


Spring 2014

Factors Contributing to Intimate Partner Violence and the Effectiveness of Services Available to Help Victims in Kisumu, Kenya.

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*Factors Contributing to Intimate Partner Violence and the Effectiveness of Services Available
to Help Victims in Kisumu, Kenya.*

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Kenya: Urbanization, Health and Human Rights
Spring 2014*

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ACKNOWLEDGEMENTS

This project would not have been possible without ---

The immense support and unwavering encouragement of my professors and mentors: Academic Director Athman Lali Omar, Dr. Onyango, Dr. Jama, Dr. Karama, Ali and Milton.

Assistance with data collection from Maseno University Kisumu city-campus students Sarah, Edith, Valentine, Kurir, David and George.

The laughter, kindness, wisdom and unforgettable memories shared with the amazing students on this incredible program.

---From the bottom of my heart, I thank each of you.

I dedicate this work to my mother, Rose Marie, who is always my inspiration.

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KEY TERMS

Gender Based Violence: The physical, mental or social abuse that is directed against a person because of his or her gender role in a society or culture. It includes Rape, Sexual Harassment, Wife Inheritance, Female Genital Mutilation, Widow Eviction and Intimate Partner Violence.¹

Intimate Partner Violence: A pattern of abusive behavior in any intimate relationship that is directed towards a current or former spouse, boyfriend or girlfriend. Intimate Partner Violence can be physical, emotional, economic, or sexual in nature.²

Physical Abuse: Any behavior that involves the intentional use of force against the body of another person that risks physical injury, harm, and/or pain. Physical abuse includes pushing, hitting, slapping, choking, using an object to hit, twisting of a body part, burning, forcing the ingestion of an unwanted substance, and use of a weapon.³

Sexual Abuse: Any unwanted sexual intimacy forced on one individual by another. It may include oral, anal, or vaginal stimulation or penetration, forced nudity, forced exposure to sexually explicit material or activity, or any other unwanted sexual activity.⁴

Emotional/Psychological Abuse: Behavior that is intended to intimidate or humiliate. It may include threats of abandonment or abuse, confinement to the home, stalking, threats to take away custody of the children, destruction of objects, verbal aggression and constant degradation or humiliation.⁵

Economic abuse includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care or employment.⁶

ABSTRACT

¹ Mbote, Patricia and Kamau Mubuu. 2005. "Gender-Based Domestic Violence in Kenya." Federation of Women Lawyers Kenya. Accessed March 2, 2014.

² Centers for Disease Control and Prevention. "Intimate Partner Violence". 16 August 2012. Web. 1 March 2014. <<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>>

³ Chebogut, Jonathan and Godfrey Ngeno. "The Effects of Domestic Violence in the Family in Kenya." The Kenya Association of Professional Counsellors. 2010. Pgs. 5-7. PDF.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

Gender Based Violence continues to be a global epidemic that physically, emotionally, sexually and economically affects women and girls worldwide. This study examines intimate partner violence, the most prevalent form of Gender Based Violence. The study seeks to determine the extent of IPV in Kisumu, Kenya as well as the factors which contribute to its prevalence in the city and the effectiveness of services available for IPV victims. Data was derived from face-to-face administered surveys, key informant interviews and focus group discussions. The salient findings of the study are that a majority of women in Kisumu are experiencing intimate partner violence. Factors which contribute to this abuse include poverty and unemployment, accusations of infidelity and partner mistrust, and cultural and traditional beliefs. In addition, services in the city to help IPV victims are present, however many women do not know about them. It is, therefore, the recommendation of this study that the services which provide assistance to IPV victims be more visible and transparent to members of the community. Furthermore, it is recommended that the Kenyan government make steps towards legally recognizing all forms of intimate partner violence.

INTRODUCTION

Intimate Partner Violence, commonly known as Domestic Violence or Spousal Abuse, knows no geographical, ethnic or cultural boundaries. It affects men, women and children worldwide. Defined as “a pattern of abusive behavior in any intimate relationship that is directed towards a current or former spouse, boyfriend or girlfriend,” intimate partner violence can be physical, emotional, economic, or sexual in nature⁷. Although women can be perpetrators of IPV and it is also found in same-sex partnerships, most commonly women are victims of male perpetrated IPV⁸. Thus, this study will focus on IPV in its most common occurrence: male initiated abuse against women.

A 2013 report from the World Health Organization (WHO) found that intimate partner violence affects 30% of women worldwide and is the most prevalent type of violence against women⁹. Institutionalized social and cultural factors have and continue to keep women particularly vulnerable to male initiated violence. According to Chebogut and Ngeno (2010) these factors include: “unequal power relations in regards to socioeconomic forces and the family unit, fear of and control over female sexuality, belief in the inherent superiority of males and legislation and cultural sanctions that have traditionally denied women an independent legal and social status¹⁰”. However, in recent history and in limited developed nations, intimate partner violence has gained recognition as a Human Rights and Public Health issue. This is attributed to growing recognition of women’s political, economic and sexual rights sparked during the latter half of the twentieth century. IPV is now increasingly being viewed as a violation of the rights of women as it poses a major risk to health and well-being¹¹. Indeed, intimate partner violence is a major public health issue with short-term and long term consequences which include negative psychological damage, physical injuries, heightened risk of HIV and sexually transmitted infections, pregnancy complications, miscarriages and low birth weight¹². These factors have led the international community, in recent years, to adopt laws and measures that protect women from gender based violence, including intimate partner violence. Despite these international

⁷ Centers for Disease Control and Prevention. “Intimate Partner Violence”. 16 August 2012. Web. 1 March 2014. <<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>>

⁸ Dahlberg *et al.* “World Report on Violence and Health.” World Health Organization. 2002. Pgs. 89-121. PDF.

⁹ World Health Organization. “Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence.” World Health Organization. 2013. Pgs. 16-17 PDF.

¹⁰ Chebogut, Jonathan and Godfrey Ngeno. “The Effects of Domestic Violence in the Family in Kenya.” The Kenya Association of Professional Counsellors. 2010. Pgs. 5-7. PDF.

¹¹ Centers for Disease Control and Prevention. “Intimate Partner Violence”. 16 August 2012. Web. 1 March 2014. <<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>>

¹² *Ibid.*

initiatives however, women in developing nations, particularly in sub-Saharan Africa, continue to experience intimate partner violence at high rates¹³. Kenya is no exception. Kenya is still deeply plagued by intimate partner violence. According to the Federation of Women Lawyers in Kenya (FIDA), it is estimated that nearly half of Kenyan women have experienced intimate partner violence in their lifetime¹⁴. Still widely regarded as an isolated and private family matter, intimate partner violence has strong traditional and cultural considerations in Kenya. In addition extreme poverty, which has been shown in several studies to increase the risk of IPV, present throughout the nation serve to compound the issue¹⁵. Although strides have been made to curb the prevalence of IPV in the nation, including the nation's 1984 ratification of the international Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and more recently the drafting of the 2013 Protection Against Domestic Violence Bill¹⁶, IPV continues to be a major issue in Kenya. As a result, this study seeks to determine the extent and factors which cause IPV in Kisumu, Kenya as well as identify and evaluate the services available for IPV victims.

Study Area

The study was conducted in Kisumu, Kenya. Kisumu is the third largest city in Kenya and the regional capital of western Kenya. A port city with access to Lake Victoria, Kisumu has a population of 436,000 and is one of Kenya's fastest growing cities¹⁷. The city consists of ten administrative areas: Township, East Kolwa, Central Kolwa, South West Kisumu, North Kisumu, Central Kisumu, East Kisumu, West Kajulu, East Kajulu, and West Kolwa (Figure 1)¹⁸.

