

## Women Survivors' Perceptions on Susceptibility Factors to Intimate Partner Violence

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### Abstract

*Intimate Partner Violence (IPV) is a form of gender based violence that has become rampant with women being most vulnerable. This paper analyzes the perceptions of women survivors on their susceptibility to IPV with regard to individual and cultural underpinnings. The paper is premised on a study conducted in two shelter homes in Nairobi and Nakuru, Kenya. By employing a survey design, 230 respondents participated. Data was collected through interviews, focus group discussions and document analysis. Quantitative analysis was done using Statistical Package for Social Sciences (SPSS) while the qualitative data was analyzed thematically. The paper observes that individual and cultural factors contribute to the perpetuation of IPV. The paper demonstrates higher levels of education of the woman and comparatively lower levels of education of the man as well as differences in economic ability as significant predisposing factors to IPV. The authors recommend that stakeholders need to re-think IPV and focus on dealing with the root cause – power plays at the cultural level.*

**Keywords:** Culture, Intimate, Partner, Violence, Perceptions, Susceptibility, Women, Survivors.

### 1. Introduction

Violence against Women (VAW) persists in every country in the world cutting across boundaries of culture, class, education, income, ethnicity, and age. It is a health, legal, developmental and above all, a human rights issue (UN, 2006). Worldwide, an estimated one in every five women will be a survivor of rape or attempted rape in her lifetime (UN Millennium Project, 2005). The perpetrators of this violence are well known to their survivors but more often than not, go unpunished (WHO, 2005). Intimate Partner Violence (IPV) is a global concern affecting between ten to sixty percent of married or ever partnered women throughout their lifetime (WHO, 2005). IPV is mostly inflicted by men on women and girls (Romans *et al.*, 2007). It is also present in all societies; it is a structural phenomenon embedded in the context of cultural, socio-economic, and political power relations, which reduce women to economic and emotional dependency (UN Millennium Project, 2005). IPV as a global concern affects men and women although the latter are more vulnerable. The vulnerability of women and girls to IPV has been attributed to socio-cultural beliefs and practices as well as non-supportive institutional structures within society.

Although human rights violations affect men as well as women, their impact and character clearly change according to the sex of the victim (White, 2011). VAW reflects the existing asymmetry in the power relations between men and women and perpetuates the subordination and devaluation of the female as opposed to the male. This violence exists within the framework of the patriarchy as a symbolic system that engenders an array of day-to-day practices which deny women their rights and reproduce the existing imbalance and inequity between the sexes. The difference between this kind of violence and other forms of aggression and coercion lies in the fact that in this case the risk factor or source of vulnerability is the mere fact of being a woman. The violation of women's rights and IPV are not new to the society; they arise out of attitudes which, until very recently, were socially acceptable and, since they were generally limited to the sphere of private life, were little known. Historical studies in some countries show that physical violence or brutality committed by men against their wives was an accepted fact in the eighteenth and nineteenth centuries and that violence was accepted as a "punitive correction" in cases where women did not comply with social mandates (Ngeno, 2010; UNIFEM, 2012).

What is new is a concern for women who suffer physical, sexual or psychological aggression in the family, at work or in educational institutions. The problem is perceived somewhat differently today, as society begins to question, at an essential level, the consubstantiality between violence and gender relations, and as a negative attitude towards violence, in any of its manifestations in social life, becomes increasingly widespread (Ngeno, 2010; Ndong & Ooko, 2016).

