

Forms and Prevalence of Intimate Partner Violence Experienced by Women Survivors in Shelter Homes in Kenya

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Abstract

This paper establishes the forms and prevalence of IPV among women survivors. Nairobi and Nakuru were the focus areas as they host the only two women shelter homes in Kenya. A survey design was employed on a sample of 230 women survivors. Primary data was collected using interview schedules for IPV survivors, key informant interviews for service providers, and Focus Group Discussions for Community Health Workers. Records in the shelter homes furnished secondary data. Data was analysed and presented thematically. The study established that IPV is a serious social and economic vice that requires proactive stakeholders to address. The authors recommend enforcement of the existing National Policy Framework on Gender Based Violence, which provides an important structure for the management of IPV. The need for collaboration between the relevant government departments, shelter homes, religious leaders and community leaders in the management of IPV is paramount.

Keywords: Intimate, Partner, Violence, women, sexual, physical, psychological, prevalence, shelters, Kenya.

1. Introduction

Gender based violence (GBV) is a global concern and a violation of human rights that disproportionately affects women more than men (UN, 2010). The recognition of the seriousness of GBV moved the UN assembly to pass the Declaration on the Elimination of Violence against Women in 1993. This declaration encourages governments to take steps to ensure that women are protected from all forms of violence be it physical, sexual or psychological in nature. Despite this widespread recognition of GBV, available statistics indicate that cases of GBV especially involving women are on the rise (WHO, 2013). Worldwide, one in three women has experienced physical and/or sexual violence since the age of 15years; one in five women has experienced a form of psychological violence while one in every two women has been confronted with one or more forms of sexual violence (EU, 2014). Results from studies conducted in developing and developed countries have identified several social, economic, cultural, and environmental correlates for IPV. Known risk factors include young or older age; low income; low educational attainment; single, separated, or divorced marital status; alcohol and drug use of perpetrator and/or women who are abused; having experienced violence as a child; having an unintended pregnancy; having witnessed abuse as a child; the woman's higher status than the husband; gender inequality in society; and rigid gender roles and traditional norms that support a man's right to inflict violence on his wife or female partner and acceptance of such behavior by society (Johnson *et al.*, 2008).

In Kenya, IPV is prevalent with 37% of ever-married women having experienced physical violence by a husband or intimate partner, 17% have experienced sexual violence, 30% have experienced emotional violence. About one-half of ever-married women (47 %) have experienced some form of violence (physical, sexual, or emotional) by a husband or live-in partner (Kenya National Bureau of Statistics (KNBS) & ICF Macro, 2010). According to a report by FIDA (2007), women in Kenya endure IPV not only because of their economic disempowerment but also as a result of prevailing negative and deep seated societal attitudes, cultural beliefs and practices that make women and girls subordinate and submissive to men. Moreover, the unequal power relationship between men and women further exacerbates this problem. All these hinder the formulation and application of progressive policies for addressing the impact of IPV (FIDA, 2007).

Despite the development of a National Framework Towards Response and Prevention of Gender Based Violence in Kenya (2009), the institution of Gender Based Violence Recovery Centre (GBVRC) at Kenyatta National Hospital and Nairobi Women's Hospital and the availability of women's shelter homes, statistics show that the problem of IPV still persist with more than 60% of married women reporting having experienced at least one form of violence within a period of twelve months prior to the study (Pelsar *et al.*, 2005).

1. Literature Underpinning

2.1 Measurement of severity of intimate partner violence

Intimate Partner Violence is a multifaceted concept (Hart, 2010). According to Guo and Harstall (2008) IPV includes physical, emotional, sexual, verbal, social and financial abuse meted upon a current or former intimate partner. However, Northcott (2012) points out that IPV may not be limited to those in former or current legal marriage or cohabitation, but also those in dating relationships. Thus, IPV affects a larger proportion of the population beyond the legally recognized intimate relationships. In addition, Thompson *et al.* (2006), point out that IPV can occur among heterosexual or same-sex partners. They further define IPV as actual or threatened physical, sexual, psychological or stalking violence by current or former intimate partners (whether of the same or opposite sex).

A number of scales have been developed to measure IPV and used largely in developed countries (Kan & Feinberg, 2010). However, researchers and practitioners have found it difficult to agree on which scale to use. A composite variable that includes all forms of IPV (physical, sexual, psychological and economic) has been proposed (Thompson *et al.*, 2006), but the selection of items to be used to measure IPV depends on the target population and the geographical set up of the study. Thompson *et al.*, (2006) recommends that severity of IPV be measured by summing up the values for each variable under each form of IPV to create a score for that sub scale (form of IPV). Higher scores indicate greater abuse or high severity of IPV.

