

**RELATIONSHIP BETWEEN SELECTED CHILDHOOD PARENTAL  
FACTORS AND VICTIMIZATION TO INTIMATE PARTNER VIOLENCE  
AMONG MEN IN NYERI COUNTY, KENYA**

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## DECLARATION

This thesis is my original work and has not been presented for a degree in any other University or for any other award.

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## **DEDICATION**

I dedicate this thesis to my husband Francis and to our sons Gabe, Imma and Joel who not only believe in me, but also share in the sacrifices of a wife and mother striving for achievement. To my parents who started the journey of educating me and instilled in me the values of hard work and persistence.

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**ABBREVIATIONS AND ACRONYMS**

<b>CDC:</b>	Centre for Disease Control
<b>CPF:</b>	Childhood Parental Factors
<b>CEPI:</b>	Childhood Exposure to Parental Intimate Partner Violence
<b>CTS:</b>	Conflict-Tactics Scale
<b>FMPV:</b>	Female-on-male partner violence
<b>HPPD:</b>	Harsh Physical parental Disciplining
<b>IPV:</b>	Intimate Partner Violence
<b>KDHS:</b>	Kenya demographic health survey
<b>KNBS:</b>	Kenya National Bureau of Statistics
<b>MAWE:</b>	Maendeleo ya Wanaume
<b>MFPV:</b>	Male-on-female partner violence
<b>NACOSTI:</b>	National Commission for Science and Technology and Innovation
<b>NCIPC:</b>	National Centre for Injury Prevention and Control
<b>PCE:</b>	Parental Childhood Experiences
<b>PDS:</b>	Parental discipline scale
<b>PIS:</b>	Parental involvement scale
<b>SPSS:</b>	Statistical Package for Social Sciences
<b>USAID:</b>	United States Agency for International Development
<b>WHO:</b>	World Health Organization

## OPERATIONAL DEFINITION OF TERMS

<b>Childhood Exposure to Parental IPV:</b>	Witnessing of violence between one's own parents during childhood.
<b>Childhood Parental Factors (CPF) :</b>	Conditions experienced by a person (in this case a male) during his early childhood years which have to do with his upbringing by his parents/guardians.
<b>Childhood Parental Involvement:</b>	The extent to which one's own parents were available to meet their developmental needs during childhood.
<b>Childhood years:</b>	Years between 0-18years.
<b>Female-to-male IPV:</b>	Intimate partner violence perpetrated by a female to a male partner.
<b>Harsh Physical Parental Disciplining:</b>	Use of physical acts of discipline on a child such as spanking with a belt/stick, throwing against a wall, burning with a hot object, slapping so hard as to bruise, biting or hitting with a closed fist and mostly accompanied by verbal abuse by a parent/ guardian during one's childhood.
<b>Intimate Partner Violence:</b>	Use of actual or threatened physical, sexual, or psychological violence by a partner in an intimate relationship.
<b>Intimate Partner Violence among men:</b>	Use of actual or threatened physical, sexual or psychological maltreatment by a female intimate partner against a male partner.
<b>IPV Perpetrator:</b>	A person who subjects his/her intimate partner to physical, psychological or sexual violence.
<b>Prevalence of IPV:</b>	The rate of occurrence of IPV.
<b>Victimization:</b>	Experience of physical, psychological or sexual violence perpetrated by an intimate partner.

## ABSTRACT

Intimate partner violence (IPV) is a prevalent problem that threatens the societal welfare both in developed and developing nations. Most efforts to alleviate it have focused on women victims of male perpetrated IPV. Despite increasing media reports of men experiencing IPV, there is paucity of information on the prevalence of such victimization and the risk factors associated with it especially in Kenya. This study sought to establish the relationship between selected childhood parental factors and intimate partner violence (IPV) among men in Nyeri County. The selected childhood parental factors included exposure to parental intimate partner violence, harsh physical parental disciplining and parental involvement. Based on social cognitive and the attachment theories, the study utilized an *Ex post facto* correlational design to establish the nature of associations between the independent and the dependent variables. The target population for the study was married or once married men in Nyeri County aged between 18 and 65 years. A multi-stage probability sampling was used to arrive at the sample. Four structured scales were used to collect quantitative data namely; childhood exposure to parental IPV scale, harsh parental discipline scale, parental involvement and IPV scales. Focus group discussions were used to collect qualitative data. Descriptive statistics were used to analyze the demographic factors, prevalence and forms of IPV. Correlations between childhood parental factors and IPV were established using Pearson's Product Moment correlation Coefficient. The study findings provided evidence that IPV against males in Nyeri County was prevalent with 87.9% reporting to have ever experienced some form of IPV. The study also revealed that there were significant positive relationships between experience of IPV and the following childhood factors; exposure to parental IPV and harsh parental disciplining. Paternal involvement had significant negative correlation to IPV except for the physical form of IPV. Maternal involvement was found to have insignificant negative correlation to IPV except for physical form of IPV. A major implication and recommendation of the study was that there is need for intervention programmes for male survivors of IPV to be initiated. Educating the public on how to identify male victims of IPV and the law enforcers on how to deal with them was also recommended. The study also recommended premarital education and counselling, couple counselling, and community awareness creation on issues related to IPV. Parental education was also recommended in an effort to promote parental involvement and prevent exposure of children to parental IPV and harsh physical disciplining. The male survivors of IPV, mental health professionals and parent educators as well as policy makers are among those who were expected to benefit from the study findings.

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Background to the Study**

Intimate Partner violence is a significant health and social problem in both developed and the developing countries. In line with the Millennium Development Goals, the constitution of Kenya, article 28 states that every person has the right not to be treated or punished in a cruel, inhuman or degrading manner (Kenya Law Reports 2010). This right however, continues to be violated as evidenced by increased reports of violence in the country which include but not limited to domestic violence. The USIAD (2014) toolkit for integrating gender based violence prevention and response into economic growth projects observed that global prevalence of IPV is staggering. However, the report noted that available statistics at national, multi-national, and global levels set the context and make a compelling case that cannot be ignored.

Research suggests that the most common form of domestic violence for adults is spousal violence also known as Intimate Partner Violence (IPV) (Tjaden & Theonnes 2006). According to the World Health Organization (2002) IPV can be defined as any behaviour in an intimate relationship that causes physical, psychological, or sexual harm to those in that relationship. It comprises of actions within a current or former intimate relationship (whether of the same or opposite sex) that cause physical, psychological or sexual harm to a partner as is noted by the Centre for Disease Control (CDC, 2006).

According to Archer (2002) and Centre for Diseases Control & Prevention (2009) IPV includes four types of violent behaviours that occur between two people in a close relationship: (a) physical abuse such as kicking, punching, and slapping; (b) sexual abuse; (c) threats of physical or sexual abuse; and (d) emotional/psychological abuse such as intimidation, shaming, and controlling through guilt, stalking and manipulation. Such acts of violence vary from a single act experienced only once to multiple acts, including acts of severe violence experienced for prolonged period of time. Several of such acts of violence have been recognized to co-occur (World Health Organization, 2002).

The experience of IPV is traumatizing and has lots of negative effects. According to Cook (2009) the consequences of IPV are significant, long-term and also impact the health and well-being of the victim's family and community. It is evident from literature that people who experience traumatic events have a high risk for suffering a wide range of psychological disorders. Such people may exhibit symptoms of post traumatic stress disorder (PTSD) such as depression, self-blame, low self-esteem, anger, anxiety, sexuality problems as well as frequent body aches and other somatic complaints (Romano and Luca, 2001; Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011). Others are at a high risk of alcohol/substance abuse. This is besides the physical consequences of IPV including injuries or even death.

Previous literature reviewed suggests that most victims of IPV visit health facilities more frequently over their lifetime; have more and longer duration of hospital stays;

and are at higher risk of physical, mental, reproductive, and other health consequences over their lifetime than non-victims (Basile & Smith, 2011). This indicates that IPV is both a physical and a psychological problem. Certainly, such consequences have financial implications to both the individuals concerned and to the nation's budget. According to USAID (2014) all forms of violence are costly and negatively impact economic growth and poverty reduction efforts. This ultimately hinders the achievement of national and the Millennium Development Goals. It further indicates the need for IPV to be addressed.

In an intimate relationship, any partner male or female can be a victim or perpetrator of IPV. Over the years, women have been seen as the sole victims of IPV and men as the perpetrators. Actually, IPV has been synonymous to violence against women (VAW) (Brody 2008; Carmo, Grama & Magalhaes 2011). On the other hand, studies focusing on perpetration of IPV have focused mostly on men as the perpetrators. It has always been thought that women would only assault their male partners in self-defence (Brody 2008; Carmo, Grama & Magalhaes 2011). Dutton & White (2013) noted that this "gender paradigm" was reinforced by numerous studies which focused only on "male perpetrators" and "female victims". Such studies have shown only one side of the coin leaving the other side of male victims and female perpetrators undiscovered. There are increasing reports of men being victims of IPV perpetrated by female intimate partners (Hines & Douglas 2012). Attempts to understand the IPV phenomenon can therefore focus on either the perpetrator or victim perspective. Given that a lot more studies have

focused on men as perpetrators of IPV and women as the victims, this study focused only on the male victim perspective.

Exclusive prevalence studies of IPV against men are not easy to come by. Literature actually points out that there is a shortage of research on male victimization to IPV (Arias, Ileana, and Phaedra Corso 2005; Gass, Stein, Williams & Seedat 2010; Hines & Douglas 2011). There are conflicting findings on the prevalence of female perpetrated IPV. This is because available studies vary greatly on the sampling methods used and the type of violence being measured. Possible underreporting of victimization is also another major factor that affects data on prevalence of female-to-male IPV. For example, Brown (2004) noted that male victims of IPV were often reluctant to report incidences of violence meted on them. Police on the other hand were unwilling to arrest women accused of perpetrating violence. Hines and Douglas (2011) also observed that men were less likely to report when assaulted by female partners due to the gendered notions of male and female roles in heterosexual relationships and the framing of IPV as a women's issue.

Another factor influencing the statistics on prevalence is the perspective inclination of the researchers on IPV studies. Randle and Graham (2011) pointed out that, two main perspectives dominated the IPV research literature: the family violence perspective and the feminist perspective. Researchers from these perspectives typically use different measures and sampling techniques which have contributed to confusion and inconsistency in the literature. Stephenson (2009) reported that advocates of the

feminist perspective have argued that IPV is highly gendered and should be approached as a social problem for women. The family violence perspective on the other hand advocates the position that men and women are equally likely to be both perpetrators and victims of IPV (Randle and Graham 2011). This study finds its basis on the family perspective.

According to Ménard, Anderson, and Godboldt (2008), approximately 1.3 men per 1,000 are victims of intimate partner violence each year. The Bureau of Justice Statistics (2007) noted that each year approximately 329 men are victims of intimate partner homicides. The prevalence rates from a recent National Intimate Partner and Sexual Violence Survey estimated 3.2 million physical assaults, rapes, and stalking against men (Black et al 2011). The report indicated that approximately 1 in 7 men in the U.S. have experienced severe physical violence by an intimate partner at some point in their lifetime; Approximately 1 in 4 men (25.7% or about 29 million) have been slapped, pushed or shoved by an intimate partner in his lifetime; nearly half of men in the United States (48.8% or approximately 55.2 million) have experienced psychological aggression by an intimate partner during their lifetime and approximately 1 in 12 men (8.0% or approximately 9 million) have experienced sexual violence besides rape by an intimate partner in his lifetime. Randle and Graham (2011) however concluded that prevalence rates based on national statistics do not accurately reflect prevalence rates of IPV, particularly for men. Despite the inconsistency in the statistics on prevalence of male victimization to IPV, all the above studies show that male IPV is real and that men are subjected to various forms of IPV. Shuler (2010) acknowledged

that even though the numbers are not as high for men as for women, these victims cannot be ignored.

In their study on gender differences in risk for IPV among South African adults, Gass et al (2011) noted that the risk for perpetrating IPV was similar for women and men (25.2% and 26.5% respectively). This indicated that both the women and the men had equal chances of being victims of IPV. In Kenya, just as in many other non-western Nations, there is a scarcity for empirical data on IPV experienced by men (Broderus 2008). A study by Suzuki (2006) was the first research on IPV in Kenya to use a nationally representative sample from the 2003 demographic and health survey data. However it was silent on male victimization to IPV. A few more studies have been done since such as Azie (2006); Broderus (2008); (KNBS) and ICF Macro (2010). All of these have focused mainly on male-to-female IPV(MFPV) and are silent on Female-Male IPV (FMPV) leaving it unclear if it actually exists or not. Much of the information available on IPV subjected against men has been from the local media which is opinionated and hence not scientific.

*Maendeleo ya Wanaume (MAWE)* a Kenyan organization that advocates for the rights of men indicated that at least 460,000 men are battered in Central Kenya and Nairobi every year according to Nderitu (2012 February, 11 Daily nation Newspaper). The then chairman of the organization, Nderitu further called for development of programmes to uplift the welfare of men lamenting that the government had neglected them. Coincidentally most of the incidents reported on Kenyan media about men being

subjected to IPV allegedly occurred in Nyeri County. The authenticity of such media reports have however not been clarified through empirical studies.

The identification and recognition of men as recipients or victims of IPV strongly challenges a society in which men are seen to be economically, socially, and politically dominant as stated by Hines & Malley-Morrison (2001). Stephenson (2009) argues that the emphasis on the patriarchal structure of interpersonal relationships inevitably excludes factors that may result in male victimization. This has led to “feminization of domestic violence” and implied an “invisibility of the male victims.” In the patriarchal system, men are socialized to be more domineering in relationships and to have more access to resources such as money and land than women. This is especially so in African Nations as noted by Randle and Graham (2011). Males are also more physically aggressive and it is suggested that they use violence to control the behaviour of their female partners (Felson and Messner 2000). The patriarchal system and the socialization of men therefore place them in a position where they are less likely to be victims of IPV.

In fact many supporters of the feminist paradigm view chauvinism and female inequality in patriarchal societies as the main cause of IPV (Pence and Paymar, 2006; Walker 2009). Further, men in most African cultures have been socialized in systems where mostly it is the women and not men who are victimized to IPV. This therefore implies that men are less likely to be victimized in intimate relationships by their female

partners. The factors associated with the victimization of men to IPV are hence not clear and need to be investigated. Identifying these risk factors is essential to understanding the development and prevention of male IPV and has been recommended by many researchers (Randle & Graham (2011); Renner & Whitney (2012). Gass et al (2010) asserted that less effort has been made to investigate the prevalence of violence perpetrated against men in heterosexual relationships.

In examining the risk factors associated with victimization to IPV, several factors have been identified by various studies that focused on female victims. The most commonly included risk factors are socio-demographic in nature, such as gender, age, race/ethnicity, education, employment, and relationship status (Fang & Corso (2008); Franklin, Menaker & Kercher (2011). Several studies have also examined parental related factors. These include witnessing parental intimate partner violence and/or experiencing harsh physical parental disciplining and low levels of parental involvement in the family-of origin (Franklin, Menaker & Kercher (2011); Gass et al (2010). Whether or not these factors can be correlated to male victimization to IPV, is a fact that needs to be established. Gass et al (2010) asserts that the dearth existing in international data on examination of the different factors that place both genders at risk for perpetration and victimization is evident. The need to investigate the risk factors for IPV cannot therefore be over emphasized.

## **1.2 Statement of the Problem**

Despite being an old, well researched, harmful but preventable phenomenon, IPV continues to transverse through generations (WHO 2002, CDC 2006). The consequences of IPV are dire and costly. They range from minor to major physical injuries and even death; psychological distresses including anxiety, depression, post traumatic stress disorders (PSTD), drug and substance abuse among others. Such consequences affect the victim, the perpetrator of IPV, the children (who are mostly silent witnesses of IPV) and the society at large. Ultimately, they also hinder the achievement of the millennium goals and sustainable development goals. A lot of past efforts across nations have mostly focussed on women as the victims of IPV and men as perpetrators and not as victims.

There has been increasing evidence over the years however that men just like women are also victims of IPV (Gass, *et al.*, 2010; Hines & Douglas 2012). In Kenya for instance there has been increased media reports of victimization to IPV among men especially in Nyeri County (Nderitu (2012) February, 11 Daily Nation Newspaper, Ojode (2013) March, 3 Daily Nation Newspaper, Komu (2015) September, 27 Daily Nation Newspaper). However, this is not supported by empirical evidence hence the need for studies to investigate the same. In addition, while childhood parent related factors have been identified as possible risk factors for IPV against women, it is not clear whether such factors may predispose men to IPV.

Therefore, this study sought to find out the prevalence of IPV among men in Nyeri County and to determine the relationship between selected childhood parental factors and the risk of victimization to IPV among those men.

### **1.3 Purpose of the Study**

The purpose of this study was to establish the relationship between selected childhood parental factors and IPV among men in Nyeri County, Kenya. This was with an aim of gathering evidence that could guide development of intervention programmes that would help reduce the risk of victimization to IPV among men.

### **1.4 Objectives of the Study**

The objectives of the study included:-

1. To establish the prevalence of IPV among men in Nyeri County.
2. To determine the relationship between selected childhood parental factors (namely; Exposure to parental IPV, Harsh physical parental disciplining, Parental involvement) and victimization to IPV among men in Nyeri County.
3. To examine the relationship between selected childhood parent-related factors (namely exposure to parental IPV, harsh physical parental disciplining, parental involvement) and victimization to IPV among men in Nyeri County while controlling for alcohol and substance abuse

4. To explore the measures that can be taken to deal with IPV among men in Nyeri County.

### **1.5 Research Questions**

1. What is the prevalence of Intimate Partner Violence (IPV) among men in Nyeri County?
2. What is the relationship between childhood parental factors (namely exposure to parental IPV, harsh physical parental disciplining, parental involvement) and victimization to IPV among men in Nyeri County?
3. What is the relationship between childhood parental factors and IPV among men in Nyeri County while controlling for alcohol and substance abuse.
4. What measures can be taken to deal with IPV among men in Nyeri County?

### **1.6 Research Hypotheses**

The following were the hypotheses for the study;

1.  $H_01$  There is no statistically significant relationship between exposure to parental IPV and victimization to IPV among men in Nyeri County.
2.  $H_02$  There is no statistically significant relationship between harsh physical parental disciplining and victimization to IPV among men in Nyeri County.
3.  $H_03$  There is no statistically significant relationship between parental involvement and victimization to IPV among men in Nyeri County.

4.  $H_0$  There is no statistically significant relationship between exposure to parental IPV and victimization to IPV among men while controlling for alcohol /substance abuse.
5.  $H_0$  There is no statistically significant relationship between harsh physical parental disciplining and victimization to IPV among men while controlling for alcohol /substance abuse.
6.  $H_0$  There is no statistically significant relationship between parental involvement and victimization to IPV among men while controlling for alcohol /substance abuse.

### **1.7 Justification and Significance of the Study**

IPV is a problem that has expensive consequences to the society and hence needs eradication at whatever cost. Empirical evidence of its prevalence and risk factors are necessary to inform policy decisions and prevention as well as intervention measures. Such need then justified this study.

The study was expected to generate data on the prevalence, forms and relationship between the selected child hood parent-related factors and IPV among men. The findings were expected to contribute to the theoretical knowledge on issues surrounding subjection of males to IPV. Consequently, an important gap in the literature and research deficiency on the area would be narrowed. This would then contribute to the formulation of policies and mounting up of programmes that would be efficient in prevention of female-to-male IPV.

