AN EXPLORATION OF ALCOHOL ABUSE AS A RISK FACTOR FOR INTIMATE PARTNER VIOLENCE IN KIBERA, KENYA

by

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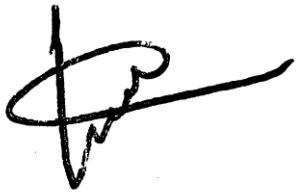

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SUMMARY

The aim of this study was to explore the influence of alcohol abuse on intimate partner violence (IPV) in Kibera, Kenya. The study is premised on the high prevalence of IPV and alcohol use in Kenya, especially among informal settlement dwellers. A qualitative approach was utilised in this study whereby 32 victims of IPV were interviewed. The results of the study revealed that the victims of IPV experienced physical, psychological, and sexual violence. The study also found out that a majority of the perpetrators abused alcohol and were violent when intoxicated. Moreover, the study demarcation (Kibera, Kenya) was recognised as a patriarchal, and culturally rooted community. Recommendations were made for the victims of IPV, the community of Kibera and for the local and national governing bodies.

KEY TERMS: Intimate partner violence, alcohol abuse, patriarchy, gender-based violence, sexual abuse, psychological abuse, physical abuse

DEDICATION

I dedicate this work to all female victims of intimate partner violence for their courage and resilience in the face of adversity and their dedication to caretaking responsibilities. This study is also dedicated to my family for their moral support.

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I wish to express my profound gratitude to God for how far He has brought me. In a special way, I recognise my supervisor, Dr SK Jansen van Rensburg, for her expertise and unwavering support and guidance in preparing this dissertation. I would like to acknowledge Fabio Ogachi for his support and encouragement. I also appreciate the intimate partner violence victims from the Kibera support group for sacrificing their valuable time and providing personal information for my study. A special word of thanks to Violet Kanguhia for her role in co-ordinating the women to take part in this study. Lastly, I wish to thank Anne Mungai, my colleague, for her encouragement during the difficult moments of my study.

ABSTRACT

The purpose of this study was to explore the influence of alcohol abuse on intimate partner violence (IPV) committed in Kibera, Kenya. The study is premised on the high prevalence of IPV and alcohol abuse in Kenya, especially among informal settlement dwellers. Kenya is geographically located in Eastern Africa. Kibera is an informal settlement in the country's capital city, Nairobi, and is plagued by extreme poverty, unemployment and crime.

A qualitative approach was implemented and a case study research design employed. Non-probability sampling, using purposive and snowball techniques, was used to select research participants. A total of 32 female victims of IPV made up the sample used in the study. Although the study did not intend to exclude males from the sample, no male victims of IPV could be located. Semi-structured interviews were held individually with each participant. Ethical considerations were actively applied throughout the duration of the study.

The raw data collected were thematically analysed. The findings of the study revealed that most of the participants were under 40 years old, married, and had at least one child. Their educational levels were limited, and their occupations as well as their partners' occupations generated low incomes. Physical and psychological abuse were cited as the most common types of abuse. However, sexual abuse was still prevalent and in some cases was extended to the children. The physical and psychological impacts were identified as the most prevalent effects of IPV. The effects on the children and family were also explored. The study found a strong link between alcohol use and IPV. However, alcohol use and/or abuse could not be identified as the only causal factor of IPV. Interestingly, the participants' experiences highlighted the patriarchal and cultural milieu significant to Kibera. It was found that the patriarchal nature maintained in Kibera is one of the factors contributing to IPV and its perpetuation.

The study envisioned to be of benefit to the victims of IPV, the local community and national governing body, as well as to scientific research.

Key words: Intimate partner violence, alcohol abuse, patriarchy, gender-based violence, sexual abuse, psychological abuse, physical abuse

IKISIRI

Utafiti huu ulilenga kuchunguza athari za pombe kwa dhuluma zinazosababishwa na mpenzi unayeshiriki naye ngono (IPV) katika eneo la Kibera nchini Kenya. Utafiti huu unatokana na kiwango cha juu cha hali ya IPV na unywaji wa pombe kupindukia nchini Kenya, hasa kwa wanaoishi kwenye mitaa ya mabanda. Kenya hupatikana katika eneo la kijiografia la Afrika Mashariki. Kibera ni mtaa wa mabanda ambao unapatikana katika mji mkuu wa Nairobi. Kibera inakabiliwa na umasikini uliokithiri, ukosefu wa ajira na uhalifu.

Mbinu ya kutathmini ubora ilitumika, na uchunguzi kifani ulitumika. Sampuli isiyokuwa na welekeo wa uwezekano ilitumika, kwa kutumia mbinu za kimakusudi, na kwa kuongeza mambo utafiti unapoendelea wakati wa kuchagua watu wa kushiriki kwenye utafiti. Jumla ya waathiriwa wa IPV 32 wa kike walitumika kama sampuli katika utafiti huu. Ijapokuwa utafiti haukuwa na lengo la kutowashirikisha wanaume, hakuna muathiriwa wa IPV wa kiume alipatikana. Maswali yaliyokuwa na utaratibu maalum yalitumika kwa kila mshiriki. Maadili yalizingatiwa mno wakati wa mchakato mzima wa utafiti.