2.3 Prevalence of intimate partner violence worldwide

Violence against women (VAW) is a global problem affecting between 10 to 60% of women and cutting across social, economic, religious, and racial lines (WHO, 2005). According to a study conducted by WHO (2013), the most common form of VAW is that perpetrated by a husband or other intimate male partner (IPV). Globally, 16 to 50% of ever-partnered women report having been physically assaulted by an intimate male partner (Krug *et al.*, 2002). In Sub-Saharan Africa, 13 to 49% of women have ever been physically assaulted by an intimate male partner, with 5-29 % reporting physical violence in the year before the survey (Kishor & Kiersten, 2004). Although women can also be violent, and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners (Ellsberg & Heise, 2005).

The following objectives guided the study:

1. To determine the forms of IPV experienced by women survivors.
2. To establish the prevalence of IPV experienced by women survivors.
3. To establish the relationship between various forms of IPV and their prevalence among women survivors.

The study tested a null hypothesis that stated:

1. There is no statistically significant relationship between forms of IPV and the levels at which they prevail among women survivors.

3. Methodology

The paper is an extract of a study that was conducted in Nairobi and Nakuru Counties which host Women Rights Awareness Program (WRAP) Shelter Home and Filadelfia Women Crisis Center (FWCC) Shelter Home respectively. Both centers depend of local and international donor funding. The study employed survey design. Nairobi County lies in the south of the country and has an elevation of 1795 meters above sea level while Nakuru County lies within the Great Rift Valley in Kenya (National Coordinating Agency for Population and Development, 2005).

The target population comprised all women survivors of IPV who were seeking or had sought support services from the two women’s shelter homes in the past one year prior to the study. Service providers (counselors, social workers, legal officers and program officers) in the shelter homes were also included. The two shelter homes were purposively selected as they were the only ones which provided shelter and other services to women who had been intimately violated in Kenya. Women survivors who met the basic criteria for sampling and consented to participate in the study constituted the sample while those who declined, those that had not undergone counseling and those who were emotionally unstable were excluded from the study.

A list of 576 women was obtained from the two shelter homes; 228(39.6%) from Filadelfia and 348 (60.4%) from WRAP. Proportional sampling technique was used to draw the required number of participants from each of the organizations. Using Fisher *et al.*, (1995) formula for determination of sample size for populations below 10,000, the ideal sample size for the study was computed to be 230. One service provider per category from each shelter home (counselor, social worker and program officer) was interviewed while Focus Group Discussion participants were selected from among Community Health Workers (CHWs) who had been working with the shelter homes for a minimum of one year.

Thus using $n = \frac{z^2 \cdot p \cdot q \cdot D}{d^2}$, the appropriate sample size was determined.

Where

Z = Standard score at 95% level of significance (1.96)

p = The proportion of occurrence of the variable of focus (which is 0.47)

q = The proportion of non-occurrence of the variable of focus (which is 1-0.47= 0.53)

D = Design effect (Which is 1 for a homogenous population)

d = Probability of error for 95% level of significance (which is 0.05)

The prevalence for IPV reported by KNBS and ICF Macro (2010) was used. The study indicated that 47% of ever married women had experienced some form of IPV.

Therefore;

$$\frac{(1.96)^2(0.47) \cdot (0.53) \cdot 1}{(0.05)^2} = \frac{(3.8416) (0.2491) \cdot 1}{(0.0025)} = \frac{0.9569}{0.0025} = 382.78 = 383$$

Since the target population was below 10,000 Fisher *et al.*, (1995) recommends that the following formula be used.

$$nf = \frac{n}{1 + (n/N)}$$

Where:

nf = Sample size where the target population is below 10,000 (383)

n = The computed sample size for population above 10,000

N = The sampling frame (576)

Thus:

$$nf = \frac{383}{1 + (383/576)} = \frac{383}{1 + (0.665)} = \frac{383}{1.665} = 230$$

Primary data was collected using in-depth interviews with women survivors of IPV and key informant interviews with service providers in the shelter homes. Focus groups of Community Health Workers (CHWs) from the two selected shelter homes were used to validate the data collected from the women survivors of IPV. There were four FGDs, two from each shelter home with 10 CHWs in each of the groups. Secondary data on the other hand was generated using the women survivors' records from the shelter homes particularly police abstracts, economic support documents, psychosocial and medical records. This was used to supplement primary data from the in-depth interviews.