Further, it was hoped that mental health professions would most likely utilize the study's findings to enhance prevention of male victimization to IPV. The findings would also be beneficial in training of psychologists, social workers and other helping professionals on appropriate prevention and awareness creation for male survivors of IPV. Male victims of IPV were hoped to benefit from the findings of the current study by understanding some of the factors that predispose them to victimization to IPV. They would therefore see the need to seek help such as psychological counselling to help deal with IPV.

### **1.8 Scope and Limitations**

This study was limited to three early childhood parental risk factors that are correlated to victimization to IPV and one intervening variable that is drug and substance abuse. The parental risk factors included exposure to parental IPV, harsh physical discipline and parental involvement during childhood. Data collection was limited to male participants for this study. This aimed at getting an accurate perspective from the victims rather than the perpetrators. The findings were therefore interpreted bearing this limitation in mind.

An *expost facto* correlation design was used to explore the parental factors. This may have presented some potential for memory decay especially for older participants. On the other hand, self reports such as those that were given by the participants of this

study have potential of bias. Effort was however made to minimize such bias by carrying out focus group discussions.

### **1.9 Assumptions of the Study**

This study was based on the following assumptions.

- i. There were various forms of IPV among men in Nyeri County.
- ii. Some males in Nyeri County were exposed to early childhood parental factors that had a correlation with adult victimization to IPV.
- iii. The participants would clearly remember their early childhood experiences.
- iv. Participants would cooperate and readily give honest and accurate information on questions asked in the data collection tools.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter contains the literature review of the study on prevalence, forms and early childhood parent related risk factors. The chapter begins with the theoretical framework, followed by review of related literature and ends with the conceptual framework.

### **2.2 Theoretical Framework**

This study was guided by two theories; the Social Cognitive Theory by Albert Bandura and the Attachment Theory by John Bowlby.

#### **2.2.1 Social Cognitive Theory (SCT)**

Social Cognitive Theory (SCT) refers to a psychological model of behaviour that originated from the work of Bandura (1977). SCT stresses that learning occurs in a social context and that most learning is gained through observation and operant conditioning. SCT is based on several assumptions about learning and behaviour. The first assumption concerns triadic reciprocal causation or the view that personal, behavioural, and environmental factors influence one another in a bidirectional, reciprocal fashion. That is, a person's functioning is a product of a constant communication between cognitive, behavioural, and contextual factors. A person may control their behaviour and direct their cognitions but it is not always possible for them

to control their environment. A closely related assumption within SCT is that people have a tendency to influence their own behaviour and the environment in a purposeful, goal-directed way (Bandura, 2001). The third assumption is that learning can occur without an immediate change in behaviour or in broader terms that learning and the demonstration of what has been learned are separate processes.

Bandura observed that behaviours can be learned by observation alone without being followed immediately by the performance of the behaviour. According to SCT, observational learning of new behaviours or skills is dependent on four inter-related processes; paying attention to a model's behaviour, keeping those observations in the memory, having a motivation to reproduce the behaviour, and the act of reproducing that behaviour. On the other hand, the process of modelling is more likely to occur if the observer puts more value on the outcome, if the model is similar to or more superior to the observer, or if there is a chance to use the behaviour. In the case of IPV, a child is more likely to observe and imitate the victim behaviours of their parents when a chance presents itself even in their adulthood. This is because the parents are similar and superior to them. They are therefore very likely to tolerate violence in their spousal relationships in adulthood especially in the face of circumstances that may provoke or motivate such behaviours.

Bandura (1986) further stated that people pay attention to the consequences of behaviour they observe, whether good or bad. They then evaluate those consequences in

order to direct their own behaviour. The likelihood of modelling behaviour is increased if the observed behaviour is perceived to create a desired outcome. Children exposed directly to the experience of emotional, physical, or sexual abuse or indirectly such as witnessing a parent or relative being emotionally, physically, or sexually abused to violence in the family of origin may learn suitability of violence to address specific circumstances. For instance if the violence is perceived to “solve problems,” it is more likely to be accepted or condoned by children in their adult families.

Behaviour can be encouraged and normalized due to observational learning and if a person has not learned that non-violent actions are possible in those situations, they are likely to continue reproducing that violent behaviour. For example, a violent person can adjust their repertoire to include non-violent actions by observing non-violent methods, attempting and successfully reproducing non-violent behaviour, receiving encouragement to behave in a non-violent way, and reducing anger, anxiety, and other negative feelings. This explains the fact that there are individuals who were exposed to violence in childhood and are not necessarily violent in their later intimate relationships.

In a nutshell, SCT explains the intergenerational transmission of violence by positing that children who grow up in violent/abusive families may observe abusive or victim behaviours imitate them and repeat them in future relationships. Several studies in support of the SCT have found that young adults who observed and experienced abuse in childhood were more likely to be in abusive relationship whether as perpetrators or as victims (Franklin, Menaker and Kercher (2011). Malley-Morrison & Hines (2004) on

the other hand observed that corporal punishment despite being a disciplinary measure has also been associated with increased aggression, anti-social behaviour and victimization to IPV in adulthood. For instance, a boy who is beaten to comply with his mother's demands may learn to accept violence and to be passive. This may ultimately place him at a vulnerable position and may make him prone to victimization.

### **2.2.2 The Attachment Theory**

Attachment theory was proposed by John Bowlby (1969) who worked a lot along with Ainsworth (Ainsworth & Bowlby 1991). Attachment can be defined as a reciprocal, enduring emotional tie between a child and a caregiver according to Papalia, Olds & Feldman (2010). It is the first interactive relationship of one's life and is usually dependent on nonverbal communication. If the care giver is consistently responsive to the child's needs, the child develops a secure attachment. If the caregiver's responses are inconsistent and unpredictable, the child develops an insecure attachment. This caregiver-child attachment bond shapes a child's brain, strongly influencing the child's self-esteem, expectations of others, and the ability to build successful adult relationships. This way the attachment acts as a foundation for future relationships. Individuals who experience confusing, frightening, or broken emotional communications during their childhood develop an insecure attachment. Such children often grow into adults who have difficulty understanding their own emotions and those of others. This limits their ability to build or maintain successful relationships. This is because children build an image of their own self-worth based on their experiences and

perceptions of the caregiver's ability and willingness to provide care and protection (Bowlby, 1973).

Child-caregivers' attachments can either be secure or insecure. Insecure attachments can be avoidant, ambivalent, disorganized or reactive. Some of the major causes of insecure attachments include: physical neglect which is characterized by poor nutrition, insufficient exercise, and neglect of medical issues; emotional neglect or emotional abuse which is evidenced by reduced attention paid to the child, minimal or no effort made to understand child's feelings; verbal abuse; physical or sexual abuse; separation from primary caregiver due to illness, death, divorce, adoption or work amongst other reasons as well as inconsistency in primary caregiver.

The attachment theory suggests that when the parent is consistently available physically and emotionally for the child (parental involvement), a secure attachment is developed that enables the individual to build and maintain stable relationships in adulthood. Parental neglect on the other hand leads to development of an insecure attachment that hinders proper building or maintaining of relationships in adulthood. The theory also explains that child abuse results in insecure and anxious attachment (Crittenden & Ainsworth 1989). Individuals with insecure attachments tend to be vulnerable to future maltreatment including victimization in intimate relationships. Children who witness parental IPV inclusive of physical/harsh discipline live with attachment figures that are potential sources of danger. This makes the children to fear the parents hence challenging their trust in the parents' care-giving. A context of family violence

contributes to the perception of self as helpless and vulnerable, living in a threatening world where others are unavailable or inaccessible. This prevents the development of self-regulatory skills. Without self regulatory skills such as assertiveness, effective communication amongst others, individuals have high chances of being abused in their intimate adult relationships.

The attachment theory depicts a situation where the involvement of a parent in his or her child's early life enhances the development of a secure bond between the two. Such a bond enables the development of social regulation and relationship building skills that are later used by the child to form healthy relationships in adulthood. In a home environment that is characterized by parental IPV, there are minimal chances that the parents will be responsive enough to promote secure-attachments with their children. This consequently denies the children the opportunity for healthy social development. This may lead to faulty adult relationships that may lead to victimization.

### **2.3 Review of Related Literature**

This section contains a review of the literature related to this study. Literature was reviewed with regard to prevalence of male IPV, forms of IPV and the early childhood risk factors of IPV.

### **2.3.1 Prevalence of Male Intimate Partner Violence (IPV)**

Intimate Partner violence (IPV) is a general term that is used to describe the harmful effects between two people in a close relationship. It is also described as domestic violence/abuse, spousal abuse or family violence. It can be defined as “any incident or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or are family members, regardless of gender” (Home Office, 2006). IPV is not a new phenomenon. This is supported by Carlson & Worden (2005) who noted that the IPV phenomenon began being understood as a social problem with legal ramifications in the 1970s. Consequently, IPV has continued to receive the attention of researchers over the years as observed by Gass, et al. (2011). However, the phenomenon continues to be prevalent (CDC 2006). It is clear from the above studies that though IPV is a well researched area, it is still a major societal problem. It is not evident what perpetuates IPV despite the recommendations by many studies. This indicates the need for further research in the area.

Any partner male or female within an intimate relationship can be a perpetrator or victim of IPV. However, violence perpetrated by males against their female partners has been more prevalent and more addressed in research than violence perpetrated by females against their male partners (Tjaden and Theonnes, 2000; Sousa, Sommers and Wood (2011). Male victimization to IPV is a more recent cultural shift. All the same, literature shows there is evidence that it exists. Such literature includes; Hines and

Douglas (2011) who carried out a study on help-seeking men who sustain IPV on a sample of 302 men from 42 states in U.S.

Stephenson (2009) also carried out a small scale study for his dissertation at University of Bristol, England and considered how fathers experience domestic violence and their views on services to support them and their children. He collected data from 24 male participants who acknowledged being victims of IPV. Due to the sensitive nature of the study, Stephenson opted to use online questionnaires via voluntary organizations who were willing to assist and who dealt with male victims of abuse. This limited his sample of participants. Gass et al. (2011) carried out a study on gender differences in risk for IPV among South African adults using a nationally representative sample of 4351 adults 63% of whom were women. 29.3% women versus 20.9% men reported victimization to IPV. Despite the percentage of the men who reported victimization being smaller than that of women, the study evidences the reality of female-to-male IPV. Such studies support the existence of male victimization to IPV.

Findings that indicate the existence of IPV subjected to men by female partners have been challenged on the basis that they are inconsistent with the dominant theoretical perspective of the cause of IPV; the patriarchal construction of society. In support of this, Randle and Graham (2011) state that the advocates of the feminist perspective which has dominated the IPV research insist that IPV is highly gendered and should hence be approached as a social problem for women. Dutton & White (2013) in their

review of literature on male victims of domestic violence noted that the “gender paradigm” was constantly reinforced by frequent studies on “male perpetrators”. Most of these studies sourced their respondent samples from court-mandated treatment groups while “female victims” were mostly drawn from shelters for women. They noted that such samples were not community representative and hence they affected the data on prevalence of male victimization to IPV. These observations have made the studies of male IPV a deviation that is highly unwelcome in a field where the males have been viewed as perpetrators and not as victims. This has limited the studies and also the data on prevalence of IPV experienced by men. Studies on male IPV need to focus on larger samples of men from the community and not just the victims in order to give more objective findings on its prevalence. It is on this basis that the current study focused on a larger representative sample from the general community. It was hoped that the current study would give clarity on the prevalence of IPV among men.

Besides the “gender paradigm”, the bidirectional nature of IPV (that is a victim also directing violence to his or her perpetrator) is another factor that affects the prevalence data of male IPV. Some studies show that women only use violence against their partners in self-defence. Dutton & White (2013) noted that when data about women perpetrated IPV began to surface, it was quickly dismissed as insignificant couple violence in which the woman acted in self-defence. This was echoed by Stephenson (2009) who noted a consistent finding across studies of women who are perpetrators of violence against male partners. The women would most likely be violent in the context of violence meted against them by their partners. It is notable however that such data

was collected from women perpetrators and not their male victims. It is likely that the male victims who are ignored by most of these studies would give a different perspective on the factors associated with their victimization. The need for future studies such as the current one to move a step further and focus on the men is evident and justified.

The underreporting of male victimization is another major factor that affects the prevalence of male IPV. Hines and Douglas (2011) who studied the help seeking behaviour of men who sustained IPV stated that men were less likely to seek help for problems the larger community viewed as non-normative or thought that they should be able to take charge of. Stephenson (2009) observed that most of domestic abuse incidents were not reported to the police because men were unwilling to report such incidents. Some of the men thought the incidents were insignificant or not worth reporting. This is besides his observation that there were less agencies dealing with men subjected to IPV.

Dutton & White (2013) also observed that the socialization of males minimize their chances to seek help. Naturally men are not likely to engage in anything that is likely to make others see them as weak. Due to this most men suffer IPV in silence. In most African communities men are socialized to be strong and not to show any signs of weakness. Reporting of being victimized by a woman would be tantamount to weakness. Failure to report incidences of IPV is certainly likely to affect the number of

reported cases. This consequently hinders intervention efforts and justifies the need to seek information from men in the community.

Statistics available on prevalence of IPV sustained by men differ greatly even in studies carried out in the same regions. For instance in US, according to Tjaden and Theonnes (2000) 7.9 % men were victimized to IPV twelve months prior to their survey. Sousa, Sommers and Wood (2011), who carried out a systemic review and analysis of literature from 24 articles between 2000 and 2010, noted that approximately 3% of violent crimes perpetrated against men in US are related to IPV. The Bureau of Justice Statistics (2007) reported that each year approximately 329 men are victims of intimate partner homicides in the United States. This indicates a conflict in the prevalence of male IPV and the need for clarity through further research.

Besides the lack of clarity, there is a shortage of data on the prevalence of male IPV in most parts of the world according to the literature reviewed. For instance, Brogden & Niljhar (2004) criticized research on Domestic violence for failing to recognize domestic violence perpetrated against men. Carmo, Grama and Magalhaes (2011) observed that the experience of men as victims of IPV is not yet described and characterized in Portugal. Gass, et al, (2010) indicated that fewer studies investigated the prevalence of violence against men or exposed possible risk factors for male perpetration and victimization in South Africa. Although increased attention and claims that policy and research on intimate partner violence in developing countries has

advanced, Brodus (2008) observed that current data on its prevalence is mainly from Western countries.

In Kenya, studies done on IPV have been silent on the prevalence of male victimization to IPV. Such include studies by Azie (2006), Suzuki (2006) & KNBS and ICF Macro (2010) all of which focused on women victimization to IPV. Much of the statistics available locally is from media and is not empirical in nature. For example according to Nderitu (2012 February 11, Daily Nation Newspaper) about 460,000 men are battered in Central Kenya and Nairobi every year. Such statistics need verification through empirical data. The reviewed studies show that the need to focus on males in IPV studies is actually not just a Kenyan but a global concern. Lack of research in the area translates to lack of knowledge, intervention policies and guidelines and hence a perpetuation of the problem.

### **2.3.2 Forms of IPV**

Intimate Partner Violence takes different forms. According to CDC (2006) there are three main forms namely; physical violence, sexual violence, and psychological/emotional violence.

Physical violence is the intentional use of physical force with the potential for causing harm, injury, disability, or death. It includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other objects), and use of

restraints or one's body, size, or strength against another person (WHO, 2002). Physical violence also includes coercing other people to commit any of the above acts.

The literature reviewed shows that male victims of IPV sustain physical injuries just as the women victims do. Hines and Douglas (2011) carried out their study on two samples of men; a help-seeking (male-victim) sample of men who contacted New Hemisphere domestic violence hotline for men in North America and a community control sample. They reported that in the male victim sample, 20% had experienced extreme violence such as choking, using a knife, burning with scalding water, targeting of their genitals during attacks. Barber (2008) confirmed the same claim that male victims of intimate partner violence may experience broken limbs, stab wounds, teeth marks, deep scratches and lacerations, inappropriate comments, fear and intimidation, and emotional aggression. These acts of violence can lead to hospitalization, disability, or death.

Other than the physical injuries, physical IPV also results to psychological effects such as shame, low self-esteem, negative self-concept as well as post traumatic stress disorders. Hines and Douglas (2011) noted that men who experienced physical assault by an intimate partner were more likely to meet criteria for PTSD than men who have been physically assaulted by any other persons. Men who have been injured by their intimate partners are less likely to interact with their peers because of fear of negative remarks. They may fail to go to work or even to attend to their duties at home due to injuries and low self-esteem. Such men are more likely to abuse drugs or engage in

other self-damaging behaviours that lower their self concept further and hinder their productivity. All these make them more susceptible to further violence.

The second form of IPV is sexual violence. According to Saltzman et al. (2002), sexual violence is divided into three categories. First is the use of physical force to coerce a person to engage in a sexual act against his or her will, whether or not the act is completed. Secondly is an attempted or sexual act involving a person who is unable to understand and consent to the act (e.g., because of illness, disability, or the influence of alcohol or other drugs, or due to intimidation or pressure) and thirdly is an abusive sexual contact. There are not so many studies that address victimization of men to sexual violence by their intimate partners exclusively. From a study conducted by Tjaden and Thoennes (2000) on a nationally representative population of 8000 men and 8000 women by telephone, only 7.6% of men reported to have “ever” been sexually assaulted by a current or former partner. Masho and Anderson (2009) also conducted a population based study on 704 adult men in Virginia and found a lifetime prevalence of 12.9%. This shows that sexual violence against men exists albeit in small scale.

Many survivors of sexual IPV are reported to suffer mental health consequences such as depression, anxiety, low self-esteem, suicide attempts, and other health effects such as gastrointestinal disorders, substance abuse, sexually transmitted diseases. According to Masho and Anderson (2009), men who were sexually assaulted were three times more prone to depression and suicidal ideation than those who had no such history. This is further complicated by the secretive nature in which sexual matters are handled in most

African communities and the culture of silence amongst men. Such psychological effects are likely to affect the male victim's livelihood. For instance depressed men are more likely to withdrawal from others, lose interest in their responsibilities and hence be more vulnerable to further victimization in their marital relationships.

The third form of IPV is psychological. Psychological/emotional IPV is the trauma to the victim caused by acts, threats of acts, or coercive tactics. According to Satlzman et al. (2002) psychological IPV includes, but is not limited to; humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, getting annoyed if the victim disagrees, deliberately doing something to make the victim feel diminished (e.g., feel less smart, less attractive), using money belonging to the victim, taking advantage of the victim, disregarding what the victim wants, isolating the victim from friends or family. Stitt and Macklin (1995) in their interviews of 20 male victims of female abuse noted that most of the cases of abuse were verbal, emotional and psychological in nature. The males argued that the emotional abuse was worse than physical abuse. This was echoed by the reports of fifty male victims of IPV interviewed by Brogden and Niljhar (2004) who claimed to have sustained more of emotional than physical abuse. Naturally, women are more likely than men to use words to hurt another person. This is especially so in circumstances where the women feel they lack control and may resort to verbal abuse to get even or to hurt their male partners.

Threat of physical or sexual violence which is a form of psychological IPV, is the use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm. It is also the use of words, gestures, or weapons to communicate the intent to compel a person to engage in sex acts or abusive sexual contact when the person is either unwilling or unable to consent. Straus (2004) notes that one can hurt a partner deeply even drive them to suicide without ever lifting a finger. Hines and Douglas (2010) reported from their study of 109 men who had sustained IPV that 95% of the female perpetrators used controlling acts death threats, threats to the family pet among other forms of violence. Being less aggressive by nature, women are more likely to use this form of violence on their partners. Threats of physical or sexual abuse are also forms of psychological/emotional abuse.