Data iliyokusanywa ilichanganuliwa kwa kuzingatia mada. Matokeo ya utafiti huu yalionyesha kuwa wengi wa washiriki waliokuwa na umri usiozidi miaka 40, walikuwa wameolewa na angalau mtoto mmoja. Hawakuwa wamesoma mno, na wao pamoja na wapenzi wao walikuwa na ajira zenye ujira duni. Kupigwa na kuteswa kisaikolojia ni dhuluma zilizojitokeza mno. Hata hivyo, unyanyasaji wa kimapenzi bado ulishuhudiwa na hata wakati mwingine ulifanyiwa watoto. Madhara kwa mwili na ya kisaikolojia yalijitokeza kama athari kuu za IPV. Athari kwa watoto na kwa familia pia zilichunguzwa. Utafiti huu ulionyesha kuwa kuna uhusiano mkuu kati ya matumizi ya pombe kupindukia na IPV. Hata hivyo, matumizi ya pombe/au kulewa kupindukia siyo tu mambo yanayosababisha IPV. Cha kushangaza, hali zilizoelezwa na washiriki zilionyesha umuhimu wa mfumo dume kwa utamaduni wa watu wa Kibera. Iligunduliwa kuwa mfumo wa udume unaoendelea katika eneo la kibera, ni mojawapo wa mambo yanayochangia IPV na kuendelezwa kwake.

Utafiti huu utakuwa na manufaa kwa waathiriwa wa IPV, jamii wanazotoka na watungaji wa sheria za kitaifa bila kusahau jamii ya watafiti wa kisayansi.

Maneno muhimu: dhuluma zinazosababishwa na mpenzi unayeshiriki naye ngono, matumizi ya pombe kupindukia, unyanyasaji wa kijinsia, utamaduni, dhuluma za kimapenzi, dhuluma za kisaikolojia, kupigwa

TSHOBOKANYO

Maikemisetso a thutopatlisiso eno e ne e le go tlhotlhomisa tshusumetso ya tiriso e e botlhaswa ya nnotagi mo tirisodikgokeng ya balekane ba baratani (IPV) e e diragalang kwa Kibera, Kenya. Thutopatlisiso e theilwe mo tiragalong e e kwa godimo ya IPV le tiriso e e botlhaswa ya nnotagi kwa Kenya, bogolo segolo magareng ga banni ba mafelo a baipei. Kenya e fitlhelwa kwa Botlhaba jwa Aforika. Kibera ke lefelo la baipei mo motsemogolong wa naga, Nairobi, mme e aparetswe ke lehuma, botlhokatiro le bosenyi jo bo boitshegang.

Go dirisitswe molebo o o lebelelang mabaka mme ga dirisiwa thadiso ya thutopatlisiso e e lebelelang kgetse. Go dirisitswe mokgwa wa go tlhopha sampole moo baagi ba se nang tšhono e e tshwanang ya go nna le seabe le dithekeniki tsa go tlhopha sampole go ya ka maitlhomo le go letla banni-le-seabe ba pele go ngokela ba bangwe go tlhopha banni-le-seabe ba patlisiso. Palogotlhe ya batswasetlhabelo ba basadi ba IPV ba le 32 e nnile sampole e e dirisitsweng mo thutopatlisisong. Le fa thutopatlisiso e ne e sa ikaelela go se akaretse banna mo sampoleng, go ne go se na batswasetlhabelo bape ba IPV ba banna ba ba tlhageletseng. Go nnile le dipotsolotso tse di batlileng go rulagana tse di tshwerweng le monni-le-seabe mongwe le mongwe ka sebele. Go dirisitswe ntlha ya maitsholo a a siameng ka botlhaga mo tsamaong ya thutopatlisiso yotlhe.

Data e e kokoantsweng e ne ya lokololwa go ya ka meono. Diphitlhelelo tsa thutopatlisiso di senotse gore bontsi jwa banni-le-seabe ba ne ba le dingwaga tse di kwa tlase ga 40, ba nyetswe mme ba na le bonnye ngwana a le mongwe. Seelo sa bona sa thuto se ne se lekanyeditswe mme ditiro tsa bona gammogo le tsa balekane ba bona di ne di tsenya letseno le le kwa tlase. Tshotlakako ya mo mmeleng le ya maikutlo di tlhagisitswe jaaka mefuta e e tlwaelegileng thata ya tshotlakako. Le gale, tshotlakako ya thobalano e ne e ntse e le teng mme mo mabakeng mangwe e ne e fetela le mo baneng. Ditlamorago tsa mo mmeleng le mo tlhaloganyong di supilwe jaaka ditlamorago tse di bonalang thata tsa IPV. Go lebeletswe le ditlamorago mo baneng le mo lelapeng. Thutopatlisiso e fitlhetse go na le kgolagano e e maatla magareng ga tiriso ya nnotagi le IPV. Le gale, tiriso le/gongwe tiriso e e botlhaswa ya nnotagi ga e a supiwa e le yona fela ntlha e e bakang

IPV. Se se kgatlhisang ke gore maitemogelo a banni-le-seabe a senotse ka moo tsamaiso e e letlang banna go laola basadi le setso di laolang basadi ka gona mo loagong e leng se se maleba tota kwa Kiberia. Go fitlhetswe gore tsamaiso ya setšhaba e e letlang banna go laola basadi e e tswelediwang kwa Kiberia ke nngwe ya dintlha tse di tshwaelang le go etegetsa IPV.

Thutopatlisiso e lebeletse go ungwela batswasetlhabelo ba IPV, baagi ba selegae le lekgotlataolo la bosetšhaba, gammogo le dipatlisiso tsa saense.

Mafoko a botlhokwa*:* Tirisodikgoka ya balekane ba baratani, tiriso e e botlhaswa ya nnotagi, tsamaiso e e letlang banna go laola basadi, tirisodikgoka e e ikaegileng ka bong, tshotlakako ya thobalano, tshotlakako ya maikutlo, tshotlakako ya mo mmeleng

OKUCATSHANGIWE

Inhloso yalolu cwaningo kwakuwukuhlola umthelela wokuphuzwa kotshwala ngokweqile ngodlame lwabalingani beziboshwa(IPV) olwenziwe eKibera, eKenya. Lolu cwaningo lususelwa ekwandeni okuphezulu kwe-IPV nokuphuza kotshwala ngokweqile eKenya, ikakhulukazi phakathi kwabantu abahlala emijondolo. IKenya isendaweni yeMpumalanga Afrika. IKibera yindawo eyimijondolo enhlokodolobha yezwe, iNairobi, futhi ihlushwa ububha obukhulu, ukungasebenzi kanye nobugebengu.