Although comprised of various ethnic groups such as the Luhya, Sikh and East Asian Hindus, the city is primarily dominated by the Luo ethnic group. Luo cultural influence in the region is apparent, as evident from the widespread use of the Dholuo language in the region¹⁹.

¹³ Bali R.K, et al. "Combating Intimate Partner Violence in Africa: Opportunities and Challenges in Five African Countries." *Journal of Aggression and Violent Behavior* 18: 101–112. 2013. Accessed April 20 2014.

¹⁴ Mbote, Patricia and Kamau Mubuu. 2005. "Gender-Based Domestic Violence in Kenya." Federation of Women Lawyers Kenya. Accessed March 2, 2014.

¹⁵ Ibid.

¹⁶ Chigiti, John. "Domestic Violence (Family Protection) Bill 2007." *The Star*. 24 August 2011. Web. 4 March 2014. <<http://www.the-star.co.ke/news/article-52133/domestic-violence-family-protection-bill-2007>>

¹⁷ Columbia University. "Kisumu Maps and Population Data." The Millennium Cities Initiative. 2013. Web. 2 April 2013. <<http://mci.ei.columbia.edu/millennium-cities/kisumu-kenya/kisumu-maps-and-population-data/>>

¹⁸ Ibid.

¹⁹ Ibid.

As for the economy, Kisumu is poor. 53.4% of the population live below the poverty line and the unemployment rate is approximately 30%²⁰. It is estimated that approximately 52% of those who are employed make less than 5000Ksh a month, mostly from the informal sector²¹.

Kisumu is an ideal study area as it is a crossroad between an urban way of life and traditional cultural ideals. Because of this, urban social ills such as informal settlement poverty, combined with cultural traditions which value traditional gender roles to create an environment in which IPV is a high risk.

Figure 1:



STATEMENT OF THE PROBLEM

Intimate Partner Violence is an epidemic that physically, emotionally, sexually and economically harms women worldwide. IPV is found in every country and is experienced by women of all cultural, ethnic and socioeconomic backgrounds. Although in recent history IPV has gained recognition as a Human Rights and Public Health issue, developing nations including Kenya have yet to adopt this view.

IPV is a serious and widespread problem in Kenya. Research estimates that 49% of Kenyan women have experienced abuse from an intimate partner in their lifetime²². IPV

²⁰ United Nations Human Settlements Programme, "Kisumu, Kenya." United Nations. 2006. Pgs 88-93. PDF.

²¹ Ibid.

continues to be a major problem due in large part to legal limitations. Legislation continue to reflect patriarchal ideologies which help perpetuate IPV behavior within the nation²³.

Legal Limitations

In 1984 Kenya ratified the International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)²⁴. By accepting the convention, the government of Kenya committed itself to establish measures to end discrimination against women of all forms, including intimate partner violence²⁵. Indeed the nation has made strides in attempting to end discrimination and violence along gender lines. Most recently, the new 2010 Constitution incorporated a definition of discrimination against women in the Bill of Rights article 10(2) for the first time.²⁶ However despite this positive step, there is currently no law which specifically outlaws intimate partner violence. In addition, laws on sexual offenses do not recognize rape within marriage despite the fact that 13% of wives in Kenya are victims of marital rape.²⁷ An attempt to change this has been stalled. The Domestic Violence (Family Protection) Bill which was drafted in 2007 recognizes IPV in all its forms (including marital rape) as unacceptable and provides for an Act of Parliament to further provide for the intervention in court cases of domestic violence, including physical, sexual, psychological, harassment, intimidation and destruction of property. It was published but has yet to be introduced into Parliament, mainly because of the marital rape clause²⁸. Its failure to be introduced to Parliament highlights the legal limitations of intimate partner violence in Kenya.

Research Gap

²² Mbote, Patricia and Kamau Mubuu. 2005. "Gender-Based Domestic Violence in Kenya." Federation of Women Lawyers Kenya. Accessed 2 March 2014.

²³ Bali R.K, et al. "Combating Intimate Partner Violence in Africa: Opportunities and Challenges in Five African Countries." *Journal of Aggression and Violent Behavior* 18: 101–112. 2013. Accessed 20 April 2014.

²⁴ Chigiti, John. "Domestic Violence (Family Protection) Bill 2007." *The Star*. 24 August 2011. Web. 4 March 2014. < <http://www.the-star.co.ke/news/article-52133/domestic-violence-family-protection-bill-2007>>

²⁵ Ibid.

²⁶ Centre on Housing Rights and Eviction and Federation of Women Lawyers-Kenya. 2005 "Joint Submission Shadow Report to the United Nations Committee on the Elimination of Discrimination against Women." COHRE and FIDA. Accessed 15 March 2014.

²⁷ Kushner, Jacob. "[Kenya redefines marriage in a blow to women's rights.](http://www.globalpost.com/dispatches/globalpost-blogs/rights/kenya-redefines-marriage-blow-women-s-rights)" *The Global Post*. 2 May 2014. Web. 3 May 2014. < <http://www.globalpost.com/dispatches/globalpost-blogs/rights/kenya-redefines-marriage-blow-women-s-rights>>

²⁸ Chigiti, John. "Domestic Violence (Family Protection) Bill 2007." *The Star*. 24 August 2011. Web. 4 March 2014. < <http://www.the-star.co.ke/news/article-52133/domestic-violence-family-protection-bill-2007>>

Among the greatest research gaps within the realm of intimate partner violence relates to the lack of viable studies done to determine the prevalence of IPV in its non-physical forms, for example economic or emotional abuse. Given statistics may not report or underreport non-physical forms of IPV, which the WHO notes can be just as damaging to health as physical forms of IPV.²⁹ In addition, there is also a gap in research concerning cultural factors which contribute to domestic violence while socio-economic factors in particular are clearly represented. Along with examining physical forms of IPV and socio-economic factors, this study will also examine IPV in its non-physical forms and cultural factors in order to add to the wealth of knowledge concerning intimate partner violence in Kenya and greater sub-Saharan Africa.

OBJECTIVES

This study seeks to identify the factors which contribute to intimate partner violence in Kisumu. Specifically the study aims to:

1. Determine the extent of IPV in Kisumu
2. Review legislation and policies relating to IPV in Kenya
3. Identify factors which contribute to IPV
4. Identify and critique the services available for IPV victims

RESEARCH QUESTIONS

This study was guided by the following questions

1. What are the legislations and policies concerning to IPV in Kenya?
2. Have women participants experienced IPV?
3. What are the major factors which contribute to IPV?
4. Do traditional cultural customs and traditional gender roles contribute to IPV?

²⁹ World Health Organization. "Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence." World Health Organization. 2013. Pgs. 16-17 PDF.

5. What services are available to help victims of IPV and how affective are they?

LITERATURE REVIEW

Mbote and Mubuu (2005) in conjunction with the Federation of Women Lawyers Kenya (FIDA) examine gender-based domestic violence (GBDV) within four provinces in Kenya: the Coast, Nairobi, Nyanza and the Western province. A follow up to a 2002 study, Mbote and Mubuu's study have three main objectives: They seek to examine the various types of GBDV prevalent in each region, the consequences of GBDV in each region and the politico-legal, socio-cultural and economic factors which contribute to GBDV.

Data for the study was obtained mainly through qualitative methods. Among them were focus groups comprised of 8-12 representatives from gender-based organizations and gender-oriented community intervention initiatives. At least two focus groups were conducted in each of the four provinces. The study also utilized survey questionnaires and personal interviews with men and women living in both urban and rural settings from each of the provinces.