It was noted from the reviewed studies that there are various forms of IPV that men are subjected to and all of which have harmful consequences. The literature however suggests that men suffer fewer injuries as a result of IPV. This implies that they are less likely to be subjected to physical form of IPV and are more likely to suffer emotionally. This means there is a higher possibility of them being subjected to psychological forms of IPV. Psychological harm is less likely to be noticed and addressed compared to physical harm. On the other hand, psychological or emotional harm which is also a consequence of physical and sexual IPV leads to further vulnerability to victimization. This study therefore sought to establish the forms of IPV that are experienced by men in Nyeri County with an aim to enhance prevention of the same.

### **2.3.3 Childhood Parental Risk factors of IPV**

Risk factors have long been acknowledged as fundamental to understanding the development and prevention of diverse cognitive and behavioural outcomes, including mental illness, criminal offending behaviour, and victimization (Andrews, Bonta and Wormith, 2006). In the quest to understand IPV over the years, certain factors have been identified as risk factors for both perpetration of and victimization to IPV. Researchers such as Franklin, Menaker and Kercher (2011); Hines and Saudino (2002) and Sommers, Marilyn and Samantha (2011) have observed that most of risk factors for IPV are demographic in nature. However, certain early childhood parent related factors have also been correlated to female victimization to IPV. These factors include witnessing inter parental violence and experiencing physical/corporal punishment (i.e., spanking, hitting, or slapping) as well as parental involvement in the family-of origin (Hines and Douglas 2012, Franklin, Menaker and Kercher 2011, Renner and Slack 2004). It is not evident whether or not the same factors lead to male victimization to IPV. Each of these parental factors has been discussed singly below.

#### **2.3.3.1 Exposure to Parental IPV**

Exposure to parental IPV refers to the experience of children witnessing their parents engage or being threatened with physical, sexual or psychological abuse. Exposure to parental IPV is a frequently studied risk factor for IPV. Linder and Collins (2005), state that this issue is rarely addressed with a fully prospective design due to the length of study time required for such an approach (which is also true of other childhood risk factors). It is therefore addressed retrospectively in most studies. In many households

where IPV occurs, children are present and often witness the physical injuries and emotional pain inflicted on adult victims. Others may not witness the violence directly but are well aware of its occurrence at home. This not only causes them distress but mostly leaves them suffering long term psychological effects as was observed by Sommers et al. (2011) in their review of literature on consequences of IPV on child witnesses.

Most studies that have focused on the intergenerational occurrence of IPV have found that exposure to violence in childhood including witnessing parental violence toward each other predicts IPV in adulthood. This is because children who witness such violence in the family context learn through observation and operant conditioning to accept/use violence in relationships. Psychoanalytic Psychologists explain that childhood experiences translate into unconscious or intrinsic drives that are likely to motivate the actions of such people later in life. For instance, children who grew up in violent homes are more likely to have violence in their marriages.

Franklin, Menaker and Kercher (2011) carried out a study on the effects of family-of-origin violence on IPV on a sample of 439 male and female adult respondents aged 18 to 91 years all of whom had reported either a history of being corporally punished, inter-parental violence exposure, or both. The study established a history of both being corporally punished and witnessing inter-parental violence significantly correlated to adult IPV. The results indicated that this cumulative effect was present and that corporal punishment produced adverse effects only when coupled with witnessing inter-

parental violence and only as it was related to the perpetration of violence in adult intimate relationships. This cross-sectional study however was limited to Texas with the sample majority being White (59.0%), followed by Hispanic (25.5%) and Black (9.5%). This limits the generalization of the study to African nations where the Blacks are the majority. The study also did not clearly show the relationship between witnessing parental violence and victimization of males to IPV. In fact, the researchers recommended a replication of this study in other geographical regions that are culturally different from Texas. This justifies the need for similar studies in different geographical regions such as Africa and Kenya in particular where the Blacks are a majority. The current study was based on this premise.

While the association between exposure to parental IPV and victimization to IPV in adulthood has been confirmed by most studies in the area, most have used more women than men samples. Using data from the cross-sectional, nationally representative South African sample of 1,715 currently married or cohabiting adults, Gass et al. (2010) found that the single common risk factor for male and female victims of partner violence was witnessing parental violence. Gass et al found that women reported victimization to IPV more than did men 29.3% versus 20.9%. The study noted that though the mechanisms underlying the relationship are unclear, children exposed to parental IPV view violence as an acceptable way to resolve conflict and as a normal characteristic of intimate relationships. The study which had more female participants (63%) and most living in the urban (57%) recommended a greater focus on the men in future studies a gap that the current study seeks to fill.

In support of the above findings, a study that focused on almost an equal sample size of both gender (103 male and 93 female victims of robbery in US) by Iverson, Jimenez, Harrington and Resick (2011) reported that witnessing parental violence was associated with a 2.4-fold increase in IPV for both men and women. Linder and Collins (2005) further found that, after controlling for early familial violence, individuals who experienced early childhood abuse, witnessed parental IPV, and experienced parental boundary violations (i.e. parental seductiveness or role reversal) reported higher levels of male perpetrated or female perpetrated IPV in their romantic relationships. These studies indicated similar patterns in victimization to IPV for both females and males who observed IPV.

Conclusions made from review of these studies are that children exposed to parental IPV learnt that such violence was normal and acceptable method of conflict resolution in intimate relationships. Furthermore, parents act as role models to their children consciously or unconsciously. The children later replicate the imitated behaviour during adulthood. As explained by the socio-learning theory, by paying attention to the parents' behaviour, retaining those observations and if motivated to reproduce the behaviour, the children (in adulthood) are then highly likely to reproduce that behaviour. It is also possible that such parents who had their own trauma or stress to manage may not have been consistently responsive to their children. This consequently damages the development of self-esteem, self-regulation skills and that of healthy relational patterns.

Limited studies have focused on the gender differences in the relationship between exposure to violence during childhood and IPV in later relationships as is stated by Sousa et al (2011). Researchers such as Iverson, Jimenez, Harrington and Resick (2011) supported the gender-matching hypothesis where men are more likely to report IPV if they had witnessed mother-to-father violence and women are more likely to report IPV if they witnessed father-to-mother violence. Iverson et al after their examination of 103 men and 93 women in US concluded that witnessing parental violence is strongly associated with risk for IPV victimization particularly when the victim is the same-gender parent. The relevance of such findings in Africa and Kenya to be specific would be questionable since men are more likely to have witnessed more of their mothers being subjected to violence than their fathers. This is especially so because most previous local studies have reported subjection of women to IPV to be more rampant than the subjection that of men. However, while men may have witnessed their fathers hurt their mothers physically, it is also possible that they may have witnessed their mothers hurt their fathers psychologically and emotionally through words or silent/cold treatments.

#### **2.3.3.2 Exposure to Harsh Physical Parental Disciplining**

Disciplining children is a relevant aspect of parenting. In the process however, parents may use harsh means that may counteract their good intentions. Harsh physical discipline is characterized by severe beating/caning, pushing and slapping mostly referred to as corporal punishment. It is in most cases accompanied by verbal abuse.

Harsh discipline ranges on the extreme in the continuum between discipline and physical abuse.

The relationship between harsh/corporal discipline in the family of origin and involvement in IPV amongst intimate partners has been well documented in literature. Ehrensaft, Cohen, Brown, Smailes, Chen and Johnson (2003), after controlling for demographic factors, found that power assertive punishment was a risk factor for IPV. Renner and Slack (2006) supported the relationship between harsh discipline in childhood and involvement to IPV in their Illinois families' study that involved adult retrospective reports. After controlling for several demographic and childhood history factors, Renner and Slack found that childhood physical abuse was predictive of IPV victimization. Just as exposure to parental IPV, harsh physical discipline is interpreted as healthy by children who are exposed to it and a proper means of people communicating displeasure when they are wronged. This way, such children learn to accept and to condone use of violence against them by others including their spouses during adulthood. Besides this, such harsh discipline that translates to physical and/or emotional abuse challenges secure attachment building. Children can easily perceive parental critical remarks, anger, and violence as rejection or abandonment.

Findings on gender differences in relation to exposure to harsh physical discipline and IPV victimization indicate high chances of men being victimized in later intimate relationships. Swinford, DeMaris, Cernkovich and Giordano (2000) who carried out a

longitudinal study on 942 adolescents in Ohio between 1982 and 1993 supported that harsh physical punishment in childhood is directly related to greater perpetration of violence against an intimate partner later in life. They also found that women were more likely to perpetrate physical aggression and less likely to be victimized by it. This means therefore that it is the partners of such women that are likely to suffer violence and also implies that men were more likely to be victimized to IPV if they had experienced harsh parental discipline.

Reporting more on the gender differences, Gass, et al (2010) in their South African study noted that men who reported that their intimate partners were violent towards them reported that they were twice as likely to have experienced physical abuse at home. On the other hand, the male victims of IPV were more likely to have suffered childhood abuse in the hands of female perpetrators. Confirming this, Carmo, Grama and Magalhaes (2011) carried out an analysis in Portugal of 535 suspected cases of male victims of IPV, aged 18-89 years 61.5% of whom were married. 16.2% reported being victims of childhood abuse with the alleged perpetrators being females aged between 19 and 81 years. This finding not only confirmed the existence of female-to-male IPV in intimate relationships and specifically in marriage but also the relationship between harsh discipline and male victimization to IPV. It appears that men who were harshly disciplined by their mothers in childhood learnt that it is alright for women to beat them when they are on the wrong. In other words, they learnt that when angry, women tend to be violent and hence learnt to tolerate their violence.

As seen from the literature reviewed above, researchers are in agreement that harsh physical disciplining in childhood is correlated to IPV in later intimate relationships. Faintly, the studies show that most men victims of IPV in their intimate relationships were more likely to have been physically abused by their mothers thus learning to accept violence from females. It is on this ground that the researcher seeks to find out the disciplinary measures of both the participants' male and female parents and if it demonstrates any correlation with male IPV especially in the local region where such studies are lacking.

### **2.3.3.3 Parental Involvement**

Parental involvement is the degree to which a parent is available and participates in the process of their children's growth and development. It operates on a continuum ranging from parents who are present, close, participative and supportive (involved parents) to those who are absent, distant, non-participative and non-supportive (neglecting parents). Parental involvement and responsiveness especially in early childhood leads to development of secure attachment which is the basis of healthy relationship building. Lack of parental involvement characterized by warm, supportive parenting leads children to develop antisocial pattern of behaviour as is noted by (Simons, Lin, & Gordon 1998). The triad further suggested that, constant warm and supportive parenting buffers children exposed to childhood punishment from involvement in dating violence. On the other side of the coin, child neglect which is the reverse of parental involvement has been identified as a risk factor for IPV perpetration and victimization (Renner &

Whitney 2012, White & Widom 2003). Child neglect also results in insecure or anxious attachments that are recipe for unhealthy relationships in adulthood as is postulated by attachment theory.

Parental involvement has been found to be protective against a variety of problem behaviours at young adulthood among them being IPV. Schnur and Lohman (2008) examined both male-to female IPV and female-to-male IPV; their perpetration and victimization during dating for youth who were predominantly African American or Hispanic. Among other predictors, they examined mother and father-to-child relationships and parental monitoring. They found that mother-child hostility was predictive of perpetration for Hispanic females, whereas father-child hostility was protective for females. This demonstrates imitation of models by the girls who certainly may have viewed their mothers as role models. It is also true that in all the relationships where the females were perpetrators, there were male victims who are likely to have developed vulnerability in their parent-child relationships.

Lack of mother-to-child closeness was found to be a predictive factor for male victimization to IPV. Men, who reported that their intimate partners were violent towards them, reported that they were nearly 3 times as likely to report that they were not close to their primary female caregivers during childhood. This was reported by Gass, et al. (2011) from their findings on the study “Gender differences in risk for IPV among South African adults”. It is possible that such men lacked skills for building

healthy relationships or lacked self-regulation skills such as assertiveness or both and hence were vulnerable to victimization. These skills are developed via secure caregiver-child relationship which they missed out in their childhood. Empirical studies show that insecure attachment is a strong predictor of couple distress and IPV while secure attachment is underrepresented in domestically violent males (Davila & Bradbury, 2001, Dutton, Saunders, Starzomski & Bartholomew, 1994). The relationship about attachment and male victimization to IPV however has not been as studied as much as in male perpetration. This study therefore delved into investigating if attachment (indicated by parental involvement) is a factor in IPV victimization among males.

Leadbetter, Banister, Ellis and Yeung (2008) examined IPV victimization for boys and girls and found that higher levels of parental monitoring were significantly related to less physical dating victimization. Individuals who experience confusing, frightening, or broken emotional communications during their infancy often grow into adults who have difficulty understanding their own emotions and the feelings of others. This limits their ability to build or maintain successful relationships.

Overall, findings of the studies above suggest that parenting factors, particularly positive involvement (monitoring, support) that is characteristic in secure parent-child relationships buffer individuals from perpetration and victimization to IPV. Parenting during childhood years and IPV later in life beyond young adulthood has not been sufficiently investigated. Most of the studies have focused on dating IPV rather than

IPV in more lasting intimate relationships. Specificity of similar studies to African and Kenyan populations in particular is necessary given the different parenting trends and socialization of children in the regions.

#### **2.3.4 Relationship between Alcohol/Substance Abuse and IPV**

Research demonstrates a correlation between alcohol consumption and intimate partner violence. Specifically, recurrent drinking among respondents has been associated with higher rates of IPV victimization for men and women (Chen and White 2004, Hines and Douglas 2012). When considering victims of familial violence, evidence suggests that substance abuse problems are more common among those who inflict or receive harm in intimate relationships (Franklin et al, 2011). This relationship between alcohol consumption and victimization is thought to be brought about by the lifestyle the person who consumes alcohol engages in. For instance frequent alcohol /drug abuse makes men spend a lot of time away from their families. This is likely to bring about conflicts in the family. Besides, a lot of family resources are used up in the drinking dens. This can result to conflicts and in some cases violence between partners. Another explanation is that alcohol/drug abuse can lead to certain behaviours that increase the likelihood of sustaining IPV, such as IPV perpetration (Simons, Gwin, Brown & Gross 2008.). In several parts of Kenya, women have been reported to complain that their husbands have absconded family responsibilities because of heavy drinking. This has resulted in violence in some of such cases with the men being the victims.

It is hypothesized that most women who beat their spouses do so in self defence. Caetano, Scahfe, Clark, Cunradi and Rasperry (2000) suggest that less frequent alcohol consumption is a protective factor for IPV victimization. According to the review of risk factors for IPV by Capaldi, Knobble, Shortt & Kim (2012) there is no significant correlation between men's alcohol involvement and being victimized to IPV. It has not been clear from literature whether substance abuse precedes the occurrence of IPV or it is a consequence of victimization to the same. Attempts to disentangle these relationships have suggested that substance abuse problems may be the result of repeated victimization (e.g., as coping strategies) or may be antecedents to victimizations of IPV (such as a result of reduced inhibitions) (Field, Caetano & Nelson 2004). The findings by these studies are therefore not conclusive on whether or not alcohol consumption is a risk factor for male subjection to IPV and further investigation may be needed.

#### **2.4 Summary of Literature Review**

The reviewed literature revealed that IPV is prevalent and has received the attention of researchers over the years. A lot of the research efforts in the area of IPV (as noted in the literature review) have focused on the victimization of women. One reason for this is the belief that patriarchy is the 'elephant in the room' mostly perpetrated by the feminist perspective to IPV. However it has been observed from the literature that there is sufficient evidence of males experiencing and being victimized to IPV. There is consensus from literature reviewed that there is need for more research on male IPV. The current research intended to heed this call.

The data on prevalence of victimization as observed in literature reviewed is conflicting and not conclusive. This is mostly because the research designs and the sampling methods used have not been representative of the community. Most of these samples have been identified from shelters or from victims already seeking help. This has also been complicated by the fact that IPV is a sensitive issue and most men hardly report about it. The researcher hopes to provide additional data on prevalence through the use of a community sample.

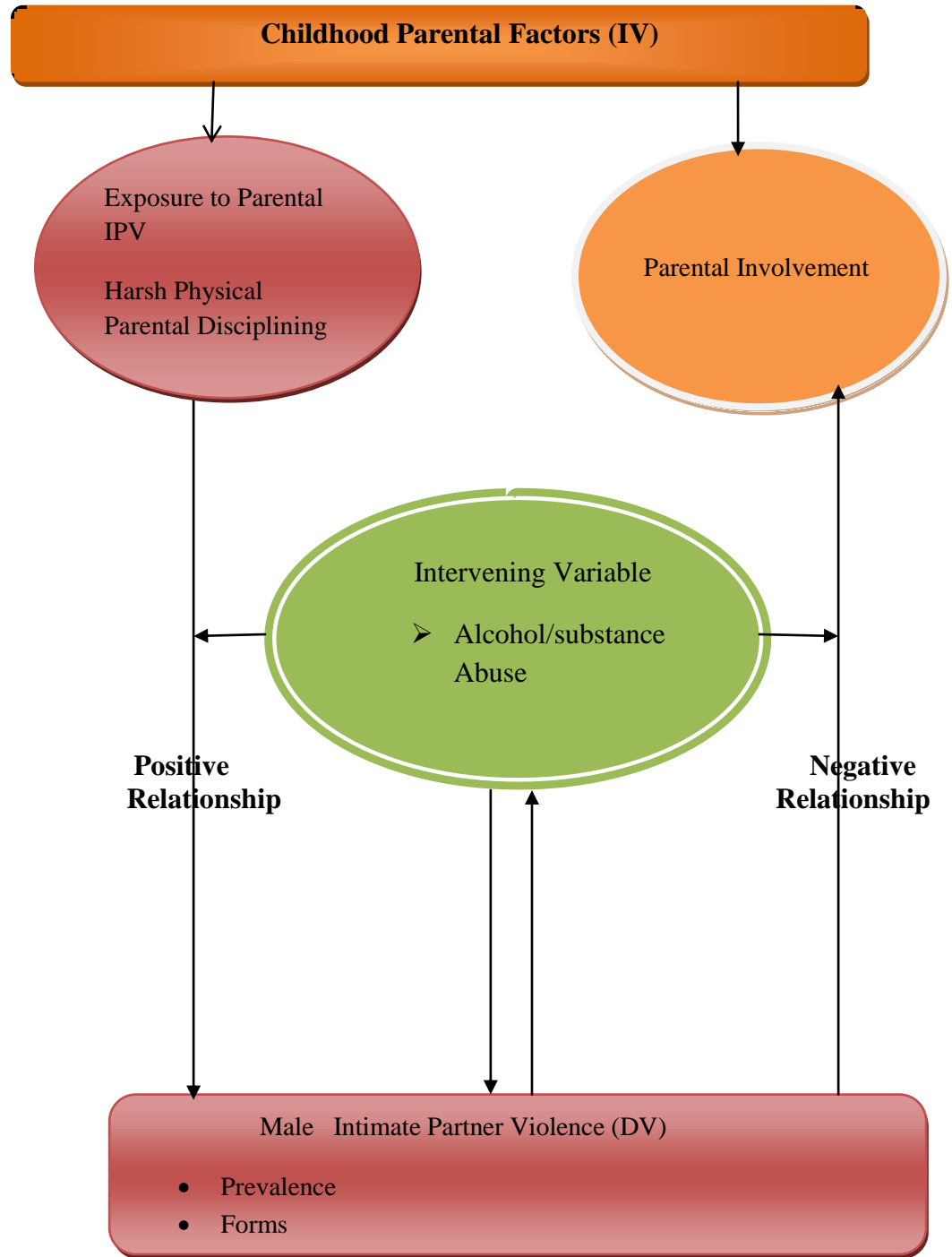
While there is evidence to show that men are not only socialized in a way that limits their chances of victimization, they have traditionally been viewed as perpetrators of IPV. There is limited explanation from research on the factors that predispose them to victimization. Most of the factors available are associated with victimization of females. Even the little association of the factors contributing to female-to-male IPV has been gathered in studies dominated by female participants. The identification of whether the same factors (specifically exposure to parental IPV, harsh physical discipline and level of parental involvement in childhood) would apply when explored from the male victim perspective is a gap that the current study hoped to bridge.

