CHILDHOOD EXPOSURE TO INTER-PARENTAL VIOLENCE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE – A STUDY ON WOMEN IN RESOURCE-LIMITED SETTINGS IN NAIROBI, KENYA

A DISSERTATION SUBMITTED TO THE UNIVERSITY OF NAIROBI IN PARTIAL FULFILMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN CLINICAL PSYCHOLOGY

BY

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DECLARATION

I, Millicent Elizabeth Akinyi Khaemba, do hereby declare that this dissertation is my original work carried out in partial fulfillment of the requirement for the award of the degree of Master of Science in Clinical Psychology at The University of Nairobi. I further declare that this dissertation has not been submitted for the award of any other degree or to any other university.

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DEDICATION

To my children Cindy and Joel, from whom I derive my motivation.

ACKNOWLEDGEMENT

First and above all, I thank my God for His grace and mercy; I owe Him everything.

My sincere appreciation goes to my university supervisors Dr. Wangari Kuria and Dr. Muthoni Mathai for their valuable guidance, support and mentorship from the inception of the study to the compilation of the final report. It is through their tireless support that this research has reached completion.

I am grateful to the Chairperson and members of staff of the Department of Psychiatry for the assistance they accorded me and to my classmates for their support, ideas and positive criticism. I am especially indebted to the Sex and Gender Based Violence group (of which I am part) who supported me through various parts of this study.

My utmost gratitude goes to all the respondents who participated in this study and remained steadfast despite the highly emotive nature of the topic and discussions. It is commendable that they refused requests to stop the discussions even when the tears started flowing as they spoke of their experiences. I appreciate their honesty in completing the questionnaires and providing valuable and sensitive information.

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LIST OF ABBREVIATIONS AND ACRONYMS

CEDAW.....Committee of Elimination of Discrimination Against Women

ERC…….....Ethics Research Committee

FMPV…….Female to Male Partner Violence

GBV.....Gender Based Violence

GBVRC……. Gender Based Violence Recovery Centre

IPV.....Intimate Partner Violence

IRB…….Independent Review Board

KDHS.....Kenya Demographic Health Survey

KNH.....Kenyatta National Hospital

SAE.....Severe Adverse Effects

SGBV.....Sexual Gender Based Violence

SOA…….Sexual Offences Act

SPSS……Statistical Package for the Social Sciences

USA……United States of America

DEFINITION OF TERMS

Intimate Partner Violence

Historically referred to as domestic violence, Intimate Partner Violence (IPV) describes physical, sexual, or psychological harm by a current or former intimate partner or spouse, and can occur among heterosexual and same-sex couples alike (Undie, Maternowska, Mak'anyengo, Birungi, Keesbury, & Askew, 2012).

The World Health Organization (WHO, 2002) defines Intimate Partner Violence as physical, sexual, and emotional or psychological violence by a current or former intimate partner or spouse.

Inter-Parental Violence

Inter- Parental Violence refers to violence between a woman and her husband, boyfriend or partner. It is an inclusive term referring to violent acts that cause harm to those in an intimate relationship. This term is used synonymously with inter-partner violence and family of origin violence.

Physical Violence

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury or harm. It includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, chocking, burning, biting, use of a weapon, restraint, size or strength against another person.

Sexual Violence

Any sexual act or attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.

Sexual violence is divided into three categories;

a) use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed
b) an attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (e.g., because of illness, disability, or the influence of alcohol or other drugs, or due to intimidation or pressure)
c) Abusive sexual contact ((Saltzman, Fanslow, McMahon, & Shelley, 1999).
d) Threat of physical violence includes the use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm (Salzman; 1999).

Emotional/Psychological Violence

Psychological or emotional abuse is injury caused by acts, threats of acts, or coercive tactics, that may include acts like denial of basic needs like money, food and shelter, shaming, threats made using the children and other threats or acts that act as emotional and psychological stressors.

ABSTRACT

Background

Intimate partner violence (IPV) is a common and serious public health concern in many parts of the world. Exposure to psychological and physical abuse has been established as a risk factor for children's socio-emotional, behavioural, and cognitive problems (Cummings M, 2009). When parents fight, children may attempt to intervene in the violent episode resulting in physical, psychological, and emotional injury. One of the main reasons why gender based domestic violence (GBDV) and IPV do not recede has to do with poor reporting of incidences of violence. Increasing research on the area of domestic violence in Kenya has yielded information to help understand that this is an immense problem in our society.

This study investigated the relationship between witnessing domestic violence in childhood and experiencing inter-partner violence in adulthood. It was a cross-sectional study with a sample size of 198 women. Participants of the study were married and unmarried women of low socioeconomic status, aged 18 and above. The study site was within the 8 villages of the Mukuru slums, in Nairobi, Kenya. The study used a mixed method (quantitative and qualitative) study. Data was collected using questionnaires and focus group discussions.

Main Objective

To determine the prevalence of Inter Parental Violence as a risk factor of Intimate Partner Violence.

Methodology

The study was a cross-sectional field-based study that used questionnaires and two focus group discussions. Convenience sampling was used for the quantitative part of the study and purposive sampling was used for qualitative. All eligible participants who consented were included in the study until the researcher achieved the desired sample size of 198 respondents. Focus group discussions were done until saturation was reached. Data was collected by administering a socio-demographic questionnaire, an intimate partner violence questionnaire; a researcher designed witnessing questionnaire, a learned helplessness questionnaire, and a focus group discussion for the qualitative arm of the research. Questionnaires were coded and the results were tabulated using Microsoft Excel. Quantitative data was analysed using the computer software SPSS Version 17 to reveal the emerging patterns and presented in the form of tables, bar charts and pie charts. Focus group

discussions were recorded and transcribed. Thematic analysis was used to analyse the qualitative data. The researcher observed all ethical considerations.

Results

The average age of the 198 participants was 34 years; the youngest was 19 years old and the eldest 61 years old. Intimate Partner Violence prevalence within this population stands at 153 (77%). From this analysis, 116 (60%) respondents report witnessing inter-parental violence as children. The average age of those exposed to intimate partner violence was 36 years compared to 28 years for those who were not exposed. The youngest participant was 19 years old while the eldest was 61 years of age. Findings indicate that risk of exposure to intimate partner violence increases with age F=24[95% CI Interval for mean 34 – 37] p=<0.0001. 59 (50%) respondents born before 1980 witnessed inter-partner violence while 33 (28%) of those born between 1981 and 1990 witnessed violence in the home. Of those born after 1991, 26 (22%) witnessed inter-partner violence in childhood.

Results indicate that witnessing interparental violence, age and marital status are strongly correlated to intimate partner violence in adulthood. Multivariate analysis demonstrate that older participants are more likely to experience violence with risk likely to increase by 7% with each increasing year in age OR=1.071[95%CI of OR, 1.02 – 1.12], p=0.002. Those married or in a relationship are twice as likely to report IPV in adulthood OR=2.1[95% CI of OR, 1.2 – 3.6], p=0.007. Participants who witnessed violence in their childhood are 3 times more likely to report IPV in adulthood OR=2.7 [95% CI of OR, 1.3 – 5.8], p=0.008. The study also found that approximately half (43%) the sample had moderate to high levels of learned helplessness. Learned helplessness has a strong positive correlation with exposure to IPV in adulthood (p=0.008). Focus group discussion results indicate that the contributing factors to intimate partner violence include economic hardship, alcohol and drug abuse, and traditional beliefs.

Conclusion

The study found a strong positive correlation between witnessing family of origin violence and violence in adulthood remained even after adjusting for confounders. The increasing age of the woman was also a high risk factor to exposure to intimate partner violence in adulthood. The null hypothesis was therefore rejected. The study also found strong correlations between being married or in a relationship and intimate partner violence.

CHAPTER 1.0: INTRODUCTION AND BACKGROUND

1.1 Problem Statement

IPV is a serious problem in many parts of the world, exposing both passive and active victims to the risk of physical and psychological harm and sometimes, death. Inter-partner violence poses a serious threat to the emotional, psychological and physical health of the child. Physical and sexual violence affect survivors' overall quality of life, diminishing productivity and eroding self esteem and worth, all of which impact negatively on families, especially children who are often observers of such victimization (Undie, Maternowska, Mak'anyengo, Birungi, Keesbury, & Askew, 2012).

Children are often not silent observers of inter-parental violence but may be active participants who try to stop the violence, run out to call the neighbors or the police, or hide in places they perceive as safe. Exposure to violence puts them at risk of immediate physical harm and long term emotional and psychological distress. This study hypothesized that children who are exposed to violence are at a higher risk of perpetuating violence or themselves becoming victims of violence later in life.

Kenya does not have many battered women shelters where women and children can seek temporary protection from IPV. But even in the West where there are shelters, more than half of the school-age children in domestic violence shelters show clinical levels of anxiety or posttraumatic stress disorder (Nguyen D. T., Larsen S., 2012). Since young children of pre-school age do not cognitively understand the violence and may not be able to verbalize their feelings, they may believe that they are the cause of the violence. This leads to feelings of guilt, anxiety and fear, which in turn affects their general health and quality of life. The effect of violence may be seen almost immediately when these children act out as a way of self-expression. They seek to gain attention through hitting, kicking, or choking peers and/or family members (Chebogut J, 2010). Children may also experience adverse psychological consequences. CDC defines psychological consequence as consequences involving the mental health or emotional well-being of the victim (Saltzman, Fanslow, McMahon, & Shelley, 1999). These may include regressive behaviours, withdrawal, depressed mood, poor concentration and generalized anxiety. This study used the terms intimate partner violence, domestic violence and spousal abuse synonymously.

Although this study focuses on women as survivors of violence, boys' experiences during childhood, including witnessing domestic violence and experiencing physical and sexual abuse also put them at risk of being victims and perpetrators of violence. In this case, violence may be learnt as a means of asserting manhood by male children who have witnessed such patterns of conflict resolution. Only male (husband/partner) IPV against the female will be investigated and this will henceforth be referred to as inter-parental violence.

1.2 Justification of the Study

The purpose of this study is to scientifically determine whether witnessing interparental violence in childhood is a risk factor for exposure to intimate partner violence in adulthood among adult women living in resource limited settings.

1.3 Hypothesis

This study hypothesizes that girls who witness inter-parental violence as children are more likely to be victims of intimate partner violence in adulthood.

1.4 Research Objectives

1.4.1 Broad Objective

The main objective of this study was to determine the prevalence of Inter Parental Violence as a risk factor for Intimate Partner Violence.

1.4.2 Specific Objectives

a) To examine if violence (sexual, emotional, physical) witnessed in childhood has an effect on Inter Partner Violence in adulthood.
b) To find out if witnessing Inter Parental Violence is one of the risk factors of IPV with a view of developing protective, preventive and treatment interventions for children witnessing violence in order to stop the intergenerational effect of violence.
c) To identify ways in which witnessing Inter-Parental Violence impacts Intimate Partner Violence.

CHAPTER 2.0

2.0 LITERATURE REVIEW

Studies globally, regionally and locally show that experiencing or witnessing inter-parental violence in childhood will, in most cases, reflect negatively in the intimate relationships of adulthood. Boys have been seen as more reactive to inter-adult anger (Cummings M, El-Sheikh M, Kouros C, Buckhalt J., 2009). When predicting the behavioral problems in girls, assessing verbal aggressiveness may be necessary. There are findings that dissent from this general trend by showing that girls, especially as they get older, also exhibit more aggressive behaviours (Edleson, 1999). Global research shows a recurrence of findings amongst different families from different countries and regions.

2.1 Global Studies on IPV and Witnessing

Exposure to inter-parental violence in childhood may normalize violence in the eyes of the child. Vung and Kranz (2009) on a study on women in rural Vietnam studied the effect of witnessing inter-parental violence as a young girl, and the association with intimate partner violence as a teenager or adult. They investigated whether witnessing inter-parental violence contributed to the acceptance of violence in later relationships. In their cross sectional study of 730 married women aged 17–60, they found that women who had witnessed inter-parental violence had a significantly higher chance of IPV in later relationships than those who did not witness violence. Of the 730 women, 16% reported witnessing inter-parental violence as children. 40% of those who witnessed inter-parental violence had experienced physical/sexual violence in their intimate relationship over time and 16% in the past year.

The study found that like Kenya, the majority of men and women in their study continued to hold traditional attitudes to support inequitable gender relations (Vung & Krantz, 2009). They found that the husband was still considered to be the major decision-maker and breadwinner in the family, and wives held responsibility for family and domestic harmony and had to respect husbands' supremacy. This, coupled with feelings of hopelessness or a sense of giving up by women, lead to more acceptance of violence in the home.

Exposure to violence from as early as infancy can lead to poor attachment and subsequent negative effects on future adult relationships. Although Females who are 20-24 years of age

are at the greatest risk of non-fatal intimate partner violence (US Department of Justice, 2007), anxious males appeared more likely to express IPV when their spouse's behaviour activated their fear of abandonment (when they interpreted rejection or abandonment in their wife's behaviours), but showed responses similar to nonviolent men in conflicts that centred on requests for more intimacy or without risk of abandonment (Godbout, Dutton, Lussier, & Sabourin, 2009). Anxiously attached partners used IPV to force the partner to focus on them and to obtain greater physical or emotional proximity (a pursuit strategy), and avoidant partners used IPV to push the partner away, maintain greater distance, or escape when they perceived the partner as being too close or intrusive (a distancing strategy) (Godbout et al, 2009). This study indicates that infants suffer the effects of IPV during attachment and this in turn affects how they relate to their partners as adults. Male and female infants exposed to inter-parental violence may express their experiences differently in adulthood with more males taking an aggressive role while women take on a passive role.

McKinney, Caetano, Ramisetty-Mikler, and Nelson, (2009) conducted a national population study on childhood family violence and perpetration and victimization of intimate partner violence. They surveyed 1,615 couples from the US household population using multistage cluster sampling. Similar proportions of women (18.9%) and men (17.8%) reported witnessing inter-parental physical violence in childhood. They found that women who witnessed inter-parental threats of violence or inter-parental physical violence in childhood were at increased risk of non-reciprocal female to male partner violence (FMPV).

This indicates that although men may be considered perpetrators most of the time, women who witness inter-parental violence may also perpetrate violence even when the violence is not reciprocated by the male partner. Their findings also indicate that women exposed to child-family violence appeared to be more than twice as likely to be victims of non-reciprocal male to female partner violence (MFPV) compared to women without this childhood history. This study is indicative of the effect of socialization on violence. Although the rates of inter-parental violence are high in the couples sampled, in Westernized societies like the United States of America, women may act as perpetrators and victims.