Mbote and Mubuu determined that the prevalence of GBDV in all four provinces was high. Of the 51 survey respondents, 83% (n=42) knew someone who was a victim of GBDV. Among the major types of violence perpetrated against victims were physical, sexual and economic in nature. Mbote and Mubuu found that the occurrence of physical violence increased in informal settlement communities located in urban areas, particularly in Nairobi and Mombasa. As for economic violence, the researchers found that it occurred in several forms including economic deprivation, forced sex peddling transactions and denial of women by their male spouses to engage in any form of business.

Mbote and Mubuu's main research finding, however, was that poverty is the main contributant to GBDV, particularly in Nairobi and the coast. Through FGDs the researchers found that incidences of GBDV often begin when spouses quarrel over scarce resources at home. Drug and alcohol abuse were also cited as contributors. In Nyanza and the Western province, disputes over ownership and control of property with strong socio-cultural undertones also contributed to GBDV.

Among the greatest strengths of the study was the depth of qualitative methodology. Mbote and Mubuu conducted over eight thematic focus groups, several personal and informative interviews. From these qualitative methods the researchers were able to illicit specific and rather

accurate factors which contribute to GBDV. Another strength of the study concerned the variety of study area. Studying GBDV throughout four provinces (the Coast, Nairobi, Nyanza and the Western province) allowed the researchers to identify region specific factors which lead to GBDV and compare and comment across provinces. Both outcomes helped strengthen the reliability of the study. One weakness of the study was a small survey sample size of 51. Although surveys were conducted by random sample, the small sample size prevents us from confidently concluding that the data derived from the surveys is representative of the communities studied.

Chesire *et. al.* (2010) analyze factors contributing to domestic violence within low income residential areas in Kisumu, Kenya. Drawing from a simple random sample of 90 women from six selected residential areas, the study utilizes detailed Likert scale based questionnaires to determine factors contributing to domestic violence along cultural, economic, legal and political lines. More specifically, the study sought to “analyze the demographic characteristics of women and their husbands included in the survey, establish and describe characteristics of domestic violence and its ravages and identify factors leading to domestic violence in the low-income residential areas.”

The study was comprised of 90 women participants. Of the 90 participants 52% (n = 47) had been exposed to at least one of the following forms of domestic violence: verbal, physical or sexual. The mean age of all participants was 28.5, 42% (n = 20) had completed only primary school, 74% (n=35) were housewives and 63.8% (n=30) had an annual income of less than 5000Ksh.

Chesire *et. al* main objectives were to identify factors leading to domestic violence. The researchers focused on cultural, economic, legal and political implications. Economic factors were measured by looking at the following variables: women’s economic dependence on men, limited access to cash and credit, discriminatory laws regarding inheritance, property rights, use of communal lands, and maintenance after divorce or widowhood, limited access to employment in formal and informal sectors and limited access to education and training for women. Participants were asked to rank, in their opinion, which variables contributed most to IPV. Of the 47 women who experienced domestic violence, “women’s economic dependence on men” was ranked first and “limited access to cash and credit” was ranked second. Cultural factors were

measured by looking at the following variables: gender-specific socialization, cultural definitions of appropriate sex roles, expectations of roles within relationships, belief in the inherent superiority of males, values that give men proprietary rights over women and girls, notion of the family as the private sphere and under male control, customs of marriage (bride price/dowry) and acceptability of violence as a means to resolve conflict. Of the forty seven women who experienced domestic violence, “gender-specific socialization” was ranked first and “cultural definitions of appropriate sex roles” was ranked second.

Among their general findings were that women ranked economic hardships as the number one contributing factor to domestic violence, cultural factors was ranked second followed by legal and political factors respectively. More specifically, of the 47 women who experienced domestic violence 57% (n= 27) “women’s economic dependence on men” was the number one leading factor which led to IPV.

Mutiso *et. al.* also provided for recommendations to curb the occurrence of domestic violence. They advocate for the Kenyan government to establish infrastructures whereby women in Kenya can become economically empowered and for harsher punishments for perpetrators of domestic violence.

One of the strengths of the study is the specificity of the independent variables. For example cultural factor variables included “cultural definitions of appropriate sex roles” and “customs of marriage (bride price/dowry).” Respondents were able to rank which of these factors contributed most to IPV. This specificity provides greater reliable data in terms of respondent views. One of the weaknesses of the study is that due to the limited scope of area (low-income residential areas in Kisumu) the findings cannot be generalized to all of Kenya or to more affluent areas.

González-Brenes (2004) examines the economic and social dynamics of physical spousal abuse in Zambia, Rwanda and Tanzania. Working from economic, sociological and psychological frameworks, González-Brenes’s main objective was determining the causes of physical spousal abuse.

Data for the study come from 2000-2002 Demographic and Health Surveys and family surveys in Zambia and Rwanda as well as original data obtained by González-Brenes in Meatu District, Tanzania. The author analyzed 4,588 couples in total and found that 42% of currently

married women had experienced physical spousal abuse. Using statistical significance analysis González-Brenes examines physical spousal abuse along three broad categories: economic variables, variables related to the gender composition of the family, and social and demographic variables.

The study's main economic finding is that female education and earnings are correlated with women's attitudes towards violence, yet are poor predictors of actual prevalence. González-Brenes finds that women with more formal education are less likely to agree with any of the following statements: a husband is justified in beating his wife if she: goes out without telling him, neglects the children, argues with him, refuses sex with him or burns the food. However, González-Brenes finds that although women with formal education are less likely to have experienced spousal violence (every additional year of education is associated with a 0.5-0.8% lower probability of spousal violence), the magnitude of the coefficient is small.

Other significant findings were socio-demographic in nature. González-Brenes found that women in polygamous marriages were 7% more likely to be victims of violence. In Rwanda and Zambia the prevalence is highest for first wives. To explain this, she finds through informal interviews that men use beatings as a way of deliberately attempting to drive away their first wives. Finally González-Brenes also finds a significant relationship between experience of physical spousal abuse and social networks: women with more links to friends and relatives, particularly women, are less likely to have been victims of violence.

One key advantage of the study is that the data from Zambia and Rwanda are based on nationally representative samples meaning the findings in those regions can be generalized to all of Zambia and Rwanda.

Using the 2003 Kenyan Demographic and Health Survey, Dalal *et al.* (2007) examine the social inequalities which attribute to intimate partner violence in Kenya. Their specific objectives were to determine if demographic characteristics (age, residential area, educational attainment and occupational status), partner characteristics (age, educational attainment and occupational status) and empowerment variables (access to information such as to television, radio and newspapers, literacy level and autonomy in domestic decisions such as decisions on how to spend money, health care and visiting relatives/friends) contributed to intimate partner violence.

Data was derived from a sample of 3,696 reproductive aged women respondents from the KDH survey. Dalal *et al.* determined that of the 3,693 women, 25% (n= 924) had been exposed to physical abuse, 11% (n=407) to sexual abuse and 33% (n=1220) to any and all violence perpetrated by their intimate partner during the latest year. They also determined that higher proportions of exposure were reported among rural residents for all categories and violence was significantly lower for women who had attained at least a postsecondary education.

To address their main objectives, Dalal *et al.* used chi-square tests and logistic regression. Along demographic lines they found, as noted, that women with only a primary or secondary education were more likely to experience IPV in all its forms than those with at least a postsecondary education. However, along partner demographic lines, women with equal or higher levels of education than their partners were more likely to experience IPV than those with lower educations than their partners. Similarly, women with a higher occupational status were also more likely to experience IPV. As Dalal *et al.* discuss, while higher levels of educational and occupational status serve to decrease the likelihood of exposure to IPV, having a higher educational or occupational status than their male partners may increase vulnerability to IPV exposure. Dalal *et al.* note that by defying societal norms of male superiority in these categories, IPV is more likely to occur.