Indlela yocwaningo egxile ekutholeni idatha yokuxhumana okuvulekile yasetshenziswa futhi kwasetshenziswa umklamo wocwaningo lwamacala. Ukwenza amasampula okungenzeki, kusetshenziswa amasu enhloso nowenqubo yokuqasha, kwasetshenziselwa ukukhetha ababambiqhaza bocwaningo. Bangama-32 abesifazane ababa yizisulu ze-IPV abenze isampula esetshenziswe ocwaningweni. Yize lolu cwaningo belungahlosile ukukhipha abesilisa kusampula, azikho izisulu zesilisa ze-IPV ezingatholakala. Izingxoxo ezihlelwe ngokwenziwe zabanjwa ngamunye nababambiqhaza ngamunye. Ukucatshangelwa kokuziphatha kusetshenziswe ngenkuthalo ngaso sonke isikhathi sokufunda.

Idatha eluhlaza eqoqiwe yahlaziywa ngokulandelana. Okutholakele ocwaningweni kuveze ukuthi iningi labababambiqhaza lalineminyaka engaphansi kwama-40 ubudala, lishadile futhi okungenani linengane eyodwa. Izinga labo lemfundo lalilinganiselwe futhi umsebenzi wabo kanye nomsebenzi wabalingani babo wakhiqiza imali engenayo ephansi. Ukuhlukunyezwa ngokomzimba nangokwengqondo kubalulwe njengezinhlobo ezejwayelekile zokuhlukumeza. Kodwa-ke, ukuhlukunyezwa ngokocansi kwakusadlangile futhi kwezinye izimo kwakudluliselwa nasezinganeni. Imiphumela yomzimba nengqondo ikhonjwe njengemiphumela edlange kakhulu ye- IPV. Imiphumela ezinganeni nasemndenini nayo yahlolwa. Ucwaningo luthole ukuxhumana okuqinile phakathi kokusetshenziswa kotshwala ne-IPV. Kodwa-ke, ukusetshenziswa kotshwala kanye / noma ukuhlukunyezwa akukwazanga ukukhonjwa njengeyona kuphela imbangela ye-IPV. Ngokuthakazelisayo, okuhlangene nababambiqhaza kwagqamisa indawo yezinzalamizi namasiko abalulekile eKibera. Kutholakale ukuthi imvelo

yezinzalamizi egcinwe eKibera ingenye yezinto ezinomthelela ku-IPV nasekuqhubekeni kwayo.

Ucwaningo luhlose ukuba lusizo kulabo abayizisulu ze-IPV, umphakathi wendawo kanye nesigungu esilawulayo kuzwelonke, kanye nocwaningo lwesayensi.

Amagama asemqoka: Udlame lomlingani wesiboshwa**,** ukuphuza utshwala ngokweqile**,** inzalamizi**,** udlame olubhekiswe ebulilini**,** ukuhlukunyezwa ngokocansi**,** ukuhlukunyezwa ngokwengqondo**,** ukuhlukunyezwa ngokomzimba

ACRONYMS AND ABBREVIATIONS

BAC	Blood Alcohol Concentration
DSM-5	Diagnostic and Statistical Manual for Mental Health Disorders
GBV	Gender Based Violence
IPV	Intimate Partner Violence
ICD-10	International Classification of Diseases
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
KNBS	Kenya National Bureau of Statistics
KNCC	Kenya National Crime Centre
NACADA	National Campaign Against Alcohol and Drug Abuse
PTSD	Post-Traumatic Stress Disorders
SAMSA	Substance Abuse and Mental Services Administration
UN	United Nations
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organisation

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CHAPTER ONE
GENERAL OVERVIEW AND RESEARCH METHODOLOGY

1.1 INTRODUCTION

Gender-based violence (GBV) is known as one of the most predominant human right violations in the world. It includes physical, sexual, psychological, and economical abuse as well as threat of violence, coercion, and deprivation of freedom (United Nations International Children's Emergency Fund (UNICEF), 2020: np). GBV is manifested in many ways such as sexual violence, child marriage, trafficking for sexual exploitation and intimate partner violence (IPV). IPV, as a form of GBV, is the focus of this study. IPV is a major health concern, and its prevalence and nature are studied across the globe (Chatterji, Stern, Dunkle & Heise, 2020; Min, Lee & Kim, 2020; Zaman, Kautz, Silenzio, Hoque, Nichols-Hadeed & Cerulli, 2021). IPV statistics indicate that women bear the brunt of the violence in abusive relationships (Boden, Fergusson & Horwood, 2012: 138; Heise & Fulu, 2014: 6; World Health Organisation (WHO), 2013: np). According to the WHO (2018: 2), 35% of women worldwide have experienced some form of violence by an intimate partner. The prevalence of IPV is particularly present in low and middle-income countries (Turner, Riedel, Kobeissi, Karyotaki, Garcia-Moreno, Say & Cuijpers, 2020: 1) such as Kenya, where underprivileged women are thus likely to be assaulted by their male partners (Heise & Fulu, 2014: 6).

A national study conducted in Kenya by the Kenya National Bureau of Statistics (KNBS) (2015) revealed that 38% of women experienced physical violence perpetrated by their husband or partner while 23% experienced violence in the previous 12 months. Regarding sexual violence, 14% of women surveyed experienced sexual violence, during their lifetime, while 10 % experienced sexual violence in the 12 months prior to the survey (KNBS, 2015: 59*).* Moreover, according to the study, the most common perpetrators of violence against women in Kenya are current or former partners (KNBS, 2015: 60).