It was also evident from reviewed literature that a vast majority of the studies that focus on male victimization to IPV are hardly from the region. In fact, most are from developed nations with only a few from Africa. The generalization of the findings of those studies may not be possible because of the ethno-cultural differences. The current

study was therefore designed to establish the prevalence, demographic and parent related factors that are associated with male victimization among men in Nyeri County, in Kenya.

## **2.5 Conceptual Framework**

Figure 2.1 illustrates the conceptualized framework for the variables of the study. It was hypothesized based on the literature review that early childhood parental factors were associated with IPV among men. A man who was exposed to parental IPV, harsh physical discipline and was neglected by their parents during their early childhood had a higher risk of being exposed to IPV by their intimate partner during adulthood. On the other hand, a man who was not exposed to parental IPV or harsh physical discipline and whose parental involvement was high had a lower risk of being a victim of IPV. However, it was hypothesized that alcohol/substance abuse of the men could influence the correlation. Men who are frequent users of alcohol/substances were likely to be subjected to IPV and on the other hand; victimization to IPV could lead men substance abuse as a coping strategy. The need to control for alcohol/substance abuse variables while testing for the relationship between childhood parental factors and occurrence of IPV was therefore implied.



DV- Dependent Variable  
 IV-Independent Variable

**Figure 2.1: Relationship between Childhood Parental Factors and IPV**

**Source: Maingi-Ngunjiri, 2016**

## CHAPTER THREE: RESEARCH METHODOLOGY

### 3.1 Introduction

This chapter contains the research methodology of the study on prevalence and correlates of Intimate Partner Violence (IPV) among men in Nyeri County, Kenya. It includes the research design, variables under study, target population, sampling procedure and sample size. It also covers instrumentation, data collection procedures and data analysis as well as data management and ethical considerations.

### 3.2 Research Design

The study used *ex post facto* correlational design. An *ex post facto* design is defined as systematic empirical inquiry in which the researcher does not have direct control of independent variables because their manifestations have already occurred or are inherently not manipulated (Kerlinger, 2000). The design was found suitable because the independent variable of childhood parental factors (childhood exposure to parental IPV, harsh physical disciplining and parental involvement) had already occurred. The correlational design was appropriate because the study sought to find out the relationships between the two variables namely the childhood parental factors and victimization to IPV.

### 3.3 Study Variables

The independent variables in the study were selected childhood parental factors (namely exposure to parental IPV, harsh physical disciplining and parental involvement). The

dependent variable on the other hand was victimization to IPV among men. The intervening variable considered was alcohol/substance abuse.

### **3.4 Location of the Study**

The study was conducted in Nyeri County in Kenya. Nyeri is one of the 47 counties in Kenya and was previously one of the Districts in the Central Province. According to the 2009 Census, Nyeri County comprised of 2 Districts namely Nyeri North and Nyeri South, both of which had a total of 8 divisions. The county has further been divided into sub-counties and into other sub-divisions. The County was purposively chosen because of the repeated media reports of incidents of male IPV. This prompted the need to engage in a scientific enquiry of the phenomenon.

### **3.5 Target Population**

The target population for this study was the men who had ever been married and aged between 18 and 65 years at the time of the study. Eighteen years was used because it is the legal age for marriage in Kenya. 65 years of age was used as the upper limit because of the retrospective nature of this study. It was assumed that men above this age would have a hard time recalling their childhood experiences.

### **3.6 Sampling and Sample Size**

A community sample of 412 male respondents was recruited to respond to the questionnaires and 30 were recruited for the focus group discussions. A multi-stage sampling design was used to select the sample. In the first stage, Nyeri County was

purposively sampled. Random sampling was then used to select the three sub-counties in Nyeri County namely Mukurwe-ini, Mathira West and Mathira East. The third stage involved stratified random sampling of the locations and sub-locations. The number of locations and sub-locations to be included in the study was determined by the formula recommended by Nassiuma (2000).

$$n = \frac{NC^2}{C^2 + (N - 1) e^2}$$

Where 'n' is the required sample size (number of the locations and sub-locations), 'N' is the total population, 'C' is the coefficient of variation (0.2) and 'e' is the margin error (0.05) (Nassiuma, 2000). Therefore, out of the total 14 Locations and 36 sub-locations in the three sampled Sub-Counties, 9 Locations and 19 Sub-Locations were involved in the study. Stratified random sampling was used to select the 9 Locations and the 19 Sub-Locations.

In the fourth sampling stage, the formula recommended by Yamane (1967)

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

was used to determine the number of households and hence the number of men to be included in the study.

Where:

N = total number of households

e = acceptable error (precision)

Therefore:

$N = 15058$  Total Population of households in sampled Sub-Counties (KNBS 2009)

$e = 0.05$

Based on the accuracy of data, the margins of error associated with sampling and other random effects at 95% confidence level was kept at a maximum of + 5% for a sample size of 390 households. Hence a sampled size of 412 households was to be covered. The sample size was distributed proportionately across the Sub-Locations selected.

The specific 412 households included in the study were selected through systematic sampling. This was done by identifying a random landmark such as a school or church at the selected sub-location to determine the starting point. Subsequent households were determined using  $k$  which was equal to the date of data collection since the total population of households in the sub-locations was too large. That is, a calculation of the total population 15058 divided by the sample size 412 would have given a  $k$  of approximately 37 which would have implied walking over a vast area. In the final stage, one male who met the selection criteria was purposively selected from each sampled household.

The table 3.1 shows the sample sizes of the Sub-Counties, Locations, Sub-Locations and households.

**Table 3.1**

***The Sampling Frame***

	Districts (2009 Census)	Sub- counties	Locations	Sub- Locations	Households
Target Population	2	8	14	36	15058
Sample-Size	2	3	9	19	412

Table 3.2 captures the actual areas that were sampled for the study and the number of sampled respondents in each of them.

**Table 3.2**

*The Actual sampled Areas*

District	Sub-county	Locations	Sub-locations	Total No. of households	Sampled households	
Nyeri North	Mukuruwei-ini	Gikondi	Muthuthi-ini	603	16	
			Karindi	849	23	
		Muhito	Thiha	973	27	
			Muyu( town)	855	24	
			Murundui-ini	842	23	
		Thanu	Kibutio	450	12	
		Gakindu	Gakindu-ini	1034	28	
			Gaikundo	451	12	
Tambaya	Ruthanji	486	19			
Nyeri South	Mathira West	Karatina town	Market	379	13	
			Biashara	604	16	
			Kiharo	596	15	
	Mathira East	Kirimukuyu	Ngaini	675	19	
			Ngandu	1365	37	
			Gachuiro	1233	34	
			Kiria	818	22	
			Kiamariga	Ruguru	1261	34
			Iruri	926	26	
			Ngorano	Ngorano	658	12
2	3	9	19	15058	412	

Thirty men (ten from each Sub-county) were purposively sampled to participate in the focus group discussions. This brought to a total of 442 participants from the community.

### **3.7 Research Instruments**

The study utilized a questionnaire comprising of six sections and a focus group schedule. The first section of the questionnaire collected data on demographic characteristics while the next four sections comprised of four tools measuring the variables as per the study objectives. These included Childhood Exposure to Parental IPV (CEPI) scale; Parental Discipline Scale (PDS); Parental Involvement Scale (PIS) and Intimate Partner Violence Scale (IPV). The tools are described below in details. The sixth section was used to collect data on the respondents' suggestions for intervention measures to deal with IPV.

#### **3.7.1 Childhood Exposure to Parental IPV Scale (CEPI)**

CEPI comprised of items borrowed from various scales of measuring IPV compiled in the Compendium of Assessment Tools by Thompson, Basile, Hertz & Sitterle (2006). The items which had been adapted to suit the Kenyan context assessed whether or not the male participants were exposed to Parental IPV during their childhood years. The scale comprised fourteen items covering the various forms of parental IPV. The respondents chose from the five options given that is Never, Rarely, Sometimes, Often and Very Often; to indicate the extent to which they witnessed the parental violence. A numerical score (ranging from 0 for no response, 1 for Never to 5 for Very Often corresponding to each score was assigned and an individual's total score computed by adding all the frequency scores for the 14 items.

### **3.7.2 Parental Discipline Scale (PDS)**

PDS was a researcher-constructed tool whose items measured whether or not the participants were exposed to harsh physical childhood discipline by either the male or the female parent/guardian or both. The scale comprised of 16 items: 8 for the male parent/guardian and 8 items for the female parent/guardian. Items were then scored by summing up the frequency scores of all the 8 items in each case. A score below 8 would indicate absence of physical abuse, a score between 8.1 and 16 would indicate moderate levels of physical abuse while scores above 16 indicated high levels physical abuse.

### **3.7.3 Parental Involvement Scale (PIS)**

PIS was a researcher-constructed tool that determined the level of involvement that the respondents received from their parents during their childhood years. A total score of 14 items was used to measure parental involvement. Any score below 14 indicated lack of parental involvement. Scores between 14-28 indicated low parental involvement; Scores between 29-42 indicated moderate parental involvement while scores above 42 indicated high level of parental involvement.

### **3.7.4 Intimate Partner Violence (IPV) Scale**

The IPV scale contained modified items borrowed from the compendium of assessment tools for IPV by Thompson, Basile, Hertz & Sitterle (2006). It assessed victimization of the participants to IPV as well as the forms of IPV that they have been subjected to. It comprised of 30 items covering for the types of IPV namely physical, sexual, and

psychological IPV. Physical violence was indicated by items 2, 3, 4, 13, 14, 15, 16, 17, 18 and 19. Sexual violence will be indicated by items 7, 8, 18 and 21. Psychological IPV was indicated by 5, 6, 9, 19, 22, 23, 25, 27, 28 and 30. The IPV scale was scored by summing the items for each type of violence. A sum of 0-30 items indicating absence of IPV while the higher the scores above 30 would indicate greater levels of IPV abuse.

### **3.7.5 Focus Group Discussions**

To counteract the effects of self-reports such as the possibility of biasness, three focus groups each comprising ten male respondents were used to collect qualitative data. The local leaders facilitated the recruitment of these men to enhance representation across the Locations in the three Sub-Counties. A schedule with a few open ended questions was used to gather data from the FGDs.

### **3.8 Pilot Study**

To check the appropriateness of the instruments, a pilot study was conducted among a sample of 70 men in two sub-locations in Kirinyaga County which is a neighbouring County and has similar characteristics to Nyeri County. The feedback on the pilot study enabled the researcher to make the necessary changes on the potential problem areas identified in the instruments. This enhanced the validity and the reliability of the research instruments.

### **3.9 Validity and Reliability of Instruments**

The validity of CEPI and IPV scales was enhanced by adapting some of the items borrowed from the compendium of assessment tools to ensure their relevance to the Kenyan context. In developing the parental discipline scale (PDS) and the parental involvement scale (PIS), the researcher generated a good number of items to cover the key areas of parental discipline and parental involvement without making the tools too long as to cause respondent fatigue. Peers and supervisors also examined and gave recommendations on the contents of the instruments to ensure that they measured the variables they were intended to measure.

Test-retest was used to check the reliability of all the four tools. The instruments were administered in two successive occasions during piloting within a period of two weeks in between the first and the second administration. The relationship between scores of the participants for the two administrations was estimated using Pearson Product Moment Correlation Coefficient to determine how similar and consistent the scores of the instrument were across time. Results are shown in table 3.3.

**Table 3.3*****Reliability Coefficient of the Instrument***

<b>Administration</b>		<b>Scores of First Trial</b>	<b>Scores of Second Trial</b>
Scores of First Trial	Pearson Correlation	1	.723
	Sig. (2-tailed)		.01
	N	15	15
Scores of Second Trial	Pearson Correlation	.723	1
	Sig. (2-tailed)	.01	
	N	15	15

The correlation coefficient ( $r$ ) of 0.763 was attained. This was considered adequate because it was approximately 0.8 the threshold recommended by researchers such as Mugenda and Mugenda (1999).

**3.10 Data Collection Procedures**

Suitable Research Assistants comprising of university students with at least some background knowledge in psychology were selected to assist in the administration of data collection tools. The Research Assistants were inducted on the process prior to the data collection exercise. The Researcher and the trained Research Assistants then administered the tools to the respondents individually in their homes. Respondents completed the questionnaires on their own and handed them back immediately after completion. This procedure was considered appropriate due to its association with high response rates. Respondents who were not able to read and write were assisted by the Research Assistants. The Researcher assisted by the local authorities formulated the focus groups. Discussions were moderated by the Researcher by guiding the

respondents through the FGD questions. Effort was made to debrief the participants after the administration of the instruments to deal with any negative psychological effects of the testing.

### **3.11 Data Analysis and Presentation**

Data was analyzed using both descriptive and inferential statistics and with the aid of the Statistical Package for Social Sciences (SPSS). Frequencies and percentages were computed and the data presented using tables, charts and figures. Correlations were calculated using Pearson Product Moment Correlation Coefficient and were used to determine the relationships between the parental related variables of exposure to parental IPV, harsh physical parental disciplining, parental involvement and victimization to male IPV. Partial correlations were also conducted for the three childhood parent-related variables and IPV while controlling for alcohol and substance abuse. Data collected through the focus group discussions was transcribed, coded and then analyzed thematically as per the research objectives and then presented using narrative formats.

### **3.12 Data Management and Ethical Considerations**

In line with the requirements of social science research, the Researcher obtained ethics clearance for the study from a Kenyatta University Ethics Board. In addition clearance was sought from Kenyatta University graduate school and a research permit obtained from National Commission for Science, Technology and Innovation (NACOSTI). Prior

to carrying out the study the Researcher explained the purpose of the study to participants in order for them to make informed decision on whether to participate in the study or not. To ensure anonymity, the participants were not required to write their names on questionnaires. The data collected was treated with confidentiality and only used for the intended purpose. Efforts were made to debrief the participants after the instrument's administration to help them deal with any negative psychological effects of the testing.

## CHAPTER FOUR: PRESENTATION OF STUDY FINDINGS

### 4.1 Introduction

The results of the data analysis of the study on the relationship between selected childhood parental factors and victimization to IPV among men in Nyeri County, Kenya are presented in this chapter. The chapter begins by giving the demographic characteristics of the respondents followed by the presentation of results. The findings sought to answer the following research questions.

- i. What is the prevalence of Intimate Partner Violence (IPV) among men in Nyeri County?
- ii. What is the relationship between childhood parental factors namely (exposure to parental IPV, harsh physical parental disciplining & parental involvement) and victimization to IPV among men?
- iii. What is the relationship between childhood parental factors namely (exposure to parental IPV, harsh physical parental disciplining & parental involvement) and victimization to IPV among men while controlling for alcohol/substance status?
- iv. What intervention programmes can be put in place to address IPV among men?

## 4.2 Demographic Characteristics of Respondents

A total of 442 male participants from Nyeri County were included in the study. 412 responded to the questionnaires while 30 of them participated in the focus group discussions. Questionnaires were administered to the respondents directly and hence the return rate was 100%. Data was collected on the respondents' demographic characteristics. The demographic characteristics were classified into four categories namely; general characteristics, marital characteristics, social-economic characteristics and drug/alcohol consumption of the respondents. The general characteristics included Sub-County of residence and age of the respondents. The findings on the general characteristics are presented in table 4.1.

**Table 4.1**

*General Characteristics of Respondents*

<b>Characteristic</b>	<b>Frequency</b>	<b>Percent</b>
<b>Sub-County</b>		
Mathira West	44	10.7
Mathira East	173	42.0
Mukurweni	195	47.3
<b>Total</b>	<b>412</b>	<b>100</b>
<b>Age</b>		
No response	3	.7
18-25 years	20	4.9
26-35 years	122	29.6
36-50 years	154	37.4
51-65years	113	27.4
<b>Total</b>	<b>412</b>	<b>100</b>

Most of the respondents (37%) were in the middle adulthood stage (36-50years). The age bracket of (18-25years) had the least representation at 5%. Most of the respondents are likely to have married at an age above 25 years.

Data was collected on the marital characteristics of the respondents which comprised of marital status of the respondents, the duration of the relationship and the number of children that the respondents had in the marital relationship. The findings on each are presented in table 4.2.

**Table 4.2**

*Marital Status of the Respondents*

<b>Marital status</b>	<b>Frequency</b>	<b>Percent (%)</b>
No response	2	.5
Living with the partner	344	83.5
Divorced	2	.5
Separated	45	10.9
Widowed	16	3.9
Cohabiting	3	.7
<b>Total</b>	<b>412</b>	<b>100</b>

Majority of the respondents (84%) were living with their partners at the time of the study while 11.4 % were either divorced or separated. Data was gathered on the duration of the marital relationship and the findings are presented in Table 4.3.

**Table 4.3***Duration of Marital Relationship*

<b>Duration of Marital Relationship</b>	<b>Frequency</b>	<b>Percent (%)</b>
No Response	6	1.5
0-7 years	137	33.3
8-15years	101	24.5
16-25 years	80	19.4
26-50 years	80	19.4
Above 50 years	8	1.9
<b>Total</b>	<b>412</b>	<b>100</b>

From the Table 4.3, most marriages were young with 33.3% of the participants having been married for less than 7 years. Only 2% of the marriages had lasted over 50 years. The data regarding the number of children in the marital relationship is provided in Table 4.4.

**Table 4.4***No. of Children in the Marital Relationship*

<b>No. of Children in the Relationship</b>	<b>Frequency</b>	<b>Percent (%)</b>
No response	4	1
None	20	4.9
1-2	164	39.8
3-4	138	33.5
5-7	76	18.4
Above 7	10	2.4
<b>Total</b>	<b>412</b>	<b>100</b>

Table 4.4 indicates that the highest number of the marriages (39.8%) had one or two children while 4.9% had none and only 2.4% had more than 7 children.

Data was also collected on the socio-economic characteristics which included level of education and employment status. Table 4.5 below shows the findings.

**Table 4.5**  
*Respondents' Socio-Economic Characteristics*

<b>Characteristic</b>	<b>Frequency</b>	<b>Percent</b>
<b>Level of Education</b>		
No response	7	1.7
No formal education	9	2.2
Primary school level	121	29.4
Secondary school level	182	44.1
Post secondary level	93	22.6
<b>Total</b>	<b>412</b>	<b>100</b>
<b>Employment status</b>		
No response	8	1.9
Formal employment	90	21.8
Self employed	276	67.0
Unemployed	38	9.2
<b>Total</b>	<b>412</b>	<b>100</b>

Table 4.5 indicates that only about 22.6 % had post secondary level of education while self-employment was the most common form income generating activity among the respondents accounting for 67%. Only about 22% were formally employed.