4. Findings and Discussion

Intimate Partner Violence is evidently prevalent as indicated by the various forms experienced by women survivors of IPV in the Shelter homes. Based on the hypothesis that; There is no statistically significant relationship between forms of IPV and the levels at which they prevail among women survivors. The Prevalence of these forms of IPV was assessed by frequency of occurrence. A composite prevalence score for forms of IPV was computed using the 30 selected indicators for all forms of violence (psychological, economic, physical, and sexual). Since all the women survivors had undergone some form of IPV from the four forms, the combined prevalence had a score range of 1-60 where scores of 1-20 signified low prevalence, 21-40 moderate prevalence and 41-60 high prevalence.

4.1 Psychological Violence

4.1.1 Infringement on Privacy

Infringement on privacy was measured by partners having accessed women survivors' handbags or pockets without permission. At least 20.9% of the women survivors had their partners always going through their handbags/pockets, 31.7% said sometimes and 47.4% indicated that their partners had never gone through their handbags/pockets without permission. Upon further probing during the in-depth interviews, the women survivors indicated that this was done by the perpetrators to further humiliate them.

4.1.2 Denial of Freedom of Movement and Association

Perpetrators of IPV also denied their partners the freedom of movement and association with family and friends. The results showed that, 19.1% of the respondents reported always being confined within the house, 33.9% were sometimes confined while 47.0% were never confined.

Table 1: Denial of Freedom of Movement and Association

Psychological Violence Items*	Response N=230 (100%)					
	Never		Sometimes		Always	
	Frequency	%	Frequency	%	Frequency	%
Confinement within the house	108	47.0%	78	33.9%	44	19.1%
Denial of access to family of birth	115	50.0%	61	26.5%	54	23.5%
Denial of access to friends	70	30.4%	94	40.9%	66	28.7%

*Multiple responses allowed

As confirmed by service providers in the shelter homes, confining an intimate partner in the house infringes on their rights of association and on their ability to engage in economic activities. From the findings, confinement was not only physical but in some cases was reinforced through constant enquiries concerning one's whereabouts. This was confirmed by one of the respondents who reported: My male partner often told the children to report to him if I ever went out of the house. This damaged the relationship I had with my children (WS, personal communication, April, 2014). WHO (2005) report observed that, another indicator of a woman being in an emotionally abusive intimate relationship is when one is being denied access to her family of birth.

This is further affirmed by Garcia-Moreno *et al.* (2005) who explained that, men often used this as a controlling behaviour on their partners especially because within patriarchal arrangements, women are married into the family of their husbands and are required to disentangle from their family of birth. The findings indicated that half (50%) of the respondents had been denied access to their families of birth. Women survivors indicated that the men had a fear of them getting advice from their relatives on how to deal with their relationships as indicated by one of the interviewed survivor who once asked her partner whether she could visit her parents but was bluntly asked; “What advise are you going for?” (WS, personal communication, April 2014). The same perspective was confirmed through Focus Group Discussions (FGD) with Community Health Workers.

In order to have control on their women, men in the community will frequently deny their partners the freedom to visit their relatives as they fear the woman will be given advise on how to deal with the man (FGD, April, 2014). Respondents who reported to have always been denied access to friends were 29%, while 41% reported that their partners sometimes denied them access to friends, and 30% reported that their partners never denied them access to friends. In support of this finding, Garcia-Moreno *et al.* (2005) observed that isolation from friends was often used by abusive men as a strategy to separate their female partners from information, advise and support that might challenge a male perpetrator’s use of violence.

4.1.3 Restricted Communication

Abusive male partners were reported as being overly jealous and forbidding their partners from speaking to members of the opposite sex. As shown in Table 3, majority (57.0%) of the women survivors reported that their male partners always showed anger when they spoke to men other than relatives while 27.8% reported that their male partners were sometimes angry. Only 15.2% reported that their partners never got angry. In addition, the women survivors reported that their male partners sometimes (35%) and always (29%) censored their communication with family and friends while 35% never had their communication censored.

Table 2: Restricted Communication

Psychological Violence Items*	Never		Sometimes		Always	
	Frequency	%	Frequency	%	Frequency	%
Show of anger upon speaking to men other than relatives	35	15.2%	64	27.8%	131	57.0%
Partner censored phone calls and other forms of communication	82	35.7%	81	35.2%	67	29.1%
Exposure to prolonged silence	41	17.8%	111	48.3%	78	33.9%

*Multiple responses allowed

Another form of psychological violence reported in this study was exposure to prolonged silence with 34% of the women survivors reporting their partners always exposed them to prolonged silence and 48% of the women survivors were sometimes exposed to prolonged silence. However, only 17% of the women survivors reported that their partners never exposed them to prolonged silence. Raising concern, Reed (2007) asserted that failure to communicate to a partner is often used as a weapon meant to demean the woman survivor and expose them to emotional turmoil.