The high prevalence of IPV in Kenya is cause for concern and requires a multipronged preventative approach. Many of the policies and legislations focus on the legal and social consequences that the perpetrators should face as well as victim support (WHO, 2018: 24). However, there is need to understand the context in which IPV occurs so that the root causes and risk factors are addressed. Alcohol abuse has been touted as one of the risk factors for IPV (Wilson, Graham, Laslett & Taft, 2020: 2). Even though many studies have been conducted on IPV, these studies have been rooted in countries whose social context may be different from the Kenyan context (Boden et al, 2012; Eckhardt, 2015; WHO, 2018). The prevalence of IPV is particularly present in low and middle-income countries (Turner et al. 2020: 2), such as Kenya, where underprivileged women are thus likely to be assaulted by their male partners (Heise and Fulu 2014).

Kibera informal settlement is the largest slum in Kenya, and arguably one of the largest in Africa (UN-Habitat, 2009: 21). The residents of the Kibera informal settlement typically face a myriad of socio-economic challenges such as illiteracy and poverty. Women and girls in the slum are especially disadvantaged because of the traditional African challenges of patriarchy, inequality, lack of access to resources and abuse. These social ills are usually perpetuated under the guise of cultural norms (Obwada, 2014: 41). The unique social, economic and cultural issues, faced by the residents of the informal settlement, increase the prevalence of IPV (Obwanda, 2014: 33). Alcohol use is also high in informal settlements in Kenya with 66.3% of the residents in Kibera being at risk of alcohol dependency. This is partly due to the proliferation of illicit alcohol and drugs in Kibera (Okaru, Abuga & Kibwage, 2017: 8). It is against this backdrop that this research was conducted to explore the influence of alcohol abuse on IPV committed in Kibera, Kenya. This was done with a purpose of developing contextualised interventions to assist in the mitigation of the problem in the community.

1.2 PROBLEM STATEMENT

IPV is not only a human rights issue, but also a health and social problem. The consequences of IPV are dire. Physically, victims suffer abdominal injuries, fractures, scalds and disability. Psychologically, the victims are prone to alcohol and drug abuse, posttraumatic stress disorder (PTSD), anxiety, depression and suicidal tendencies. Their sexual and reproductive health is also adversely affected with accidental pregnancies, HIV infection and pregnancy complications. Some victims may also develop chronic disease such as strokes, kidney problems and even cardiovascular disorders (WHO, 2018: 8).

Although countries are investing in efforts to deal with IPV, the efforts are not enough to match the burden. Promoting gender equality, victim identification, support services and reducing harmful use of alcohol have been identified as some of the strategies that can be used in prevention of IPV (WHO, 2014: 8). Boden et al (2012: 138) found that alcohol use disorder accounted for 4.6 to 9.3% of violent offending and IPV in New Zealand. Men are likely to be aggressive to their partner when heavily intoxicated. A study conducted across thirteen countries in the world found that alcohol abuse was associated with greater aggression towards female partners (Graham, Bernards, Wilsnack & Gmel, 2011: 1519).

Although many people who use alcohol are not violent, studies show that alcohol abuse is prevalent among most perpetrators of IPV. It is, therefore, important to note that it is not the use of alcohol that is a problem, but the abuse or misuse of the substance that has been identified as a problem. As a result, the focus of this study is to explore the association between the abuse of alcohol and IPV incidents. Cafferky (2015: 45) conducted a meta-analysis of 285 studies and found out that alcohol use was significantly related to IPV. The argument that alcohol abuse is associated with IPV is supported by studies in the west (Eckhardt, Parrott & Sprunger, 2015; Foran, Heyman, Slep & Snarr, 2012; Levinson, Giancola & Parrott, 2011). Greene, Kane and Tol (2017) conducted a study in Sub-Saharan Africa and found a prevalence of IPV of between 11 to 60%. The study was conducted across 14 countries in sub-Saharan Africa, and collected data from

86,024 women, who were sampled in a demographic health survey. The results of the study revealed that alcohol use was associated with higher odds of reporting IPV. The findings of the study in sub-Saharan Africa also found out that women, who came from a lower social economic status and lived with partners, who abused alcohol were likely to experience IPV (Greene et al, 2017: 15). It is thus the aim of this study, as expounded on in the proceeding section, to explore if the abuse of alcohol can be identified as one of the risk factors for IPV incidents committed in the Kibera informal settlement in Kenya.

1.3 RESEARCH AIMS AND OBJECTIVES

The study aim refers to the general intention which emphasises the desired outcome of the research. Objectives of the study are the specific steps that will be taken to achieve the desired outcome. Thus, the research aims, and objectives guide the researcher in conducting the study. Furthermore, it enables the researcher to clarify and narrow down the scope of the study (Thomas & Hodges, 2010: 41).

1.3.1 Aim of the study

The aim of this study was to explore the influence of alcohol abuse on IPV committed in Kibera, Kenya.

1.3.2 Objectives of the study

The aim of the study was achieved through the following objectives:

- To determine the nature of IPV experienced by the participants.
- To explore the abuse of alcohol as a risk factor for IPV.
- To describe the coping mechanisms used by victims of IPV.

- To recommend prevention and intervention solutions in terms of the role of alcohol abuse in IPV in Kibera, Kenya.

1.4 RESEARCH QUESTIONS

Research questions are the questions that the research aims to answer (Thyer, 2010: 45). Alvesson and Sandberg (2013: 32) maintain that research questions must be focused and clear in order to solve the research problem. Primary research questions seek to answer the overall aim of the study while the secondary research questions seek to provide answers to the specific objectives of the study. The primary and secondary research questions emanate from the aim and objectives of the study (Thyer, 2010: 46).

1.4.1 Primary research question

What is the role of alcohol abuse in IPV in Kibera, Kenya?