Literature suggests that drug and substance abuse could be a factor associated with IPV. Based on this fact, it was deemed necessary to collect data on it to establish its relationship with IPV and to control its possible effect on other variables under study. CAGE, a four questions drug/alcoholism assessment tool was administered to assess the respondents' drug use. The responses in each question were either Yes (scored as 1) or

No (scored as 0). A total score of 0 indicated no drug/alcohol use. A score of 1 indicated rare use of drugs/ alcohol which was below clinical drug problem level. A score between 2 and 4 indicated drug/alcohol consumption that had reached clinical drug problem level. Findings are presented in table 4.6

**Table 4.6**

*Drug/Alcohol Consumption Status of Respondents*

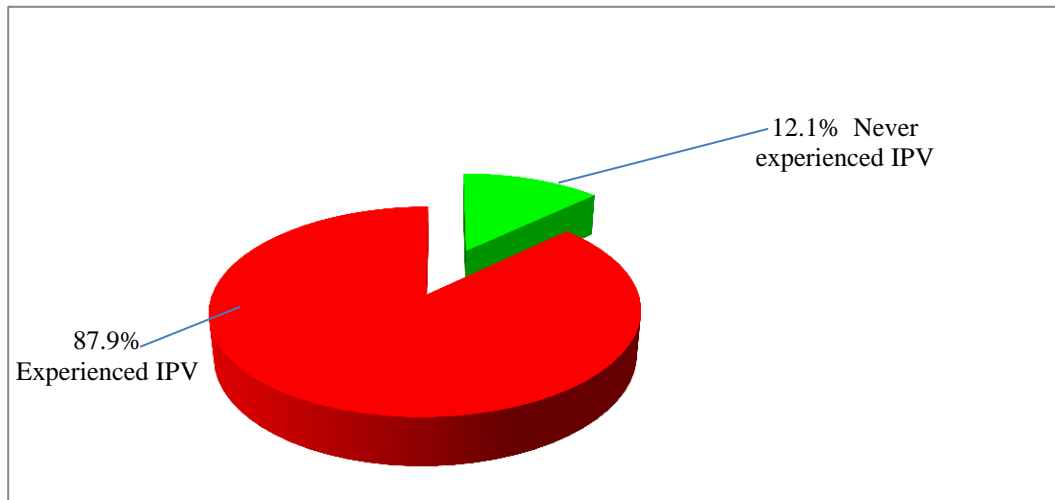
<b>Drug/Alcohol Consumption</b>	<b>Frequency</b>	<b>Percent</b>
No Consumption	238	57.8
Consumption but no Clinical Drug problem	43	10.4
Consumption with a Clinical Drug Problem	131	31.8
<b>Total</b>	<b>412</b>	<b>100</b>

### 4.3 Prevalence of IPV

The findings in this section were guided by the first objective of the study which was to assess prevalence of IPV among men in Nyeri County. The results on general prevalence of IPV are presented first followed by findings on the levels of IPV. Later, the findings on different forms of IPV are presented in the section that follows.

Data on prevalence of IPV was collected using the Intimate Partner Violence Scale. The likert scale comprised a total of 30 items. The lowest possible score was 0 and the

highest was 120. A sum total of values between 0-30 ( $\leq 30$ ) scores indicated no experience of IPV while a sum total of scores of 31 and above ( $\geq 31$ ) indicated experience of IPV. The findings are presented in figure 4.1.



**Figure 4.1: Prevalence of IPV**

From figure 4.1, out of the 412 respondents, 87.9 % had experienced some form of IPV while the remaining 12.1% had never experienced IPV.

The data of those who experienced IPV was further analyzed to establish the levels at which IPV was experienced. The levels of IPV were calculated by summing up the frequency scores of the respondents. Low level of IPV indicated that the respondents were rarely subjected to IPV (that is scores between 31–60); moderate IPV indicated that respondents were subjected to IPV some of the times (scores between 61-90) and

high level IPV implied that the respondents were often subjected to IPV (scores above 90). Table 4.7 presents that information.

**Table 4.7**

*Levels of IPV among the Respondents*

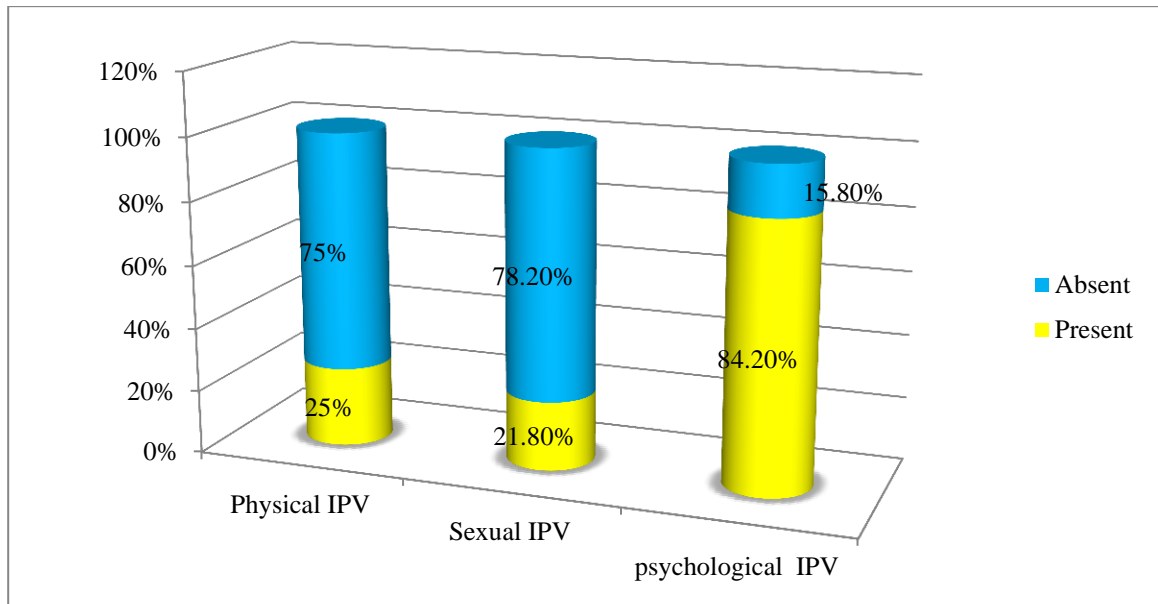
<b>Level of IPV</b>	<b>Frequency</b>	<b>Percent</b>
No IPV	50	12.1
Low IPV	322	78.2
Moderate IPV	36	8.7
High IPV	4	1.0
<b>Total experienced IPV</b>	<b>412</b>	<b>100</b>

From table 4.7, 78.2% of respondents reported experiencing IPV at low levels and about 9.7% experienced moderate to high levels of IPV.

#### **4.4 Forms of IPV and their Prevalence**

Further analysis on prevalence of IPV was carried out to establish which forms of IPV were common among men in Nyeri County. These forms included physical abuse, sexual abuse and psychological abuse. Physical abuse comprised of acts like slapping, grabbing or pushing, use of a weapon, hurting with nails and pouring on hot liquid. Sexual abuse comprised of acts such as insistence on having sex against one's wish, use of force to have sex, holding genitals in with an intention of inflicting pain, and denial

of conjugal rights. Psychological abuse consisted of acts such as verbal abuse, threats of abuse, stalking and emotional abuse. Figure 4.2 below presents the findings.



**Figure 4.2: Forms of IPV and their Prevalence Rates**

As indicated in figure 4.2 above, psychological form of IPV was most prevalent among the three forms of IP. It was reported by 84% of the respondents. The least reported form of IPV among the participants was sexual abuse.

Findings from focus group discussions support the quantitative data findings on prevalence and forms of IPV. The focus group discussions assert that victimization to IPV in the County was prevalent and was subjected in different forms. These are excerpts from some of their responses;

“Yes men in Nyeri are beaten it is not a lie. Some men go home very late because they fear to be beaten.” (*Mukurweini respondent 1*)

“Many more men are denied food by their spouses *na hapo tu ndio wananyimwa ile mambo ingine...* (And in the same way they are denied conjugal rights)” (*Mukurweini respondent 2*)

“Only very few men are beaten physically and in most cases such are the men who do not take their responsibilities seriously and do not have family virtues or those who have already been beaten up by life” (*Mathira East respondent 1*)

The discussions also confirmed that the respondents were subjected to psychological IPV more than to physical and sexual forms of IPV.

“The woman wants may be an expensive shoe I cannot afford. Finally she is bought by another man out there. The first time I ask her there is a fight at home in fact she does not see as if I am a human being. So next time even if she comes with a more expensive shoe I will not ask her. Instead I go to the club and drink and I will find “KaMary” there who I can touch and she won’t ask me.” (*Mathira West respondent 1*)

“Some women are able to get some odd jobs that give them money at the end of the day. She then buys food cooks for herself and the children and they leave none for the man of the house.” (*Mathira East respondent 2*)

“Many spouses live in separate bedrooms or in other cases wives sleep in their children’s bedroom”. (*Mathira East respondent 3*)

#### **4.5 Relationship between Childhood Parental Factors (CPF) and IPV.**

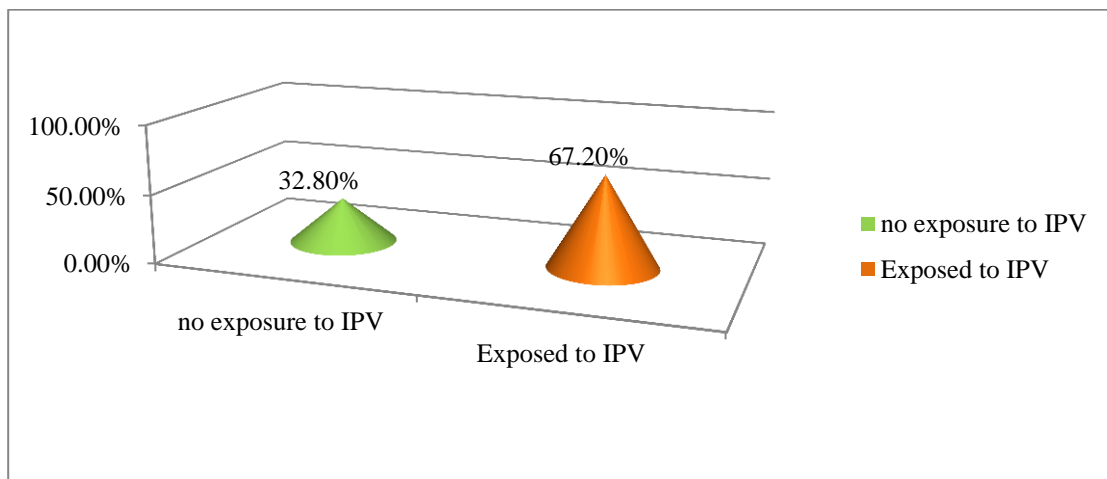
The second objective of the study sought to find out the relationship between childhood parental factors namely (exposure to parental IPV; harsh parental disciplining and parental involvement) and victimization to IPV. Each of these factors is examined separately in the next section.

#### 4.5.1 Childhood Exposure to Parental IPV (CEPI) and IPV among Men

Data on childhood exposure to parental IPV was measured using a likert scaled tool (CEPI) comprising of 17 items and with five options; 1-Never, 2-Rarely, 3-Sometimes 4-Often and 5-Very Often. Scores were summed up and a total score of above 17 taken to indicate that the respondent was exposed to parental IPV, while a score below indicated that the respondent never experienced any parental IPV. Descriptive data on CEPI is presented first together with the qualitative findings on the same. This is then followed by data on the relationship between CEPI and IPV.

##### 4.5.1.1 Descriptive Data on CEPI

The frequency findings on respondents who were or were not exposed to parental IPV are presented in figure 4.3.



**Figure 4.3: Childhood exposure to Parental IPV**

From figure 4.3, 67% of the respondents reported being exposed to parental IPV during their childhood compared to 33% who reported no exposure. Further descriptive data analysis was carried out on the Exposure to parental IPV scores. The obtained descriptive statistics are shown in table 4.8.

**Table 4. 8:**

*Descriptive Data on Exposure to Parental IPV*

N	Valid	412
	Missing	0
Mean		25.19
Median		22.00
Std. Deviation		10.982
Minimum		0
Maximum		66

A mean of 25 and a median of 22 indicated that most respondents witnessed parental IPV since both were higher than 17. There were respondents however who did not witness any parental IPV while there were those who witnessed it most of the time as is shown by the maximum range of 66. These findings indicate that most of the respondents grew up witnessing IPV.

Most focus group respondents reported that they did not witness physical violence among their parents. However, some reported that their mothers ran away from home

when they could not get along with their fathers. Some respondents also witnessed moments of silence between their parents when there would be a disagreement. It was however rare for their mothers to subject their fathers to physical IPV. They therefore did not associate victimization to IPV with exposure to parental IPV. Below are some of their reports.

“Our mothers never used to fight or answer back to our fathers, however, when things were tough, they ran away back to their parents’ homes. There were moments of silence between the parents at times at home” (*Mathira West respondent 6*)

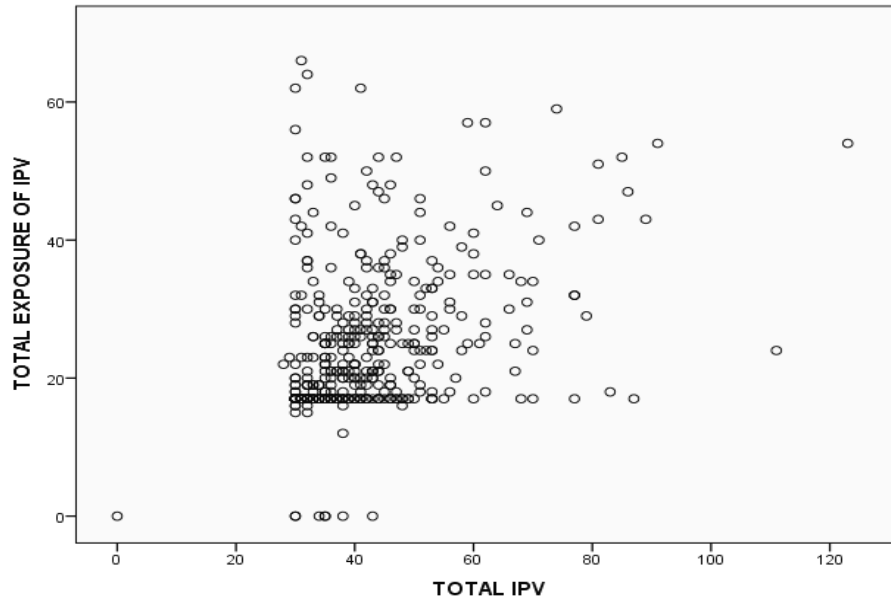
“I never saw my mother beat my father at any one time. However my father used to beat my mother and I also beat my wife whenever she does wrong. If I go home, she must give me food if she doesn’t I discipline her ...it is her work!” (*Mukurwe-ini respondent 3*)

“*Wanaume siku hizo walikuwa wamejiweza* (men those days were responsible) .....They could not be beaten” (*Mukurwei-ini respondent 9*)

#### **4.5.1.2 Relationship between CEPI and IPV**

To test the null hypothesis that; there is no significant relationship between childhood exposure to parental IPV and victimization to IPV among men, the Pearson Product Moment Correlation was used. The Pearson correlation coefficient ( $r$ ) was chosen because the data met the key assumptions underlying Pearson Product Moment Correlation. These include that the data on the two variables must be quantitatively measured and scores obtained on each of the variables; the variables must be both interval or ratio measurements; and that the variables must be linearly related. A scatter

plot was drawn to give a picture of the relationship between the two variables as shown in figure 4.4.



**Figure 4.4: Scatter Plot of CEPI and IPV**

The scatter plot in figure 4.4 gave some evidence of linear relationship between exposure to parental IPV and victimization to IPV. A correlation coefficient was obtained and its significance tested at  $P \leq 0.05$ . Table 4.9 below shows the results.

**Table 4.9*****Correlation between CEPI and IPV***

		<b>Childhood exposure to Parental IPV</b>	<b>Victimization to IPV</b>
<b>Childhood exposure to Parental IPV</b>	Pearson Correlation	1	.347**
	Sig. (2-tailed)		.000
	N	412	412
<b>Victimization to IPV</b>	Pearson Correlation	.347**	1
	Sig. (2-tailed)	.000	
	N	412	412

\*\*P < .01 level

There was a significant, moderate and positive correlation between childhood exposure to parental IPV and adulthood victimization to IPV ( $r = .347$ ,  $P < .05$ ). The null hypothesis was hence rejected in favour of the alternative hypothesis that there is a significant relationship between childhood exposure to IPV and victimization to IPV among men. The implication of this is that the higher the exposure to parental IPV the higher the risk of experiencing IPV.

#### **4.5.1.3 Correlations between CEPI and Forms of IPV**

It was deemed necessary to check whether the relationship applied to specific forms of IPV namely physical, sexual and psychological IPV. Correlations were conducted at a significance level of  $P < .05$ . Table 4.10 presents the findings.

**Table 4.10***Correlation between Exposure to Parental IPV and Forms of IPV*

	<b>Exposure to Parental IPV</b>	<b>Sexual IPV</b>	<b>Physical IPV</b>	<b>Psychological IPV</b>
<b>Exposure to Parental IPV</b>	1.000	.298**	.207**	.363**
<b>Sexual IPV</b>	.298**	1.000	.332**	.391**
<b>Physical IPV</b>	.207**	.332**	1.000	.409**
<b>Psychologic al abuse</b>	.363**	.391**	.409**	1.000
Sign (2- tailed)	.000	.000	.000	.000
N	412	412	412	412

\*\*Correlations are significant at 0.01 level

All the three forms of IPV that is physical, sexual, and psychological were significantly and positively correlated to exposure to parental IPV at the significance level  $p < 0.05$ . Psychological IPV had the highest correlation of 0.363.

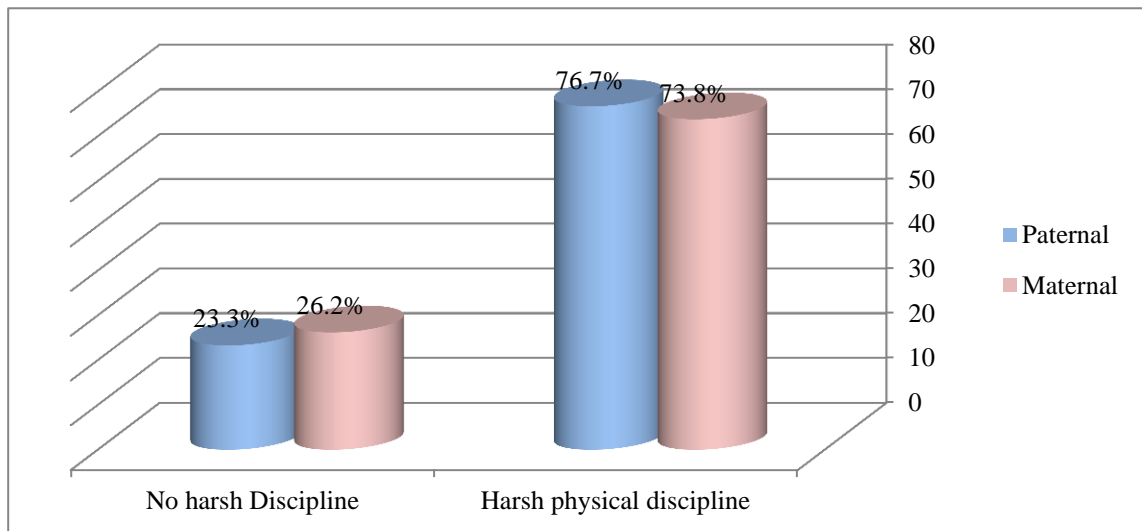
#### **4.5.2 Relationship between HPPD and IPV.**

Data was collected from the respondents on harsh physical parental discipline (HPPD).

