acts of aggression and dominance (Center for relationship abuse awareness, 2022). This is seen in the corporate arena as well as in sports, where aggressive competition is not only considered normal but is greatly admired and praised. When the boy child matures and gets to the stage when he begins to engage in intimate relationships, he will then continue to relate with his intimate partners in the ways that are familiar to him. This is especially so if these patterns of behavior are what he observed from his father as well as other male figures around him. If domination, aggression, and violence are what he is familiar with, then that is the manner in which he will conduct himself in his intimate relationships. If he senses a threat from the woman to his ego, then in an effort to assert himself, IPV in one form or another will probably result. This confirms what Bandura's Social Learning theory postulates. It also aids in the understanding of some of the factors that contribute to the intergenerational transmission of violence (Powers, 2020).

In most cases, the woman may not even be aware that she had done anything to provoke her intimate partner. The abuser, after a violent episode, will often try to excuse his behavior by placing the blame on the woman for his actions. Sometimes abusers will also come up with a variety of reasons to justify their behavior. They will use stress from the workplace, alcohol, financial strain, or even genetic factors in their defense (Center for relationship abuse awareness 2022). The fact, however, is that IPV does not depend on the victim, as much as it depends on factors related to the perpetrator (Gautam and Jeong, 2019). This will be discussed further in factors that influence the prevalence of IPV.

The culture of rape is another factor that needs to be considered whenever IPV prevalence is under discussion. This is also referred to as the relationship abuse culture (Center for relationship abuse awareness 2022). Culture may be defined as the social behavior, ideas, and customs of people in a society (Oxford Dictionary). According to the Merriam-Webster dictionary (2022) culture may also be defined as features that are characteristic of daily existence and that are shared in a certain place or over a period of time. The overriding fact is that culture is what is considered normal among a group of people. It is that which conforms to a society's norms. Norms according to Merriam-Webster (2022) are that which determine the acceptable behavior of a given society and control them even as it provides them with guidance. A society that is said to have a rape culture, is one that not only accepts but also supports abuse against women by men, whether knowingly or unknowingly (Center for relationship abuse awareness 2022). A culture of rape is characterized by

a society that views women as objects and abuses them, then turns and blames the women for being abused! The prevailing lack of accountability when this is done, even through adverts, music lyrics, and social media pages, ensures that the rape culture continues. For as long as women are viewed as “things”, which are sexually available, regardless of how they themselves feel, not as individuals, human beings of value, deserving respect and care just as their male counterparts are, this will continue (Center for relationship abuse awareness 2022).

The erroneous interpretation of scripture is another factor that influences IPV prevalence. The Bible states that the man is the head of his wife (Ephesians 5:22-23) and that the wife is to submit to her husband as her God-ordained head. This has been taken out of context when one is an IPV perpetrator and used as an excuse for the abuse and cruel subjugation of one’s intimate partner. The verse that asks for husbands to love their wives as Christ loved the church (Ephesians 5:25-29) is often left unspoken.

CONCLUSION

This study determined that IPV is highly prevalent in society at 55.2%. Women who had been in intimate relationships between 0-5 years were found to have experienced more IPV. Overall, these were 54% of the respondents. Husbands were found to be the highest perpetrators of all forms of IPV at a rate of 88.3% for physical abuse, 87.8% for sexual abuse, and 87.8% for verbal abuse. There is an increased awareness of the vice than what has been in previous years. This will ultimately aid in prevention efforts as opposed to treating the negative effects that come about due to one experiencing IPV. This study will help to guide the concerned government and civic bodies as they formulate effective protocols on how to effectively handle matters pertaining to IPV. It is anticipated that this will have a positive impact on the entire society as IPV has an effect on everyone, whether directly or indirectly.

RECOMMENDATIONS

Society as a whole has become more vigilant as far as protection for the girl child is concerned. It is, however, of equal importance for the welfare of the boy child to be given the same weight. When a young boy is abused, the outcry needs to be just as loud as when the girl child is violated. This is because if it is overlooked, then ultimately, the cycle of IPV will not stop. Parents, teachers, caregivers, religious leaders, and civic society all have the potential to play a significant role in this important undertaking. Parents and teachers need to ensure that the children in their care receive not only material provision but emotional support as well, regardless of their gender. Religious leaders have the platform to raise not only awareness in matters pertaining to IPV, but they are also able to advocate for the prevention of the same due to their wide influence on their followers. Civic leaders are able to propose bills in parliament that if enacted to become laws would serve to discourage perpetrators of IPV

IPV has been shown to have a high prevalence which necessitates the establishment of adequate safe houses. Ideally, safe houses would be provided by the county governments and would be secure locations. Survivors of IPV would be able to obtain shelter, together with their children even as they reconstructed their lives. Many women who do not leave the intimate partners who are abusing them, remain in the same situation because there is no practical solution. In instances where the woman has no source of income, leaving the abusive intimate partner becomes very difficult to do, especially in instances where she does not have any social support.