1.4.2 Secondary research questions

The following secondary research questions will guide the study:

- What is the nature of IPV as experienced by the participants?
- Is the abuse of alcohol a risk factor in incidents of IPV?
- What coping mechanisms do victims use when dealing with IPV?
- What prevention and intervention solutions can be recommended based on the findings of this study?

It is important to highlight the key theoretical concepts which are used throughout this dissertation. The key theoretical concepts in this study are discussed below.

1.5 KEY THEORETICAL CONCEPTS

In this section, the concepts that are central to the study are defined and explained. The explanation of key terms is provided to guide the reader as he or she reads through the research report (Ravitch & Riggan, 2012: 13).

1.5.1 Alcohol

Alcohol is an organic substance which acts as an intoxicating agent in fermented and distilled liquors. Once alcohol is ingested, the body converts it to a sugar-based fuel. Furthermore, alcohol acts a central nervous system depressant (Davis, 2021: np).

1.5.2 Alcohol intoxication

An altered physiological and psychological state that an individual experiences after ingesting alcohol (Vonghia, Leggio, Ferrulli, Bertini, Gasbarrini & Addolorato, 2008: 562). An intoxicated individual experiences distortion in cognitive perceptions and interpretations (Clements & Schumacher, 2010: 14). Distortions in cognitive perceptions and interpretations involve altered ways of experiencing emotions and thought processes such as pre-empting conclusions without knowing all the facts and making a big deal of small issues (Crighton, 2015: 21).

1.5.3 Alcohol myopia

The misinterpretation of an intimate partner's behaviour by an intoxicated partner that leads to overreactive and aggressive behaviour (Clements & Schumacher, 2010: 35). Alcohol intoxication leads individuals to disproportionally focus on the salient rather than the peripheral cues from their partners leading to violence (Sevincer & Oettingen, 2014: 2). Focusing on salient cues means that the individual focuses on what the partner says or does only rather than looking at the context of the partner's behaviour (peripheral cues). For example, if an intoxicated individual sees his or her partner laughing with another man or woman, he or she is likely to interpret it as a sign of infidelity rather than an innocent social interaction.

1.5.4 Alcohol use disorder

The excessive use of alcohol, that leads to physical and mental health problems for the individual (WHO, 2018: 3). It involves continued alcohol consumption despite negative consequences to the individual or family (American Psychiatric Association, 2013: 48).

1.5.5 Culture

A culture refers to learned behaviour developed by human beings. This learned behaviour stems from traditions adopted by a group of people and passed down from one generation to the next. These learned behaviours include the acceptance and internalisation of certain norms, values, shared meaning and patterned ways of living. A culture is often embraced, normalised and carried out by a group of people withing a geographical area (Birukou, Blanzieri, Giorgina & Guinchiglia, 2013: 1).

1.5.6 Gender-based violence (GBV)

GBV is a form of violence that disproportionally affects persons based on their gender. This type of violence is targeted against the female gender, and involves but is not limited to physical, sexual, psychological and economical harm. Furthermore, it constitutes a breach of the fundamental rights to life, liberty, security, dignity, equality between women and men, non-discrimination, and physical and mental integrity. GBV can take on many forms such as child marriage, female genital mutilation, honour killings, sex slavery and IPV, but for the purpose of this study the focus will be on IPV (European Commission, 2020: np).

1.5.7 Informal settlement

An informal settlement is an area, where people live without basic amenities and housing, and is typically occupied by people with low income. The area is characterised by poverty, lack of basic resources and security. It is also referred to as slums (UN-Habitat, 2015: 1). Moreover, the architecture and design of the houses is mainly based on the occupiers' convenience (Hernández, Kellett & Allen, 2012: 12).

1.5.8 Intimate Partner Violence (IPV)

A form of violence meted out on a victim by their current or former partner. The partners can either be in a romantic or spousal relationship. Additionally, they may or may not be legally married (Renzetti, Follingstad & Coker, 2017: 1). This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. IPV includes physical aggression such as beating and slapping; sexual aggression such as rape and forced sexual acts and emotional abuse such as verbal abuse, stalking and tormenting (WHO, 2018: 3).

1.5.9 Patriarchy

A system of social structures and practices in which men dominate and oppress women (Akgul, 2017: 32). Patriarchy is associated with violence against women and abuse of women rights (Bettman, 2013: 21).

1.5.10 Socialisation

The relations that occur between individuals and their social environment. The relations are not random but are guided by biological factors and other individuals or groups (Dabbagh, Roer-Strier & Kurman, 2014: 103). Wanberg (2012: 8) defines socialisation as the process through which an individual acquires social knowledge and skills in order to assume a social role.

1.5.11 Substance abuse

Substance abuse is defined through the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as follows:

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, during the same 12-month period:

1. Recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)

4. Continued substance use despite having persistent or recurrent social and interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

B. The symptoms have never met the criteria for substance dependence for this class of substance" (Barlow & Durand, 2005: 391).

Important to note is that this research is mainly focusing on point number 4 highlighted under the above definition of substance abuse. Furthermore, alcohol is the substance under investigation in this study. As a result, alcohol abuse and substance abuse may in certain instances be used interchangeably in this research report.

Based on the above definition, substance or alcohol abuse is not defined by how much of a substance is ingested. However, the DSM-5 defines substance abuse in terms of how the substance significantly interferes with one's life (Barlow & Durand, 2005: 391). Barlow and Durand (2005: 391) add that if the use of the substance disrupts one's daily life and relationships with others then one is considered a substance abuser.

1.5.12 Victim

Victims are defined in the Compendium of United Nations (UN) Standard and Norms in Crime Prevention and Criminal Justice as:

"persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within Member States, including those laws proscribing criminal abuse of power" (UN, 2006: 303). For the purpose of this research, a victim refers to a woman, who has been experiencing IPV. It is important to note that the term "victim" instead of "survivor" is used

throughout the dissertation since most of the participants who took part in this study were still in the abusive relationships at the time when this research was being conducted.