This was measured using the Parental Discipline Scale (PDS).

#### 4.5.2.1 Descriptive Findings on Harsh Physical Parental Discipline (HPPD)

The findings for paternal and maternal harsh physical parental discipline are presented in figure 4.5



**Figure 4.5: Respondents' Experience of Harsh Physical Discipline**

Figure 4.5 shows that the majority of the respondents had experienced harsh physical discipline from both the parents (76.7% by fathers & 73.8% by mothers) compared to those who had not experienced harsh, physical parental discipline (23.3% & 26.2% by fathers and mothers respectively).

Other descriptive analyses on the parental discipline were carried out and the findings recorded in table 4.11.

**Table 4.11*****Data on Harsh Physical Parental Discipline Descriptive***

	<b>Paternal Discipline</b>	<b>Maternal Discipline</b>
Mean	12.4	12
Median	12	12
Standard deviation	4.64	4.26
Minimum	0	0
Maximum	36	40

The mean of the scores was slightly above 12 and the median was 12 for both maternal and paternal harsh physical discipline scores. Mothers however recorded the highest score of harsh physical discipline of 40 compared to the fathers at 36.

The findings from the focus group respondents affirmed the quantitative findings on the relationship between harsh physical discipline and victimization to IPV. Respondents reported that they were mostly disciplined by their mothers because the fathers worked away from home most of the times. These are some of their excerpts.

“Boys were beaten like beans ruthlessly while girls were mostly talked to”(Respondent Mukurweini 8)

“Fathers were hardly at home and so most of the disciplining was done by our mothers. I cannot remember being beaten by my father”(Respondent Mukurweini 6)

The respondents also added that other discipline measures were utilized by their parents such as being sent away from home or being denied food whenever they did something wrong. Most of them reported that their mothers also used verbal reprimands.

#### **4.5.2.2 Correlation between HPPD and IPV**

Pearson Product Moment Correlation Coefficient( $r$ ) was used to test the null hypothesis; there is no statistically significant relationship between harsh physical parental disciplining during childhood and IPV amongst men in Nyeri County. Table 4.12 presents the results of the Pearson Product Moment correlation coefficient computation at a significance level of 0.05.

**Table 4.12:*****Correlation Matrix of HPPD and IPV.***

	Maternal Physical Discipline	Paternal Physical Discipline	Victimization to IPV
Maternal Physical Discipline	1		
Paternal Physical Discipline	.224**	1	
Victimization to IPV	.210**	.141**	1

\*\* Correlation is significant at  $P < 0.01$ , (2-tailed).

From table 4.12 above, both paternal and maternal harsh physical disciplining analyzed separately were significantly, positively correlated to victimization to IPV at correlation coefficients of  $r=.222$ ,  $r=.141$  &  $r=.210$  respectively at  $p < .05$ . Maternal harsh physical disciplining had a higher correlation to victimization to IPV than paternal harsh physical disciplining. The null hypothesis was therefore rejected in favour of the alternate hypothesis that is there is a significant relationship between harsh physical parental discipline and being subjected to IPV. This means that the higher the parental harsh physical disciplining in childhood, the higher the risk for experiencing IPV in adulthood with the risk being higher in case of maternal harsh physical disciplining.

### 4.5.2.3 Correlations between HPPD and Forms of IPV

Harsh paternal and maternal physical disciplining were further correlated to specific forms of IPV using Pearson Product Moment correlation coefficient. The computations are shown on table 4.13.

**Table 4.13:**

*Correlation between HPPD and Forms of IPV*

	<u>Maternal Discipline</u>	<u>Paternal Discipline</u>
Paternal Discipline	.224**	
Physical IPV	.102*	.099*
Sexual IPV	.185**	.115*
Psychological abuse	.199**	.123*

\*\*Correlation is significant at 0.01 level (2-tailed)

\* Correlation significant at 0 .05 level.

N=412

From the table 4.13 there was a significant correlation for all the three forms of IPV with both the paternal and maternal harsh discipline at  $p < .05$  level. The findings also revealed that physical disciplining had a higher correlation to psychological IPV in both paternal and maternal cases ( $r = .199$  &  $.123$  respectively) as compared to its correlation to physical and sexual IPV. This implies that harsh physical disciplining predisposed men to a higher risk of being subjected to psychological abuse than to the other two types of IPV. The findings revealed that harsh physical disciplining had the lowest correlation to physical abuse in both maternal and paternal cases. Maternal harsh

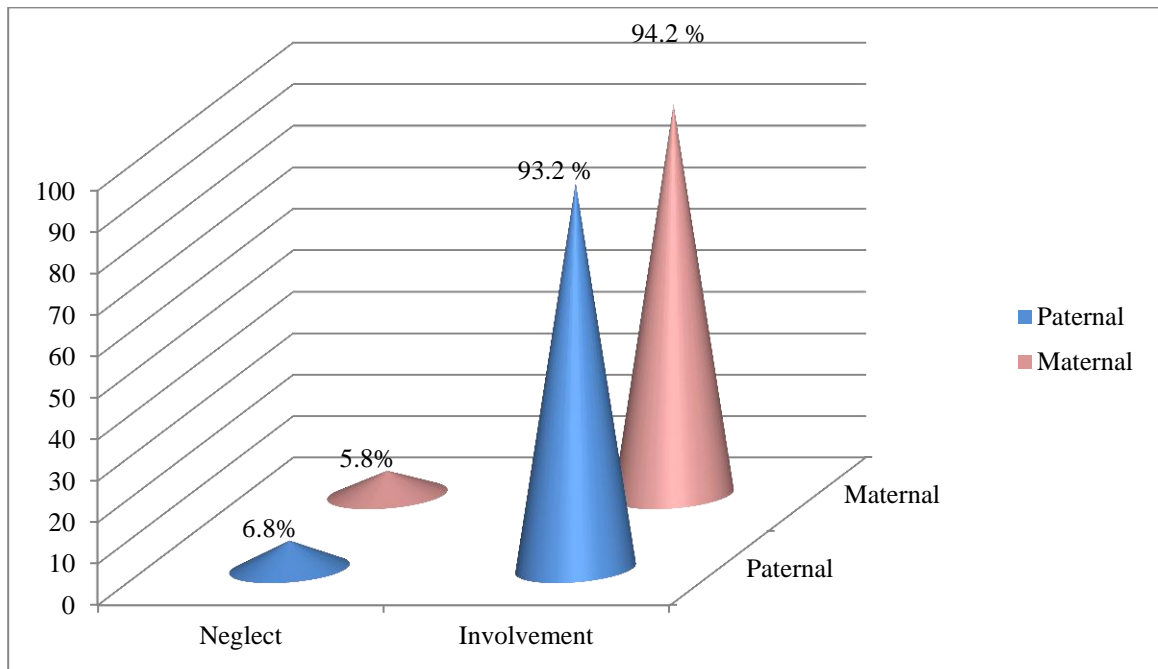
disciplining had higher correlations to all the three forms of IPV than had paternal harsh physical disciplining. This implies that mothers' use of harsh physical disciplining presented a higher risk to men being victimized to IPV than did their fathers'.

#### **4.5.3 Relationship between Parental Involvement and IPV.**

In this section, the descriptive data on paternal and maternal involvement is first presented followed by the correlation between parental involvement and victimization to IPV.

##### **4.5.3.1 Descriptive analysis of Parental Involvement**

Paternal and maternal involvement was measured using Parental Involvement Scale (PIS). The likert scale comprised of five options Never, Rarely, Sometimes, Often and Very Often which were scored from 1 for never and 5 for very often. The total score was attained by summing up the frequencies of all the items. A total score of 14 and below indicated lack of parental involvement (parental neglect) while any score above 14 indicated some level of involvement; low involvement for scores between 15 and 28; moderate involvement scores between 29 and 56; high involvement for scores above 56. Figure 4.6 shows the analysis.



**Figure 4.6: Parental Involvement during Childhood**

According to figure 4.6, both parents were highly involved with their sons' childhood at 93.2 % and 94.2 % for the fathers and the mothers respectively. Only 5.8% and 6.8% reported maternal and paternal neglect respectively. Further analysis was done to determine the levels of parental involvement. Table 4.14 shows the findings.

**Table 4.14*****Level of Parental Involvement during Childhood***

	Low		Moderate		High		Total	
	F	%	F	%	F	%	F	%
Paternal	17	4.4	229	59.6	138	35.9	384	100
Maternal	5	1.3	101	26	282	72.7	388	100

The findings in table 4.14 show that mothers' level of involvement was higher at 72.7% compared to that of the fathers (35.9%). This means mothers were more involved with the men's lives during childhood than the fathers were. More descriptive data is presented in table 4.15.

**Table 4.15*****Descriptive Statistics of Parental Involvement***

	<b>Paternal Involvement</b>	<b>Maternal Involvement</b>
Mean	52.4	57.3
Median	56.5	62
Minimum	0	0
Maximum	70	70
Standard deviation	16.9	16.5

From the findings on the table 4.15, parental involvement scored high for both parents. Commenting on parental involvement, participants in the focus group discussions noted that boys were more neglected than the girls during their childhood.

“The boy child was neglected right from the upbringing. “*Wazazi hawaoni kijana kama ni mtu..*”(parents do not value the boy). The parents especially worry about the girl, her needs are met. For instance the boy child uses the same shoe he wears to school to do “*vibarua*” (odd jobs). The parents worry about the whereabouts of the girl child, her time back home but not the boy. The boy then gets into vices like drugs and messes his future. The boy is taken to day secondary school and the girl to boarding school.”(*Mukurwe-ini respondent 7*)

Most respondents reported that parents were more concerned and involved with the girl child than with the boy. The girl then would turn out to be more empowered than the boy, get employment more easily and eventually earn more money than the husband.

“I do not remember sitting with my dad “*tukichapa stori*” (chatting) or going places with him. But for my mother we went for weddings and other occasions together. Sometimes we would sit and talk in the kitchen in the evenings. It was always nice except when she would be angry.” (*Mathira west Respondent 10*)

#### 4.5.3.2 Correlation between Parental Involvement and IPV

The null hypothesis; there is no statistically significant relationship between the level of parental involvement during childhood and victimization to IPV of males in Nyeri County to IPV was tested in this section. Bivariate correlations were carried out between paternal involvement and victimization to IPV as well as between maternal involvement scores and IPV using Pearson Product Moment correlation coefficient. The significance level was set at  $p < 0.05$ . Table 4.16 shows the findings.

**Table 4.16:**

#### *Correlation between Parental Involvement and IPV*

	IPV	Paternal Involvement	Maternal Involvement
IPV	1		
Paternal Involvement	-.119*	1	
Maternal Involvement	-.004	.203**	1

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

N=412

As presented in table 4.16, Paternal involvement had a low but significant negative relationship of  $r = -0.119$ ,  $p < 0.05$  with victimization to IPV. The null hypothesis was therefore rejected for paternal involvement. This means that an increase in paternal involvement led to a decreased risk in victimization to IPV among the men. Maternal involvement on the other hand showed a low negative relationship with victimization which was not significant of  $r = -0.004$ ,  $p > 0.05$ . The null hypothesis that there is no

significant relationship between maternal involvement during childhood and victimization to IPV during adulthood failed to be rejected.

#### 4.5.3.3. Correlation between Parental Involvement and Forms of IPV

Further analyses were done to determine the relationships between Paternal and Maternal involvement and the specific forms of IPV. The findings are presented in table 4.17.

**Table 4.17**

*Correlations between Parental Involvement and Forms of IPV*

	Paternal Involvement	Maternal Involvement	Physical IPV	Sexual IPV	Psychological IPV
Paternal Involvement	1				
Maternal Involvement	.203**	1			
Physical IPV	-.007	.036	1		
Sexual IPV	-.139**	-.082	.552**	1	
Psychological Abuse	-.110*	-.006	.563**	.590**	1
IPV	-.119*	-.004	.698**	.691**	.959**

\*\* Correlations significant at the level of 0.01(2-tailed)

\*Correlations significant at the level 0.05(2-tailed)

N=412

From table 4.17, paternal involvement had significant relationships with sexual and psychological forms of IPV but had no significant relationship with physical form of

IPV. Maternal involvement had no significant relationship with all the three forms of IPV.

#### **4.6 Correlations between CPF and IPV Controlling for Alcohol/Substance Abuse**

Analysis was done to test the null hypothesis that there is no statistically significant correlation between childhood parental factors namely; (Exposure to parental IPV, harsh physical parental disciplining, parental involvement) and victimization to IPV while controlling for alcohol/substance abuse. Bivariate correlations between alcohol/substance abuse and victimization to IPV were first carried out to establish if the two were correlated and the results presented in table 4.18. Thereafter, partial correlations were computed for each of the three childhood parental variables (namely exposure to parental IPV, harsh parental physical disciplining, parental involvement) and victimization to IPV while controlling for alcohol/substance abuse. This was done to establish if alcohol/substance abuse was an influencing factor in the relationships between the independent and dependent variables. The significance testing was done at  $P= 0.05$  level. The results obtained are reported in table 4.19.

**Table 4.18*****Correlation between Alcohol/Substance Abuse and IPV***

		Alcohol/Substance Abuse	Victimization to IPV
Alcohol/Substance Abuse	Pearson Correlation	1	.288**
	Sig. (2-tailed)		.000
	N	412	412
IPV	Pearson Correlation	.288**	1
	Sig. (2-tailed)	.000	
	N	412	412

\*\* . Correlation is significant at the 0.01 level (2-tailed).

From table 4.18, alcohol and substance abuse had a significant positive moderate correlation with victimization to IPV among men. This implies that the higher the rate of alcohol/substance, the higher the risk of victimization to IPV. It may also imply the higher the rate of victimization to IPV the higher the rate of alcohol/substance.

**Table 4.19*****Correlations between CPF and IPV while Controlling for Alcohol/Substance Abuse***

Control Variable	Exposure to Parental IPV	Paternal harsh Disciplining	Maternal harsh Disciplining	Paternal Involve ment	Maternal Involve ment
Alcohol/ Substance Abuse	.327	.133	.200	-.095	-.012
	.000	.007	.000	.055	.814
	408	408	408	408	408

Findings from table 4.19 reveal that after controlling for alcohol/substance, exposure to parental IPV still had a significant positive correlation with victimization to IPV at  $r = .327$ . This implies alcohol/substance abuse does not affect the correlation between exposure to parental IPV and victimization to IPV. The null hypothesis that there is no statistically significant relationship between exposure to parental IPV and victimization to IPV when controlling for alcohol/substance abuse was rejected.

Paternal harsh disciplining also had a positive but low significant correlation to victimization to IPV at  $r = .133$  after controlling for alcohol/substance abuse. Maternal harsh physical disciplining equally remained positively correlated to IPV at  $r = .2$ . This implied that there was still a significant positive correlation between parental harsh disciplining and victimization to IPV even after alcohol/substance abuse was held constant. The null hypothesis that there is no statistically significant relationship between parental harsh physical disciplining and victimization to IPV was rejected in both paternal and maternal cases.

When partial correlations were done between parental involvement and victimization to IPV separately for paternal and maternal involvement, insignificant negative correlations of  $-.095$  and  $-.812$  were obtained respectively. The null hypothesis that there is no statistically significant relationship between parental involvement and victimization to IPV when controlling for alcohol/substance abuse failed to be rejected in both cases.

#### 4.7 Intervention Measures to Deal with IPV

The fifth objective of the study sought to explore the intervention measures that could be undertaken to deal with male victimization to IPV. The respondents were asked to give their opinions on the intervention measures and the findings are presented in table 4.20.

**Table 4.20**

*Intervention Measures to Deal with IPV*

<b>Intervention measures to IPV</b>	<b>Count</b>
Ban cheap local brews.	69
Economic Empowering	28
Family planning	4
Parental training	8
Pre-marital counselling	12
Empowerment for men	20
Bann women groups	5
Couple counselling	107
Develop support groups for men & women	8
Divorce	1
Spiritual guidance	8
Financial stability before marriage for men	3
Responsibility training for men	9
Gender balance	9
Male responsibility training & mentoring	24
Legal action	6

Couple counselling was the most advocated for method of intervention followed by banning of cheap local brew, economic empowerment for the men and male responsibility training and mentoring. The least recommended intervention measures were divorce followed by financial stability of men prior to marriage and family planning.

More intervention measures were recommended in the focus group discussions. These can be noted in the following excerpts.

“The law favours the women. The woman nowadays can inherit from two homes, her parents’ and the husband’s. Because of this some do not take their marriages seriously, they do not own their marital homes....Most such women do not respect their husbands. Some women just get married to get children. In fact, most marriages are “come-we stay marriages”. The constitution should be amended to ensure that the married women do not inherit from their parents. (*Mathira west respondent 4*)

“Law enforcers should exercise fairness. When women go to report when they are beaten by their husbands, the husbands are apprehended. However when a man goes to report victimization by the wife, the police says.... *siunaona hii dume inapigwa na mwanamke. Si umuondokee kwa nyumba...* (Look at this bull (man) he is beaten by the wife, can’t you move away from her). Finally, they (the law enforcers) do nothing about it. This makes most men not report such incidents.”(*Mathira west respondent 9*)

In consensus with the above respondents, another respondent from Mukurwe-ini noted that men needed to be empowered just as the women are. He said;

“There should empowerment programmes for men just as there are for the women. *Kwa nini hakuna ‘inua kijana’ ni ‘inua dada’ peke yake?* (Why is there not a programme like support the boy only the girl?) Women can access loans that men cannot such money causes conflicts at home because the husbands have no say on it.”(*Mukurwe-ini respondent*)

Another respondent did not think there was any solution in the marriages and suggested divorce as the intervention measure.

*“The solution is only divorce...and many are already not together”* (*Mukurwe-ini respondent 2*)

Most respondents also advocated for educating both men and women on marital issues.

“Awareness promotion should be done to women to enlighten them about the right attitude towards marriage. Men too should be educated.”(*Mukurwe-ini respondent 8*)

A certain respondent however cautioned that the responsibility for educating the community members should not be left to the church. He claimed that many religious leaders were involved in extra-marital affairs. This is what he reported.

*“Kanisa siku hizi ziko na wakora* (churches these days are led by corrupt people)...when you think that the church will help then she is taken away by the pastor. So the church should not be given the mandate to educate them.”(*Mathira west respondent 5*)

All the respondents were in consensus that IPV needed to be dealt with in the society. Although banning of alcohol was the second rated measure suggested for dealing with

IPV, there were mixed opinions about it. Some respondents felt that just like the wealthy they too needed entertainment and local brew provided an affordable option. They also were of the opinion that at the drinking joints they met their social needs and helped deal with their stresses. However, other respondents were of the opinions that the local brews made men irresponsible at home therefore causing violence at home. The implication of this controversy is that some of the respondents were users of the local brew and hence could not advocate for its banning.

#### **4.8 Summary of Findings**

The following is a summary of results from the data analysis.