2.2 Regional Studies on IPV and Witnessing

There is very little regional research on witnessing inter-parental violence. The South Africa Stress and Health Study (SASH, 2009) collected data from 1,715 currently married or

cohabiting adults and used it to analyze the gender differences in risk for Intimate Partner Violence victimization and perpetration. The study showed that men are more likely to report predictive factors for perpetration, whereas women are more likely to report predictors for victimization.

A WHO multi country study that included Namibia, Ethiopia and The United Republic of Tanzania found that some factors associated with women's exposure to violence include exposure to violence between parents, low levels of education and acceptance of violence (WHO, 2009) among other factors.

2.3 Local Studies on IPV and Witnessing

Kenya Demographic and Health Survey (KDHS, 2008-2009) indicate that gender-based violence occurs across all socioeconomic and cultural backgrounds. In many societies, including Kenya, women are socialised to accept, tolerate, and even rationalise domestic violence and to remain silent about such experiences (KDHS, 2008-2009). This happens when intergenerational violence is normalized through socialization. Because of this, many cases of domestic violence go unreported, resulting in negative impact on the psychological well-being of the victim. This survey indicates that in Kenya, 37 percent of ever-married women have experienced physical violence by a husband, 17 percent have experienced sexual violence, and 30 percent have experienced emotional violence (KDHS, 2008-2009). These acts of violence may be experienced at once, while some perpetrators may use only one type of violence. Overall, almost one-half of ever-married women (49 percent) have experienced some kind of violence (physical, sexual, or emotional) by a husband or live-in partner. At the time of the KDHS survey, much of the violence was current; within the preceding 12 months. 31 percent of women experienced physical violence, 14 percent experienced sexual violence, and 28 percent experienced emotional violence (KDHS, 2008-2009).

Some parts of Kenya experience more IPV than others. More than half (57%) of women in Nyanza province have experienced physical violence, followed by those in Western province (45 percent). Women in Nairobi are the least likely to report having experienced physical violence (29 percent) (KDHS; 2008-2009). Makayoto, Kamweya, Mutai, Omolo (2010) conducted a study to investigate the prevalence and associated factors of IPV among pregnant women attending the antenatal clinic in a Kenyan hospital. They found that 27% of the

woman experiencing IPV had witnessed maternal abuse in childhood while 22% had not witnessed Inter Parental Violence. The women who witnessed IPV as children considered IPV a normal aspect of life and also suffered low self-esteem. This conclusion concurs with that of Vung and Krantz that found violence may be normalized due to social learning. Gender socialisation process and learnt behaviour theories may lead to women developing a higher degree of acceptance and tolerance towards violence (Vung & Krantz, 2009). All three studies found that among the women who had experienced IPV, approximately 20% witnessed Inter Parental Violence as children.

2.4 Theoretical Framework of IPV and Witnessing

Theories to explain being a victim or a perpetrator of violence are mainly based on social learning theory. The premise of social learning theory is that all behaviour is learnt through social interactions. Learned helplessness is one of the most studied theories associated with IPV. Learned helplessness occurs when a person feels unable to make any changes to their circumstances, and thereafter stops trying to make any effort to change similar situations they encounter. Learned helplessness is based on the amount of control one feels they can exert. Where the individual tries to control a situation but fails several times, failure leads to the belief that any further attempts are futile. In cases of intimate partner violence, the individual may manifest an external locus of control due to repeated exposure to the traumatic event. When the individual concludes that there is limited or no control over a situation, they are thereafter unwilling to make any further effort. For this reason the phenomenon was called 'learned helplessness' (Maier & Watkins, 2005).

Although this study focuses on women as survivors of violence, it is important to note that boys' experiences during childhood, including witnessing domestic violence and experiencing physical and sexual abuse also put them at risk of being perpetrators, and sometimes victims, of violence. In this case, violence may be learnt as a means of asserting manhood by male children who have witnessed such conflict resolution patterns. Only male (husband/partner) IPV against the woman are investigated in this study.

CHAPTER 3.0: METHODOLOGY

3.1 Study Design

The study was a cross-sectional field-based study using clinician administered interviews.

3.2 Study Sites

The study area is the Mukuru slums including Mukuru Kwa Njenga, Mukuru Kayaba, and other low resource areas around South B, Industrial Area, and Donholm, in Nairobi Kenya. The sample was taken within the different villages to ensure representativeness.

3.3 Study Population

The population of focus for this study was adult women, 18 years and over, living in the various Mukuru slums.

3.4 Inclusion and Exclusion Criteria

3.4.1 Exclusion criteria;

a) Women who are married but under 18 years of age, as these are still considered children by the laws of Kenya
b) Women who have never been in an intimate relationship.
c) Non-consenting women who may otherwise meet the criteria.

3.4.2 Inclusion Criteria

a) All consenting and assenting adult women.
b) Women who are dating or have dated in the past, been married, (marriage includes cohabiting and traditional) are widowed or divorced.

3.5 Sampling Procedures

3.5.1 Sampling Techniques

Convenience sampling was used to select the participants.

3.5.2 Sample Size

The formula used and calculation done was as shown below;

$n = z^2pq/d^2)$ (Cochran, 1977)

Where p = proportion of women experiencing domestic violence who witnessed inter-parental violence; d = absolute precision and z = 95% confidence level at the power of 80%.

Because there were no comparative studies in Kenya the Vietnam study was used to provide P as follows. In that study 16% of the women in interviewed had, or were experiencing IPV in their relationships. Out of this, 40% had witnessed inter-parental violence in their childhood. The study does not indicate the prevalence of IPV among women who did not witness inter-parental violence. If the outcome of the unexposed group is assumed to be 60%, 198 is the minimum required sample size. This sample size was calculated using the Epi-Info 7 programme. A total sample size of 198 (Kelsey) is adequate to provide significant result with a power of 80%.

3.6 Data Collection Instruments

Socio- Demographic Instrument

A researcher developed sociodemographic questionnaire was used to collect sociodemographic factors like age, gender, level of income, marital status and religion.

Intimate Partner Violence Questionnaire

A screening instrument (KNH instrument) was be used to determine whether the respondent is a victim of IPV in their current or past relationships. This assessed for physical, emotional, and sexual violence.

Witnessing Inter-parental Violence Questionnaire

The researcher developed a questionnaire to assess for witnessing interparental violence in childhood.

Learned Helplessness Questionnaire

A researcher developed Learned Helplessness questionnaire was used to assess for helplessness and attitude towards violence. This questionnaire also formed the basis of the themes used in the focus group discussions for the qualitative component of the study.

3.7 Ethical Considerations

The process begun by obtaining approval from the Department of Psychiatry; The University of Nairobi. The proposal was then presented to the Ethics Research Committee of KNH/UON/ERC for clearance. Approval was sought from the local Assistant Chief's in the Mukuru area where the research was carried out. The researcher was then given the go-ahead to approach the women's groups in the various villages within Mukuru Slums.

The researcher visited each of the areas on schedule and explained the research study and sought consent before administering the sociodemographic questionnaire and other instruments to the respondents. Confidentiality was assured to the respondents in an introductory letter that was given to every respondent for signature. They were also informed that they were free to decline to participate in the study. Considering the sensitive nature of the study and the invasive questions that may make the respondents uncomfortable or re-experience emotional pain as they relive the traumatic experiences, those who chose to participate were informed of the risks and reminded that they have a right to withdraw from the study at any time and without any penalties if they were uncomfortable, or for any other reason. Benefits of participation included referral to the Sex and Gender Based Violence Centre in Kenyatta National Hospital. The researcher's contact was given to all participants.

Procedure of Administration

The researcher explained to each group the nature of the study through the consent explanation form. The researcher further verbally explained to the participants the reasons for the study and the benefits. She assured them of total confidentiality in handling the filled scripts and freedom of participation without any coercion. Confidentiality was achieved by ascertaining that the respondents were only identifiable using an anonymous serial number. The master list matching the serial numbers was kept under lock and key by the researcher. After ensuring that each participant was seated on her own where her responses were not visible to other participants, each was given a set of questionnaires consisting of the demographic questionnaire, the intimate partner violence questionnaire and the learned helplessness questionnaire. The questions were read out and each participant filled the answer to the question. Participants were encourage to either ask questions to clarify out loud, or raise their hands in case they needed assistance either during the reading of the question, or afterwards. Illiterate participants were assisted by the researcher to fill the forms. Data was collected over a period of three (3) months.

3.8 Data Management, Analysis and Presentation

Each day data was collected it was entered, coded and keyed into variables using Excel and SPSS software version 17.0. Presentation of information was done using frequency tables, pie charts and bar charts.

CHAPTER 4.0: RESULTS

Socio-demographic variables

Table 1 – Sociodemographic Variables

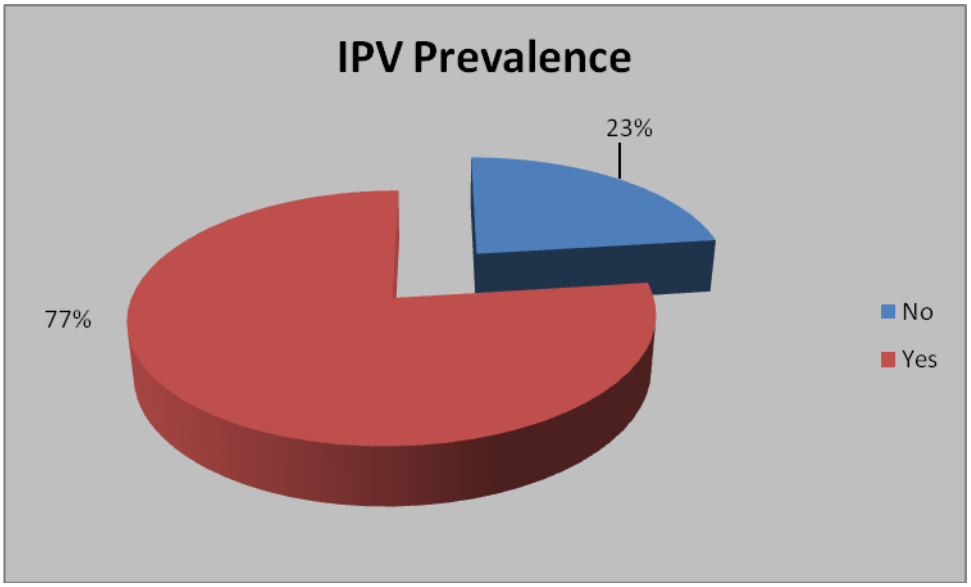
Sociodemographic Data		n	%
Level of Education	None	15	7.7%
	Primary	95	48.7%
	Secondary and above	85	43.6%
Monthly Income	< Ksh 3000	160	82.1%
	Ksh 3001-6000	22	11.3%
	Ksh 6001-10000	10	5.1%
	> Ksh 10000	3	1.5%
Religion	Christian	184	93.%
	Muslim	12	6.0%
Occupation	Skilled	95	49%
	Unskilled	85	44%
	Student	12	6%
Employed	Yes	12	6%
	No	184	94%
No. of Children	None	46	29%
	1 to 3	74	47%
	4 to 5	21	13%
	5+	16	10%
Marital Status	Single	80	41.2%
	Married	70	36.1%
	Separated	17	8.8%
	Divorced	15	7.7%
	Widowed	12	6.2%

	Mean	Median	Minimum	Maximum	Percentile 25	Percentile 75	Standard Deviation
Age	34	33	19	61	25	41	10

198 women participated in the study. The average age of the participants was 34 years; the youngest was 19 years old and the eldest 61 years old.

4.2 Intimate Partner Violence Prevalence

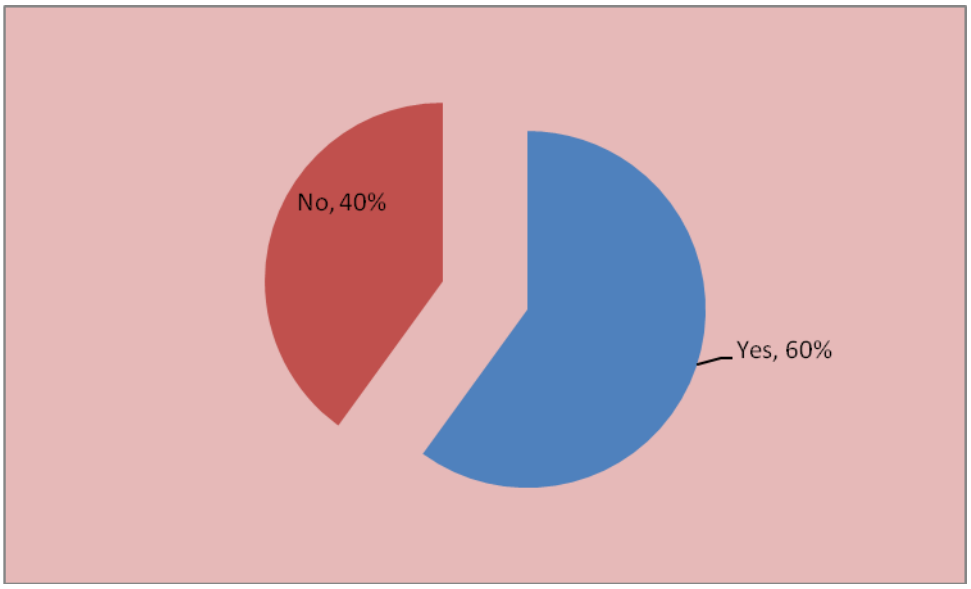
Figure 1: Intimate Partner Violence Prevalence



Any response of **YES** to one of the questions under physical, emotional or sexual violence was considered to be an indication of intimate partner violence. Therefore the Intimate Partner Violence prevalence stands at 153 (77%) out of 198 within this population.