The value of the research is discussed next.

1.6 VALUE/ IMPORTANCE OF RESEARCH

IPV is a violation of human rights that has devastating social and health consequences (WHO, 2015: 1). Therefore, the study adds value to the following demarcated groups:

- **Victims of IPV**

Individuals, who abuse alcohol or have partners, who abuse alcohol may benefit from this study's findings by understanding how alcohol abuse increases the likelihood of IPV.

- **Local community**

The findings of this study can be used to create awareness to the community on the influence of alcohol abuse on IPV.

- **Local and national governing bodies**

Kenya can benefit from a better understanding of the alcohol abuse as a risk factor for IPV incidents taking place not only in informal settlements, but also in the whole country. This may help in improving interventions and policies that may target alcohol abuse as a measure to mitigate IPV.

- **Scientific research**

The findings of the study add to scholarly literature on alcohol abuse and IPV in the Kenyan and African context and provides a foundation for further research.

The research approach and design that were used in this study are discussed next.

1.7 RESEARCH APPROACH AND RESEARCH DESIGN

The research approach is the blueprint that guides a study. It is based on the nature of the problem being addressed in the research (Seidman, 2013: 7). Harper and Thompson (2011: 16) define the research design as the procedures that the researcher intends to use to address the research questions. The research approach and design are discussed below.

1.7.1 Qualitative approach

The study used a qualitative approach as the method of inquiry. In qualitative research, the researcher studies a relatively small number of participants with an aim of collecting thorough and rich information that describes personal experiences and perceptions. Qualitative research seeks to understand the participants from their phenomenological world (Harper & Thompson, 2011: 32). In qualitative research, the researcher puts herself in the participants' world to understand their subjective experiences in order to make interpretations and get insights that go beyond the study participants (Seidman, 2013: 47). This study sought to understand the victims of IPV based on their personal experiences and perspectives on the violence they endured. In this way, the nature of alcohol use and how the victims cope with the violence was better understood.

A qualitative approach provided the phenomenological perspective of participants based on their experiences of alcohol use and IPV. According to McCaig and Dahlberg (2010:

115: 37) a qualitative approach is appropriate when the researcher seeks a detailed explanation, of the subject under study, the issue being researched is sensitive and the population being studied is hard to reach. IPV is a sensitive issue and thus a qualitative approach was deemed suitable. In this way, the study presented a detailed account on the nature of alcohol abuse in IPV among research participants residing in Kibera, Kenya.

1.7.2 Case study design

A research design is the general plan for undertaking the research study (Sunders, Lewis & Thornhill, 2009: 45). The study made use of a case study research design. A case study is defined as an in-depth study of a particular phenomenon (Mangal, & Mangal, 2013: 192). The design enabled the researcher to get detailed information about the experiences of the participants in Kibera, Kenya. A case study design is advantageous because it allows the researcher to collect comprehensive details which would not be otherwise possible with other methods. It also enables the gathering of information from a unique group that may not be large in numbers (Yin, 2013: 15). The design, therefore, allowed the researcher to provide a detailed description of the nature of alcohol abuse and IPV in Kibera. On the other hand, a case study design may be disadvantageous in that the collected data may not be generalised to wider populations (Yin, 2013: 16). However, the aim of this study was not to generalise its findings. On the contrary, the study endeavoured to explore the role of alcohol in IPV within an African context. Thus, the study can serve as an example to other contexts.

In order to explore the role of alcohol in IPV within an African context, the population and sampling procedures needed to be clearly demarcated.

1.8 POPULATION AND SAMPLING PROCEDURES

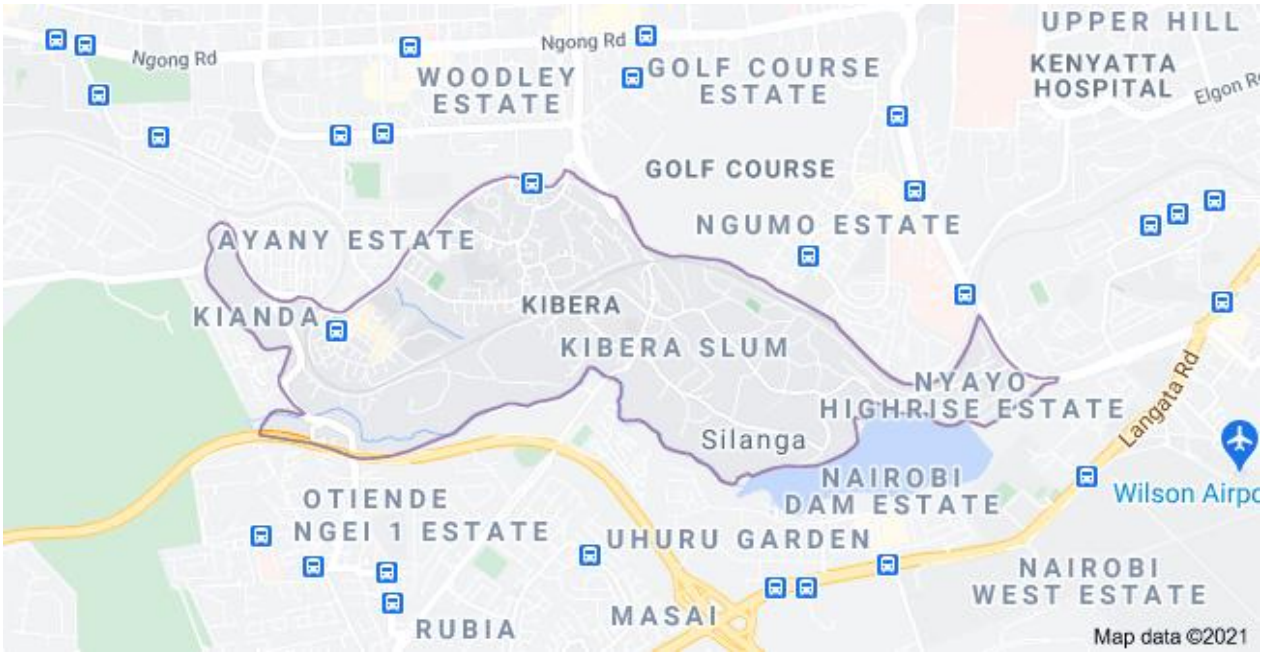
1.8.1 Population

A population is all the entities of interest in a research study (Delport & Roestenberg, 2011: 193). The target population of this study are all the victims of IPV in Kibera, Kenya. The maps shown on the next page provide a geographical representation of Kenya and Kibera, respectively.