Respondents were sampled from three Sub-Counties in Nyeri County; Mukurwe-ini 47%, Mathira West 11% and 42% from Mathira East. Most of the respondents (37%) fell in the age bracket of 36-50. Majority (84%) were married (living with their partners) at the time of the study and most of the respondents' marriages had lasted between 0-7 years (33%). In terms of the number of children that the respondents had, majority (40%) had between 1-2 children.

With regard to education, majority had attained secondary school level education 44% while 22.6 % of the respondents had acquired college level education and above. Most of the respondents were self-employed and only 22% had formal employment. Analysis of CAGE a drug/alcohol addiction test indicated that 32% of the respondents

had a clinical drug problem, 11% consumed drugs/alcohol but had no clinical drug problem. The rest did not consume alcohol or take drugs.

Analysis of data on prevalence revealed that 87% of the respondents had experienced Intimate Partner Violence (IPV) with 11% of them reporting it to be at moderate or high levels. Regarding the forms of IPV, psychological IPV was the most prevalent form reported by 84% compared to physical (25%) and sexual (22%). Psychological IPV was also leading in terms of being experienced at moderate and high levels at 21.6% compared to 11% and 7% for sexual and physical IPV respectively. The focus group discussion findings agreed with the quantitative findings that IPV in the County was prevalent and experienced in physical, sexual and psychological forms.

With regard to early childhood parental factors, 67% of the respondents reported to have been exposed to parental IPV. A significant moderate positive relationship was established between exposure to parental IPV and victimization to IPV. The null hypothesis was rejected in favour of the alternate hypothesis that there is a significant relationship between exposure to parental IPV and victimization to IPV later in adulthood. Significant positive correlations were also obtained between exposure to parental IPV and the three forms of IPV (.298 for sexual, .207 for physical and .363 for psychological).

In relation to harsh physical parental disciplining, majority of the males reported to have experienced harsh physical paternal (76.7%) and maternal discipline (73.8%). Low significant positive relationships were obtained between harsh physical parental discipline and victimization to IPV for both paternal and maternal. Significant low positive correlations were also established between harsh physical parental discipline IPV and all the three forms of IPV. The null hypothesis that there is no statistically significant relationship between harsh physical parental disciplining and victimization to IPV was thereby rejected in favour of the alternate hypothesis.

In terms of parental involvement (the third childhood parental factor), high maternal (93.2%) and paternal (94.2%) involvement was reported. Maternal involvement had higher levels at (73%) compared to paternal (36%). A significant low negative relationship was established between paternal involvement and victimization to IPV while there was no significant relationship between maternal involvement and victimization to IPV. With regards to the forms of IPV, paternal involvement had significant relations to sexual and psychological IPV but not to physical IPV. Maternal involvement had no significant relationship with any of the three forms of IPV.

Correlation between the three early childhood parent-related factors and IPV while controlling for alcohol/substance abuse revealed that there was no influence of alcohol/substance abuse on both exposure to Parental IPV and harsh physical parental disciplining. The two had significant positive correlations. However, parental

involvement had insignificant negative correlations with IPV in both paternal and maternal cases when the effect of alcohol/substance abuse was controlled.

When asked about measures to deal with male victimization to IPV, respondents suggested quite a number of them. Among the most recommended measures were couple counselling, banning of cheap local brews, economic empowering and male responsibility training and mentoring. The focus group discussion also revealed that men felt women were more favoured by the law through land inheritance rights, by the society through the girl child empowerment projects and by government funding and access to cheaper loan schemes. They therefore proposed amendments to the law and empowering of the boy child through male advocacy programmes.

## **CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter contains the discussions, conclusions and recommendations drawn from the study aimed at establishing the relationship between selected childhood parental factors and victimization to intimate partner violence among men in Nyeri County. The chapter begins with a section on discussion of findings, the second section contains the conclusions and the third comprises of the recommendations of the study.

### **5.2 Discussions of the Study Findings**

In this section the researcher discusses the findings of the study along with their implications. The first sub-section discusses the findings from the analysis of the demographic information. The other sections contain the discussions on findings of the objectives of the study.

#### **5.2.1 Demographic Information of the Sample.**

Based on the demographic information of the respondents, the following observations were made. With regard to age, majority of the respondents were in the age bracket between 36-50 years. Only about 5% were aged 25 years and below. This may be an indication that most men married at an age above 25 years considering that the study inclusion criteria was men who were ever married men between the ages of 18 and 65 years.

In regard to marital status, most of the respondents were living with their partners at the time of the study. Most of them had not been married for long with 0-7 years having the most representation at 33% followed by the duration between 8-15 years. This affirms the opinion of the focus group members that most of the respondents did not marry in their younger years. This is also demonstrated by the number of the children in the marital relationships. Majority (40%) of the marriages had between 1-2 children followed by those marriages that had 3-4 children (34%). This being a rural rather than urban population, larger families were expected. This may have implications on the possibility of an educated population or a population where women were empowered and hence are more likely to utilize family planning services. This supports the recent Kenya Demographic and Health Survey (KDHS) by KNBS (2014) which indicated that Nyeri County had a fertility rate of 2.7 and was one of the counties with the lowest fertility rates in Kenya at the time.

The low fertility rate evidenced by the number of children in the marital relationships could also be associated with the alcohol/drug consumption behaviour of the men in the region. Findings in the current study indicated that 42% of the men consumed alcohol/drugs 32% of whom had a clinical problem. Frequent alcohol/drug abuse make men spend a lot of time away from the family which is likely to affect the sexual relations with their partners and result to having fewer children. Besides wives of men who frequently use alcohol and drugs may not want to have large families because this would leave them with a greater burden of providing for them. There have been

repeated media reports on women in central Kenya region where Nyeri County is located claiming that their husbands are not sexually active because of illicit alcohol and substance abuse. Many primary schools in the region have been reported to have very few pupils especially in the lower classes. This state of affairs needs to be further investigated and addressed.

On the educational accomplishments, majority of the participants (76%) had secondary education and below. Only 22.6 % had qualifications beyond high school with only about 5% having attained university education. This shows that education especially post secondary education is not well embraced by the male population in the region. It implies that the men are less likely to be involved in professional careers. It is also likely that younger boys in the area lack role models and may not be motivated to pursue education to higher levels. It is then not surprising that only 22% of the respondents had formal employment. These are most likely among the 22.6% men who reported having attained middle level college and university (post secondary) education. Majority of them (67%) were self-employed and the rest had no jobs. The implication of these findings is that the self-employment jobs the participants engage in are likely to be the “*jua kali*” (unskilled type) since the men have no professional skills mostly acquired in post secondary school education. In actual fact many men were running “*bonda bonda*” (motorcycle) businesses.

With regards to drug and alcohol consumption, slightly over 40% of the men in the County were drug/alcohol users with majority of them (32%) having a clinical drug problem. This means that such were frequent users who had little control on their drug and substance use behaviour. The implications of this include that a lot of family resources were being used on drugs/alcohol instead of catering for family needs. Besides, alcohol/substance abuse takes away the person abusing them from home which strains family relationships. All these can lead to intimate partner conflicts that ultimately lead to victimization. This is supported by Caetano, Scahfe, Clark, Cunradi and Raspberry (2000) who suggested that frequent drinking increases the risk of sustaining IPV.

### **5.2.2 Prevalence of IPV**

The first objective of the study was to assess the prevalence of IPV among males in Nyeri County. The results revealed that 87.9% of the men reported having experienced some form of intimate partner violence. These findings were high compared to those of Gass, et al. (2011) who found only 20.9% men acknowledge victimization in a similar study in South Africa. However in Stephenson (2009) study, 100% of the male respondents acknowledged being victimized to IPV. However his sample in contrast was quite small comprising of only 24 men and was conducted through online questionnaire. This could signal that IPV is a major concern in the location of the study. Besides, many forms of IPV were tested and not just physical IPV or battering

which men are less likely to report about. The findings support those of KNBS (2014) where one out of every ten men was reported to have experienced IPV in the county.

Such high prevalence of IPV in Nyeri could be attributed to the substance abuse problem of many men in the area. It could also be linked to the empowerment of the women in the region. The same men reported that the women in the region were more empowered from their childhood and were more likely to get formal jobs than them. The men also claimed that women had access to cheaper financial facilities from government funds. Consequently, many women in the region were the breadwinners in the home and therefore more powerful. Cage and Hutchinson suggested that in intimate relationship, the partner who has less access to resources has less power and is more prone to abuse compared to the one with more access. In the light of this, the men in Nyeri may be vulnerable to IPV. This shows the need for their empowerment through education and resource mobilization which the respondents recommended as an intervention measure to curb IPV.

With regards to the level at which the men experienced IPV, 89% of all those who reported having experienced IPV, indicated that the levels of IPV were low. This meant that they were rarely subjected to IPV. While this may be the case, there are possibilities that some respondents may have found reporting so to be less psychologically threatening. This is in agreement with Douglas & Hines (2011), Stephenson (2009) and Dutton & White (2013) who observed the socialization of men minimize their chances of reporting being victimized least of all by a woman. All the

same, any amount of abuse whether rare or regular is harmful and should be prohibited. Other findings in this study show a relationship between exposure to parental IPV and psychological abuse. Most men in this study reported witnessing parental IPV. It is therefore likely that this put them at risk for the psychological IPV which they were reporting to have experienced.

An evaluation on forms of IPV experienced by the respondents showed that psychological violence was the most prevalent (84.2%) compared to physical (25%) and sexual (22%) forms of IPV. This implies that the men were more likely to be verbally abused, threatened, stalked or emotionally abused by their partners than they were likely to be beaten or sexually harassed. This concurs with prior studies including Hines and Douglas (2011), Anderson (2009) as well as Straus (2004) which reported that men are subjected to all forms of IPV but mostly to psychological and least to physical and sexual IPV. Hines & Douglas (2010) also reported that 95% of female perpetrators used controlling acts, death threats and other forms of threats. This confirms that the victims of such female perpetrators (who are the men in this case) are mostly exposed to psychological abuse. This could be because women are less physically aggressive when compared to men and hence are less likely to use physical or even sexual violence.

The prevalence of psychological IPV against men implies that there are high chances for them to suffer silently. This is because psychological form of IPV is less likely to be noticed and to be addressed compared to physical IPV. Most media reports focus only

on physical IPV commonly referred to as husband battering. This poses the danger of trivializing other forms of IPV especially psychological which has no physical evidence but causes equally damaging psychological effects. Due to its psychological effects, psychological IPV can lead to further vulnerability to victimization. In consensus with this Stith, et al. (2012) reported that psychological abuse was the most harmful form of IPV and its effects were long lasting. The effects included disorderly behaviour and substance abuse. Such effects can also lead to re-victimization. This implies that there is a possibility that male victimization to IPV in the County may persist hence there is need to establish urgent measures to deal with it.

There is a possibility that the drug and substance abuse that is reported amongst 40% of the men could also be associated with psychological IPV. This is because substance abuse is one of the mental health consequences of psychological disturbances. This resonates with the findings of Brogden and Niljhar (2004) who observed that the repercussion of psychological abuse may be two way; provocation on the victims who in return may result to self damaging behaviour such as drug and substance abuse or hurting the perpetrator through physical or non-physical aggression.

The other implication could be that violence against women may be as a result of psychological abuse on the male perpetrators among other factors. Men are less likely to use words or other subtle means to hurt others instead they are likely to use physical aggression when provoked. This can possibly happen in a marital relationship where the

wife may be using verbal or emotional abuse leading to violence against her. Another way to deal with domestic violence against women may therefore be to address IPV against men.

### **5.2.3 Relationship between Childhood Parental Factors (CPF) and Victimization to IPV.**

This section addresses the findings on the second objective of the study that is; establishing the relationship between childhood parental factors and victimization to IPV. Findings on the relationship of exposure to parental IPV revealed that there was a significant moderate relationship between witnessing parental IPV during childhood and adult victimization to IPV. This means that increased exposure to parental IPV resulted to increased victimization to IPV. Exposure to parental IPV was also significantly positively correlated to all the three forms of IPV physical, sexual and psychological. The implication of these findings is that there is a high possibility of the men to experience IPV in their marriages if they witnessed it as they grew up. The findings are consistent with those of previous studies (Linder & Colins, 2005; Gass, et al. 2010; Franklin et al. 2011) who reported that witnessing parental IPV is a predictor of IPV in adulthood.

The relationship between exposure to parental IPV and victimization to IPV can be explained through social learning theory where by children observe and imitate their observations from significant others. This means that the men who experience IPV observed it during their childhood from their parents and learnt that use of violence is

acceptable. Since IPV against men is recent, it is possible that the boys may not have observed their fathers being the victims as they did their mothers. This questions the basis of the social learning theory. Further investigation on other theoretical and contextual explanation is necessary. Focus group discussions revealed that this could be associated with the empowerment of women which dates back to the colonial times. It was reported that most men had left their homes in the colonial times either to go and work for the colonialists or to fight them. The running of the family was then taken over by women. Women in the subsequent generations learnt from their mothers to take the leadership of their families. Perceived as being less powerful than their wives, the men were then said to have become more vulnerable to victimization.

The existence of parental IPV challenges the ability of parents to be consistent and responsive care givers to their children as was observed by Godbout, Dutton, Lussier & Sabourin (2009). This threatens the development of a secure attachment between the care giver and the child. According to Bowlby (1969) in his theory of attachment, secure attachment enables individuals to build and maintain stable relationships in adulthood while insecure attachment predisposes one to future maltreatment. Exposure to parental IPV impairs the development of positive internal working models of self and of others, and of healthy relational patterns amongst the children growing in such families. It is possible therefore that the men who reported witnessing parental IPV did not acquire the necessary life and relationship building skills such as development of self-esteem, self-regulation skills and that of healthy relational patterns. This left them vulnerable to IPV among other forms of victimization. It also implies that their children

who may be witnessing parental IPV are more likely to be victims of IPV in future unless the cycle is broken through intervention to both parents and their children.

With regard to the relationship between harsh physical parental discipline and victimization to IPV, results revealed significant positive correlation between the two variables. Similarly, all the three forms of IPV tested were positively correlated to paternal and maternal harsh physical discipline. This means that as harsh physical discipline increases the so does the risk for victimization to IPV.

Literature supports the relationship between harsh or corporal discipline in the family of origin and involvement in IPV during adulthood (Enherensaft et al 2003; Renner & Slack 2006). This implies that the many men who reported experiencing adult IPV in this study may have been predisposed through harsh physical parental disciplining. This is because children who grow up in families where violence or physical aggression is used learn that violence is a proper means of communicating displeasure. They also learn to use it when displeased by others or condone it when others use it on them. The use of violence during childhood also hinders development of necessary survival qualities such as a healthy self-esteem and self- efficacy without which they consequently become more vulnerable to victimization. There are possibilities that the men may have also learnt to use the same disciplinary measures on their children which can be a possible cause of conflicts between them and their spouses.

Use of harsh physical discipline that translates to physical and/or emotional abuse challenges secure attachment building between the primary caregiver and the child. Erik Erickson noted in his theory of psychosocial development that the relationship of a child with the primary care-giver forms the basis on which the child builds future relationships (Feldman 2000). It implies that the men may not have developed secure attachment because of the parents' use of violence on them which is likely to have instilled fear in them. In the same way, their adult relationships are insecure and characterized by anxiety. Dutton et al (2009) on the other hand noted that from an attachment perspective, when a child becomes a victim of parental violence their confidence in the parents' availability and responsiveness is challenged.

The results of this study also revealed that the relationship between maternal harsh physical disciplining and IPV was higher in all the three forms of IPV compared to that of the paternal harsh physical disciplining. This is despite the fact that fathers were reported to be harsher than the mothers. This implies that there is a higher risk of male victimization to IPV associated with maternal harshness to the boys than there is with paternal harshness. This supports the findings of Gass et al (2010) who observed that men who reported being victimized to IPV were more likely to have suffered physical abuse subjected by female perpetrators. Dutton and white (2013) observed that the mother's use of aggression contributed to the child's externalizing problems, especially if the child was a boy. They also observed that boys were most at risk for physical violence from their mothers.

This emphasizes the relationship of boys and their mothers during childhood and its role in marital relationships during adulthood. It also explains the role of models in social learning whereby men whose mothers were harsh and violent are likely to marry partners who are harsh and violent. The low correlation between paternal harsh physical disciplining and victimization to IPV compared to the maternal correlation emphasizes the significant role of the father in disciplining children and especially sons. It therefore suggests the need for fathers to be actively involved in the upbringing of their children as well as the need for training in parenting skills.

Parental involvement was measured as the third childhood parental factor and was correlated to victimization to IPV. Findings revealed a low negative but significant relationship between paternal involvement and victimization to IPV. This implies that as paternal involvement in childhood increases victimization to IPV decreases. This agrees with past studies that indicate that parental involvement is correlated to less victimization to IPV in adulthood (Leadbetter, et al. 2008). Findings on correlation between paternal involvement and the forms of IPV showed that paternal involvement had significant, low and negative correlation with sexual and psychological IPV but was not significantly correlated to physical IPV.

Results indicated that there is an insignificant but low negative relationship between maternal involvement and adult victimization to IPV. Correlation between maternal involvement and the three forms of IPV were also not significant. This contradicts past studies (Gass, et al. 2011; Shnurr & Lohman , 2008). The possible explanations for this

include the fact that the same mothers were physically abusive to the respondents and hence they perceived them as ambivalent rather than caring.

The implication of this study's findings is that paternal involvement is a higher risk factor for victimization of males compared to maternal involvement. It could mean that there is a significant role that fathers' play in the growing up of their sons that buffers them from vulnerability to IPV victimization. Allen and Dally (2007) reported several positive qualities that children were likely to develop if they had adequate paternal involvement. These qualities include greater tolerance to stress and frustration, problem solving skills, greater internal locus of control, high self-esteem and capacity for relatedness. All these qualities are necessary for building healthy relationships and they prevent victimization. Stewart (2003) proposed that father-child relationship helps to control the mother's involvement and contributes to the child's social-psychological adjustment. This could mean that the fact that most fathers were absent (as reported in the study) hence being less involved with their sons' upbringing put the respondents at risk of victimization. This emphasizes on the importance of involvement of the father or of an adult male figure in the absence of a biological father in cushioning males against victimization to IPV.

There was a general sentiment by the focus group discussion respondents that parents were more involved with the upbringing of girls than that of the boys. This empowerment led to girls being more successful than the men in life and especially

economically. Because of this, many men had spouses who had formal jobs and earned more income than them. As a result the women were the decision makers in their families. This made the men more vulnerable to IPV. This supports the findings of Gage and Hutchinson (2006) who noted that greater power is held by the partner who has control over decision making in the relationship. They noted that such power is owned by the partner who has access to more resources. Gage and Hutchinson (2006) further acknowledged that the less power a partner has in a relationship the more vulnerable to abuse they are.

#### **5.2.4 Relationship between CPF and Victimization to IPV while controlling for Alcohol/Substance Abuse**

The relationships between the childhood parental factors and victimization to IPV remained relatively constant even after controlling for alcohol/substance abuse. That is, both exposure to parental IPV and harsh physical disciplining had significant positive relationship with IPV. Parental involvement however had insignificant negative correlation with IPV when alcohol/substance abuse was held constant. This suggests that the exposure to parental IPV and harsh parental physical disciplining were significant risk factors for victimization of IPV to men. In this case, it is likely that alcohol/substance abuse was a consequence rather than a precedent to victimization. This however requires further investigations. The relationship between parental involvement and IPV was negative in all the cases. This suggests that parental responsiveness and care was important in minimizing vulnerability to IPV although the relationship was not statistically significant.