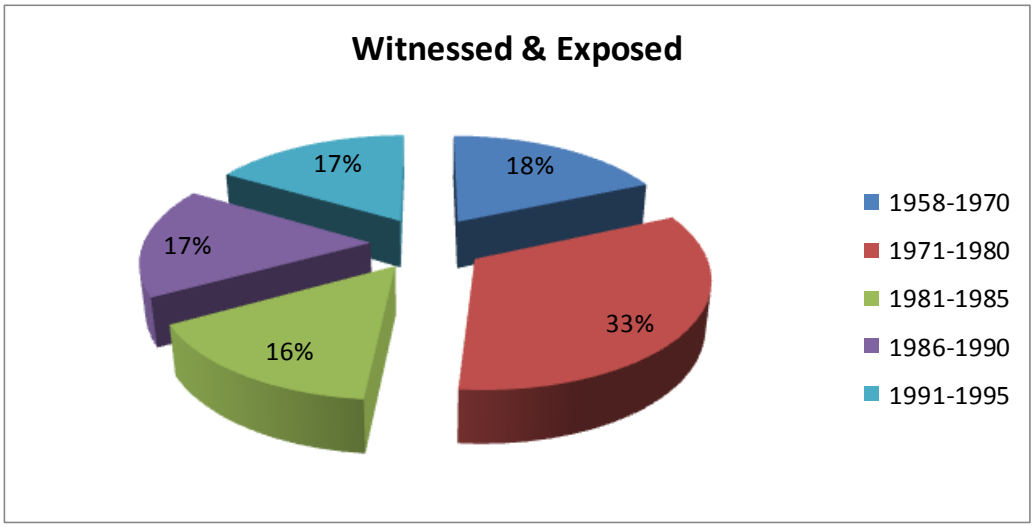
4.3 Witnessing Inter-parental violence

Figure 2: Witnessing Inter-parental violence



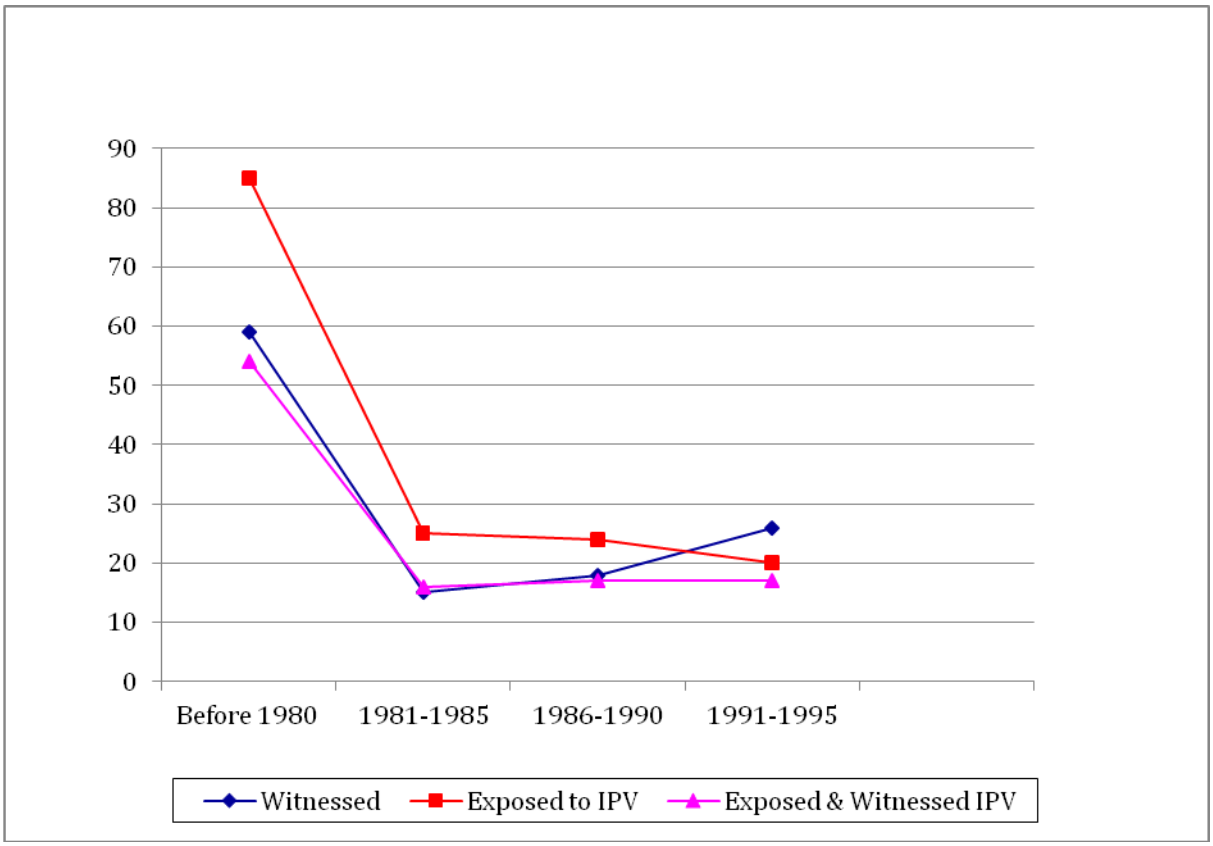
From this analysis, 116 (60%) respondents witnessed inter-parental violence as children

Figure 3: Witnessed and Exposed to Intimate Partner Violence by Year of Birth



96 (48%) of the 198 respondents had witnessed inter-partner violence in childhood and were exposed to intimate partner violence in adulthood..

Figure 4: Witnessed and Exposed to Intimate Partner Violence – Trend by Year of Birth



Of these, those born between 1971 and 1980 were highest in number at 34 (33%), followed by those born before 1971 at 19 (18%), 1981 and 1985 at 16 (16%), then slightly rising for those born between 1986 and 1990, and 1991 and 1995 at 17 respondents each (17%) respectively.

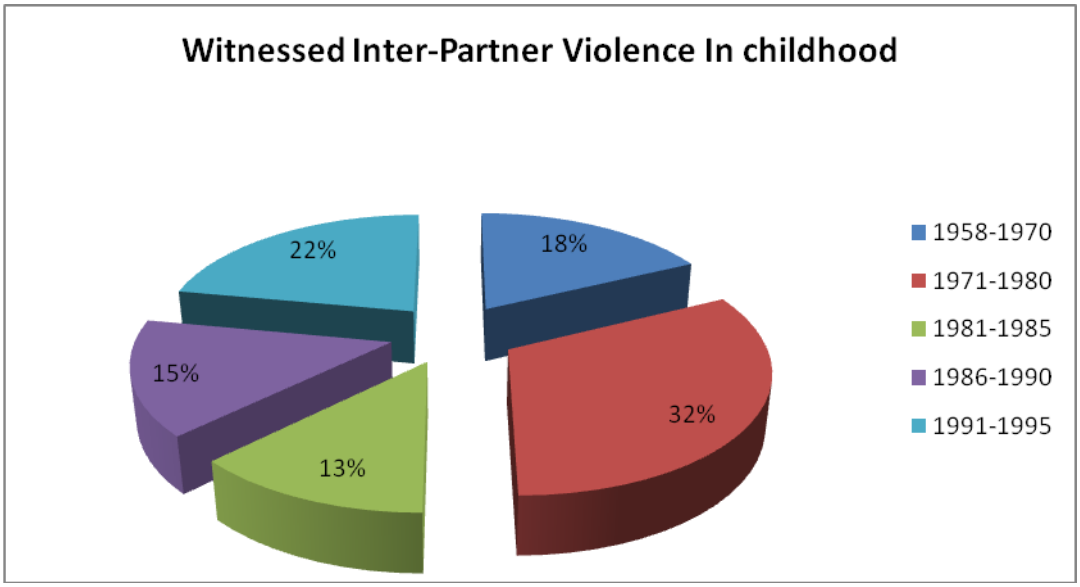
4.4 Exposure to Intimate Partner Violence

Table 2: Exposed to Intimate Partner Violence –

Exposed to IPV	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum Age	Maximum Age	F	P value
					Lower Bound	Upper Bound				
No	47	27.74	9.848	1.436	24.85	30.64	19	54	23.956	<0.0001
Yes	148	35.73	9.711	.798	34.15	37.31	19	61		
Total	195	33.81	10.304	.738	32.35	35.26	19	61		

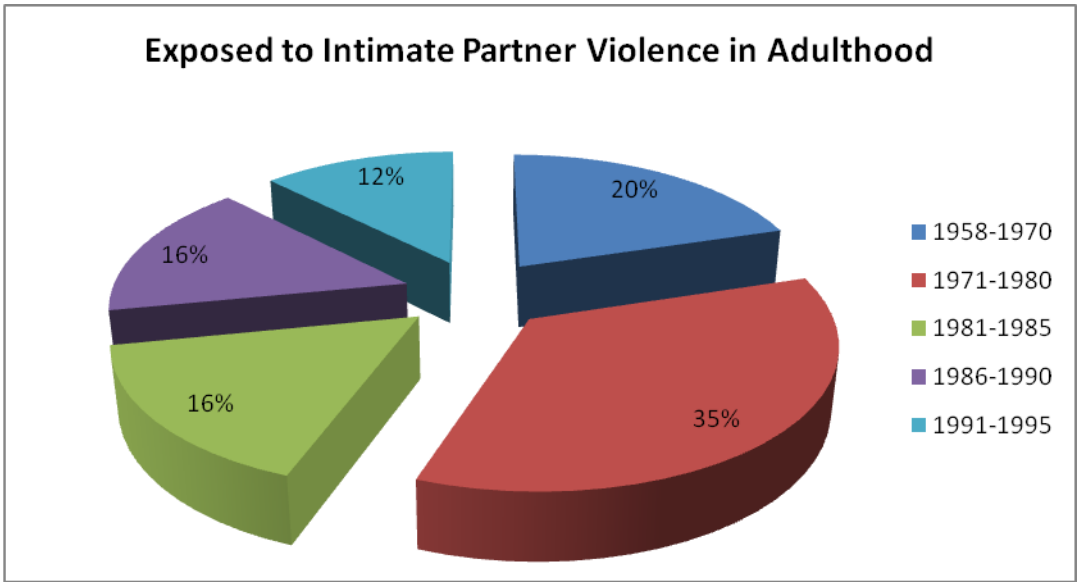
Average age of those exposed to intimate partner violence was 36 years compared to 28 years for those who were not exposed. The youngest participant was 19 years old while the eldest was 61 years of age. Findings indicate that risk of exposure to intimate partner violence increases with age F=24[95% CI Interval for mean 34 – 37] p=<0.0001.

Figure 5: Witnessed Inter-Partner Violence in Childhood – By Age



59 (50%) respondents born before 1980 witnessed inter-partner violence while 33 (28%) of those born between 1981 and 1990 witnessed violence in the home. Of those born after 1991, 26 (22%) witnessed inter-partner violence in childhood.

Figure 6: Exposed to Inter-Parental Violence in Adulthood – By Age



31 (20%) of respondents born between 1958 and 1970 reported being exposed to IPV in adulthood while 54 (35%) respondents born between 1971 and 1980 have, or are currently exposed to IPV. The figures remained at 16% for those born between 1981 and 1990, and dropped to 12% for those born between 1991 and 1995.

4.5 Bivariate Analysis

Table 3: Bivariate Analysis: Factors associated with IPV

		Exposed to IPV					
		No		Yes			
		n	%	n	%	Chi-Square	P value
Level of Education	None	6	40.0%	9	60.0%	5.279	0.071
	Primary	17	17.9%	78	82.1%		
	Secondary and above	25	29.4%	60	70.6%		
Monthly Income	< Ksh 3000	41	25.6%	119	74.4%	1.796	0.616
	Ksh 3001-6000	3	13.6%	19	86.4%		
	Ksh 6001-10000	3	30.0%	7	70.0%		
	> Ksh 10000	1	33.3%	2	66.7%		
Marital Status	Single	33	41.2%	47	58.8%	21.994	<0.0001
	Married	12	17.1%	58	82.9%		
	Separated	2	11.8%	15	88.2%		
	Divorced	1	6.7%	14	93.3%		
	Widowed	0	0.0%	12	100.0%		
Witnessed in childhood	No	28	35.4%	51	64.6%	8.390	0.004
	Yes	20	17.2%	96	82.8%		

Level of Education

There is no statistical significance as far as level of education is concerned p=0.071.

Monthly Income

There was no statistical significance in monthly income p=0.616.

Marital Status

Of currently married couples, 88% are exposed to IPV compared to those not currently in a relationship who stand at 59% [p=0.0001]. This means that there is strong positive correlation between having been in a relationship or being currently married and exposure to IPV.

Witnessed in Childhood

83% of those who witnessed violence in family of origin reported exposure in adulthood compared to 65% among those who did not witness [p=0.004]. This means that witnessing violence as a child is strongly correlated with intimate partner violence in adulthood.

The study hypothesized as follows.

H_o: Girls who witness IPV as children are not likely to be victims of IPV as adults.

H_1: Girls who witness IPV as children are more likely to be victims of IPV as adults.

Results indicate a strong correlation between witnessing inter-parental violence in childhood and intimate partner violence in adulthood. Thus, we reject H_o that mean proportion of girls who do not witness IPV as children are more likely to be victims of IPV as adults. Therefore, the study finds that girls who witness inter-parental violence in childhood are more likely to be victims of intimate partner violence in adulthood.

4.6 Multivariate Analysis

Table 4: Multivariate Analysis: Independent Predictors of IPV

	Coefficient	S.E.	Wald	P value	OR	95% C.I. for OR	
						Lower	Upper
Age	.069	.022	9.560	.002	1.071	1.026	1.119
Marital Status	.741	.275	7.267	.007	2.097	1.224	3.594
Witnessed in childhood	1.013	.384	6.963	.008	2.753	1.298	5.841
Constant	-2.887	.738	15.293	.000	.056		

Age

Older participants were more likely to experience violence with risk likely to increase by 7% with each increasing year in age OR=1.071[95%CI of OR, 1.02 – 1.12], p=0.002.

Marital Status

Those married or in a relationship are twice as likely to report IPV in adulthood OR=2.1[95% CI of OR, 1.2 – 3.6], p=0.007.

Witnessing violence in childhood

Participants who witnessed violence in their childhood are 3 times more likely to report IPV in adulthood OR=2.7 [95% CI of OR, 1.3 – 5.8], p=0.008.