Figure 1.8.1 Map of Kenya

(Agristewards, 2019: np)

Figure 1.8.1.1 Map of Kibera



(Google maps, 2021: np)

The Republic of Kenya, as it is officially known, is a country located in Eastern Africa. Kenya is the 48th largest country in the world and has a population of 47,6 million people. Nairobi is Kenya's capital and its largest city (Kenya National Bureau of Statistics (KNBS), 2019: np). Kibera is an informal settlement located in Kenya. It is the largest informal settlement in Nairobi and the largest urban informal settlement in Africa. Most of the residents live in extreme poverty, approximately earning less than R16 a day. Moreover, unemployment is rife and many people are living with Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS). The community struggles with basic sanitation such as access to clean water. Consequently, diseases caused by poor hygiene are widespread. There are very little schools and most parents and guardians living in the area cannot afford education for their children. Furthermore, criminal activity is rampant especially regarding cases of assault and sexual violence (Stenton, 2015: 3).

In Kibera, there are various support groups dedicated to victims of IPV. However, due to financial and logistical restrictions encountered by the researcher, the entire population could not be accessed. Additionally, participation in the study was completely voluntary, thus participation could not be forced or coerced. Therefore, a sample of the population was used.

1.8.2 Sampling procedures

A sample is a subset of the population that is studied to understand the population they represent (McBurney & White, 2010: 34). The researcher did not know the odds of selecting an individual for the study hence a non-probability sampling procedure was used to select the sample. McBurney and White (2010: 121) argue that the appropriate sampling procedure is dependent on the knowledge of the researcher about the target population. The researcher used purposive sampling whereby specific individuals with the required information and knowledge of the subject matter were sampled (Bachman & Schutt, 2014: 119). Purposive sampling was used to select key informants such community leaders, who provided information about IPV, and referred the researcher to

the victim support group. Snowball sampling was also used whereby victims of IPV within the support group referred the researcher to additional participants (McBurney & White, 2010: 123). Furthermore, the method is also appropriate when trying to get a sense of the predominant perspective and experiences on a phenomenon (Bachman and Schutt, 2014: 117). The sampling procedure was deemed appropriate for the study as it sought to explore the topic under investigation.

As referred to by community workers and leaders, the researcher located the study's participants at IPV support group meetings. The support group leader introduced the researcher to the members of the group and allowed the researcher to introduce her study. The researcher explained the study to the participants and described the nature of participation. The researcher then requested those who were interested to take part in the study, to inform the researcher accordingly. Subsequently, those who were available and willing to participate were recruited for the study. The sample consisted of 32 participants. The researcher stopped recruiting more participants as data saturation was reached. Data saturation is a point where the researcher decides to discontinue data collection on the basis that the data collected or analysed suffices. Thus, further data collection is unnecessary (Bachman & Schutt, 2014: 120).

1.8.3 Unit of analysis

The unit of analysis is defined as the entity under study. It is what or who that is being studied (Yin, 2013: 17). Since this study studied people and social relationships, any resident of Kibera, who was or had been a victim of IPV was constituted as the unit of analysis. The unit of analysis constituted 32 women who resided in Kibera during the time they experienced IPV. Although, the study did not set out to be gender-biased, no men, who experienced IPV victimisation, could be located to take part in the study.

1.8.4 Pilot study

A pilot study involves administration of the research instrument to a small group of participants in the target population (McBurney & White, 2010: 236). A pilot study is necessary in order to test and validate the research instrument. During the pilot study phase, the researcher was able to note any possible challenges associated with data collection in the study. Thereafter, modifications were made to the research instrument before conducting the actual study. The researcher interviewed three participants from the target population, who were included in the final study. These participants were included in the final study due to the small cohort of research participants. Additionally, this small cohort can be attributed to the sensitive nature of the topic under study.

The research and data collection methods are detailed below.

1.9 RESEARCH METHODS AND DATA COLLECTION

Data collection is defined as methods and means that are used to get information from the participants of a study (Harper, & Thompson, 2011: 36). A semi- structured interview schedule was used to collect data from the participants (see Annexure E). All the participants were asked the same questions in line with the goals of the study (Mangal & Mangal, 2013: 254). When using semi-structured interviews, the researcher asks a set of pre-determined questions and the participants have the freedom to give a detailed description on the issue. The research participants can also introduce study related topics that may not have been included in the interview schedule allowing for flexibility and flow of information (Harrell et al, 2009: 103). Thus, although the interviews were guided by a predetermined set of questions, the researcher used prompting techniques and asked additional questions specific to the participants as the interviews progressed.

The empirical data were collected between 1 October 2018 and 28 February 2020 and a total of 32 interviews were conducted. This prolonged data collection process was necessary to obtain the trust of the participants and achieve data saturation. The interviews were conducted in Swahili which is the national language used in Kenya especially among people living in informal settlements. Each interview took approximately thirty to sixty minutes. The researcher asked all the relevant questions for the research in one sitting. The researcher translated the interviews into English and transcribed them herself. The key challenge experienced was reluctance by the participants to reveal more information about themselves. However, after the researcher reiterated the purpose of the interview and research, and assured them of privacy and confidentiality, most of them felt free to share sensitive information.