REFERENCES

- Ajmera, R. (2018). *The Four stages of an abusive relationship*. Retrieved from <https://healthfully.com/the-signs-of-mental-abuse-4922486.html>
- Agüero J.M (2021), COVID-19 and the rise of intimate partner violence, *World Development*,137, 2021,105217,ISSN 0305- 750X,<https://doi.org/10.1016/j.worlddev.2020.105217>.
- American Psychological Association (2020) ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code/>
- Atrain Education (2022) Types of Intimate Partner Violence. Retrieved from <https://www.atrainceu.com/content/3-types-intimate-partner-violence>
- Bewley, Susan, Mezey, Gillian C, (2016) Domestic violence and pregnancy. Retrieved from joyfulheartfoundation.org
- Bott S, Guedes A, Ruiz-Celis AP, Mendoza JA. Intimate partner violence in the Americas: a systematic review and reanalysis of national prevalence estimates. *Rev Panam Salud Publica*. 2019 Mar 20; 43: e26. doi: 10.26633/RPSP.2019.26. PMID: 31093250; PMCID: PMC6425989.
- Bottaro, A. (2022) *How to Recognize and end the cycle of Abuse*. <https://www.verywellhealth.com/cycle-of-abuse-5210940>
- Breiding, M., Basile, K., C., Smith, S. G., Black, M.C. Mahendra, R., R. (2015). Intimate partner violence surveillance : uniform definitions and recommended data elements.URL: <https://stacks.cdc.gov/view/cdc/31292>
- Bright Horizons (2016). *Domestic violence progression: The progression of violence and tactics of control*. Retrieved from brighthorizonsne.org
- Carlson, B.E., Worden A.P., Ryn M. (2000) *Violence against women: Synthesis of research for service providers. Final Report to the National Institute of Justice*.
- Centre for Relationship Abuse Awareness (2022). *What causes relationship abuse?* <http://stoprelationshipabuse.org/educated/what-causes-relationship-abuse/>
- Centre for Relationship Abuse Awareness (2022) *Rape culture*. [Http://stoprelationshipabuse.org/action/rape-culture/](http://stoprelationshipabuse.org/action/rape-culture/)
- Centre for Hope and Safety (2022). *Patterns of emotional abuse*. Retrieved from <https://hopeandsafety.org/learn-more/patterns-of-emotional-abuse/>
- Centre for Disease Control and prevention (2014). *Intimate partner violence*. Retrieved from www.cdc.gov
- Centre for Disease control and Prevention (2016). *Intimate partner violence: Risk and protective factors*. Retrieved from www.cdc.gov
- Cherry K. (2022) *Signs that indicate a relationship could turn violent*. <https://www.verywellmind.com/signs-that-a-relationship-could-turn-violent-4100203>
- Cresswell, J.W., and Clark, V.L (2011). *Designing and conducting mixed methods research* (2nd ed.). London, UK: Sage.
- Doak, M. J. (2009). Causes, effects, and prevention of domestic violence. Child abuse and domestic violence. Retrieved from galegroup.com
- Dumville, J. C., Torgerson, D. J., & Hewitt, C. E. (2006). Reporting attrition in randomised controlled trials. *BMJ (Clinical research ed.)*, 332(7547), 969-971. <https://doi.org/10.1136/bmj.332.7547.969>
- Elghossain, T., Bott, S., Akik, C., & Obermeyer, C. M. (2019). Prevalence of intimate partner violence against women in the Arab world: a systematic review. *BMC International Health*