4.7 Learned Helplessness

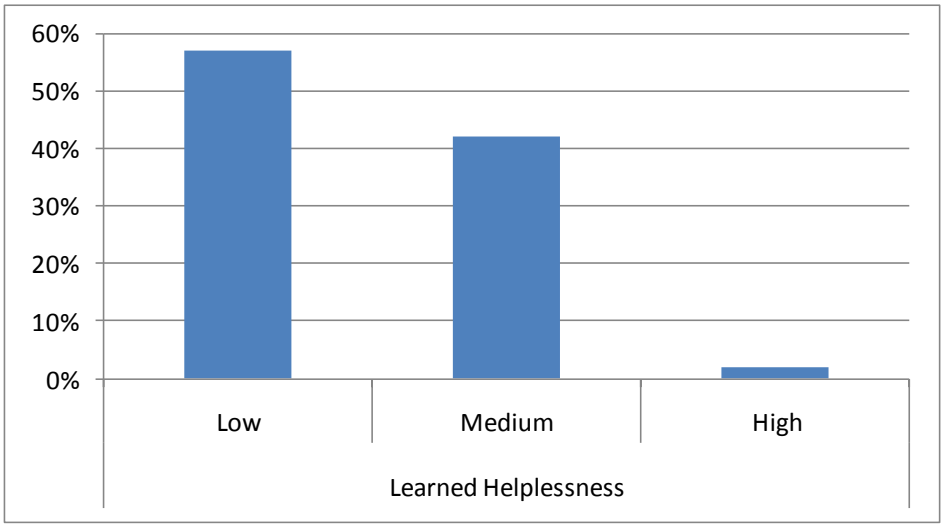
Data from the Learned Helplessness scale was gathered from all 198 respondents. The scale had both quantitative and qualitative elements. All responses of YES/No in the Learned Helplessness questionnaire were scored quantitatively with YES responses assumed to be an indication of Learned helplessness.

6 items were included in the quantitative component of the learned helplessness scale. Learned Helplessness was categorized as follows:

0– 2 Low
3 – 4 Medium
5 High

Analysis of this variable indicates that respondents experience Learned Helplessness as follows:

Figure 7: Learned Helplessness by Category



Out of 198 respondents, 3 women (2%) reported high levels of learned helplessness, 83 women (43%) reported moderate levels, while 112 (57%) reported low levels of learned helplessness.

Table 5: Witnessing and exposed as Predictors of Learned Helplessness

		Helplessness						
		Low		Medium		High		
		n	%	n	%	n	%	P value
Exposed to IPV	No	34	70.8%	12	25.0%	2	4.2%	0.008
	Yes	78	52.0%	71	47.3%	1	0.7%	
Witnessed in childhood	No	50	63.3%	29	36.7%	0	0.0%	0.155
	Yes	61	52.6%	52	44.8%	3	2.6%	
Witnessed & Exposed	No	64	64.0%	34	34.0%	2	2.0%	0.070
	Yes	48	49.0%	49	50.0%	1	1.0%	

Persons who had been exposed to IPV were more likely to report helplessness than those who had not been exposed (p=0.008). Persons who had both witnessed interparental violence in childhood and been exposed to intimate partner violence were not likely to report learned helplessness (p=0.070) Although persons who witnessed IPV in childhood were more likely to report helplessness than those who did not witness, the difference was not statistically significant (p=0.155).

4.8 Focus Group Discussion

The focus group discussion aimed to shed more light on anecdotal evidence given by the women in in-depth focus group discussions. Focus group discussions were recorded, coded, and then summarized. This was done using Excel. Participants were selected based on their having witnessed inter-parental violence in childhood and experienced intimate partner in current or previous relationships. The two focus groups comprised of 12 women in Group 1, and 9 women in Group 2. Code content is as presented in the table:

Table 6: Focus Group Discussion Content

Code		Quote	
	Sub-Code	**Adulthood**	**Childhood**
Alcohol and Drug Abuse	**Neglect Abuse**	*"My marriage was that of heavy drinking mixed with bhang and therefore, he would beat me up. My life was destroyed. After having three children with him and the fights not stopping, I felt like I could not go on.* Participant F, FGD2	*"My father was a drunkard. Since he drunk alcohol most of the time, when he got home we used to leave the house. We would go sleep in the shamba because during that time we were not able to go to our neighbors. So we would sleep at the shamba and in the morning when he is sober we would come back to the house."* Participant G, FGD 1.
		When he quit his job, life became very hard and so he started making local beer and drinking it also. He started beating us and my mother and so my mother also started drinking alcohol. … When they start fighting, there was no way to stay at home." Participant E, FD2*"*	*When the father came back under the influence of alcohol and bhang, I told my child, "I feel my heart pumping harder than usual". I asked him to eat quickly and go look for a place to spend the night.* Participant H, FGD1
Poverty/Economic Hardship	**Lack of education Neglect**	*"I wondered what I was going to do to earn a living. Do I go round washing clothes for women, I wondered. He didn't want me to go to the camps because during the day he would wait at the door for me, chase me away and throw my clothes out."* Participant I, FGD2	*But in relation to learning, we could not go far since our father did not bring even a single cent of his pay home. We struggled since my mother was unable to send us to school.* Participant G, FGD 2.
		"I feel so bitter. He doesn't bring food to the house. The children go to school hungry came back in the evening saying they are feeling hungry; asking what they were going to eat. … he would put 5 shillings on the table for food." *Participant F, FGD 2.*	*My father disappeared in the city with another woman leaving my mother doing casual job. The little she got from these jobs, she bought flour for meals. When I was in STD 8, in the first term, I was unable to register for the exams* Participant C, FGD 2.
Child Abuse	**Education**	*"He arrived at around 11p.m, immediately put a belt down asked the child (with a harsh male-sounding voice) " where is my bicycle"?.... I felt he was going to kill my child. The child stood like he was going to fight*	*"..my father had a business but was an alcoholic and segregated us. He would take care of and educate the child who resembled him…"* Participant B, FGD1

		back. He was a male child. (still crying) I opened the door and left. I did not want my eyes to see him killing my child….. He had gone for the rope to tie the child with on a table. I decided to run and let him kill his child if he so wished." Participant H, FGD 1.	
		"I also have a small child. The father would beat her up if she touched anything. I went to fetch water one day only to find her crying because of the beating. Otherwise she would come with me it was muddy and she was just learning to walk." Participant F, FGD 1	*"My life there was very hard, because the other children had both their parents and I was separated from mine. During meals I was sent out to fetch water or wash dishes. (starts crying). When one of the other children washed the family dishes, mine was left for me to clean. I started washing my own clothes when I was three years old."* Participant A, FGD 11.
Separation and Divorce	**Poor social support systems**	*Just like in my others place, I landed myself in hell and we got married. He did not behave like he was married to me and did not come home.) I decided to go home to my parent but there was discrimination and I was chased away, I am now in Nairobi as a single parent fending for my children and life is still very tough."* Participant B, FGD 2.	
Low levels of Education	**Abuse**	*"*	*Now the moment I reached class 7, mama started saying " in as much as you study or complete class 8, no one will take you to secondary at all" I wondered what was the problem with mama since my real mother did not have a good life and was unable to send me to secondary school."* Participant A, FGD 1.
			"I did not go to school as such, I went class one, class two and three and was unable from there although I tried a little. But life was a little harder and my father was not helping, and my mother became blind." Participant F, FGD 2
Early Marriage	**Child Abuse Neglect**		*"…the moment I reached class 7, that is when mama (The Aunt) pushed me into marriage so that I may not live with her…. That is when she forced me into marriage to a man who was very old and who I was supposed call father.* I *was turning 16 years old."* Participant A, FGD 1.
			"I decided to leave home to get away from a house where I felt I was suffering and not being treated like a child. So I decided to get married in a hurry. I left my parents' house very angry. Little did I know this man was also going to add me

			more stress." Participant B, FGD 2.
			"I got pregnant. So a certain woman came and told me that there was a man who wanted a wife. I was 14 turning 15 years. I went to the young man's home, I delivered the baby I was carrying and I had another child. I found out that he was an alcoholic and he took bhang. He would brutally beat me up with the kids and threaten us." Participant F, FGD 2
Sexually Transmitted Infections	**Divorce and Separation Adultery**	*"I knocked the door and a woman opened. We were neighbours upcountry. I took the clothes he had removed ready to go to bed with this other woman. I was still pregnant with his child. After a while I went for tests and found that he had infected me with syphilis. I was treated, and after I gave birth, I told him, "the next time you will infect me with Aids, lets break up". I left him."* Participant C, FGD 1.	
		"So one day as I was cleaning his clothes (I found a card, I didn't know he goes for ARV medication. When I started quarreling, he beat me up". Participant D, FGD 2.	
Poor Social Support Systems	**Lack of support from the church** **Lack of shelter or safe-house** **Death of parent**	*"One day he beat me up, I ran straight to the church, the priest was preaching (crying out painfully while speaking) the service was stopped there and then and I was taken back home. On arrival, he sent them away including the Priest, back to the church yelling insults at them."* Participant G, FGD 1	*"My father died while my mother was two months pregnant. My mother went back to her in-laws' home. She raised me for two years then left because she could not cope with the hard life then my aunty took care of me from there. My life there was very hard, because the other children had both their parents and I was separated from mine."* Participant A, FGD 1.
	Lack of community support	*"He would splash the water I used to wash vegetables with at me in front of my customers and they all walk away leaving him to beat me. He throws the tomatoes on the ground and leaves and when he came back it is a much bigger fight. He ends up throwing stones at me."* Participant G, FGD 2	
	Lack of support from local	*"When I did not give him money he would start beating me up at the door, nobody would come to my aid and he would then go. One day I took*	*"Yes, mother died. We had nobody left to help us. She also left us a child who right now is at home and has become a drunk like my fathe. My brother did not go to*

	administration	*him to the Chief (can't speak… crying), we filed a case at the chief's office, he broke up with me. So now I am sacrificing so that children go to school so they will not have to go through hardships as I have."* Participant H, FGD2	*school at all".* Participant I, FGD 2

CHAPTER 5.0

DISCUSSION

Findings of the study provide evidence that women exposed to childhood family violence are at an increased risk of intimate partner violence in adulthood as compared to subjects with no history of childhood family violence. Strong positive correlations between witnessing in the family of origin and intimate partner violence in adulthood remain even after adjusting for confounders.

The current study finds that the main risk factor for intimate partner violence is witnessing inter-parental violence in childhood. Other factors that stand out are older age and unstable relationships. These factors were also confirmed in the multivariate analysis. This is in accord with existing research on intimate partner violence which highlights the importance of witnessing violence from the family-of-origin as a contributor to later adult relationship violence. Some studies have found a weak relationship between witnessing violence in childhood and intimate partner violence in adulthood. The results of a meta-analysis done in the US of the relationship between witnessing or experiencing family violence during childhood and perpetrating or experiencing violent behaviours in an adult marital or partnered relationship suggest only a weak to moderate relationship (Stith, 2000).

Exposure to Intimate Partner Violence

The study found that most of the women had been, or currently are exposed to violence in their relationship. The figures are similar to that of a survey by Federation of Women Lawyers (FIDA) Kenya (FIDA,n.d.), that found that almost three quarters of the women surveyed reported having experienced IPV. Although data from the Kenya Demographic and Health Survey indicates that the level of IPV in Kenya stands lower, this could be due to the demographics of the specific population used in this study. Living in the slum may provide a high risk factor for violence.

Witnessing Inter-Parental Violence

This study's prevalence estimates of exposure to inter-partner violence in childhood were higher than estimates from a study conducted by Makayoto, Omolo, Kwamweya, Harder, & Mutai (2013) who found that 22% of the pregnant women attending antenatal clinic in a Kenyan hospital had witnessed maternal abuse in childhood. While the population Makayoto et al used was of pregnant and therefore younger women, this study used a population of women aged between 19 and 61. It can be assumed that Makayoto et al's sample were mainly women of child-bearing age. The high prevalence rates of the current study may be a result of the diverse age-group of the participants and the study's findings that violence increases with age. The older age group of the current study must be taken into account when comparing the two results. As seen in the results of the current study, older age is positively correlated with increased risk of exposure to IPV. Younger age may also mean that woman have not yet been exposed to stressors like children, economic difficulties, and marital challenges, all of which contribute to violence.

Exposure to IPV and Age

Of the women who participated in the study, over half of those born before 1980 reported witnessing inter-parental violence in childhood and exposure to intimate partner violence in current or past adult relationships. The trend however declines sharply among those born after 1981, and remains fairly consistent among respondents born between 1991 and 1994. It is important to note that those born between 1958 and 1980 reported the highest percentage of exposure to IPV. Those born in between these years are also the majority among those reporting witnessing inter-parental violence. This is similar with KDHS data which demonstrates that the likelihood of experiencing physical violence increases with the age of women; from only 11 percent of those ages 15-19 to 29 percent of those age 40-49 (KDHS). This may be attributed to other factors like income, number of children and employment status; all stressors within marital relationship which may impact exposure to IPV. Findings of the current study are not consistent with some multiwave prospective longitudinal studies that found that IPV declines with age (Kim H. K., 2008).

The decline in reporting of intimate partner violence after 1981 is consistent with the Kenya Demographic and Health Survey report which indicates that there has been a sizeable reduction in the proportion of women who say they have experienced physical violence since

age 15—from 49 percent reported in the 2003 KDHS to 39 percent in the 2008-09 KDHS (KDHS, 2008-09). The report goes on to indicate that the magnitude of the difference makes it difficult to interpret the change as a real decline in the level of physical violence over such a short period of time. Poor reporting of violence may be a result of lack of intervention from the local administration, poor social support systems and fear of stigma. This may result in women developing individual strategies to deal with their situation. Since there has been no research done to back this, the drop may also be as a result of a genuine decline in inter-partner violence, or it may be attributed to other factors. Inadequate application of the law and learned helplessness could also be contributors.

Exposure to IPV and Level of Education

The study found no statistically significant correlations between exposure to IPV and levels of education unlike the US study on co-occurrence and intergenerational connections which found that higher education is associated with lower likelihoods of all combinations of family violence in adulthood (Renner, 2004). Previous studies have shown correlation between low levels of education and exposure to IPV; KDHS results also depict a slight negative relationship between the prevalence of physical violence and education levels. Those with the highest level of education reported slightly less exposure to violence than those with primary or no education. This may however be attributed to several factors. Younger respondents in the study (born after 1991) were between ages 19 and 23 years at the time of the study. At this age, most of the respondents are still in college and dating. Research findings indicate that economic stress and the presence of children in the relationship are positively related to violence. Also, considering that this research was done in the Mukuru slum where majority of the dwellers have lower levels of education, higher levels of education among this population could result to better paying jobs and therefore less stress, more autonomy and lower levels of violence.

Witnessing Inter-Partner Violence and Levels of Education

Results from this variable were similar to those who had direct exposure to intimate partner violence in adulthood. Lower education levels may be due to associated factors resulting from the violence. A paper by the US Department of Health and Human Services cites cognitive and attitudinal problems among children exposed to violence in the home. The paper reports that children exposed to domestic violence are more likely to experience

difficulties in school and score lower on assessments of verbal, motor, and cognitive skills. (US Department of Health and Human Services, 2012). Other factors that may negatively impact education include emotional difficulties and poor health, both a result of exposure to violence at home of origin.