4.1.4 Threats and Other Forms of Intimidation

Women survivors of IPV reported that false accusation of unfaithfulness is another tactic used by male perpetrators of IPV who frequently suspect their female partners of infidelity. Confirming the same, Cava (2010) stated that, when female partners showed any signs of associating with other men, their male partner’s anger is aroused. As indicated in Table 3, the distribution of the women survivors’ experience of being falsely accused of having been unfaithful revealed a high proportion of those who were always (34.8%) or sometimes accused (36.5%). Those who had not experienced this were represented by only 28.7%.

Table 3: Threats and other forms of intimidation

Psychological Violence Items*	Response N=230 (100%)					
	Never		Sometimes		Always	
	Frequency	%	Frequency	%	Frequency	%
Falsely accused of being unfaithful	66	28.7%	84	36.5%	80	34.8%
Verbal abuse	52	22.6%	74	32.2%	104	45.2%
Threatening to hurt woman survivor	91	39.6%	61	26.5%	78	33.9%
Brought another woman/lover in the house	167	72.6%	35	15.2%	28	12.2%
Forced to serve other women or lovers in the house	195	84.8%	19	8.3%	16	7.0%

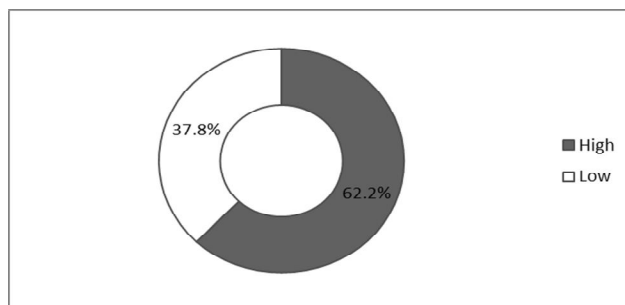
*Multiple responses allowed

Verbal abuse, another form of Psychological violence was reported in the study as a prelude to physical violence. The study findings indicated that, 46% of the women survivors reported that their male partners never abused them verbally while 31% were sometimes abused while only 22% were never abused verbally. The distribution of women survivors' experience of verbal abuse revealed a high proportion of those who were always abused. Affirming the same, Reed (2007) reported that most abusive male partners sometimes begin a physical fight by verbally abusing a female partner and daring her to respond in a like manner.

Experiences of threats of physical harm were also reported by 60% of the women survivors with those who had sometimes received threats being 26.5% while those who always received threats being 33.9%. In addition, women survivors of IPV reported that, to further humiliate a female partner, some men brought other women to their homes in their presence. In this respect, 12% of the women survivors reported that this always happened to them, 15.2% said it sometimes happened, while 72.6% never had this happen to them. Further, women survivors of IPV indicated that their male partners not only brought another woman to their house, but were also asked to serve her with food and drink. At least 8.3% and 7.0% reported that they were sometimes and always forced to do so respectively. Although the percentage of survivors who reported that their male partners forced them to serve other women in their homes was small, the women survivors indicated that such forms of humiliation were particularly traumatizing to a woman and may translate into lifelong distress.

A composite prevalence score for psychological IPV was computed using the twelve selected indicators for this form of violence. The combined severity had a range of 0-24 where scores of 0 (zero) signified absence of psychological violence, 1-8 signified low prevalence, 9-16 moderate prevalence and 17-24 high prevalence of psychological violence. In order to measure the prevalence of psychological IPV, the study excluded those who had never experienced such form of violence (those scoring zero) and re-categorized those with scores between 1-24 into two categories. Survivors with a score of 1-8 were considered to have undergone mild/low psychological IPV while those with 9-24 were grouped together under the category of high severity of psychological IPV. Thus, the study considered women survivors with a score of more than one third of the selected items of psychological IPV to have experienced high prevalence levels of IPV.

Controlling for non occurrence of psychological violence and working with the assumption that any score above one third of the possible scores represented high severity of psychological IPV, the results presented the patterns in Figure 1. The results indicated that psychological form of IPV was highly (62%) experienced. However, (38%) indicated mild/low prevalence of psychological IPV.