## **2. Risk Factors Associated with Intimate Partner Violence on Women**

Literature indicates that the two essential underlying factors of IPV on women and girls are their subordinate status to men and the general acceptance of interpersonal violence in society, relegating the other factors as associated or mitigating factors (Jewkes *et al.*, 2002). Women, who frequently have a subordinate status in the society, have limited ability to negotiate safer sex with their intimate partners and economic dependency may make women stay in abusive relationships in exchange for money and housing (FIDA, 2007). In Kenya, friction over women's empowerment is an important risk factor for women's experience of violence at the hands of their partners (FIDA, 2002; Bali, 2013). Women who are in professional occupations, have paid employment and have husbands with lesser education than themselves and those that have their own income are at a greater risk of violence by their partners (Jewkes *et al.*, 2002; Kreager *et al.*, 2013; White, 2011). The young age of women is a risk factor for experiencing sexual violence in intimate partnerships, but the evidence is inconclusive with respect to physical IPV. Jewkes *et al.* (2002), DeKeseredy (2011) and Durfee and Messing (2012) suggest that this increased risk of sexual coercion may be related to women's inexperience or the lack of a support system at a young age. Early marriage for women is a risk factor for experiencing IPV. A study in Kenya found that among young women aged 15–24; those who had ever been married were much more likely to have experienced sexual coercion (Erulkar *et al.*, 2004; Ngeno, 2010; Mukinda, 2015; Ndong & Ooko, 2016). Researchers argue that the large age disparity that typically characterizes early marriage between girls and their husbands, often ten years or more, aggravates the relationship of power and control of a husband over his wife. As a result, girls with much older husbands are at a greater risk for forced sex and physical violence than women in relationships with age symmetry (Johnson, 2006; Rodriguez, 2015). Marital conflict, which again can be related to male dominance in the family, is a major risk factor for IPV. In Kenya, women who are divorced or separated, presumably as a result of marital conflict, are more than four times as likely to have experienced sexual coercion (Erulkar *et al.*, 2004; Uwayo, 2014). In Kenya, women cited conflict over money as the leading cause of IPV (FIDA Kenya, 2002). Poverty may be considered an individual, relationship, or societal factor of IPV. In the United States, Nicaragua, and India, IPV is more frequent in lower socio-economic groups, pointing to poverty's importance as a community and societal risk factor (Jewkes *et al.*, 2002). Several qualitative studies in the East Central and Southern Africa (ECSA) region have also cited poverty in general as a 'cause' for IPV (Okot *et al.*, 2005; Bamiwuye & Odimegwu, 2014; Ndong & Ooko, 2016).

## **3. Materials and Methods**

The use of a survey research design by the author was deemed relevant so as to provide room and enable a probing effect through the face-to-face interviews. The study was conducted in Nairobi and Nakuru towns. These are the only two locations in Kenya with shelter homes for women abused by their male intimate partners (National Commission on Gender and Development, 2010). They were thus purposively selected. Women Rights Awareness Program (WRAP) Shelter Home was the only women's rescue and shelter home available in Nairobi. It is a Non-Governmental Organization (NGO) that exists to educate the community on the causes and effects of Gender Based Violence (GBV) and to offer services that address the needs of abused women and children. The shelter home is located on the Thika-Nairobi highway at the Muthaiga round-about. The registered organization has been operational since 1994. The objectives of the organization include; to develop WRAP's organizational capacity to provide safe and secure shelters and related support services for abused women and children all over Kenya; to enhance women's access to legal services by providing legal aid to clients, helping them with litigation, providing legal advice and rights education; to increase public awareness on GBV and to encourage proactive GBV and child abuse intervention through sensitization and human rights education and to lobby, advocate for necessary amendments of various laws touching on the rights of women and children. The center depends on funding from donors within and out of the country. Filadelfia Women Crisis Center (FWCC) Shelter Home is a church based programme under the Free Pentecostal Fellowship in Kenya (FPFK) located in Nakuru.

The center was officially opened on the 31<sup>st</sup> of March 2006 with the following Objectives: to establish a crisis center for girls and women in Kenya; to advocate for girls' and women's rights; to facilitate provision of further education and skills training, thus securing the girls' and women's re-entering in the society; to network and affiliate with relevant organizations and Government. The center targets the abused, distressed and vulnerable women/girls who are 18 years and above, regardless of ethnic, political or religious background. The services provided by the shelter include: guidance and counseling, rescue and shelter for raped women/girls and women who have been battered by their spouses or partners. The center also conducts advocacy and outreach campaigns to the community on GBV and works towards breaking the cycle of Domestic Violence.