- and Human Rights, 19(1), 1-16.
- Gautam, S., & Jeong, H.-S. (2019). Intimate partner violence in relation to husband characteristics and women empowerment: evidence from Nepal. *International Journal of Environmental Research and Public Health*, 16(5), 709. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph16050709>
- Gillette H. (2022) *The 4 Stages of the cycle of Abuse: From Tension to Calm and Back*. <https://psychcentral.com/health/cycle-of-abuse>
- Gravetter, F., and Forzano, L. (2012). *Research methods for the behavioural sciences*. United States: Wadsworth Cengage Learning
- Iskandar, L., Braun, K. L., & Katz, A. R. (2015). Testing the woman abuse screening tool to identify intimate partner violence in Indonesia. *Journal of Interpersonal Violence*, 30(7), 1208–1225. <https://doi.org/10.1177/0886260514539844>
- Indiana University Maurer School of Law. (2016). About domestic violence. Retrieved from www.law.indiana.edu
- Izugbara C.O., Obiyan M.O., Degfie T.T., Bhatti A. (2020). Correlates of intimate partner violence among urban women in sub-Saharan Africa, *PLoS ONE* 15(3), e0230508. <https://doi.org/10.1371/journal.pone.0230508>
- Kamimura, A., Ganta, V., Myers, K., & Thomas, T. (2014). Intimate partner violence and physical and mental health among women utilizing community health services in Gujarat, India. *BMC Women's Health*, 14(1), 1-11.
- Kaukinen, C. (2004). Status compatibility, physical violence, and emotional abuse in intimate relationships. *Journal of Marriage and Family*, 66(2), 452–471.
- Kunz, M. (2018) Signs of Mental Abuse. Retrieved from <https://healthfully.com/the-signs-of-mental-abuse-4922486.html>
- Marques, E.S., Moraes, C.L., Hasselman, M.A., Ferreira, Deslandes S.F., Reichenheim M. E. (2019) Violence against women, children, and adolescents during the COVID-19 pandemic: overview, contributing factors, and mitigating measures
- Memiah, P., Ah Mu, T., Prevot, K., Cook, C.K., Mwangi, M.M., Mwangi, E.W., Owuor, K. and Biadgilign, S. (2021). The prevalence of intimate partner violence, associated risk factors, and other moderating effects: Findings from the Kenya National Health Demographic Survey. *Journal of Interpersonal Violence*, 36(11-12), 5297-5317.
- Michalski, J. H. (2004). Making sociological sense out of trends in intimate Partnera violence: The social structure of violence against women. *Violence Against Women*, 10(6), 652-675.
- Mugenda, O. M., & Mugenda, A. G. (2012). *Research methods dictionary*. Nairobi: Arts Press
- National Institute of Justice (2007). Causes and consequences of intimate partner violence. Retrieved from <http://www.nij.gov/topics>
- Oseni, T. I., Salam, T. O., Ilori, T., & Momoh, M. O. (2022). Prevalence and pattern of intimate partner violence among men and women in Edo State, Southern Nigeria. *African Journal of Primary Health Care & Family Medicine*, 14(1), 1-7.
- Powers, R. (2022). The role of economic factors on women’s risk for intimate partner violence. https://www.researchgate.net/figure/Intimate-partner-violence-and-education_fig4_259740374
- Progress West Hospital (2016). What is domestic violence? Retrieved from www.progresswest.org
- Safelives Ending Domestic Abuse (2022). Psychological abuse. Retrieved from <https://safelives.org.uk/psychological-abuse>
- Stiller, M., Bärnighausen, T., & Wilson, M. L. (2022). Intimate partner violence among pregnant women in Kenya: forms, perpetrators and associations. *BMC Women's Health*, 22(1), 1-25.
- Trillingsgaard, T. L., Fentz, H. N., Simonsen, M., & Heyman, R. E. (2019). The prevalence of intimate partner violence among couples signing up for universally offered parent preparation. *PloS one*, 14(10), e0223824.
- World Health Organization (2021). Violence against women. <https://www.who.int/news->

[room/fact-sheets/detail/violence-against-women](#)

- World Health Organization (2018). Violence against women prevalence estimates 2018. <https://apps.who.int/iris/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1>
- World Health Organization (2012). Understanding and Addressing Violence Against Women. Retrieved from <http://www.who.int>
- World Health Organization (2012). Understanding and addressing violence against women. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf
- World Health Organization, Geneva (2013). Global and Regional estimates of violence against women: Prevalence and health effects of intimate partner Violence and Non-partner sexual violence. Retrieved from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf
- World Health Organization (2021). Violence against women prevalence estimates, 2018 Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1>