Current Exposure to Intimate Partner Violence and Monthly Income

Majority of the participants exposed to IPV earn between one and two dollars a day. KDHS reports indicate that women in the lower wealth quintile experience more violence than those with higher wealth quintiles. Unlike KDHS results the current study does not find statistical significance between current exposure to intimate partner violence and level of income. Since this study was conducted in a resource limited setting while the KDHS study is a countrywide study that included high and low income earners, results of the current study may be attributed to the resource limited population of the study.

Learned Helplessness

The learned helplessness questionnaire had both qualitative and quantitative items. 5 items were included in the quantitative component of the learned helplessness scale. These included questions like if the participant feels that past violent relationships influence her past and future relationships, whether she feels like a victim of society, if she feels that being a woman is a barrier to their achieving success, if she feels that a woman should stay in a violent relationship, and whether she feels that there are instances in which a man is justified in beating a woman. Learned Helplessness was categorized low, medium and high.

Results indicate that slightly over half the women had low levels of learned helplessness while the rest had medium to high levels. Being a direct victim of intimate partner violence was positively correlated to developing learned helplessness. This may be as a result of the direct impact of violence and the woman's inability to escape the situation. Where children who witness violence may have the option of running away, or may be sent away by the parent, a woman who is the direct recipient of violence may be cornered in and not have a route for escape. Escape does not necessarily imply physically leaving the home. A woman may be unable to leave a violent relationship due to other factors like poverty, children, lack of social support, and customs. FIDA cites the custom of dowry payment as one practice that could contribute to intimate partner violence. This practice has perpetuated a lot of domestic violence to the woman as many men argue that if they paid to get the wife, then she should be

treated just as any other property. When a customary marriage ends, the wife's family is expected to return to the husband the bride price he paid out to marry her; then only will the marriage be dissolved customarily. Because many women cannot raise the money to pay back the bride price, they opt to stay in abusive marriages (FIDA, n.d.).

In the qualitative component of the questionnaire, several themes like anger, feelings of ineptitude, and fear came up. Some women indicated that violence experienced in previous relationships and in childhood had affected their perspective of men.

> *"I can never trust a man after what how I saw my father behaving towards my mother. All my relationships have been just like my mother's. I have now given up on ever having a good relationship,"* Respondent A, FGD2.

These perspectives may in themselves be self-fulfilling prophecies and may have an impact on adult relationships. The individualized perception of the woman as victim may be in itself be a contributory factor to IPV in relationships when women are hesitant to assert themselves. Women who had high levels of learned helplessness also responded positively to the question of whether a woman should stay in a violent relationship, citing reasons like marriage being a lifetime commitment, husbands always being right, and women's need to persevere even in a toxic relationship.

Women exposed to repeated violence may suffer serious stress and anxiety, and related mental disorders. The cumulative effects and pattern of violence and abuse over time, meet the DMS-IV-TR criteria of a traumatic stressor. These criteria are (1) events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or other and (2) intense fear, helplessness, or horror. (American Psychiatric Association, 2000). To mitigate the situation, some women may develop Learned Helplessness. Learned helplessness theory implies that feelings and perceptions of helplessness may be learned from childhood experiences of uncontrollability. Renner and Slack indicate that once involved in an abusive relationship, some women may find strategies for avoiding or resisting violence by a partner or flee from the violent relationship, while other women may adopt a "learned helplessness" response to violence (Renner, 2004). However, some women experiencing IPV may appear helpless or intentionally use passivity by accepting blame, giving in to demands and choosing to remain silent in order to stay safe. Childhood experiences that may increase a

feeling of helplessness may include large family size, lack of affection, and family violence (Renner, 2004). Majority of the women in the current study were exposed to violent relationships in adulthood and also witnessed violence in childhood. Witnessing violence in the home may contribute to lack of conflict resolution skills, limited problem solving skills, pro-violence attitudes, and belief in rigid gender stereotypes and male privilege (US Department of Health and Human Services, 2012). Most of the women with high learned helplessness also reported feeling like they are victims of the society due to experiences of current and prior violence.

Focus Group Discussion

Participants of the two focus groups were selected based on having witnessed inter-parental violence in childhood and experienced intimate partner in previous or current relationships. Three themes were used in the discussions. The main theme was the effect of indirect childhood exposure to inter-partner violence. The other themes were direct experience of intimate partner violence before marriage after the age of consent, and experience of violence in the home in current relationships.

Sub-themes under childhood exposure to inter-parental violence from family of origin were family relationships, decision making, and causes of fighting in the home, children's reactions to violence in the home and involvement of alcohol. In relationships before marriage, the sub-themes were type of relationships, conflict resolution and reaction to violence. Alcohol involvement and reaction of the children was also discussed in childhood, current and past adult relationships.

The findings of this study suggest that domestic violence is a very complex process influenced by multiple factors. Focus group discussion results indicate that the contributing factors to intimate partner violence include economic hardship, alcohol and drug abuse, and traditional beliefs. The following themes arose from the discussion; lack of shelters or safe-houses, adultery/infidelity, poor social support from family, community and local administration, low levels of education, and child abuse.

Economic Hardship and Violence

While most of the women believe in the role of the man to be provider of resources, leadership and security for the family, they understand the limitations of living in the slum and are willing to go out of the home and earn a living. In several cases, the man refused the

woman to go out and look for work, creating tension when available resources were not enough to meet the needs of the family. Most of the women reported that low resources were a main cause of stress and argument.

A common explanation given for this relationships link is that couples who struggle with low resources also suffer greater stress. In addition, to the strain poverty places on households, it also contributes to a woman's inability to leave a violent household. Although poverty is not a direct cause of violence, and violence cannot be cured exclusively by economic remedies (UNIFEM, 1998), poverty often exacerbates violence.

Low Levels of Education and Exposure to Current Intimate Partner Violence

Most of the participants of the study have primary school education. Many of the women report that they missed school in childhood due to poverty in the family of origin. In some homes, during or after violent episodes, the mother would leave with the children, displacing them from their schools. This led to poor performance and high dropout rates. Some of the women reported that as children, they had to leave school to take on adult roles when their mothers left the home.

Traditional Perspectives of Gender Roles

Respondents indicated that men had traditional perceptions of gender roles. Men were cited as demanding that the woman stays home to take care of the home and children even when the family was poor. This was not possible as the almost all the men usually did not have well-paying employment, and some did not have any jobs at all. The women reported because their husbands paid dowry, their opinion must be obeyed. Also, they expressed that because their abusive husbands treat them as property their opinions are irrelevant. Some of the women also had conservative perspectives of gender roles with expectations of staying at home even when their husbands requested them to work and bring in additional family income. Research indicates that exposure to family violence is an important consideration in the development of gender role beliefs and adult IPV.

Alcohol and Substance Abuse and Violence

On many occasions, alcohol and substance abuse, and economic hardship are linked. Almost all the respondents reported that alcohol was one of the main contributors of violence in their homes when they were children. For many respondents, lack of school fees, food, and even

medical attention was as a result of family resources spent on alcohol. Respondents reported that mostly, it was the father who drank. Some indicated that when drunk, the father would be so violent that the children would have to look for an alternative place to spend the night and some days until the situation at home was calm.

The discussions reveal patterns of a strong relationship between alcohol consumption and the tendency for IPV. These are consistent with KDHS results that report that women whose husbands are often drunk are twice as likely to experience emotional, physical, or sexual violence as those whose spouses do not drink alcohol (79 and 39 percent) (KDHS). Many of the respondents cited drunkenness as a source of conflict from family of origin. Often, the man would use the meagre resources meant for the family creating further that would mostly lead to physical violence. Respondents felt that their own children were now in the same violent situation they were in as children.

Early Marriage and Violence

Some of the women opted to run away from the maternal home to get married in order to escape the violence they witnessed as children. Others were forced into early marriage because of poverty, violence in the family home, or neglect from parents.

> *I left a very violent home to go and get married. I was only 16 years old but felt that anything would be better than living with my parents. We were only happy for a few months before my husband started smoking bhang and beating me every day. I was pregnant with our first child. I had jumped from the frying pan into the fire....*
>
> Participant B, FGD 2

Social Support/Legal Intervention/Shelter and Violence

In serious cases women sought assistance from neighbours, friends, and relatives to stop the violence. In addition, relatives, especially the wife's parents, may provide temporary refuge and advice. These avenues are however quickly exhausted when the violence become frequent. The study found that most women have nowhere to go when violence occurs in their homes. All the women in the study had not heard of any shelters in the country. A US multi-state study reports that shelter programs today offer more than safe places for survivors

and their children to stay. They also provide a range of specific services, as well as advocacy (Lyon E., Lane S., Menard A., 2008).

In childhood, due to fear or lack of a place to go, the women refused to leave the home even when prompted to by their parents. If they did, they did not go far from the home, opting to sleep right outside the house, in the nearby farm, or cow's shed. In adult relationships, the women indicate that since traditionally a woman is required to stay with her husband once he has paid her dowry, parents would ask them to return to their husbands. The respondents indicate that their children also refuse to leave the house when there is violence. They report that they do not know where to send their children during these periods of violence.

Most of the women will only turn to the law when abuse is serious and ongoing. However, most indicate that when violence was reported to churches or local chiefs, the local administration did not provide refuge, arbitration, or assistance requiring them to go back to even worse violence.

More than half of the respondents had never heard of the Sexual & Gender Based Violence (SGBV) centre at Kenyatta National Hospital. Some of the women who had heard of the SGBV centre did not know that the centre offers free services. Only one respondent had attended sessions at the centre. None of the respondents knew of any safe-houses within the country or had any number they could call. This is unlike a US study that reports that in their multi-state research, they found that only a quarter of the victims had only heard about a shelter within the previous day or two after a violent episode (Lyon E., 2008) .

Adultery/Infidelity

Adultery by men was a common complaint. Women attributed these practices to local tradition, urban migration or promiscuity. Adultery was reported by women who witnessed inter-parental violence in childhood and later in many of their own adult relationships. One woman who suffered the effects of her father's promiscuity reported that:

> *"I was 10 years old. My sick mother had sent me to the city to ask my father for money for the hospital. I went to my father's place of work and he took me to his house. When we got there and opened the house, we found a woman in bed. I asked my father who she was because I know all my aunts. He told me that it was a*

neighbor whom he had left to do his laundry. He sent me back home to the village. When I told my mother what I had seen, she got very stressed. Mother said she would visit him to see for herself. She said she that she would kill herself." Participant D, FGD 2

In her adult relationship she reports,

"He left, rented a house and moved into that house. I was pregnant with the 2nd child. When he came home, I was in bed. He threw three blows at me and left again to stay with this other woman. I suffered seriously and went to the hospital. After delivery the other woman came to hospital, paid the bill and went back to the house she shared with my husband". Participant D, FGD 2

Child Abuse

The focus group discussion results indicate that child abuse is common among families experiencing intimate partner violence. In adult relationships, offspring of adult couples continue to suffer maltreatment. Renner's study postulates that intimate partner violence may co-occur with child physical abuse if the perpetrator uses harsh physical discipline or force with children, but it may also stem from the adult victim's efforts to overdiscipline children in an attempt to avoid "rocking the boat" in the household, or from the adult victim's diminished tolerance for or ability to manage parenting stresses (Renner, 2004).

At times, the mother would also inflict violence on the children. A woman reported that because her father would not bring money home, her mother was forced to go out and look for casual labour. She states;

"…father was never there. Only my uncles were there when our mother was beating us. You see, when a person goes out to look for casual job and doesn't find one, they come back angry and ease their anger through beating children."

Participant F, FGD 1.

While all the women talked about being afraid, anxious and angry during these violent incidents in childhood, some were also physically hurt as they tried to intervene. The effects of witnessing inter-parental violence are often traumatizing and may lead to long lasting

mental health issues. Kokonya, Kuria, Ong'echa, Mburu, and Ndetei (2014) indicate that unlike the common PTSD suffered by many traumatised people, complex PTSD is characterised by prolonged trauma, difficulties with memory, learning and regulating impulses and emotions. The victim is likely to be from a disruptive, abusive home/family environment that did not foster healthy interaction. This condition affects the brain especially among children leading to hormonal changes which contribute to severe behavioural difficulties (impulsivity, aggression, sexual acting out and self-destructive actions). Other features include emotional regulation difficulties (intense rage, depression and panic) and mental difficulties (such as extremely scattered thoughts, dissociation, and amnesia) (Kokonya, 2014) .

A study carried out by Hughes, Parkinson and Vargo has suggested that both witnessing abuse and also being abused is a "double whammy" for children (Edleson, 1999). Their study compared children who were abused and had witnessed violence to children who had only witnessed violence and to a third group who had been exposed to neither type of violence. They found that children who were both abused and witnessed violence in family of origin exhibited the most problem behaviours while the witness-only group showed moderate problem symptoms and the group that neither witnessed nor were abuse the least (Edleson, 1999).

5.1 Study Limitations and Solutions

Despite the importance of the findings presented here, this study is not without limitations. The limitations are as follows:

- Since this was a cross-sectional study, it is not possible to imply causation. Consequently, any significant relationships uncovered in this analysis must be interpreted accordingly.
- Reports of past and current IPV victimization were derived from only one member of a two-person partnership. Studies have discussed the importance of involving both partners in capturing data on violence in relationships. Studies point out the fact that both men and women face Intimate Partner Violence and have experienced or witnessed and are also exposed to inter- parental violence in childhood.

- The questionnaire employed in assessing for witnessing inter-parental violence relied on retrospective recall among an adult sample. Adult participants were asked a question that required them to recall and report childhood experiences of violence in the home. This presents the potential for memory decay and recall bias.
- In a case like this where the sample population consisted of women only, biasness tends to crop up. Inevitably, there is biasness when women explain what they faced as children, what their children face, have faced or are facing. Critics say that children may make the best sample population, as they would give a first- hand report about their experience. The challenge to this method arises where the child is unable to effectively communicate his or her feelings or is coerced into giving a certain report. It is also important to note that children cannot freely participate in such studies due to ethical constraints.
- Finally, the participants were residentially located within a very specific area; the Mukuru Slums in Nairobi. This selection may present unique considerations when generalizing results. Random sampling of a wider sample from different socioeconomic settings and geographical regions should be done to replicate the findings.