Along the empowerment variables, Dalal *et al.* found that access to media was not independently associated with IPV, however women who were literate, read newspapers and watched television were at a lower risk for IPV than those who did not. The authors note that education levels which influence access to media may explain these findings. In addition, women with some degree of autonomy over health issues were also at a lower risk of IPV when compared to women with little to no say on health related issues. Other indicators of women's autonomy were not independent associated with IPV exposure.

Similar to the González-Brenes study, Dalal *et al.* utilizes data from the nationally representative Demographic and Health Survey. Since this study is based on nationally representative samples, the findings can be generalized to all of Kenya.

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Djamba and Kimuna (2008) examine the factors which contribute to physical, sexual and life-threatening intimate partner violence among married women in Kenya. Using the 2003 Kenya Demographic and Health Survey data, the authors were particularly interested in three

sets of explanatory variables: power differentials in marriage (spouse's age, education and occupational differences), marriage variables (type of marriage – monogamous or polygamous, duration of marriage and number of children) and socio-cultural and behavioral factors (urban or rural residence, wealth index, ethnicity, religion and husband's alcohol drinking)

Physical abuse was defined as pushing, shaking, slapping, punching, kicking or dragging. Life threatening abuse was differentiated as abuse which involved strangling, burning, threatening or attacking with a knife, gun or other weapon. Sexual abuse was defined as forced sex or sexual acts. Of the 4876 women included in the study, 39.6% (n=1,931) reported any kind of abuse, 36.3% (n=1,770) reported physical abuse, 6.1% (n=297) reported life threatening abuse and 12.9 (n=629) reported sexual abuse.

Using logistic regression the authors found that among the gender-power variables, age and occupational differences were significantly associated with at least one type of abuse. In particular the authors found that occupational difference is an important factor for all three dimensions of abuse. Women in marriages in which one of the spouses had a higher occupational status were less likely to experience physical, sexual or life-threatening abuse. Djamba and Kimuna attempt to explain this finding: they note that women with higher occupational statuses than their husbands are able to contribute more economically to the household thus lowering economic stress which is known to lead to IPV. Conversely, women with lower occupational statuses had a lower risk because they had learned to be submissive and “negotiate their relationship in the context of economic insecurity in a society that tolerates male dominance in the home.”

All three marriage variables were significantly associated with at least one of the dimensions of abuse. Women in polygamous relationships were more likely to experience physical and life-threatening abuses – consistent with previous research. In addition, women who had been married for four years or less were less likely to be abused.

Along socio-cultural and behavioral factors, household wealth index and husband's alcohol drinking were found to be significant. Wives living in the richest households were less likely to have experienced physical abuse. In addition the authors found that wives whose husbands drank alcohol were more at higher risk of being abused along all three types: physical, sexual life threatening.

As with the González-Brenes and Dalal *et al.* studies, this study utilizes data from the nationally representative Demographic and Health Survey. Since this study is based on nationally representative samples, the findings can be generalized to all of Kenya.

METHODOLOGY

The study utilized both qualitative and quantitative data collection methods. Data was rooted in survey research design and supplemented by two focus group discussions, three key informant interviews and secondary data derived from scholarly journal articles and previous studies on Intimate Partner Violence.

Survey

The bulk of the data derive from face-to-face administered surveys comprised of both structured and open-ended survey questions (Appendix 1). The survey was designed to elicit responses from respondents concerning socio-demographic and household information, IPV in the community and the services available for IPV victims. The survey was administered to a stratified random sample of 102 respondents (77 women and 25 men) in Kisumu. Because income level is a known factor which contributes to IPV³⁰, the survey was administered in three different estates: Milimani (upper class), Kenya-Reinsurance (middle class) and Obunga (lower class). This allowed for a more representative sample of data concerning IPV in Kisumu. In addition, enumerators were sent in pairs and were both fluent in the local languages (Dholuo and Swahili).

Key Informant Interviews and Focus Group Discussions

In addition to the survey, three face-to-face key informant interviews were conducted (Appendices 2-4). The first interview was conducted on 22nd April 2014 with a representative from the Federation of Women Lawyers (FIDA) Kenya. The second interview was conducted on 28th April 2014 with a representative from the Kisumu Police Department Child and Gender Protection Unit, and the third interview was conducted on 2nd May 2014 with a representative from the Kisumu Gender Violence Recovery Center.

³⁰ Chesire *et. al.* 2010. "Factors Leading to Domestic Violence in Low-Income Residential Areas in Kenya: A Case Study of Low-income Residential Areas in Kisumu City." *Journal of Emerging Trends in Educational Research and Policy Studies* 2: 65-75. Accessed 1 March 2014.

Finally, two Focus Group Discussions were conducted in the Obunga estate on 3rd May 2014. One focus group was comprised of seven women ranging in age from 23 to 68 years old and the other was comprised of six men ranging in age from 25 to 56 years old. Focus groups were guided by broad themes which included: the prevalence of IPV in Kisumu, the cultural, economic and legal factors which contribute to IPV and the services available for IPV victims (Appendix 5).

Data Analysis

Survey data was collected and analyzed using descriptive statistics in the form of frequencies, percentages, tables and bar graphs. In addition, qualitative findings from key information interviews and focus group discussions were added to supplement what had been elicited from the survey data.

RESULTS and ANALYSIS

Socio-Demographic and Household Data of Female Respondents and Their Male Partners

There were a total of 102 survey respondents: 77 women and 25 men. Of the 77 female respondents, socio-demographic and household information was collected and analyzed. The findings are shown below in Table 1.

Table 1: Socio-Demographic and Household Data of Female Respondents and their Male Partners

<i>Average Age</i>	31.9		
<i>Ethnic Background</i>	Luo 53.2% (n=41)	Luhya 25.9% (n=20)	Other 20.8% (n=16)
<i>Religious Affiliation (if practiced)</i>	Christian 92.2% (n=71)	Hindu 3.9% (n=3)	Other 3.9% (n=3)
<i>Highest Level of Education Completed</i>	Secondary School 32.4% (n=25)	Bachelor's Degree (University) 40.2% (n=31)	Other 27.3% (n=21)

<i>Personal Monthly Income (Ksh)</i>	<5000Ksh 40.2% (n=31)	>25,000Ksh 35.0% (n=27)	Other 24.7% (n=19)
<i>Household Monthly Income (Ksh)</i>	<5000Ksh 27.2% (n=21)	>25,000Ksh 42.8% (n=33)	Other 29.9% (n=23)
<i>Marital Status</i>	Married 70.1% (n=54)	Single 18.1% (n=14)	Other 11.7% (n=9)
<i>Spouse's Highest Level of Education Completed*</i>	Secondary School 28.0% (n=16)	Bachelor's Degree (University) 40.3% (n=23)	Other 49.4% (n=38)
<i>Spouse's Personal Monthly Income (Ksh)*</i>	<5000Ksh 24.0% (n=14)	>25,000Ksh 54.3% (n=31)	Other 41.6% (n=32)
<i>Average Number of Children</i>	2.0		

**The percentages for Spouse's Highest Level of Education Completed and Spouse's Personal Monthly Income were out of 57 (the number of women who currently had spouses)*

The average age for all female respondents was 31.9 years old. Among the 77 female respondents 53.2% were Luo and 25.9% were Luhya. An overwhelming majority, 92.2%, were Christian. As for highest level of education completed, 40.2% had completed their bachelor's degree. 40.2% earned less than 5000Ksh a month however, 35.0% earned more than 25,000Ksh a month; this indicates that that 24.7% of women earned somewhere between 5000-25,000 Ksh a month. Similarly, 27.2% of women reported a household income of less than 5000Ksh while 42.8% reported a household income of more than 25,000Ksh. At 70.1%, a majority of the female respondents were married.