Training on micro business empowerment, sewing and poultry keeping is also provided to women survivors of violence. The center has a referral system that offers services to clients who need services beyond the organization's scope. The center depends on funding from donors within and out of the country. The study's target population comprised all women survivors of IPV who were seeking or had sought support services from the two women's shelter homes in the past one year prior to the study. Service providers in the shelter homes who included counselors, social workers, legal officers and program officers also participated. The sampling frame is shown in Table 1. From the lists obtained from the two shelter homes, 576 clients formed the sampling frame with Filadelfia having 228 (39.6%) while WRAP had 348 (60.4%). Proportional sampling technique was then used to draw the required number of participants from each of the organizations. Using Fisher et al.'s (1995) formula for determination of sample size for populations below 10,000, the ideal sample size for the study was computed thus:  $n = \frac{z^2 \cdot p \cdot q \cdot D}{d^2} = 230$ .

**Table 1: Sampling of the Population**

Shelter	Population	Proportion of Population	Proportion of Sample	Sample
Filadelfia	228	$(228 \div 576) \times 100 = 39.6\%$	$230 \times (228 \div 576) = 91$	91
WRAP	348	$(348 \div 576) \times 100 = 60.4\%$	$230 \times (348 \div 576) = 139$	139
Total	<b>576</b>	<b>100.0</b>		<b>230</b>

In-depth interview schedule for women survivors of IPV and key informant interview guide for service providers in the shelters who included counselors, social workers and program officers of the shelters were used for primary data collection. Focus group discussions of Community Health Workers (CHWs) from the two selected shelter homes were used to validate the data collected from the women survivors of IPV.

There were four FGDs, two from each shelter home with 10 CHWs in each of the sessions. Secondary data was generated using the women survivors' records from the shelter homes particularly police abstracts, economic support documents, psychosocial and medical records. This was used to supplement primary data from the in-depth interviews. Data was analyzed both quantitatively and qualitatively using Statistical Package for Social Sciences (SPSS version 21).

#### **4. Results and Discussion**

This section presents the findings on women survivors' perceptions of on susceptibility to IPV as depicted in Table 2. These were considered on the basis of individual/lifestyle factors and cultural attributes as discussed in this section. Individual and lifestyle factors are listed with the frequency and percentage responses recorded on a 3-point Likert scale of Disagree, Neutral and Agree

**Table 2: Perception of Individual and Lifestyle Factors**

Individual and Lifestyle Factors	Disagree		Neutral		Agree	
	Freq.	%	Freq.	%	Freq.	%
Use of alcohol and drugs by male partner	31	13.5%	2	0.9%	197	85.7%
Infidelity by male partner	26	11.3%	10	4.3%	194	84.3%
Inability to conceive and give birth for female partners	33	14.3%	13	5.7%	184	80.0%
Female partners earning more money than male partner	36	15.7%	10	4.3%	184	80.0%
Unemployment of male partner	45	19.6%	10	4.3%	175	76.1%
Economic problems in family	41	17.8%	21	9.1%	168	73.0%
Early marriage of female partner	44	19.1%	22	9.6%	164	71.3%
Higher education level of female than male partner	46	20.0%	21	9.1%	163	70.9%
Poor living conditions	46	20.0%	25	10.9%	159	69.1%
Unemployment of female partner	59	25.7%	17	7.3%	154	67.0%
Female partner coming from family where mother used to be battered	72	31.3%	18	7.8%	140	60.9%

#### 4.1 Individual and Lifestyle Factors and IPV

Eleven items selected to represent the individual and lifestyle factors included use of alcohol and drugs by male partner, infidelity by male partner, infertility and reproductive health problems of female partner, employment status of both female and male partner, level of education of woman and partner, early marriage of woman, economic problems within the family, poor living conditions and history of IPV in the woman's family. They are descriptively discussed as follows:

##### 4.1.1 Alcohol and Drug Abuse by Male Partner

As is shown in the Table 2, a significantly high proportion (85.7%) of the women survivors concurred that alcohol and drug use is a predisposing factor to IPV. It is only 14% who thought otherwise and only 1% were not sure about the effect of alcohol and drug use on IPV. These findings were further supported by the fact that 77% of the women survivors sampled reported that their male partners (perpetrators) used alcohol and 51% used drugs, while only 21% never used alcohol or drugs. In a similar study, Fals-Stewart *et al.* (2005), indicated that it is generally accepted that alcohol and drug use by male partners blur judgement and may increase the frequency or severity of their violence on their female partners.

##### 4.1.2 Infidelity by Male Partner

Study results as shown in Table 2, indicated that 84% of the women survivors perceived infidelity as being a predisposing factor of IPV with 11% having a contrary view and 4% not sure of its effects. It is instructive to note that 43% of the sampled survivors reported that their male partners were supporting children from a previous or concurrent sexual partner. This seems to imply that there is a strong belief among women survivors that infidelity by their male partners made them more susceptible to IPV. Infidelity was linked to IPV and was attributed to the male partner wanting to hide what he had been doing outside the home as was highlighted by one of the female survivors during an interview: "Men who are not faithful to their partners often start a quarrel in order to hide what they have been doing outside the home. This makes the women scared of asking the men on their infidelity" (in-depth interview with respondent from Nakuru). Reviewed literature confirms that infidelity can be as devastating as violent physical abuse since it may equally result in humiliation, hurt and sometimes even death. Further, the likelihood of IPV is elevated if a woman's male partner or husband had other intimate partners (Nemeth *et al.*, 2012).

##### 4.1.3 Reproductive Health Issues

The results indicated that 80% of the women survivors perceived inability to conceive and give birth as one of the leading predisposing factors to IPV with only 14% being of the contrary view and 6% non-committal. In many cultures, intimate partner relationships especially within marriage are considered an important vehicle for continuity of the society.

It is no wonder therefore that McCloskey *et al.* (2005) assert that in many traditional African societies, women bear the greatest blame for the inability to conceive or give birth with men being absolved even when they are the ones who are biologically responsible. This was further confirmed by the women survivors who indicated that these experiences often lead to tension and ultimately violence against women. Consequently, reproductive health problems may have implications on occurrence and perpetuation of IPV.

#### **4.1.4 Unemployment**

Lack of employment opportunity and its attendant problems was found to have had a greater bearing on the bond between intimate partners. As such, the results in Table 2 show that slightly more than three quarters (76.1%) of the respondents considered unemployment of the male partner as an underlying factor to IPV while one fifth (19.6%) did not consider this as a factor. The remaining (4%) of the respondents were not sure about the contribution of unemployment of male partner in the IPV conundrum. Paradoxically, two thirds (67%) of the same sample identified unemployment of women as a primary factor to IPV with one quarter (25.7%) being of the contrary view and only (7%) not sure of the contribution of this factor. It is clear that weak economic ability of either party is considered as a risk factor to IPV. Studies confirm that lack of employment for women often increases their levels of vulnerability and weakens their bargaining power in intimate relationships. It is argued that many women survivors of IPV endure their suffering at the hands of their male partners essentially because of lack of stable income (WHO, 2005). On the contrary, Cunradi *et al.* (2009) argue that unemployment status of male partners introduces an inferiority-superiority complex that often makes the man to feel derisory and unable to meet his obligations. The women survivors observed that such feelings may make male partners violent towards female partners as a defense and cover-up mechanism. They affirmed that this may be made worse in situations where the female partner remains the sole income earner. It was therefore not surprising that 80% of the women survivors considered a comparatively higher income for women than that of male partners as a causal factor to IPV. These findings are at variance with Djamba and Kimuna (2008) who used the KDHS 2003 data and found that women with occupational status higher than those of their husbands were significantly less likely to experience IPV. These dissimilarities in the results may be attributed to the differences in the samples studied. This study sampled women survivors seeking support services from selected shelter homes whereas KDHS 2003 was a survey of the general population. This therefore implies that the experiences of women survivors' within shelter homes may be inconsistent with those of women in the general population.