**Figure 1: Prevalence of Psychological Violence**

4.2 Economic Violence

Women survivors perceived that the motive to prevent a woman from resource acquisition is usually to diminish her capacity to support herself and thereby imposing economic dependence of the abused on the abuser. As adopted from Krieger (2008), economic violence was purported to indicate that, one partner has control over the other partner’s access to economic resources. Affirming the same, Outlaw (2009) in a study focusing on “exploring physical and non-physical abuse among intimate partners” concluded that generally women experience more economic abuse than men.

As shown in Table 4, economic violence was measured using 6 indicators. The most common form of economic violence reported by the respondents was refusal by male partner to give woman survivor money for family needs (39.1%). This was followed by denial of participation in financial decisions in the family (36.5%) and control of woman survivor’s income by male partner (36.1%). Those who reported frequent denial of access to joint savings and the right to purchase desired items were represented by 32.6% and 32.2% of the respondents respectively. A total of 29.1% of the respondents stated that their male partners always extorted money from them.

Table 4: Occurrence of Economic violence

Economic Violence Items*	N=230 (100%)					
	Never		Sometimes		Always	
	Frequency	%	Frequency	%	Frequency	%
Denial of access to joint savings	100	43.5%	55	23.9%	75	32.6%
Denial of participation in financial decisions	65	28.3%	81	35.2%	84	36.5%
Partner demands to control income	73	31.7%	74	32.2%	83	36.1%
Denial of right to purchase desired items	80	34.8%	76	33.0%	74	32.2%
Lack of support on family needs and expenditure	47	20.4%	93	40.4%	90	39.1%
Extortion of money by partner	108	47.0%	55	23.9%	67	29.1%

*Multiple responses allowed

A composite prevalence score for economic IPV was computed using the six selected indicators. The combined prevalence score had a range of 0-12 where scores of 0 (zero) signified absence of economic violence, 1-4 signified mild/low severity, 5-8 moderate economic prevalence and 9-12 high prevalence of economic violence. In order to measure the prevalence of economic IPV, the study excluded those who had never experienced such form of violence (those scoring zero) and recategorised those with scores between 1-12 into two categories. Survivors with a score of 1-4 were considered to have undergone mild/low economic IPV while those with 5-12 were grouped together under the category of high prevalence of economic IPV. Thus, the study considered women survivors with a frequency score of more than one third of the selected items of economic IPV to have experienced high prevalence levels of economic IPV. Excluding those survivors with non occurrence of economic violence and working with the assumption that any score above one third of the possible scores was a high prevalence form of economic IPV, the results presented the patterns in Figure 2.

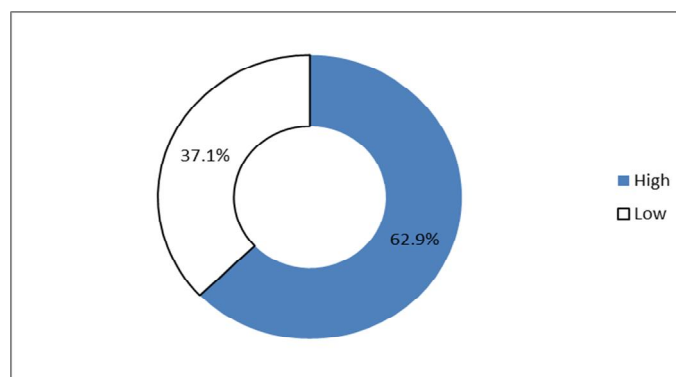


Figure 2: Prevalence of Economic Violence

The results indicated that a large proportion (63%) of women survivors had experienced high levels of economic IPV as compared to mild (37%) forms of economic IPV. Thus, high prevalence form of economic IPV was common among the respondents.

4.3 Physical Violence

Physical violence was measured using 7 indicators namely; slapping, beating, strangling, pushing, hitting, kicking and dragging as shown in Table 5.

Table 5: Occurrence of Physical violence

Physical Violence Items*	Never		Sometimes		Always	
	Frequency	%	Frequency	%	Frequency	%
Slapping	28	12.2%	99	43.0%	103	44.8%
Strangling	112	48.7%	53	23.0%	65	28.3%
Pushing or shoving	53	23.0%	95	41.3%	82	35.7%
Hitting	79	34.3%	81	35.2%	70	30.4%
Kicking	89	38.7%	71	30.9%	70	30.4%
Dragging	87	37.8%	72	31.3%	71	30.9%
Beating	49	21.3%	86	37.4%	95	41.3%

* Multiple responses allowed

The most common form of physical violence experienced always by almost half of the women survivors was slapping (44.8%) followed by beating (41.3%). The least common form of physical violence was strangling (28.3%). These results thus ascertained that physical violence among intimate partners was common. This was confirmed by one woman survivor who had this to say during an in-depth interview: He grabbed my hair and dragged me around. He slapped, kicked and hit me with a chair. I tried to run away from the house screaming but he ran after me grabbed and dragged me into the house while beating me with his fists (WS personal communication, April, 2014).