CHAPTER 6
CONCLUSION

Although IPV is a major social problem worldwide, the studies on IPV are few and data on witnessing violence in childhood in Africa is minimal. This study set out to explore if witnessing interparental has an impact on adult relationships. The study also sought to find out the factors that contribute to violence in the home, resulting in the inter-generational effect of violence.

Findings of the study confirm that witnessing interparental violence from family of origin is positively associated with intimate partner violence in adult relationships. These findings highlight the importance of age, relationships, and learned helplessness as factors contributing to the intergenerational effects on violence. Although the study was conducted in a low income urban area, findings are almost similar to others carried out in high income countries. The study however, found that low resource settings such as the Mukuru slums have a higher prevalence of intimate violence and witnessing inter-parental violence as compared to countrywide and city-specific studies. Slums also have high levels of alcohol and drug use, low levels of income and education, and high birth rates; factors that may impact higher than levels of violence. The implication here appears to be that slums may be at increased risk of the intergenerational effect of violence than the village, towns or cities.

The effect of learned helplessness can be severe and may lead to death in cases of extreme violence. Although children may struggle to rise above their experiences in childhood and hope for better relationships than those of their parents, results of this study indicate that this is not always the case. The study found that those who experience violence in adulthood are more prone to developing learned helplessness when exposed to IPV than their counterparts who witnessed inter-partner violence in childhood but are not exposed to intimate partner violence in adulthood. Although the study found that witnessing violence in family of origin is not correlated with learned helplessness, this phenomenon may be exacerbated by memories of violence and social learning in childhood.

Due to the effects of social learning, children from violent homes may learn that violence is a strategy for conflict resolution. According to the social learning theory, observing violence

as a child is the method by which children learn maladaptive ways of dealing with conflict, and orient their patterns of behaviour. For girls, this may result in passive conflict resolution styles and learned helplessness while in boys it may result in aggression. This may accelerate violence in their families in adulthood due to poor parenting practices learnt from dysfunctional family of origin.

Alcohol and substance use was a recurrent theme reported from both families of origin and current relationships. Generally, children from alcoholic and violent parents are more prone to alcohol abuse in adulthood because of genetic transmission and the integration of familial social norms. The study concludes that multiple traumatic experiences occurring in dysfunctional homes could have a cumulative effect on alcohol use.

Many of the women in the discussions report that they live in constant fear. Witnessing violence in childhood is in itself a traumatic experience. Multiple experiences of witnessing violence may lead to anxiety and other psychological disorders. Because these disorders may be normalized, they will often go undiagnosed and untreated. These intense anxiety states may become a way of life, negatively impacting education, cognitive function and future relationships.

This study sought to demonstrate the potential harm of children witnessing violence in the home. Results of this study demonstrate an urgent need for early intervention in order to stop the inter-generational cycle of violence. Further research studies are also necessary so that these consequences can be used to develop appropriate and timely preventive measures and interventions to break the vicious cycle of intergenerational violence.

6.1 Recommendations

This report recommends that:

1. There is urgent need to consider the intergenerational effect of intimate partner violence and its impact on children within the home. An efficient advocacy program is needed to raise the awareness of community leaders and policy makers and to create an active and effective institutional environment for dealing with fighting this violence.

2. Stabilizing future intimate relationships may be one of the solutions to preventing IPV. This can be done by teaching communication skills, problem solving, anger management and stress reduction skills in the context of relationships. Divorcees widows and those who are separated may need to therapy alone or together with future partners before embarking on new unions. This may make it easier to identify existing baggage that may be carried forward to future relationships. Stabilizing existing and future relationships not only protect the couple from incidences of violence, but also shield children in these relationships from the emotional and psychological harm that violence causes.

3. Creation of awareness on existing and available services like the SGBV centre at the Kenyatta National Hospital. Women need to know where to go in case of a crisis otherwise they are exposed repeatedly even when they attempt to leave the relationship.

4. Assessing for psychological disorders like Post Traumatic Stress Disorder, depression and other disorders. Assessment and treatment would ensure that all other interventions have a chance for success.

5. There exists an urgent need for child-friendly safe-houses and shelters. Establishment of these temporary refuges for women seeking short-term assistance is an important measure for the physical and psychological well-being of the family. These refuges must have special consideration for school-going children so their education is not interrupted. Existing centres, if any, need an active marketing program so that their services more widely known. Longer term centres may also be required as a stop-gap measure for couples that fail to reconcile. Centres should be connected to organizations that provide business training and financial support as a transitional measure to economic independence.

6. It is important that early psychological and emotional interventions for children run concurrently with parental counselling. This could include play and art therapy to allow young children to express fear and anger. Also, caregiver education should be provided to create awareness on the effect of violence on the child.

7. Involvement of the mass media in raising public awareness of the effects of witnessing interparental violence is important. A slight change of message that involves talking about the impact of children as witnesses may have more impact than the current focus on IPV between adults. Campaigns should be carried out through community based activities like village meetings or barazas and target group discussions. Special campaigns could be differentiated by gender and integrated with other social issues where men are empowered.

8. Attaching Community Health Workers (CHW) with counselling skills to community local administration offices is beneficia. Programs for training CHW as counsellors should be put in place and mandatory counselling services provided for the whole family after violent incidents. Special training programs for counselling children must be introduced.

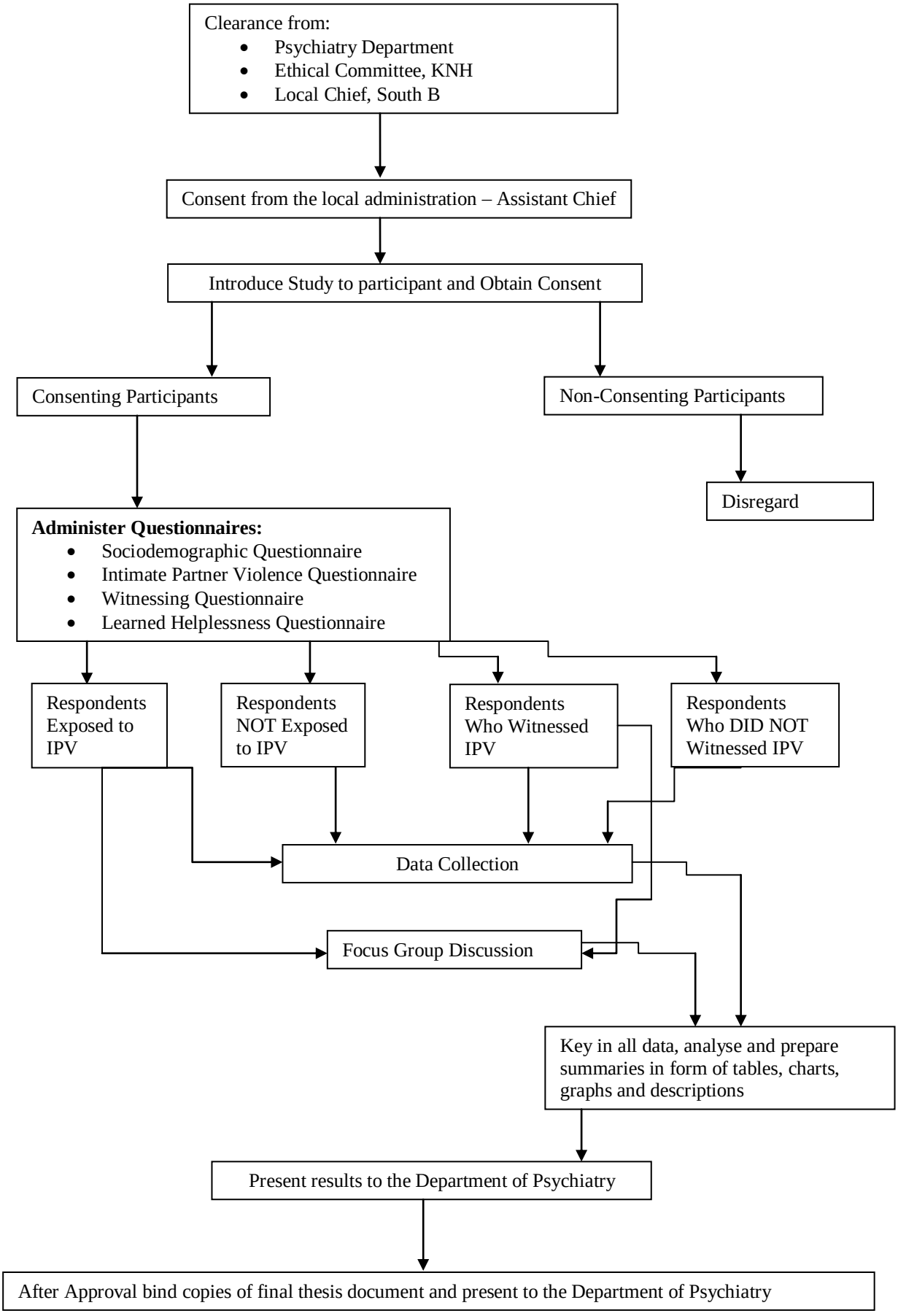
9. There is need to develop a training programs. Training to increase capacity of women should include training on legal knowledge and reconciliation. Special training for local administration and court officials initiated at sub location, location and county levels to would be designed to prevent gender bias when interpreting laws and handling IPV violence cases.

10. Development of a special program men only program could be considered. This program would include training on stress management, decision making, problem solving methods and the effect of violence on the family. Men may also be requested to have accountability partners where community members come together in small groups and discuss pertinent community issues, including IPV. One of the resolutions as regards IPV would be that members use the group to help with problem solving, mediation and provision of intervention where necessary.

11. Further research is needed to shed light on many important aspects of gender-based violence. This study did not have capacity to study frequency of different types of violence, causes and other effects of intimate partner violence. It is recommended that a national representative survey be carried out to determine the determinants of violence, its causes, and consequences. The survey would measure the psychological effects of violence on children that may lead to poor physical and mental health, poor

socialization and cognitive development and low school performance. These factors may predispose children to become perpetrators of victims of inter-partner violence in adulthood. The survey would also assess the impact of violence on women; its effect on their emotional, physical and psychological health and their ability to parent. It would also be important to check, with a view to correcting, social attitudes toward inter-partner violence.

FLOW CHART ON RECRUITMENT AND CONSENTING



TIMELINE

	TASKS	2013							
#		**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
1.1									
1.2	Approval by Kenyatta National Hospital Ethics Committee								
1.3	Data collection								
2.2	Data analysis								
2.3	Report writing								
2.4	Results presentation								
2.5	Submission of report								

BUDGET

Description	**Unit**	**Cost per unit (KSH)**	**Total Cost (KSH)**
Transport – to slums, conferring with Community health workers, UON (supervisors), Statisticians, etc	month for 6 months	3,000	18,000
Food and incidentals e.g. pilot study	month for 6 months	3,000	18,000
Respondent Bus fare, snack, out-of-pocket	Ksh.400x200 respondents		80,000
Community social/health workers (3 from each village)	To mobilize and assist with pre and post counseling	5,000	15,000
Stationery and printing	overall		15,000
Ethics Board Charges		2,000	2,000
Hire of halls for interview	3 times – 65 respondents per session	10,000	30,000
Internet (data bundles)	Month for 6 months	3,000	18,000
Statisticians		25,000	25,000
Sub-total direct costs			**221,000**
Overheads/ contingency (5% of direct costs)	overall		10,950
Grand Total			**231,950**

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APPENDICES

APPENDIX 1

THE UNIVERSITY OF NAIROBI

DEPARTMENT OF PSYCHIATRY

CONSENT FORM

CHILDHOOD EXPOSURE TO INTER-PARENTAL VIOLENCE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE – A STUDY ON WOMEN IN RESOURCE-LIMITED SETTINGS IN NAIROBI, KENYA

Researcher:	**School:**	**Telephone Number:**
Millicent Khaemba	**University of Nairobi**	**0722397547**
Supervisor:		**Telephone Number:**
Dr Muthoni Mathai	**University of Nairobi**	**0727329904**

In emergency please call name of investigator listed above.

Investigator's Statement

I, Millicent Elizabeth Akinyi Khaemba, a Clinical Psychology student at The University of Nairobi, Department of Psychiatry wish to do a study entitled Childhood exposure to inter-parental violence as a risk factor for intimate partner violence – a study on women in resource-limited settings in Nairobi, Kenya. This research study is part of the requirement for completion of my postgraduate degree course under the supervision of Dr. Mathai and Dr. Kuria who are lecturers at the University of Nairobi.

Background Information

I am conducting a study that asks women about violence in their relationships and life experiences. This information will help the institutions (UON and KNH) and the Ministry of

Health to plan early intervention services. Participation in the survey may take 20 to 30 minutes to complete.

Purpose

This study will be exploring whether exposure to violence in childhood is a risk factor for interpartner violence in adulthood.

Number of people who will take part in the study

The investigator will recruit a minimum of 198 living in Mukuru to participate in the study.

Procedures of the study

I will explain the content of the consent form to you and if you agree to participate then I will ask you to sign the consent form showing that you have agreed to take part in the study. The study will involve asking you questions concerning violence in your parents' relationship, a few general questions such as your age, religion etc. and questions which will be used to assess for violence in your current relationship. These questions will be in form of 2 questionnaires; the inter-partner violence and the socio-demographic questionnaire. Some participants will be requested to remain for a discussion, which will take approximately 2 hours. The discussion will be recorded using an audio recorder and the recordings will be kept in a safe place accessible only to the researcher and supervisors or research assistants who may be engaged to transcribe and who will have to sign a letter to retain confidentiality. The answered questionnaires and audio recording will be analysed and discarded. I will explain the contents of each questionnaire before you answer its questions. I will be available to answer any questions you might have after the interview.

Visits

This is the only visit that most of you will take part in during this study with an exception on follow up sessions. Some of you will be chosen to answer further questions. Follow up schedules will be done after the research is completed and presented to the Department of Psychiatry for approval. A meeting will be held with all the participants who will take part in the study and you will be given appropriate feedback on what the study results produce.

Study Length

This study will take a total of 10 months to carry out, that is, from January 2013 to October 2013.

Risk, Stress or Discomfort

Given the sensitive nature of the study area, some of the questions may distress you by re-traumatizing you while you recall the events but I will be aware of any signs of distress you may be going through during the interview and will manage them appropriately.

Benefits

If you express the need for immediate counseling services and/or future follow-up psychological care and psycho-education, I will make relevant and practical recommendations such as referring you to the KNH GBVRC clinic for counseling and notifying the institution concerned. This is a way of reducing stigma and disseminating information of this study area (IPV) in terms of how participants' lives can improve. It is hoped that the information gained from the study will be of benefit leading to future implementation of better mental health interventions for children and women in Kenya thus improving the quality of life among families.