#### **4.1.5 Economic Problems in the Family**

Economic considerations were found to play a key role in fueling or mitigating IPV as confirmed by women survivors of IPV in the study. Confirming the same, Hindin *et al.* (2008) established that poverty and poor living conditions have the potential of breaking bonds in intimate relationships hence leading to violence. In this study, 73% of women survivors were in agreement that economic problems within the family structures can lead to IPV with only 18% being of the contrary opinion and 9% not sure. Similar trends were observed with regard to poor living conditions within the family where 69% agreed that it is an underlying factor to IPV while 20% thought otherwise and 11% were non committal to its contribution. This is also concomitant with findings by Fawole (2008) who showed that poverty is both a cause and consequence of IPV. This is perhaps so because inability to access and afford essential goods and services may introduce numerous nodes of conflict.

#### **4.1.6 Early Marriage of Woman**

Results from the study indicate that marriage heralds new and more tasks upon the woman while reducing some from the man. Accordingly, early marriage of women may bestow far more responsibilities that may overwhelm them. These experiences coupled with greater expectations by their male partners may lead to tensions and conflicts which may ultimately culminate into IPV. As is shown in Table 2, 71% of the women survivors agreed with this perspective while 19% were of the contrary opinion and 10% were not sure.

#### **4.1.7 Variance in Education Levels**

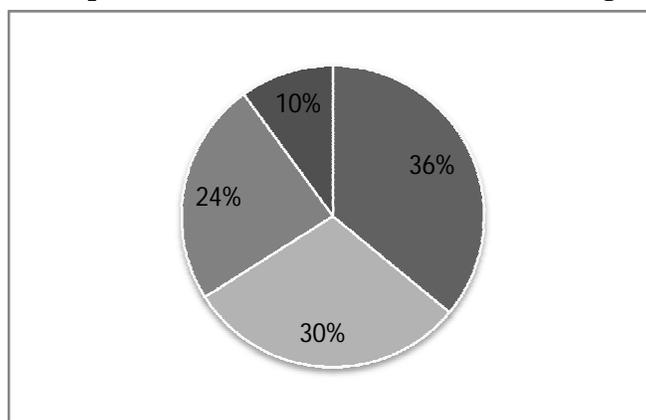
Confirming the WHO (2005) report, the level of education of women and their partners was found to play an important role in shaping intimate relationships. Results in the study show that 70.9% of the women survivors perceived higher education level of a woman relative to that of her partner as being a predisposing factor of IPV, 20% disagreed while 9.1% were neutral. This is inconsistent with the findings of UNICEF (2006) that demonstrated that in intimate relationships where the female partner had a higher level of education than their male partners.

They were four times less likely to experience IPV as compared to those where the male partner had a relatively higher level of education. Caution however needs to be taken in comparing the two studies since the UNICEF study used a sample from the general population while this study considered women survivors of IPV seeking support services from shelter homes.

#### 4.1.8 Inter-parental Violence

Inter-parental violence was found to be a predisposing factor to IPV such that 61% of women survivors perceived that women coming from families where the mother experienced IPV were more likely to undergo similar experiences with 31% disagreeing with that perception while 8% were neutral. In addition, 52% of women survivors reported having witnessed violence between their parents and that 44% of their partners had had similar experiences. Figure 1 shows that a large proportion (36%) of the sampled women survivors were from families where both partners had witnessed inter-parental violence, followed by 30% where none of the parents had such experience. On the other hand, 24% of women survivors reported that only their male partners had had such experience and 10% where only women survivors experienced it. This implies that partners with both parents having had a history of interparental violence were more vulnerable to IPV compared to those whose parents had not had such history.