Among the 77 female respondents 74.0% (n=57) currently had a spouse (a husband or boyfriend). Of those with a spouse, 40.3% reported that their spouse had obtained a Bachelor's degree while 49.4% reported that their spouse had achieved a primary school education or less, or had received a Master's degree or above. In addition, 54.3% reported that their spouse earned more than 25,000Ksh a month.

Finally the average number of children for all women surveyed was 2.0.

Socio-Demographic and Household Data of Female Respondents Who Have Experienced IPV and Their Male Partners

Of the 77 total female respondents, 48 (62.3%) had experienced at least one form of IPV. Their socio-demographic and household information were also analyzed. The most frequent responses are shown in Table 2.

Table 2: Socio-Demographic and Household Data of Female Respondents who have experienced IPV and their Male Partners

<i>Average Age</i>	30.3		
<i>Ethnic Background</i>	Luo 60.4% (n=29)	Luhya 25% (n=12)	Other 14.6% (n=7)
<i>Religious Affiliation (if practiced)</i>	Christian 91.6% (n=44)	Hindu 4.2% (n=2)	Other 4.2% (n=2)
<i>Highest Level of Education Completed</i>	Secondary School 29.1% (n=14)	Bachelor's Degree (University) 39.5% (n=19)	Other 31.3% (n=15)
<i>Personal Monthly Income (Ksh)</i>	<5000Ksh 45.8% (n=22)	>25,000Ksh 35.0% (n=17)	Other 18.8% (n=9)
<i>Household Monthly Income (Ksh)</i>	<5000Ksh 33.3% (n=9)	>25,000Ksh 41.6% (n=20)	Other 39.6% (n=19)
<i>Marital Status</i>	Married 64.5% (n=31)	Single 16.6% (n=8)	Other 18.8% (n=9)
<i>Spouse's Highest Level of Education Completed*</i>	Secondary School 29.4% (n=10)	Bachelor's Degree (University) 35.3% (n=12)	Other 35.3% (n=12)
<i>Spouse's Personal Monthly Income (Ksh)*</i>	<5000Ksh 29.4% (n=10)	>25,000Ksh 52.9% (n=18)	Other 17.6% (n=6)
<i>Average Number of Children</i>	2.0		

**The percentages for Spouse's Highest Level of Education Completed and Spouse's Personal Monthly Income were out of 34 (the number of women who currently had spouses)*

The average age of female respondents who had experienced IPV was 30.3 years old. Among the 48 respondents 60.4% were Luo and 25% were Luhya. An overwhelming majority, 91.6%, were Christian. As for highest level of education completed, 39.5% had completed their bachelor's degree. 45.8% earned less than 5000Ksh a month however, 35.0% earned more than 25,000Ksh a month, meaning that 18.8% of women earned somewhere between 5000-25,000Ksh a month. 33.3% of women reported a household income of less than 5000Ksh while 41.6%

reported a household income of more than 25,000Ksh. At 64.5% a majority the female respondents were married.

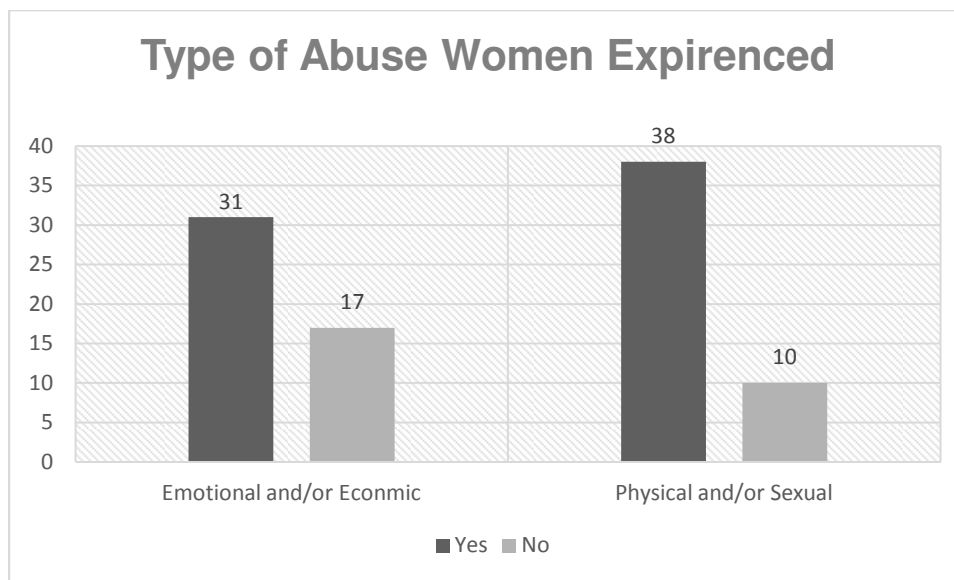
Among the 48 respondents 70.8% (n=34) currently had a spouse (husband or boyfriend). Of those with a spouse, 35.3% reported that their spouse had obtained a Bachelor's degree while another 35.3% reported that their spouse had achieved a primary school education or less, or had received a Master's degree or above. In addition, of those with spouse's 52.9% reported that their spouse earned more than 25,000Ksh a month.

Finally the average number of children for all women surveyed was 2.0.

Type of abuse women experienced

The type of abuse women had experienced was also examined. The findings are shown in Graph 1.

Graph 1:



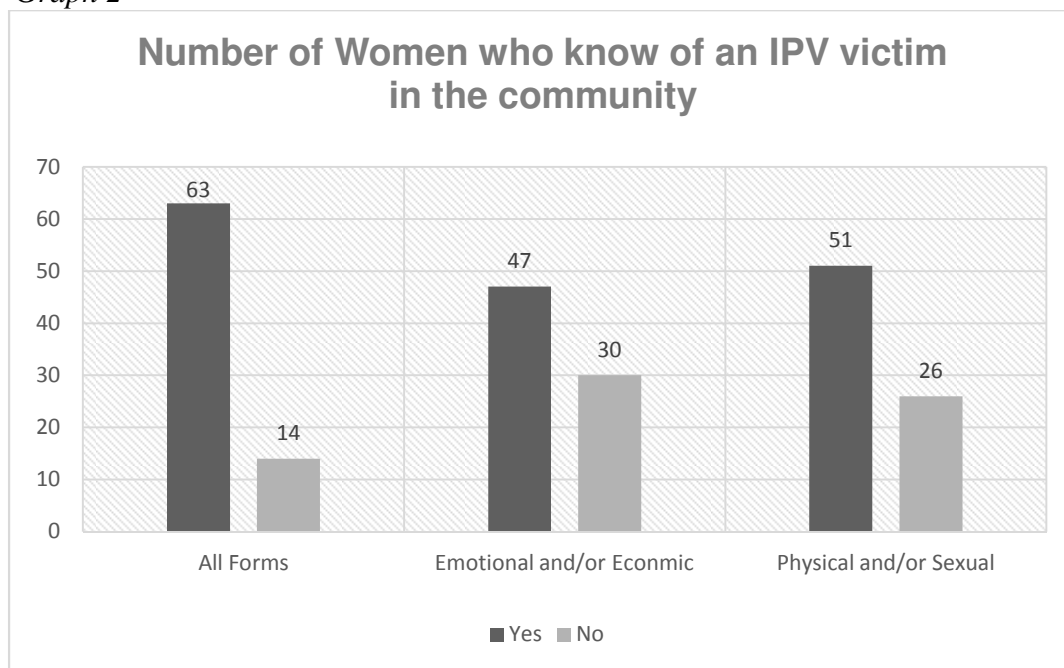
Of the 48 women who had experienced intimate partner violence 31 (64.6%) had experienced emotional and/or economic abuse while 38 women (79.2%) had experienced physical and/or sexual abuse. These findings are consistent with information provided by the FIDA representative. She noted that physical IPV in particular was more commonly reported

(and perhaps more commonly experienced) by women than emotional or economic abuse³¹. In addition she noted that criminal cases with succinct evidence of physical abuse prove to be rather successful while cases based on emotional or economic abuse are hard to try successfully³². This may explain why women are more likely to report and seek legal counsel for physical abuse rather than emotional or economic abuse.