Voluntarism

Participation in this study is **voluntary**, and you will not be victimized or coerced into taking part in the study if you do not want to. There is no right or wrong answer. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk about such issues. If we should come to any question you do not want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, I hope that you will participate in this study since your views are important.

Confidentiality

I would like to inform you that all information you give here is **private and confidential** and will not be shared with other people except the supervisors who are part of the research team. If we feel that you need further counseling, this will be discussed with you first and you will only be referred for counseling after you consent to it.

INVESTIGATOR'S SIGNATURE

_____ Date: _____

IN CASE YOU HAVE ANY QUESTION OR PROBLEMS DURING OR AFTER THE STUDY, PLEASE CALL THE INVESTIGATOR; MILLICENT KHAEMBA - 0722397547 OR THE STUDY SUPERVISOR; DR. MATHAI - 0727 329 904 FOR CLARIFICATION.

PARTICIPANT'S STATEMENT AND SIGNATURE

The study described above has been explained to me. I consent to take part in this activity. I have had the chance to ask questions. If I have questions in the future about the research I know I can ask the researcher and /or supervisor listed above.

I will receive a copy of this form.

_____

Signature **Date**

_____

Participant's Name

APPENDIX 2

CHUO KIKUU CHA NAIROBI

IDARA YA PSYCHIATRY

STAKABADHI YA KUIDHINISHA

Dhihirisho La Utotoni Kwa Ukatili Baina Ya Wazazi Na Hatarisho-Dhahiri Kwa Ukatili Baina Ya Wapenzi – Utafiti Kuhusu Wanawake Katika Maeneo Vitongoji Duni Mjini Nairobi - Kenya

Mtafiti:	**Shule:**	**Nambari ya Simu:**
Millicent Khaemba	**Chuo Kikuu cha Nairobi**	**0722397547**
Mwangalizi:		**Nambari ya Simu:**
Dr Muthoni Mathai	**Chuo Kikuu cha Nairobi**	**0727329904**

Kukiwa jambo la dharura, tafadhali mpigie simu mtafiti aliyetajwa hapa juu.

Matamshi ya Mtafiti

Mimi, Millicent Khaemba, ni mwanafunzi wa Kliniki Saikolojia katika Chuo Kikuu cha Nairobi, Idara ya Psychiatry ningependa kufanya utafiti kuhusu dhihirisho la utotoni kwa ukatili baina ya wazazi na hatarisho-dhahiri kwa ukatili baina ya wapenzi – utafiti kuhusu wanawake wanaoishi katika maeneo ya mapato kidogo. Kufanya utafiti huu unahitajika ili nimalize masomo yangu. Wasimamizi wangu wa uatifiti huu ni Dr. Mathai na Dr. Kuria ambao ni waalimu katika chuo kikuu cha Nairobi.

Mambo Kuhusu Utafiti

Ninafanya utafiti unaouliza wanawake maswali kadhaa yanao gusia hali yao ya unyama katika jamii na mambo mengineyo kuhusu unyama maishani mwao. Matokeo ya utafiti huu yatasaidia vyuo (UON & KNH) na Wizara ya Afya kupanga huduma za kuzuia unyama katika jamii kwa kutoa usaidizi ya mapema. Kupata idhini yako na kukuuliza maswali kadhaa unaweza kuchukua yamkini muda wa dakika 20 hadi 30 kumaliza.

Madhumuni ya Utafiti

Utafiti huu utachunguza dhihirisho la utotoni kwa ukatili baina ya wazazi na hatarisho-dhahiri kwa ukatili baina ya wapendanao kwa maisha ya baadaye.

Idadi ya watu watakao husika katika utafiti huu

Mama mia moja tisina na wanane (198) wanaoishi Mukuru watashiriki katika uutafiti huu.

Utaratibu wa utafiti

Nitakuelezea yaliyomo katika fomu ridhaa kisha ukikubali kushiriki, nitakuitisha sahihi yako ili kuonyesha ya kwamba umekubali kushiriki katika utafiti huu. Nitakuuliza maswali kuhusu jamii yenu ukiwa utotoni, uhusiano wako na mume wako au rafiki yako, na maswali mengine yatakayo gusia mambo kama miaka yako, dini yako na kadhalika. Maswali haya yatakuwa kwenye vidodosi viwili; kidodosi cha kupima unyama na kidodosi cha kupima maswala ya kijamii. Nitakuelezea yaliyomo katika vidodosi hivi kabla ujibu maswali hayo mwenyewe. Baadhi ya watakaohusika wataombwa kubaki ili kujadili, ambapo itachukuwa kiasi cha masaa mawili. Majadiliano haya yatarekodiwa kwa mkanda wa kumbukumbu na rekodi itawekwa katika mahali salama ambapo itapatikana tu na mtafiti na wasimamizi au wasaidizi wa utafiti ambao watahitajika wapige saini baruaya kurejesha usiri. Orodha ya maswali na rekodi yatakayokuwa yashajibiwa yatatathiminiwa na kuondoshwa. Nitajibu maswali yoyote utakayoniuliza baada ya mahojiano yetu.

Ziara

Hii ndio ziara pekee utakayo hitajika kushiriki wakati utafiti huu unapofanyika isipokuwa wakati wa kupeana majibu ya matokeo ya utafiti. Wakati wa kupeana matokeo ya utafiti huu

utafanyika baada ya utafiti kumalizika; baada ya kuwasilishwa na kuidhinishwa na Idara ya Psychiatry. Wanawake wote watakaoshiriki watapewa majibu ya utafiti huu kwa mkutano.

Urefu wa muda utafiti huu utachukua

Kufanya na kumaliza utafiti huu utachukua muda wa miezi kumi, yaani, kuanzia Januari 2013 hadi Oktoba 2013.

Hali ya kufadhaishwa roho

Kulingana na unyeti wa utafiti huu, kuna uwezekano ya kwamba unaweza kujihisi kufadhahishwa na mambo tutakayoongea katika kikao chetu. Nitakusaidia na huduma ya afya kulingana na mahitaji yako.

Manufaa

Kama utahitaji matibabu ya ushauri, nitakuelekeza kwa washauri wa hospitali ya Kenyatta walionaujuzi wa matibabu ya kiushauri na/au huduma ya baadaye ya kiafya ya elimu ya mambo ya ki saikolojia. Nitakupatia idhini ya rufaa katika kliniki ya GBV, KNH kwa lengo la kupata ushauri nitakapoona unahitaji matibabu ya ushauri. Hii ni mojawapo ya mbinu za kueneza habari ya kuimarisha au kuboresha hali ya afya katika maisha ya watu.
Natumai ya kwamba habari yoyote tutakayo pata kutokana na utafiti huu utatumiwa kwa huduma ya afya kwa watoto na wanawake Kenya ili maisha ya jamii liwe sawa.

Kushiriki kwa hiari yako

Kushiriki kwako kwa utafiti huu ni kwa **hiari** yako, na hauta lazimishwa na mtu yeyote kushiriki kwa utafiti huu kama hautaki. Hamna jibu sawa au jibu lisilo sawa. Maswala mengine yanaeza kuwa magumu kujadili, lakini wanawake wengi huwa wanafurahia kupata muda wa kuongea kuhusu mambo haya. Kama tutafikia swali lolote lenye pengine hutataka kujibu, tafadhali nijulishe ili niweze kuliruka nikuulize swali lingine; ama unaweza simamisha mahojiano wakati wowote ule. Ingawa, matumaini yangu ni kwamba utashiriki kwa utafiti huu kwa sababu maoni yako ni muhimu sana.

Jinsi ya usiri katika utafiti huu

Ningependelea kukueleza ya kwamba jambo lolote utakalo niambia hapa kwenye kikao chetu, litakuwa ni **jambo la faragha au usiri** na sitaambia mtu yeyote isipokuwa

wasimamizi wangu ambao pia wananisaidia kutekeleza utafiti huu. Tutakapoona unahitaji ushauri zaidi, tukakueleza kwanza na utapewa ushauri huo utakapotoa idhini yako. Utafiti huu utakuwa na **usiri** hadi mwisho.

SAHIHI YA MTAFITI

_____ Tarehe: _____

KAMA UNA MASWALI AU SHIDA ZOZOTE BAADA YA KUSHIRIKI KATIKA UTAFITI HUU, TAFADHALI MPIGIE SIMU MTAFITI; MILLICENT KHAEMBA - 0722397547 AU MSIMAMIZI WAKE WA UTAFITI HUU; DR. MATHAI - 0727 329 904 ILI KUPATA USAIDIZI.

TAARIFA NA SAHIHI/SAINI YA MSHIRIKI

Nimeelezwa kuhusu utafiti huu uliyochapishwa hapo awali. Utafiti huu umedhahirishwa kwangu kikamilifu na nimejisajilisha kushiriki kwenye utafiti huu. Nimepata muda wa kuuliza maswali na nikauliza maswali yangu. Pia nikiwa na maswali kuhusu utafiti huu baadaye, najua naweza kupigia mtafiti aliyetajwa hapo awali.

Nitapewa nakala ya fomu ridhaa hii.

_____

Sahihi/Saini **Tarehe**

_____

Majina ya Mshiriki

APPENDIX 3

SOCIODEMOGRAPHIC QUESTIONNAIRE

CHILDHOOD EXPOSURE TO INTER-PARENTAL VIOLENCE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE – A STUDY ON WOMEN IN RESOURCE-LIMITED SETTINGS IN NAIROBI, KENYA

Participant Serial Number……

Today's Date……..

Instructions:

1. Please fill in the answers in the blank spaces provided.
2. For the questions in tables, please use a tick (✔) in the response that is applicable to you to indicate your answer.
3. Please answer all the questions in this questionnaire.
4. Where you're not sure of how to answer a question, please ask the investigator to clarify the information before you answer the question.
5. You will be provided with stationery (pen, pencil, eraser etc.) to fill in the information in the questionnaire.

1. **Date of Birth ……..**
2. **Marital Status (Please tick one)**

   Single Married Separated Divorced Widowed Cohabiting
3. **Number of Children ……..**
4. **Level of Education (Please tick one)**

   None Primary Secondary and above
5. **Are you Employed?** Yes No
6. **Occupation**
   Please tick one

   Skilled Unskilled Student

   Others (specify)……

7. **Monthly income:**
   Please tick one

   Less than Kshs. 3000
   Kshs. 3001 to Kshs. 6000
   Kshs. 6,000 to Kshs. 10,000
   Above Kshs. 10,000

8. **Religion**
   Please tick one

   Christian Muslim Other (specify)

APPENDIX 4

CHUO KIKUU CHA NAIROBI

IDARA YA PSYCHIATRY

TAARIFA YA MASWALI YA KUFAHAMISHA

DHIHIRISHO LA UTOTONI KWA UKATILI BAINA YA WAZAZI NA HATARISHO-DHAHIRI KWA UKATILI BAINA YA WAPENZI – UTAFITI KUHUSU WANAWAKE KATIKA MAENEO VITONGOJI DUNI MJINI NAIROBI - KENYA

Mtafiti:	**Shule:**	**Nambari ya Simu:**
Millicent Khaemba	**Chuo Kikuu cha Nairobi**	**0722397547**
Mwangalizi:		**Nambari ya Simu:**
Dr Muthoni Mathai	**Chuo Kikuu cha Nairobi**	**0727329904**

Namba maalum ya Mshiriki.....

Tarehe ya Leo.....

Maelezo

1. Tafadhali jaza majibu kwenye nafasi iliyowekwa kando ya kila swali.
2. Tafadhali weka alama (✔) kwa kila jibu linalo kuhusu ili ku ashiria jibu lako.
3. Tafadhali jaza majibu ya maswali yote yaliyomo kwenye kidodosi hili.
4. Palipo swali lenye hautaelewa jinsi ya kulijibu, tafadhali uliza mtafiti ili aweze kukuelezea vyema kabla ujaze jibu hilo.
5. Utapewa vyombo vya kujibia maswali ya kidodosi hili kama kalamu ya wino, kalamu ya risasi na kifutio.

1. **Tarehe/Mwaka ya kuzaliwa**.....

2. **Uhusiano wa Ndoa**
   Tafadhali, ainisha moja

Uko peke Umeowa/umeolewa Umejitenga Umeachana Mjane Unaishi pamoja

3. **Idadi ya watoto**.....

4. **Kiwango cha elimu**
   Tafadhali, ainisha moja

Hakuna/Sikusoma Shule ya Msingi Shule ya Upili na Ilimu ya juu

5. **Umeajiriwa?** Ndiyo La

6. Shughuli/kazi yako/zako
   Tafadhali, ainisha moja

Ustadi/Ujuzi Sina Ustadi/Ufundi Mwanafunzi

Mengine (Fafanua).....

7. Pato lako kila Mwezi
   Tafadhali, ainisha moja

Chini ya Kshs. 3,000/=
Kshs. 3001/= hadi Kshs. 6,000/=
Kshs. 6000/= hadi Kshs. 10,000/=
Zaidi ya Kshs. 10,000/=

8. Dini
   Tafadhali, ainisha moja

Mkristo Mwislamu Dini nyingine (Fafanua) …….

APPENDIX 5

CHILDHOOD EXPOSURE TO INTER-PARENTAL VIOLENCE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE – A STUDY ON WOMEN IN RESOURCE-LIMITED SETTINGS IN NAIROBI, KENYA

INTIMATE PARTNER VIOLENCE QUESTIONNAIRE

Participant Serial Number……

Namba maalum ya Mshiriki.....

Today's Date.....

Tarehe ya leo .....

Please tick either Yes or No to the questions below.
Tafadhali, adhirisha 'Ndiyo' ama 'La' kwenye suali hapo chini.