For purposes of further analysis, a combined prevalence score for physical IPV was computed using the seven selected indicators for this form of violence. The combined score had a range of 0-14 where scores of 0 (zero) signified absence of physical violence, 1-5 signified low, 6-10 moderate s and 11-14 high levels of physical violence. With a view to measure the prevalence of physical IPV, the study excluded those who had never experienced such form of violence (those scoring zero) and recategorised those with scores between 1-14 into two categories. Survivors with a score of 1-5 were considered to have undergone mild physical IPV while those with 6-14 were grouped together under the category of high levels of physical IPV. Thus, the study considered women survivors with a frequency score of more than one third of the selected items of physical IPV to have experienced high levels of physical IPV.

The results in Figure 3 indicate that a larger proportion (33%) of women survivors scored values indicating they had experienced a mild/low form of physical IPV followed by moderate (30%) and high severity (30%). Only 7% of the women survivors scored 0 (zero) indicating that they had never experienced any form of physical violence. Therefore, a large proportion of women survivors had experienced high severity of physical IPV as compared to mild forms of physical IPV.

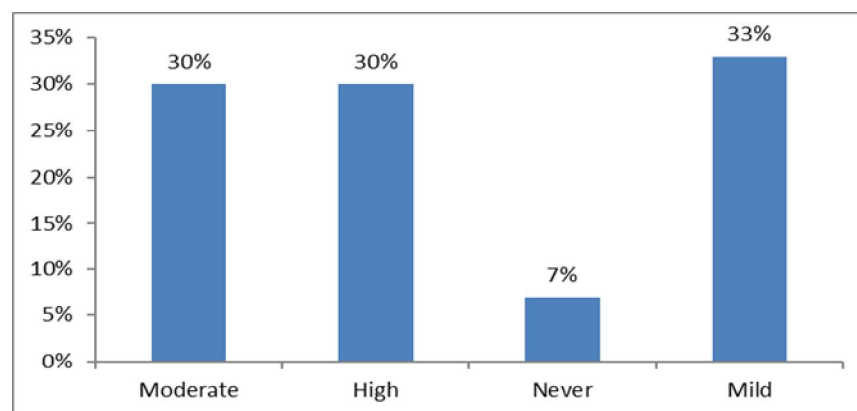


Figure 3: Severity of Physical Violence

4.4 Sexual Violence

Sexual violence was evaluated using five items namely; forced sexual intercourse, degrading sexual acts, withholding sex, infection with STI’s and use of sexual objects. As shown in Table 6, majority of the women survivors (28.7%) indicated that their male partners forced them to have sexual intercourse while some women survivors reported their male partners always withheld sex as punishment (21.7%). This was confirmed by one woman survivor who in an in-depth interview confided that: We have not had sex for a period of three years. He (partner) says that he will decide when to have sex with me. I am deeply distressed (WS personal communication, April, 2014).

On the other hand, 16.1% of women survivors reported having been humiliated by acts such as anal sex and/or oral sex as well as demand for sex during the woman’s menstruation periods. Those who reported being infected with an STI were represented by 11.3% while those who reported use of objects during intercourse were represented by 3.9%. Some serious cases of use of sexual objects reported during in depth interview included the use of a beer bottle as a sexual object. As confirmed by the results of this study, and affirmed by Dienye *et al.* (2009), sexual coercion even within intimate relationships constitutes violence.

Table 6: Occurrence of Sexual Violence

Sexual Abuse Items*	N=230(100%)					
	Never		Sometimes		Always	
	Frequency	%	Frequency	N %	Frequency	N %
Degrading sexual acts	134	58.3%	59	25.6%	37	16.1%
Forced sexual intercourse	52	22.6%	112	48.7%	66	28.7%
Withholding sex	83	36.1%	97	42.2%	50	21.7%
Infection with STI	157	68.3%	47	20.4%	26	11.3%
Use of objects	210	91.3%	11	4.8%	9	3.9%

*Multiple responses allowed

An aggregate prevalence score for sexual IPV was computed using the five selected indicators for this form of violence, which had a score range of 0-10 where scores of 0 (zero) signified non occurrence of sexual violence, 1-3 signified low, 4-6 moderate and 7-10 high prevalence of sexual violence. With respect to measuring the prevalence of sexual IPV, the study excluded those who had never experienced such form of violence (those scoring zero) and recategorised those with scores between 1-10 into two categories. Survivors with a score of 1-3 were considered to have undergone mild sexual IPV while those with 4-10 were grouped together under the category of high levels of sexual IPV. Thus, the study considered women survivors with a frequency score of more than one third of the selected items of sexual IPV to have experienced high severity levels of sexual IPV.