Extent of Intimate Partner Violence in Kisumu

The first objective of the study was to determine the extent of IPV in Kisumu. This was first measured by determining whether women in the survey knew of at least one community member who had been abused by an intimate partner. The findings are shown below in Graph 2.

Graph 2



Of the 77 women in the study a majority, 81.8% (n=63), reported knowing at least one community member who had been abused by an intimate partner. 61.0% (n=47) of women reported that they knew of at least one community member who had been emotionally and/or economically abused, while an even larger number of women, 66.2% (n=51) reported that they knew of at least one community member who had been physically and/or sexually abused. These

³¹ Federation of Women Lawyers Kenya Representative. Personal Interview. 22 April 2014.

³² Ibid.

findings suggest that IPV is rather common in Kisumu as over 80% of women know of at least one IPV victim in the community.

The extent of IPV in Kisumu was also measured by examining the number of women in the stratified random sample who had experienced IPV. Of the 77 total female respondents, 62.3% (n=48) had experienced at least one form of IPV. These findings also suggest that IPV is rather common in Kisumu as over half of the sample of women reported to have experienced abuse from an intimate partner.

Factors which Contribute to Intimate Partner Violence

Another key objective of the study was to identify factors which contribute to IPV in Kisumu. This was measured by examining the factors which led to the incidents of abuse reported by women. The findings were coded into 5 categories: Failing to Obey Male Partner, Infidelity and/or Mistrust, Poverty and/or Unemployment, Alcoholism and Other. The findings are shown in Table 3.

Table 3: Percentage and Frequency of self-reported factors which led to IPV

<i>Failing to Obey Male Partner</i>	29.2% (n =14)
<i>Infidelity and/or Mistrust</i>	27.1% (n=13)
<i>Poverty and/or Unemployment</i>	25% (n=12)
<i>Alcoholism</i>	6.3% (n=3)
<i>Other</i>	31.3 (n=15)

**percentages do not add up to 100 because women were able to list multiple reasons for cause of abuse

Of the 48 women who had experienced IPV 29.2% (n=14) reported that failing to obey their male partner was the factor which led to their reported incident of abuse. This included women who indicated that their male partners abused them because they refused or failed to do what their partner demanded. For example, a 24 year old female from Obunga reported that her

husband physically abused her because she was unwilling to engage in sex with him on a particular night, and a 36 year old female from Milimani reported that her spouse physically abused her for refusing to have more children.

27.1% (n=13) reported that infidelity and/or partner mistrust sparked their reported incidents of abuse. This included women who reported that their male partners abused them on the assumption that they had been unfaithful. According to the FIDA representative, “mistrust and perceived mistrust within marriages is a major problem in Kenya.³³” It is evident that this contributes to IPV in the community.

25% (n=12) reported that poverty and/or unemployment led to their reported abuse. Many indicated that the stresses that arise due to their poor economic situations and lack of employment led their male partners to abuse them. The role of poverty in increasing the risk of IPV has been extensively substantiated in reports of IPV worldwide³⁴. Men of the Focus Group in Obunga espoused the same sentiment. They noted that the stresses of poverty lead some husbands to lash out abusively towards their wives³⁵.

6.3% (n =3) women indicated that their male partner’s alcoholism was a factor which contributed to their abuse. This sentiment was espoused in the women’s focus group in Obunga where one woman noted “some men leave work with little money and instead of bringing it [home] they go and drink it³⁶.” Her anecdote was confirmed by the representative from the Kisumu Police Department who explained that men sometimes take the small earnings they receive during the day and spend it on illicit brews. When men return home intoxicated and without any earnings from the day is when issues arise and the risk of IPV increases³⁷.

Finally 31.3% (n=15) women reported other reasons, such as polygamy and miscommunication, as factors that contributed to their reported incidents of abuse.

Factors which contribute to IPV were also examined by determining the opinions of all women included in the survey on what contributes to IPV in the community. The findings are shown in Table 4.

³³ Federation of Women Lawyers Kenya Representative. Personal Interview. 22 April 2014.

³⁴ World Health Organization. “Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence.” World Health Organization. 2013. Pgs. 16-17 PDF.

³⁵ Male Focus Group Discussion on Intimate Partner Violence. Obunga, Kisumu. 3 May 2014.

³⁶ Female Focus Group Discussion on Intimate Partner Violence. Obunga, Kisumu. 3 May 2014.

³⁷ Kisumu Police Department Child and Gender Protection Unit. Personal Interview. 28 April 2014.

Table 4: Percentage and Frequency of women’s opinions on factors which contribute to IPV

<i>Poverty and/or Unemployment</i>	33.8% (n=26)
<i>Miscommunication and/or Lack of Understanding</i>	24.7% (n=19)
<i>Infidelity and or/Mistrust</i>	24.7% (n=19)
<i>Culture and/or Traditional Beliefs</i>	20.8% (n =16)
<i>Alcoholism</i>	13.0% (n=10)
<i>Other</i>	29.9% (n=23)

**percentages do not add up to 100 because women were able to list multiple reasons for cause of abuse

Of the 77 female respondents 33.8% (n=26), indicated that they believed that poverty and/or unemployment contributed to IPV in the community. 24.7% (n =19) of respondents indicated that they believed that miscommunication between partners contributed to IPV while another 24.7% believed that infidelity/mistrust contributed to IPV. 13.0% (n=10) reported alcoholism as yet another factor that contributed to IPV in the community. 29.9% (n =23) noted other factors.

20.8% (n=16) indicated that culture and/or traditional beliefs contributed to IPV in the community. Women in particular noted the patriarchal ideals which dominate Kenyan culture and affirm the superiority of men. For example, a 45 year old woman from Kenya-Re noted “in this culture men have authority over women and so they treat their women as their property rather than partners.³⁸” In line with previous studies of intimate partner violence in Kenya, it is evident that culture is a factor which perpetuates IPV.

Identifying and Critiquing the Services Available for Intimate Partner Violence Victims

³⁸ Questionnaire Survey: See Appendix 1

The final objective of the study was to evaluate and critique services available for IPV victims in the community. This was measured through information gathered in key-informant interviews in which services for IPV victims were discussed.

The Federation of Women Lawyers Kenya is a non-profit, nonpartisan organization committed to, “the creation of a society that is free from all forms of discrimination against women.³⁹” With offices in Nairobi, Mombasa and Kisumu, FIDA is specifically concerned with improving the legal standing of women in Kenya by representing women in gender-based cases, conducting research on the progress of women’s rights in Kenya, and offering services, such as counseling and meditation to empower women⁴⁰. In regards to intimate partner violence in particular, FIDA provides legal representation in court cases as well as train clients to represent themselves in court⁴¹. It was noted in a key-informant interview with a FIDA representative that FIDA-Kisumu attends to approximately 30 clients a day⁴². In addition FIDA also provides individual, group and peer counseling services for IPV victims.