Does/Did your (last) husband/partner ever:
Je, Mume wako/Mwenzako (kwenye uhusiano wa ki-mapenzi) ana tabia ya/ashawahi kamwe

Physical Violence

(a)Push you, shake you, or throw something at you?	Yes	No
(a) *Kukusukuma, kukutingisha, ama kukutupia kitu?*	Ndiyo	La
(b) Slap you?	Yes	No
(b) *Kukupiga Kofi?*	Ndiyo	La
(c) Twist your arm or pull your hair?	Yes	No
(c) *Kukusokota mkono ama kuvuta Nyele zako?*	Ndiyo	La
(d) Punch you with his fist or with something that could hurt you?	Yes	No
(d) *Kukupiga ngumi kwa mkono wake ama kitu ambacho kinaweza kukuumiza?*	Ndiyo	La
(e) Kick you or drag you or beat you up?	Yes	No
(e) *Kukupiga teke ama kukuvuruta ama kukupiga?*	Ndiyo	La
(f) Try to choke you or burn you on purpose?	Yes	No
(f) *Ashawahi kukushika Koo ama kukuchoma kusudi?*	Ndiyo	La
(g) Threaten or attack you with a knife, gun, or any other weapon?	Yes	No
(g) *Ashakutisha ama kukushambulia kwa Kisu, bunduki, ama silaha nyengine yoyote?*	Ndiyo	La

Sexual Violence

(h) Physically force you to have sexual intercourse even when you did not want to?	Yes	No
(h) *Ashakulazimisha kustarehe naye ki-mwili ingawa hutaki?*	Ndiyo	La
(i) Force you to perform any sexual acts you did not want to?	Yes	No
(i) *Ashawahi kukulazimisha kufanya kitendo cha ngono ambacho hukupendelea?*	Ndiyo	La

Emotional Violence

Does/Did your last husband ever:
Je, Mume wako wa sasa au awali/zaman ana/alikuwa:

(a) Say or do something to humiliate you in front of others?	Yes	No
(a) *Akisema ama akifanya jambo la kukuabisha mbele ya watu wengine?*	Ndiyo	La
(b) Threaten to hurt or harm you?	Yes	No
(b) *Anakutisha kuwa atakuumiza ama kukudhuru?*	Ndiyo	La
(c) Insult you or make you feel bad about yourself*?*	Yes	No
(c) *Hukutukana ama hukufanya uhisi vibaya kuhusu nafsi yako?*	Ndiyo	La

(Questionnaire (English Version) sourced from Kenya National Bureau of Statistics (KDHS, 2008-2009)

APPENDIX 6

CHILDHOOD EXPOSURE TO INTER-PARENTAL VIOLENCE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE – A STUDY ON WOMEN IN RESOURCE-LIMITED SETTINGS IN NAIROBI, KENYA

WITNESSING INTER-PARENTAL VIOLENCE QUESTIONNAIRE

Participant Serial Number……

Namba maalum ya Mshiriki.....

Date…….

Tarehe……..

Please tick one box (Yes OR No)

	YES	NO
When you were a child, before you were 18 years old, did you see or hear your mother being threatened with violence, pushed, threatened with destruction of her property or harm to her children, being strangled, or beaten by your father (or her husband or boyfriend)		

	NDIYO	LA
Ulipokuwa mtoto mdogo, kabla kufika umri wa miaka 18, uliona ama kusikia mamako mzazi akitishwa na unyama, akisukumwa, akitishwa na uharibifu wa mali and kuumizwa kwa mtoto/watoto wake, akinyongwa au akipigwa na babako mzazi (au, Mume wake ama mpenzi wake)?		

APPENDIX 7

CHILDHOOD EXPOSURE TO INTER-PARENTAL VIOLENCE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE – A STUDY ON WOMEN IN RESOURCE-LIMITED SETTINGS IN NAIROBI, KENYA

LEARNED HELPLESSNESS QUESTIONNAIRE

Participant Serial Number……

Namba maalum ya Mshiriki.....

Date…….

Tarehe……..

Please tick either Yes or No and write your comments in the space below.
Tafadhali adhirisha ndiyo au la halafu andika maono yako kwenye nafasi iliyopewa.

1. Do you feel there are situations where a man is justified in beating his wife/partner? **Yes/No**
If yes, please indicate some situations.

Je, wahisi kuna hali ambapo mwanamume anastahili kumpiga mke/mpenzi wake? ***Ndiyo/La***
Iwapo 'ndiyo', tafadhali, eleza baadhi ya hali hizo.

……

……

……

……

……

2. Should a woman stay in a relationship where she is being beaten? **Yes/No**
Please give reasons why a woman should stay in a relationship where she is beaten.

Mwanamke anapaswa kubaki kwenye uhusiano ambapo anapigwa? ***Ndiyo/La***
Tafadhali, eleza sababu kwa nini mwanamke anapaswa kubaki kwenye uhusiano ambapo anapigwa.

……
……

3. Do you believe that being a woman is a barrier to your achieving success?
Yes/No

Please explain.

Je, waamini kwamba kuwa mwanamke ni kizuizi dhidi ya kufaulu kwako? ***Ndiyo/La***

Tafadhali, eleza.

……..
……

4. Do you feel a woman take action if she is in a violent relationship? **Yes/No**

Please explain.

Wahisi mwanamke anapaswa kufanya kitu chochote iwapo yumo kwenye uhusiano wa kinyama? ***Ndiyo/La***

Tafadhali, eleza.

……

……

……

……

5. Do you feel that past violent experiences influence your current and future?
Yes/No

Please explain

Wahisi kuwa unyama uliyeona maishani inakudhuru kwenye maisha yako ya sasa na ya baadaye? ***Ndiyo/La***

Tafadhali eleza.

……

……

……

……

6. Do you feel like you are a victim of society? **Yes/No**

Please explain.

Wahisi wewe unayeteseka kwa mujibu wa jamii? ***Ndiyo/La***

Tafadhali eleza.

……

……

……

APPENDIX 8

FOCUSED GROUP DISCUSSION

CONSENT FORM

CHILDHOOD EXPOSURE TO INTER-PARENTAL VIOLENCE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE – A STUDY ON WOMEN IN RESOURCE-LIMITED SETTINGS IN NAIROBI, KENYA

Investigator:	**Institution:**	
Millicent Khaemba	**The University of Nairobi**	**Contact: 0722397547**
Supervisor:		
Dr Muthoni Mathai	**University of Nairobi**	**Contact: 0727329904**

Consent Declaration

I..... do hereby consent to take part in this study. I understand that I am free to withdraw from the research at the point of signing this form, during the study or at any other time without penalty due to me. It has been explained to me that the purpose of the research is to determine if witnessing inter-parental violence in childhood is a risk factor for intimate partner violence in adulthood. The risks of participating in this study have been explained to me. I have been informed that the interview will be tape recorded and I have been assured that the recordings will be kept in a safe place accessible only to the researcher and supervisors or research assistants who may be engaged to transcribe and who will have to sign a letter to retain confidentiality.

I understand that the all the information that I am going to provide will be kept confidential and my name will not appear on any documents and reports that will be shared with others. I have had the opportunity to ask questions which were clearly answered.

Name of participant.....

Signature..... Date .....

Researcher Name: Millicent Elizabeth Akinyi Khaemba

Signature……. Date…….

APPENDIX 9

CHUO KIKUU CHA NAIROBI

IDARA YA PSYCHIATRY

STAKABADHI YA KUIDHINISHA

DHIHIRISHO LA UTOTONI KWA UKATILI BAINA YA WAZAZI NA HATARISHO-DHAHIRI KWA UKATILI BAINA YA WAPENZI – UTAFITI KUHUSU WANAWAKE KATIKA MAENEO VITONGOJI DUNI MJINI NAIROBI - KENYA

Mtafiti:	**Shule:**	**Nambari ya Simu:**
Millicent Khaemba	**Chuo Kikuu cha Nairobi**	**0722397547**
Mwangalizi:		**Nambari ya Simu:**
Dr Muthoni Mathai	**Chuo Kikuu cha Nairobi**	**0727329904**

Hati ya maneno ya kuidhinisha:

Mimi..... naidhinisha kujumuika kwenye masomo haya. Naelewa kuwa niko huru kujiondowa kwenye utafiti wakati wa kuweka sahihi kwenye stakabadhi hii, wakati masomo yanapoendelea au wakati mwengine wowote bila ya adhabu yoyote dhidi yangu. Nimeelezwa ya kwamba madhumuni ya utafiti ni kuamuwa iwapo kushuhudia ukatili baina ya wazazi wakati wa utoto ni hatari ya kweli inayochangia ukatili katika uhusiano baina ya watu wanaopendana wakati wa umri wa makamu. Hatari ya kujihusisha kwenye masomo haya nimeelezwa. Nimefahamishwa kwamba mahojiano yatawekwa kwa mkanda wa kumbukumbu na nimehakikishiwa ya kwamba rekodi itawekwa

katika mahali salama ambapo itapatikana tu na mtafiti na wasimamizi au wasaidizi wa utafiti ambao watahitajika wapige saini baruaya kurejesha usiri.

Naelewa kuwa siri ya maelezo yangu yatadumishwa kwa kutoashiria jina langu popote kwenye stakabadhi na kuweka maelezo yangu yote siri na yasiyofichuliwa. Nimepata fursa ya kuuliza maswali ambayo nilijibiwa wazi.

Jina la Mshiriki.....

Sahihi..... Tarehe.....

Jina la Mtafiti: Millicent Elizabeth Akinyi Khaemba

Sahihi..... Tarehe.....

APPENDIX 10

QUESTIONNAIRE GUIDE FOR FOCUSED GROUP DISCUSSIONS

Introductory Statement

Thank you for coming to this discussion. As discussed at our first meeting, all the information we share here is confidential. It will only be accessible to me and my supervisors. If you feel at any time that you would like to stop or take a break, please say so and we will stop. If you feel you need assistance, someone to talk to, or further counseling, please say so as we are able to give counseling right here, and we will also refer you for further free psychological support at Kenyatta National Hospital, Sex and Gender Based Violence (SGBV) centre.

Today we want to talk about wife-beating from the time we were children, during our parents' time, to our time now. We will discuss what we have seen, what we heard and even how we felt and reacted. Let us talk about what we saw in our homes as we grew up and what we are seeing now in our own homes as wives. We shall have some rules or norms that will guide our discussion. Please feel free to add on to the given norms.

Norms

- Switch off all phones so there is no interruption.
- Every member should be given a turn to speak without interruption.
- Respect each other's opinions.
- Each member should speak.
- Members will listen to each other's points of views—even when they don't agree with them.
- Everything that is spoken in the room remains confidential and is not discussed outside the room.

HATI YA MASWALI YA UELEKEZAJI WA MIJADALA YA MAKUNDI

Maelezo ya Utangulizi

Nawashukuru kwa kuja kwenye mjadala. Kama tulivyojadili kwenye mkutano wetu wa kwanza, taarifa zote tunazoshirikiana kwayo ni za kuhifadhiwa. Ni mimi pekee nitakayekuwa nazo. Iwapo utahisi, wakati wowote, kuwa wataka kusimamisha ama kupumzika, tafadhali, jieleze ama sema na tutasimamisha. Iwapo unahisi unataka usaidizi, mtu wa kuzungumza naye, ama ushauri wa ziada, tafadhali, sema kwani tuna uwezo wa kukupa ushauri papa hapa, na tutakulekeza namna ya kupata usaidizi wa ki-fikra bila malipo katika kituo cha Kenyatta National Hospital, Sex and Gender Based Violence (SGBV).

Leo, tunataka kuzungumza kuhusu upigaji wa wake tangu wakati tulikuwa watoto, wakati wa wazazi wetu, hadi wakati huu wetu sisi. Tutajadili kuhusu tuliyoyaona, tuliyoyasikia na hata namna tulivyohisi ama tulivyohusika. Tuzungumze tuliyoyaona kwenye nyumba zetu wakati tukikuwa na tunayoyaona hivi sasa kwenye nyumba zetu tukiwa wake. Tutafuata kanuni kadhaa kwa maongeo yetu. Unaweza kuongezea kwa kanuni hizi.

Kanuni

- *Tafadhali zima simu ili tupate kuongea bila*
- *Kila moja apawe nafasi ya kuongea bila kuingilia kati wakati anaposema.*
- *Tuheshimu maoni ya wengine.*
- *Kila mmoja achangie.*
- *Kila moja asikize anayezungumza hata ikiwa hakubaliani naye.*
- *Kila itakacho semwa humu ni siri ni majadiliono nje hayakubaliwi.*

THEMES

Theme 1 (Main Theme) – Childhood exposure to inter-parental violence

- What were your relationships with your parents like?
- *Uhusiano wenu na wazazi wenu ulikuwaje?*

- How did your parents relate to each other?
- *Wazazi wenu walikuwa na uhusiano aina gani baina yao?*

- How were the decisions in your house made?
- *Maamuzi yalifanywa vipi kwenye nyumba yenu?*

- How were conflicts resolved?
- *Mizozo ilisuluhishwa vipi?*

- Who had the most say in the family?
- *Nani alikuwa na ushawishi mkubwa kwenye familia zenu?*

- What happened when the person with most say was disobeyed?
- *Kulitokeya nini wakati ushawishi wake usipoheshimiwa?*

- What were the main causes of fighting between your parents?
- *Nini zilikuwa sababu-kuu za vita baina ya Wazazi wako?*

- What did you as children do at the time your parents were fighting?
- *Mulifanya nini kama watoto wakati Wazazi wenu wanapopigana?*

- Was alcohol involved? If it was, what were its effects?
- *Je, Pombe ina/ilihusika? Ikiwa pombe ilihusika, ni vipi ilichangia ?*

Theme 2 – Experience with intimate partner violence before marriage

- What kind of relationships were you in before marriage?
- *Mulikuwa kwa uhusiano aina gani kabla ya ndoa?*

- How were conflicts resolved in this relationship/s?
- *Vipi mizozo zilisuluhishwa katika uhusiano hizi?*

- How did you react to violence, if any, in such relationships?
- *Ulifanya nini wakati kulikuwa na vitendo vya ukali/unyama, kama ilikuwa, katika uhusiano hizi?*

Theme 3 – Inter-partner violence in current relationship/marriage or past relationship/marriage.

- What generates conflicts in your current relationship?

- *Ni mambo gani yanaanzisha mizozo au vitendo vya ukali/unyama sas?*

- How are/were these conflicts resolved?
- *Vipi hii mizozo ina/ilivyosuluhishwa?*

- What did/do you do when there is/was violence?
- *Mulifanya/Munafanya nini wakati kuna/kulikuwa na vitendo vya ukali/unyama?*

- Is/was alcohol involved? If it was, what were its effects?
- *Je, Pombe ina/ilihusika?Ikiwa pombe ilihusika, ni vipi ilichangia ?*

- Do/Did you have children in the house during the violence? If you had children, what did the children do during the violence?
- *Muna/Mulikuwa na watoto kwenye nyumba wakati wa vitendo vya ukali/unyama? Ikiwa watoto wako au walikuwa wakati huu, walifanya/wanafanya nini wakati kuna unyama?*