The results shown in Figure 4 indicate that only 5% of the women survivors scored 0 (zero) indicating that they had never experienced any form of sexual violence. On the other hand, a larger proportion (65%) of women survivors scored values indicating they had experienced a mild form of sexual IPV. This was followed by 19% and 11% who indicated that they had experienced moderate and high sexual IPV respectively.

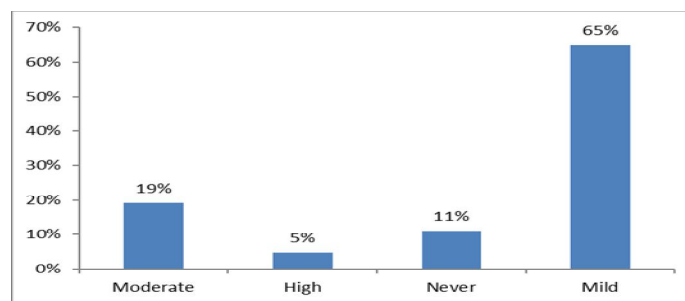


Figure 4: Severity of Sexual Violence

With the exception of those with non occurrence of sexual violence and working with the assumption that any score above one-third of the possible scores was high severity of sexual IPV, the results presented in Figure 4 indicate that a large proportion (73%) of women survivors had experienced mild/low form of sexual IPV as compared to high severity (27%) forms of sexual IPV.

Thus, high severity form of sexual IPV was not common among the respondents. This is however not surprising given that sexual violence in intimate relationships in general and marital rape in particular is perceived as a lesser crime than sexual violence by other perpetrators (Kirkwood & Cecil, 2001).

4.5 Prevalence of Combined Forms of IPV

An aggregate score of prevalence of all four forms of IPV was computed using the thirty selected indicators for all the four forms of violence (psychological, economic, physical, and sexual). Since all the women survivors had undergone some form of IPV from the four forms considered in the study, the combined prevalence had a score range of 1-60 where scores of 1-20 signified low, 21-40 moderate and 41-60 high prevalence levels. The results in Figure 5 show that a larger proportion (48.2%) of women survivors scored values indicating they had experienced moderate form of combined IPV followed by low (35%) and high severity (17.1%).

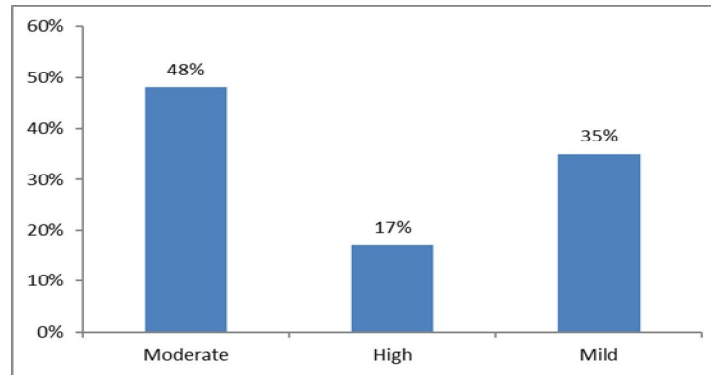


Figure 5: Prevalence of Combined Forms of IPV

In order to compute bivariate and multivariate statistics, moderate and high severity of IPV were grouped together to form one variable (highly prevalent) while mild abuse was treated on its own. The study thus adopted these two levels: low and high prevalence levels. As shown in Figure 6, a large proportion (65%) of women survivors had experienced high levels of IPV as compared to low (35%). In support of these findings, a study by Burton *et al.*, (2000) showed that, IPV is not only a sensitive and highly stigmatised issue; it is also well known that women are ashamed or afraid to discuss violent intimate relationships. Moreover, many women who are abused by their intimate male partners either trivialize the violence they experience or do not fully disclose it (Dunham & Senn, 2000). This may therefore imply that women who report moderate IPV are most likely severely abused.