Opened in January 2014 the Gender Violence Recovery Center- Kisumu is a wing of the Jaramogi Oginga Odinga Teaching and Referral Hospital. The Center seeks to “provide comprehensive care services for survivors of Gender Based Violence within Nyanza region and beyond⁴³. “Among the services offered are: medical evaluation, care and treatment, laboratory services, forensic evidence collection, trauma counseling, emergency contraceptive services, STI treatment and care, a temporal safe space for survivors and referrals and linkages⁴⁴. According to a representative, the Recovery Center receives approximately 32 clients a month⁴⁵.

The comprehensive services of both FIDA and the Recovery center indicate their effectiveness in helping IPV victims of the community.

The final objective was also measured by examining whether victims were aware of organizations in Kisumu that support IPV victims. The assumption was that knowledge of these

³⁹ Centre on Housing Rights and Eviction and Federation of Women Lawyers-Kenya. 2005 “Joint Submission Shadow Report to the United Nations Committee on the Elimination of Discrimination against Women.” COHRE and FIDA. Accessed 15 March 2014.

⁴⁰ Ibid.

⁴¹ Federation of Women Lawyers Kenya Representative. Personal Interview. 22 April 2014.

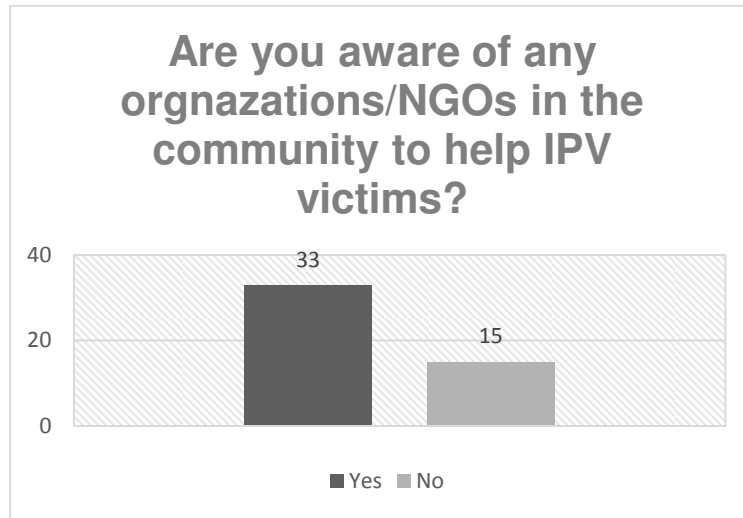
⁴² Ibid.

⁴³ Gender Violence Recovery Center-Kisumu brochure

⁴⁴ Ibid.

⁴⁵ Kisumu Gender Violence Recovery Center. Personal Interview. 2 May 2014.

organizations would also indicate their effectiveness since their services were known to victims. The findings are shown below in Graph 3.



A majority of women 68.8% (n=33) knew of Organizations and NGOs in Kisumu which seek to protect women from IPV and help victims. Of these 33 women, 60.4% (n=29) mentioned FIDA in particular. It is apparent that although a majority of women know about various organizations and NGOs in Kisumu, many women do not.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The first objective of the study was to determine the extent of IPV in Kisumu. It was found that of the 77 women included in the survey 62.3% (n=48) had experienced at least one form of IPV. 64.6% had experienced emotional and/or economic abuse while 79.2% had experienced physical and/or sexual abuse. In addition, of the 77 women included in the survey, 81.8% (n=63) reported knowing of at least one community member who had been abused by an intimate partner. Taken together, the high percentage of women who had experienced IPV and the high percentage of women who knew of at least one community member who had been abused (both well over 50%) indicate that IPV is rather common in Kisumu.

The second objective of the study was to review legislation and policies relating to IPV in Kenya. Currently there are no specific laws against intimate partner violence and marital rape is not recognized as a sexual offence. The Domestic Violence (Family Protection) Bill, which recognizes IPV in all its forms has yet to be introduced to parliament.

The third objective was to identify factors which contribute to IPV in Kisumu. This was measured by examining the factors which led to incidents of abuse reported by women in the survey. Of the 48 women who had experienced IPV, 29.2% (n=14) reported that failing to obey their male partner was a factor which led to their being abused. 27.1% (n=13) reported that infidelity and/or partner mistrust led to the abuse while 25% (n=12) reported poverty and/or unemployment. Finally, 31.3% (n=15) women reported other reasons, such as polygamy and miscommunication, as a factor which led to their being abuse.

Factors which contribute to IPV were also examined by determining the opinions of all women included in the survey on what contributes to IPV in the community. Of the 77 female respondents 33.8% (n=26), indicated that they believed that poverty and/or unemployment contributed to IPV in the community. 24.7% (n =19) of respondents indicated that they believed that miscommunication between partners contributed to IPV while 24.7% believed that infidelity/mistrust contributed to IPV. 20.8% (n=16) indicated that culture and/or traditional beliefs contributed to IPV in the community and 13.0% (n=10) reported alcoholism as another factor that contributed to IPV in the community. Finally, 29.9% (n =23) noted other factors.

The fourth and final objective of the study was to identify and critique the services available for IPV victims in Kenya. This was measured by information garnered through key-informant interviews. Two organizations in particular were highlighted: The Federation of Women Lawyers Kenya which provides legal representation and counseling services for IPV victims and the Gender Violence Recovery Center- Kisumu of the Jaramogi Oginga Odinga Teaching and Referral Hospital which provides health care services for IPV victims following an attack. Both organizations were determined to be effective due to their comprehensive services for IPV victims.

However when knowledge of organizations which seek to protect women from IPV and help victims was measured using survey data, 68.8% (n=33) knew of such organizations in the Community. Although a majority of women in the community know about these various organizations, many women still do not.

Recommendations

Based on my findings and previous research on intimate partner violence, IPV is a major problem in Kisumu and greater Kenya. I recommend that the Kenyan Parliament move to pass The Domestic Violence (Family Protection) Bill which was drafted in 2007. By finally

recognizing IPV in all its forms in court cases (not only physical abuse as is the status quo currently, but also sexual, emotional and economic intimate partner abuse) perpetrators of IPV can be held accountable.

I would also recommend that services which help IPV victims (such as FIDA and the Gender Violence Recovery Center) increase their visibility and transparency in the community. Community members need to be aware of their services so that they can effectively refer themselves or other IPV victims.

Finally, I recommend that the city of Kisumu invest in a SafeHouse Center for IPV victims. Based on my findings, physical and/or sexual violence is high in the community. If these incidences of abuse are life-threatening, it is not safe for victims to stay in the home. Having a SafeHouse to escape to would be highly beneficial for IPV victims of the community.

As for future research recommendations, due to time constraints this study did not examine and compare data across the three estates in which the surveys were conducted: Milimani (upper class), Kenya-Reinsurance (middle class) and Obunga (lower class). Future research should compare data across the three estates to see if they reveal substantial differences due to varying socio-economic or other factors. Services and programs to reduce IPV can then be targeted to tailor the unique problems of each community, increasing their effectiveness.

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APPENDICES

Appendix 1: Survey Questionnaire

Informed consent

Greetings. My name is I am asking for your permission to participate in a questionnaire. This questionnaire was developed by a student who is currently undertaking an undergraduate degree in Sociology in the United States. The project is entitled examining Intimate Partner Violence in Kisumu. All information provided by the respondent (you) will be used strictly for academic purposes. You may refuse to participate or you may discontinue the questionnaire at any point. Your name or any personal identifiers will not be used in the final study. I kindly request you to spare a few minutes of your time for this questionnaire. Do you agree?