### **5.2.5 Measures to Curb IPV**

With regard to suggestions on measures to curb IPV, the respondents were in consensus that IPV in the County needed to be addressed. They gave several suggestions which include; couple counselling, ban cheap local brews, economic empowering, , parental training, pre-marital counselling, empowerment for men, banning women groups, family planning and development of support groups for men among others. This supports the views of Steffel (2014) who suggested that if actions were taken to decrease IPV, then number of individuals requiring mental health services, drug rehabilitation, and criminal punishment will decrease. The respondents appreciated the role counselling and education programmes on marriage and family would play in dealing with IPV. They thought that people got married without prior knowledge on how to handle marital matters and conflicts. This is in support of prior studies that have shown evidence of the preventive and rehabilitative nature of professional mental health/ counselling services (Douglas & Hines (2011).

Suggestion to ban the local brews is congruent with the opinions in Franklin et al. (2011) and of Hines and Douglas (2011) who observed that help seeking behaviour of male IPV victims was associated with lower levels of abusing alcohol and that frequent drinking is correlated to IPV. It would be helpful for the frequent users especially those who have reached the clinical problem level to be offered clinical help. This may include but is not limited to drug rehabilitation services.

The observations that men who reported being victimized were seen as weak, incapable of handling their women and often ridiculed by the police officers supported the

findings of a Douglas and Hines (2011). They observed that men had least pleasant experiences with the police when they reported victimization to IPV. This highlights the need for the police and other law enforcers to be educated on how to handle male victims of IPV. The findings also reflect the need for community awareness on IPV to be raised in order curb stigmatization of the male victims.

The opinions of many respondents that women had more governmental and nongovernmental economic empowering programmes support previous studies. Such studies noted that such programmes supported women who have been viewed as the disadvantaged gender in the society (Brody 2008, Carmo, et al. 2011, Dutton & White 2013). This implies that there could be need to educate the women beneficiaries of such programmes on how to use the support for the ultimate benefit of the whole family. For the purposes of gender equity and national good, some programmes could also be initiated to empower the disadvantaged men.

It is evident that most of the intervention measures suggested had to do with education and awareness creation services at the local level. This demonstrates the need for mental health professionals to be more proactive in psycho-education and other preventive programmes. Only a few suggestions were made concerning law amendments on land inheritance rights for married women.

### **5.3 Conclusions of the study**

The following conclusions were drawn from the study.

On prevalence of IPV it emerged that there is a high prevalence of IPV among men in Nyeri County. The most prevalent form of IPV was psychological and not physical or sexual. While media only reports physical IPV, it emerges that besides physical IPV there are other forms of IPV such as psychological IPV which may even be causing more detrimental effects such as low self esteem, negative self-concept, shame, self-damaging behaviours like drug and substance abuse amongst other post traumatic stress disorders on the survivors. Such effects may not be obvious to the public and may only serve to make the men more vulnerable to victimization or even perpetuate more violence. A sizeable population was found to have a clinical drug problem. There could be possibility that drug and substance abuse may have implications on the prevalence of IPV in the region. This implies that drug rehabilitation interventions are a necessity in the area.

Regarding the childhood parental factors, there was evidence of the hypothesized relationship between exposure to parental IPV and victimization to IPV. The two were found to have a positive and significant relationship. The findings actually revealed that exposure to parental IPV, was positively correlated to all the three forms of IPV that is physical, sexual and psychological. This means that there is intergenerational transmission of IPV and hence if not addressed, the phenomena has the potential of threatening future marital relationships in the area. The need to set up measures to curb the existing IPV and to provide parental guidance to reduce the perpetuation of IPV to future generations is evident.

Harsh physical parental disciplining was found to be significantly and positively correlated to IPV as the study had hypothesized. There was evidence that the relationship was higher for maternal harsh physical disciplining compared to paternal harsh physical disciplining. This means that men whose mothers used harsh physical discipline were more likely to be subjected to IPV compared to those whose fathers used harsh physical discipline. The same relationship was noted for all the three forms of physical abuse. There is therefore a great need for parental training and the emphasis of the role of each gender in the parenting. The implications of discipline measures used by parents and their impact in the lives of their children need to be emphasized in parental education.

There was evidence that significant negative relationship exists between paternal involvement and victimization to IPV. This meant that low involvement or even neglect by fathers was more likely to predispose sons to later victimization to IPV. Maternal involvement on the other had no significant relationship to experiencing of IPV unlike what the study hypothesized. This reveals the dangers of father absenteeism which was highly reported by the study respondents. While both parents involvement with their children is important, it is paternal involvement that plays a greater role in protecting boys against vulnerability to IPV victimization. There is urgent need to address father absenteeism in an effort to reduce the risk of male victimization to IPV.

Various intervention measures were suggested to help curb victimization of males to IPV. Couple counselling was the highest recommended followed by banning of local brews and economic empowerment for the men. Unfair treatment by the police and law enforcers was raised as an issue that hinders the male victims of IPV from reporting incidents of victimization. All these recommendations support the study findings and reveal the need for urgent interventions against male victimization to IPV.

#### **5.4 Recommendations of the Study.**

Based on the findings of the study, the following recommendations were made for policy makers, implementers, researchers and other stake holders.

##### **5.4.1 Recommendations for Policy Makers and Implementers**

1. There is need to put in place intervention programmes that target male victims of IPV in Nyeri County. This is based on the high prevalence of IPV among men.
2. There is need to build the capacity of the law enforcers as well as other agencies on how to deal with male survivors of IPV based on the fact that victimization to IPV by men is rarely reported and the unfair treatment given to those who being victims.
3. Counselling services for the survivors of IPV need to be put in place to help them deal with the effects of IPV in their lives and in their families.
4. Family therapy is necessary for IPV survivors' families in order to help them all including the partner who is the perpetrator of the violence and the children who

may be witnesses of that violence. This would help curb further victimization as well as its intergenerational transmission.

5. There is need for pre-marital education and counselling for those intending to start families to equip them with knowledge and skills necessary for maintaining healthy intimate partner relationships that are devoid of IPV.
6. Mechanism for identification of potential victims of IPV should be put in place to help counsellors, religious leaders and others to address IPV during premarital counselling.
7. Preventive measures such as psycho-education and guidance services need to be availed to all the community members to enlighten them on IPV, its consequences and ways of dealing with it.
8. Parental training programmes need to be initiated at the local level to help educate parents on how to relate with and to discipline their children appropriately to curb intergenerational transmission of IPV.
9. There is need to address the issue of father absenteeism since there is evidence of the importance of father involvement during childhood as a factor in buffering boys from victimization in adulthood.
10. There is need to address the issue of local brews based on the findings that frequent use of alcohol and drugs is correlated to victimization to IPV. This may require working with the users to establish the reasons/factors for their alcohol and drug use behaviour to establish other ways of helping them deal with those reasons/factors.

11. Drug/alcohol rehabilitation services need to be enhanced in the County to help drug users who have a clinical drug problem and to prevent the less frequent users from developing clinical drug problems.
12. Economic empowerment programmes need to be availed for the men. This include training in entrepreneurship as most of them reported being self-employed.
13. There is need to instil the value of education in the region, to advocate and enhance postsecondary education in the region with an aim increase employability of men and ultimately improve the development of the region.

#### **5.4.2 Recommendations for Further Research.**

1. The current study was correlational and *ex post facto* in nature as data was collected once to establish the prevalence and correlates of IPV among males in Nyeri County. There is need for a longitudinal study to establish the causal factors of IPV.
2. Considering that this study focused on the males only (the victims), there is need for a similar study to focus on the women as well to establish if the similar findings would be obtained.
3. The study on a sample of 442 males in three sub counties in Nyeri may limit generalizations of the study findings to other populations and areas whose characteristics are different from the study area and population. There is need for replication of this study in other counties in Kenya.

4. There is need for future studies to establish if alcohol and drug use is antecedent or consequence of IPV in order to help deal with the drug use issue appropriately.
5. Other factors that are correlated to male IPV need to be established. The current study only focused on selected early childhood parental factors.
6. The current study focused on each of the parental factors independently. There is need for future studies to establish the correlation of all the factors co-dependently.
7. There is need for other studies to establish the protective or resilience factors since not all those who had been exposed to parental IPV, experienced harsh parental discipline or parental neglect were victims of IPV.

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## APPENDICES

**Appendix 1: Introduction Letter and Consent form for Study Participants****INTRODUCTION**

My name is **Lydia Maingi Ngunjiri**, a PhD Student at Kenyatta University. I am undertaking a study on prevalence and correlates of victimization to Intimate Partner Violence (IPV) among men in Nyeri County Kenya. The research is for educational purpose and may give information useful in developing programmes for prevention of intimate partner violence in future. You have been selected as potential respondent in this research. **You are not required to write your name on this questionnaire.** You are kindly requested to participate in the study by responding to the questionnaire. Take time to read the instructions for each section carefully and give a response for each question as honestly as possible. Responses to the questions are based on what you really know or have experienced. There is no right or wrong response only your most sincere response is required. Your responses will be handled with confidentiality and will only be used for this purpose. Completing the questionnaire is voluntary.

Please confirm that you have read the above information and accepted to participate in the survey by signing the following consent form.

## Consent

I have read the above information and understand that the survey is voluntary and that confidentiality and anonymity are guaranteed to me as a participant. I therefore hereby accept to participate in the survey.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 2: Questionnaire

### Section A: Demographic information *Circle the most appropriate response for each question.*

1. Age
  - a) 18-25
  - b) 26-35
  - c) 36-50
  - d) 51-65
  - d) Any other (specify)
2. Marital Status (current)
  - a) Married
  - b) Separated
  - c) Divorced
  - d) Widowed
  - e) Cohabiting
3. Duration of the relationship with current partner
  - a) 0-7 years
  - b) 7-15years
  - c) 16-25years
  - d) 25-50years
  - e) Above 50 years
4. How many children do you have in the current relationship
  - a) NONE
  - b) 1-2
  - c) 3-4
  - d) 5-7
  - e) Above 7
5. (i) Have you had another intimate relationship lasting beyond one year besides the current one?
  - a) Yes
  - b) No

(ii) If your response in 5(a) above is yes, How did the relationship end?

  - a) Separation
  - b) Divorce
  - c) Death of partner
6. Highest level of Education attained by self
  - a) No Formal Education
  - b) Primary school
  - c) Secondary school
  - d) Middle Level College
  - e) University
7. Highest level of Education attained by spouse
  - a) No formal Education
  - b) Primary School
  - c) Secondary school
  - d) Middle Level College
  - e) University
8. Employment Status of self
  - a) Formal employment
  - b) Self-employed
  - c) Un-employed
9. Employment Status of spouse/Partner
  - a) Formal employment
  - b) Self-employed
  - c) Un-employed
10. Religious Inclination of self
  - a) Catholic
  - b) Protestant
  - c) Muslim
  - d) Hindu
  - e) Others
11. Religious inclination of spouse
  - a) Catholic
  - b) Protestant
  - c) Muslim
  - d) Hindu
  - e) Others

**This section addresses your use of drugs or alcohol. Please CIRCLE the most appropriate response.**

12. Alcohol/drug use.
  - a) Have you ever felt you ought to cut down on your drinking or drug use? i. YES    ii. NO
  - b) Have people annoyed you by criticizing your drinking or drug use? i. YES    ii. NO
  - c) Have you felt bad or guilty about your drinking or drug use? i. YES    ii. NO
  - d) Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? i. YES    ii. NO

### SECTION B: Childhood Exposure to Parental Intimate Partner Violence Scale

Read each of the statements below. Indicate by ticking the response that best describes **how often you witnessed** your parents/guardians engage in each of the listed behaviours during your childhood years (0-18years). There are no right or wrong answers just give your most honest response. This information will be treated with **Utmost confidentiality**.

Circle how often did you witness your parents/guardian	Never	Rarely	Sometimes	Often	Very Often
1. Insult or swear at each other					
2. Criticize each other's ideas negatively					
3. Shout or yell at each other because they were angry					
4. Get into a fight with each other					
5. Threaten to divorce/separate					
6. Hit each other					
7. Push or grab each other					
8. Throw an item that would hurt at each other					
9. Use a knife or any other weapon at each other					
10. Visit a doctor because of a fight they had with each other					
11. Hide personal items from each other.					
12. Threaten to hit or throw something at one another					
13. Suffer an injury as a result of a fight they had with each other					
14. Destroy personal items belonging to each other					
15. .Any other (specify)					

### SECTION C: Parental Discipline Scale

For each of the statements below, *indicate by ticking the response* that best describes how often your parent/guardian used the described disciplinary measures listed on you during your childhood years (0-18). **Part I** addresses disciplinary measures taken by your father/male guardian while **Part II** refers to disciplinary measures taken by your mother/female guardian. In case you had only one parent/guardian, select the part that is relevant to you.

#### PART 1

How often did your <u>Father/Male guardian</u> do to you any of the following while disciplining you during your childhood (0-18 years)	Never	Rarely	Sometimes	Often	Very Often
1. Spank you with a belt or strap					
2. Hit you with an object such as a stick					
3. Hit you with a closed fist					
4. Throw you against a wall					
5. Burn you with a hot object					
6. Slap you so hard as to bruise					
7. Bite you					
8. Grab or shake you					
9. Any other (specify)					

#### PART II

How often did your <u>Mother/female guardian</u> do any of the following acts while disciplining you during your childhood (0-18 years)	Never	Rarely	Sometimes	Often	Very often
1. Spank you with a belt or strap					
2. Hit you with an object such as a stick					
3. Hit you with a closed fist					
4. Throw you against a wall					
5. Burn you with a hot object					
6. Slap you so hard as to bruise					
7. Bite you					
8. Grab or shake you					
9. Any other (Specify)					

### SECTION D: Parental Involvement Scale

The next section contains questions about the relationship that your parents/guardians had with you during your childhood (0-18years). Part I addresses your Father/Male guardian and Part II your mother/female guardian. *Tick the most appropriate response.*

#### PART I

During your childhood years (0-18 years), how often did your Father/male guardian;	Never	Rarely	Sometimes	Often	Always
1. Listen carefully to your point of view					
2. Help you with something important					
3. Act lovingly and affectionate towards you					
4. Have a good laugh with you about something that was funny					
5. Tell you that he loves you.					
6. Accompany you to an event/occasion					
7. Console you or help you when you were in trouble					
8. Live with you in the same homestead					
9. Guide you in making important decisions/choices					
10. Enjoy spending time with you					
11. Guide you on how to correct your mistakes					
12. Know who your friends were					
13. Show understanding for your concerns and worries					
14. Share with you your thoughts and feelings about issues					
15. Others (specify					

**PART II**

<b>During your childhood (0-18 years) how often did your mother/female guardian;</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
1. Listen carefully to your point of view					
2. Help you with something important					
3. Act lovingly and affectionate towards you					
4. Have a good laugh with you about something that was funny					
5. Tell you that she loves you.					
6. Accompany you to an event/occasion					
7. Console you or help you when you were in trouble					
8. Live with you in the same homestead					
9. Guide you in making important decisions/choices					
10. Enjoy spending time with you					
11. Guide you on how to correct your mistakes					
12. Know who your friends were					
13. Show understanding for your concerns and worries					
14. Share with you your thoughts and feelings about issues					
15. Others (Specify)					

**SECTION E: Intimate Partner Violence Scale**

This section seeks your information about your past or current relationship. Please remember that there are no right or wrong answers only your most honest response is required. You are not expected to write your name.

<i>Indicate by a TICK</i> how often your partner has done each of the following things to you.	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
1. Insulting or swearing at					
2. Throwing something that could hurt					
3. Slapping					
4. Using a knife or any other weapon					
5. Denied entry to the bedroom					
6. Checked my phone without my knowledge					
7. Insisted at having sex when I didn't want to (without using physical force).					
8. Use of force like hitting, holding down or using a weapon to make me have sex					
9. Hiding my personal items or documents					
10. Destroyed my personal items					
11. Threatened to hit or throw something at me					
12. Shouted or Yelled at me					
13. Grabbed or pushed me					
14. Criticized me					
15. Hurt me when I was drunk or asleep					
16. Hurt me using her nails					
17. Poured hot liquid or water on me					
18. Held my genitals in a way to hurt me					
19. Had a gang organized or hired to beat me					
20. Threatened to be divorce or separate with me					
21. Denied me conjugal rights					
22. Accused you of paying too much attention to someone or something else					
23. Demanded me to account my pay or how I spent money					
24. Threatened to take our children away from me.					
25. Denied me food					
26. Threatened to release information that would hurt me					
27. Monitored my time and made me account for my whereabouts.					
28. Put down my family and friends					
29. Told me that I am a bad parent					
30. Said things to scare me (e.g: something "bad" would happen, threatened to commit suicide)					

**SECTION F: Intervention Measures to Deal with Male Victimization to IPV**


Suggest any intervention measures that in your opinion can be undertaken to prevent as well as to curb male victimization to IPV.

**Appendix 3: Focus Group Schedule**

1. How prevalent is male victimization to IPV in Nyeri County?
2. Which forms of IPV are men commonly subjected to?
3. What are the factors that promote male victimization to IPV?
4. What modes of discipline measures did parents use to correct their children misconduct during childhood years?
5. Is there any relationship between the discipline measures and the risk of male victimization to IPV?
6. Are there any generational patterns of IPV in families?
7. How involved were the parents (male& female) in their children upbringing during childhood years?
8. How can male IPV be dealt with in the community?

**THIS IS TO CERTIFY THAT:**  
**MS. LYDIAH WANJIRU MAINGI**  
**of KENYATTA UNIVERSITY, 0-100**  
**NAIROBI, has been permitted to conduct**  
**research in Nyeri County**  
**on the topic: PARENTAL CORRELATES**  
**OF ADULT VICTIMIZATION TO INTIMATE**  
**PARTNER VIOLENCE AMONG MEN IN**  
**NYERI COUNTY**  
**for the period ending:**  
**12th March, 2015**

**Permit No : NACOSTI/P/14/9464/3704**  
**Date Of Issue : 6th November, 2014**  
**Fee Received :Ksh 2,000**





*[Signature]*  
**Applicant's**  
**Signature**

*[Signature]*  
**Secretary**  
**National Commission for Science,**  
**Technology & Innovation**

**CONDITIONS**

- 1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
- 2. Government Officers will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.**

  
**REPUBLIC OF KENYA**

  
**NACOSTI**  
**National Commission for Science,**  
**Technology and Innovation**

**RESEARCH CLEARANCE**  
**PERMIT**

**Serial No. A 3511**

**CONDITIONS: see back page**



**NATIONAL COMMISSION FOR SCIENCE,  
TECHNOLOGY AND INNOVATION**

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NAIROBI-KENYA

Ref. No.

Date:

**6<sup>th</sup> November, 2014**

**NACOSTI/P/14/9464/3704**

Lydia Wanjiru Maingi  
Kenyatta University  
P.O. Box 43844-00100  
**NAIROBI.**

**RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on *“Parental correlates of adult victimization to intimate partner violence among men in Nyeri County,”* I am pleased to inform you that you have been authorized to undertake research in **Nyeri County** for a period ending **12<sup>th</sup> March, 2015**.

You are advised to report to **the County Commissioner and the County Director of Education, Nyeri County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

*Said Hussein*  
**SAID HUSSEIN**  
**FOR: SECRETARY/CEO**

Copy to:

The County Commissioner  
Nyeri County.

The County Director of Education  
Nyeri County.