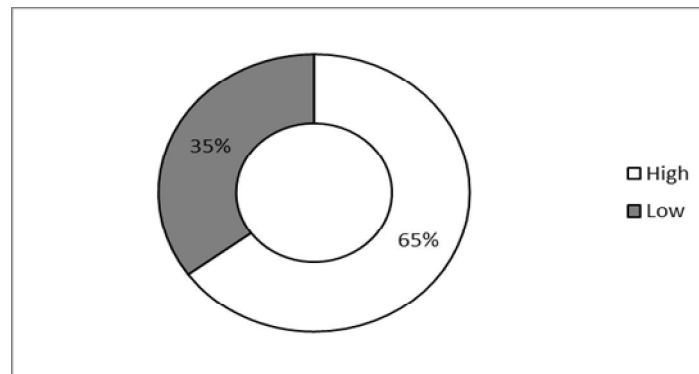


Figure 6: Prevalence of combined forms of IPV

4.6 Correlation between Severities of Various Forms of IPV

In order to test the hypothesis that; there is no statistically significant relationship between forms of IPV and the levels at which they prevail among women survivors. Pearson Correlation test was conducted for the scores of each of the four forms of IPV (psychological, economic, physical and sexual). Results of spearman rho correlation shown in Table 7 indicated a significant positive correlation between prevalence of all the forms of IPV with the combined prevalence of IPV at 0.01 level of significance. This therefore means that IPV amongst the sampled survivors could have occurred in a successive manner in line with the cycle of violence and rarely in isolation.

This implies that survivors of IPV go through multiple forms of abuse. There were indications that psychological violence was most prevalent, followed by physical, economic and then sexual IPV. This pattern is understandable in the light of the cycle of violence in that survivors of IPV are likely to go through a series of psychological violence alongside all the other forms of violence. The low correlation between combined prevalence of IPV and that of sexual violence can be attributed to the secrecy and sensitivity associated with matters concerning sexual behavior in many African societies as affirmed in a study by Djamba and Kimuna (2008).

Table 8: Correlation between the Severities of the Different Forms of IPV

		Psychological IPV	Economic IPV	Physical IPV	Sexual IPV	Aggregate IPV
Psychological Violence	Pearson Correlation Sig. (2 tailed) N	-	0.467**	0.453**	0.217**	0.703**
Economic Violence	Pearson Correlation Sig. (2 tailed) N		-	0.266**	0.290**	0.556**
Physical Violence	Pearson Correlation Sig. (2 tailed) N			-	0.289**	0.602**
Sexual Violence	Pearson Correlation Sig. (2 tailed) N				-	0.364**
Aggregate IPV	Pearson Correlation Sig.(2 tailed) N					-

** Correlation is significant at $p= 0.01$ (2-tailed).

Implication to Research and Practice

Addressed in this paper is a global issue on human rights. The information that was generated in this paper has important implications for prevention, care and mitigation of IPV. Results provide vital inputs to the Government of Kenya and Non-Governmental Organizations for the design of appropriate policies and programmes that deal with the problem of IPV. A good understanding of IPV is invaluable in designing advocacy and behavior change strategies that will help in actualizing and defending women's rights. The study contributes to raising awareness among policy makers, care providers and social service providers on the prevalence of IPV and for necessary formulation, review and enforcement of relevant laws and legislation to deal with the perpetrators. Scholarly, the study adds to the existing body of knowledge providing a basis for further research in related areas.

5. Conclusion

Women survivors suffered severe forms of IPV. The most widespread form of IPV identified in the study was physical IPV, followed by psychological, economic and then sexual IPV in that order. The various forms were positively and significantly correlated meaning that the various forms of violence were meted on the survivors at more or less the same time or in sequence in the buildup process rather than in isolation.

6. Recommendations

- i. There is need to provide an enabling environment for the establishment of an additional number of shelter homes and rehabilitation centers for survivors of IPV. There is also need to provide support to these shelter homes. This will require joint efforts of both state and non-state actors.
- ii. It will be imperative to provide counseling and rehabilitation to intimate partners where the male partners' use alcohol, drugs and other substances. This will require effective engagement of professional medical practitioners, counselors, social workers and retraining of volunteers involved in the rehabilitation process of the male partners.
- iii. In order to reduce the prevalence of IPV, it will also be important to put practical and reconciliatory strategies to assist survivors intending to reunite with their male partners. It will be essential for religious leaders to enhance marriage counseling to these women survivors and their male partners. Where possible there is need to involve close relatives and/or friends for purposes of continuity and progressive reintegration.
- iv. There is need for stricter enforcement of laws against intimate partner violence to tame such perpetrators.

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