___ Yes – Proceed with the questionnaire
___ No – Thank the individual and terminate questionnaire

Survey Questionnaire

A. Research Site Information

1. Locality Name

B: Socio-demographic and Household Data

1. Name (Optional)
2. Gender: a). Male b). Female
3. Age.....
4. Ethnicity/Ethnic Background.....
5. Religion, if practiced
6. Highest Level of Education Completed
 - a). Less than Primary school
 - b). Primary school
 - c). Secondary school
 - d). Bachelor’s Degree (university)
 - e). Master’s Degree or above
7. Occupation.....
8. Personal Monthly Income (in Ksh)
 - a). <5000
 - b). 5001-10,000
 - c). 10,001-15,000
 - d). 15,001-20,000
 - e). >25,000
9. Household Monthly Income (in Ksh)
 - a). <5000
 - b). 5001-10,000
 - c). 10,001-15,000
 - d). 15,001-20,000
 - e). >25,000
10. Marital Status
 - a). Married
 - b). Divorced/Separated

- c). Single
- d). Widowed
- 11. Spouse's level of education
 - a). Less than Primary school
 - b). Primary school
 - c). Secondary school
 - d). Bachelor's Degree (university)
 - e). Master's Degree or above
- 12. Spouse's Occupation.....
- 13. Spouse's Personal Monthly Income (if known) (in Ksh)
 - a). <5000
 - b). 5001-10,000
 - c). 10,001-15,000
 - d). 15,001-20,000
 - e). >25,000
- 14. Number of Children and Ages

C. Extent of Intimate Partner Violence

- 15. What is your understanding of Domestic Violence/Intimate Partner Violence?

- 16. In your opinion which of the following constitutes emotional or economic abuse (check all that apply)
 - a). Verbal threats (ex: "I'm going to beat you")
 - b). Name calling (ex: "prostitute", "useless woman")
 - c). Denying one of basic needs (ex: food or housing)
 - d). Controlling one's access to employment, income or property
 - e). Limiting who one can and cannot speak to or visit (ex: family and friends)
- 17. Do you know of anyone in the community who has been emotionally or economically abused by an intimate partner (husband/wife, boyfriend/girlfriend)?
 - a). i. Yes ii. No
 - b). If yes, approximately how many individuals?
 - i. 1 to 3
 - ii. 4 to 6
 - iii. 6 or more
 - c). In what area(s) did they live?
 - d). Any additional information

- 18. In your opinion which of the following constitutes physical or sexual abuse (check all that apply)

- a). Causing physical harm to another (ex: beating, slapping, burning)
- b). Forcing one to engage in non-consensual sex
- c). Denial of conjugal right
- d). Martial affair extension
- e). Polygamy marriage

19. Do you know of anyone in the community who has been physically or sexually abused by an intimate partner (husband/wife, boyfriend/girlfriend)?

- 1. i. Yes ii. No
- 2. If yes, approximately how many individuals?
 - i. 1 to 3
 - ii. 4 to 6
 - iii. 6 or more
- 3. In what area(s) did they live?
- 4. Any additional information

.....

20. Have you been emotionally or economically abused by an intimate partner (husband, partner, boyfriend etc.)?

- 1. i. Yes ii. No
- 2. If yes, in your opinion what was the cause of this?

.....

3. Did you share this information with anybody? If so, to whom?

.....

4. Did the abuse continue? If so, for how long?

.....

21. Have you been physically or sexually assaulted by an intimate partner (husband, partner, boyfriend etc.)?

- a). i. Yes ii. No
- b). If yes, in your opinion what was the cause of this?

.....

c). Did you share this information with anybody? If so, to whom?

.....

d). Did the abuse continue? If so, for how long?

.....

22. What is your personal view on IPV: Do you believe it is acceptable or not acceptable?

- a). i. Yes ii. No
- b). If yes, why? If no, why?

.....
.....
.....

23. In your opinion what contributes to IPV in the community?

.....
.....
.....

D: Evaluation of Services available to victims

24. Are you aware of the rights provided to IPV victims under the new constitution?

- a). i. Yes ii. No
- b). If yes, what do you know?

.....
.....
.....

25. Are you aware of the laws and legislations in place to protect individuals from IPV and to help victims?

- a). i. Yes ii. No
- b). If yes, what do you know?

.....
.....
.....

26. Do you know of organizations/NGOs available in the community to help IPV victims?

- a). i. Yes ii. No
- b). If yes, which ones do you know
- c). In your opinion, how effective are they in helping IPV victims?

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27. If you are a victim of IPV what support are you getting, if any?

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Appendix 2: Interview Questions for Federation of Women Lawyers Kenya (FIDA)

Representative

1. What are the key services and/or programs that FIDA provides women in Kisumu?
2. What are the key services and/or programs that FIDA provides for IPV victims in particular?
3. What kinds of IPV cases does FIDA receive frequently? Which ones are most successful in court?
4. Based on FIDA's experience working in Kisumu, is IPV a substantial problem in the community?
5. Based on FIDA's experience working with IPV victims, what factors contribute to IPV in the community?
6. Are there any substantial cultural factors which contribute to IPV in the community?
7. What laws and/or policies are there to help protect women from IPV?
8. Do women in the community know about FIDA and the services it provides?
9. How does FIDA reach out to women in the community?
10. What measures/recommendations should be put in place to curb IPV in the community?

Appendix 3: Interview Questions for Kisumu Police Department Child and Gender Protection Unit Officer

1. What exactly is the Child and Gender Protection Unit responsible for?/What cases are referred to this Unit?
2. What laws and/or policies are there to help protect women from IPV?
3. What training do officers undergo to deal with incidences of IPV in the community?
4. What are the investigative procedures when IPV is suspected?
5. Do women frequently seek services from this Police Unit?

6. Have there been any trends relating to IPV in the community over the past few years? (for example and increase/decrease of IPV related calls)
7. Based on the Unit's experience working in Kisumu, is IPV a substantial problem in the community?
8. Based on the Unit's experience working with IPV victims, what factors contribute to IPV in the community?
9. Are there any substantial cultural factors which contribute to IPV in the community?
10. How does the Unit reach out the community?/How do women know about the services provided?

Appendix 4: Interview Questions for Gender Violence Recovery Center-Kisumu Unit Representative?

1. What services do you provide for victims of IPV?
2. Are there medical fees involved? Are there services to help victims pay for these fees?
3. Since the Recovery Center just opened this year, are IPV victims taking advantage of the services? Are more and more victims coming for help?
4. Is there a trend along socio-demographics (for example ethnic group, age, etc.) among the IPV victims who receive help from the Center?
5. Based on the Recovery Center's experience with IPV victims, is IPV a substantial problem in the community?
6. Based on the Recovery Center's experience with IPV victims, what factors contribute to IPV in the community?
7. Based on FIDA's experience working in Kisumu, is IPV a substantial problem in the community?
8. Are there any substantial cultural factors which contribute to IPV in the community?
9. Do you provide referrals to women (such as counseling/FIDA) after women have been attended to health wise?
10. What recommendations should be made to curb IPV in the community?

Appendix 5: Focus Group Themes

- Prevalence of IPV in Kisumu
- The policies and legislation in place relating to IPV
- The cultural, religious, economic and legal factors which contribute to IPV,
- The services available to IPV victims (counseling, IPV shelters, and legal protection)