**Figure 1: Experience of Inter-Parental Violence among Partners**



The findings in this study concur with those of Vung and Krantz (2009) who found that girls who witnessed inter-parental violence were twice as likely to experience IPV as those who did not. However, it is worth noting that Vung and Krantz (2009) did not provide a comparison between the women survivors' history of inter-parental violence and that of their partners. It is noted from the findings that partners without any history of inter-parental violence were over represented in the sample as compared to those where only one partner had had such history. It is important to note that women survivors without a history of inter-parental violence who had male partners whose parents had experienced some form of inter-parental violence were highly represented as compared to survivors who had had a history of violence while their male partners had not. The mixed pattern in the trends of IPV showed that this vice could not be exclusively explained by parental history of violence. Other factors appeared to gain prominence and thus need considerable exploration in future studies.

#### 4.2 Cultural Factors and IPV

The study results indicate that the women survivors believed that cultural factors that make women subordinate to men are causal to IPV. This is in line with McCloskey *et al.* (2005), Calvete and Orue (2013), and Enrique and Marisol (2015) who argue that culture makes women subordinate while venerating men and increasing the former's level of vulnerability to IPV. From the findings, it is evident that 82% of women survivors identified culturally defined power relations as a leading underlying factor to IPV with 15% disagreeing and 4% not sure. Confirming the same, CREAW (2008), established that IPV thrives mainly on deep-seated cultural beliefs, practices and values providing an enabling environment for the occurrence and sustenance of IPV in many developing countries including Kenya. The plausible explanation to these trends could be found in the gender power relations between males and females that define the structure, pattern and style of intimate relationships. These gender power relations feed on the cultural beliefs and practices that venerate males over females perpetuated by an elaborate system of socialization that continues to favor masculinity over femininity.

A majority (72%) of the women survivors believed that cultural practices that make women subordinate to men are an important causal factor to IPV with 21% being of the contrary opinion and 7% not sure. Accordingly, and as confirmed by the study, IPV is reinforced by a number of cultural practices including payment of dowry which is often interpreted as purchase of women into another community (UN, 2009). The women survivors in the study explained that the full payment of an agreed upon dowry as in many cultures in Kenya, grants the men the right of ownership over their wives. UN (2009) report observes that such traditional cultural beliefs increase women's vulnerability to IPV within the gender power relations conundrum.

### **5. Conclusion**

This paper has demonstrated that cultural beliefs and practices play a pivotal role in the perpetuation of IPV. It is evident that IPV is a product of the power struggles that seem to disadvantage the female. Women, who, using the patriarchal lenses are seen as lesser individuals, bear the brunt of this power play. IPV is a devastating experience perpetuated by a compendium of factors that include deep seated traditional cultural belief systems that venerate men over women. Dissonance in the levels of education and economic ability of partners play a key role in the occurrence of IPV. Specifically, higher levels of education of the woman and comparatively lower levels of education of the man are a significant predisposing factor to IPV. While it is true that, in some cases, higher education levels of the man as compared to the woman do not necessarily reduce the probability of IPV meted on their female partners, the discussions in this paper have shown that in the presence of deep seated traditional cultural beliefs, differences in level of education in favour of women is not often a welcome idea and may lead to conflict and subsequent IPV.

### **6. Recommendation**

As a way forward, this paper calls for an in-depth re-look of traditional cultural belief systems. It is imperative that stakeholders realize that efforts to curb IPV will only yield fruits when the root problem is addressed. The paper thus recommends that efforts should be made to advocate for policies to address gender inequality, rigid gender roles and traditional norms in society thus reduce IPV. An increase in the economic level of partners, coupled by an increase in education levels, is likely to lead to a parallel realignment of the power play and a corresponding decrease in IPV.

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