The researcher contacted the support group leaders to ask for permission to attend the support group meetings and conduct the study. The women meet once every week to offer each other support and learn skills such on how to start a business, and how to financially support each other through saving. They also get an opportunity to obtain information from experts such as legal aid, financial literacy, and well-being. There are usually about 30 women in every meeting. The researcher then requested the group leader to introduce the researcher and the study to the attendees. The participants were met at their regular support group meetings and requested for their participation in the study. The interviews were conducted privately with each participant because of the personal and sensitive nature of the topic under investigation. Moreover, the participants felt comfortable to share in private with the researcher rather than in a group setting. The researcher assured that confidentiality and privacy would be ensured. The necessity and the benefits of the research findings were also explained to the participants based on the informed consent (see Annexure B).

Empirical data is allocated meaning once it is interpreted. Data analysis and interpretation is discussed next.

1.10 DATA ANALYSIS AND INTERPRETATION

Data analysis is the process whereby collected data is organised and manipulated in order to produce findings and interpretations. It is the process of making meaning and sense of the collected data (Miles, Huberman & Saldaña, 2014: 3). Thematic analysis was used to analyse the collected data. Thematic analysis involves identifying themes and patterns of meaning that emerge from the information collected from interviews (Guest, MacQueen & Namey, 2012: 5). This type of analysis is commonly used by researchers to explore the experiences and views of participants in a research (Clarke & Braun, 2018: 107). The analysis was conducted in line with the six-step phase of thematic analysis stipulated by Braun and Clarke (2006: 16). In the first phase, the researcher familiarised herself with the data through repeatedly listening to the recordings of the raw data. This assisted with identifying ideas and patterns before coding. The researcher then transcribed the verbal data collected from the interviews. In the second phase, the researcher started generating codes in line with interesting ideas that emerged from the familiarisation phase. The researcher used codes that identified the unique features of the data (Braun & Clarke, 2006: 20). The third phase involved searching for themes: a process that saw the researcher sort the different codes into themes and collate the data extracts in line with the themes. A relationship between the themes was also identified. The fourth phase involved a review of the themes whereby the researcher considered whether the identified themes were a valid representation of the data (Braun & Clarke, 2006: 21). The fifth phase involved defining and naming themes. By identifying the essence of each theme and the overall theme, an analysis of each theme was conducted, and subthemes were also identified. The last phase is producing the report. In writing the report, the researcher provided a coherent, logical, and concise account of the data across and within the identified themes (Braun & Clarke, 2006: 23).

Next, the reliability and trustworthiness of collected data are discussed.

1.11 RELIABILITY AND TRUSTWORTHINESS

The researcher sought to promote the reliability and trustworthiness of the data collected by adhering to the following processes:

1.11.1 Enhancing reliability and trustworthiness

Reliability is the ability of the measuring instrument to yield consistent results. The researcher asked clear and unambiguous questions as stated in the interview schedule (Seidman, 2013: 46). The researcher personally conducted all the interviews in order to clarify questions to the participants. This guaranteed that misinterpretations and misunderstandings were avoided. In qualitative research, a study needs to be reliable before it can be deemed trustworthy. Trustworthiness in research is premised on credibility, transferability, dependability, conformability and reflexivity (Korstjens & Moser, 2017: 120). These qualities and their application to the research study are explained below:

1.11.1.1 Credibility

Credibility is rooted in the confidence that can be found in the accuracy of the research findings. Credibility denotes logical deductions drawn from the theoretical and empirical data collected as well as truthful interpretations based on the participants' perceptions (Korstjens & Moser, 2017: 121). Strategies used to ensure credibility in this study were prolonged engagement and data triangulation. The empirical data were collected over three years. This was necessary to build trust between the researcher and the participants. The researcher attended many support group meetings before the members started to trust her and agree to participation in the study. Data triangulation was achieved by using multiple sources of information to substantiate the study.

1.11.1.2 Transferability

Transferability refers to the extent to which the findings of the study can be transferred to other participants and contexts. Thick descriptions were used to enhance transferability (Korstjens & Moser, 2017: 121). The researcher was cognisant to provide rich descriptions regarding the research procedures used in the study as well as contextualising the findings of the study to the Kenyan milieu in which it is situated in.

1.11.1.3 Dependability

Dependability denotes the consistency and stability of the research findings over time (Korstjens & Moser, 2017: 121). Dependability was ensured by means of an audit trail. This involved transparently describing the design and findings of the study.

1.11.1.4 Confirmability

Confirmability is the extent to which the findings of the study can be validated and substantiated by other literature and researchers (Korstjens & Moser, 2017: 122). The study's findings were linked to current literature. In addition, the researcher requested academic insight from her supervisor as well as the support group leader concerning the study's findings. Their feedback and input added value to the findings.

1.11.1.5 Reflexibility

Reflexibility relates to critical introspection into the researcher's own bias and subjectivity. It also relates to acknowledging the researcher's own preconceptions as well as the transparency involved in the relationship between the researcher and the participants (Korstjens & Moser, 2017: 121). The researcher enhanced reflexibility by making reflexive notes, in which critical self-reflection took place after each interview was conducted.

When studying people and their social interactions, ethical considerations need to be recognised and implemented accordingly.

1.12 ETHICAL CONSIDERATIONS

Ethics is defined as a description of the norms and standards that guide the researcher during the research process (Mertens & Ginsberg 2009: 244). It involves the moral behaviour and conduct that the researcher engages in as she seeks information from the participants. Whenever one is working with human beings, it is paramount that the researcher upholds ethical principles. Respecting people, justice, promoting welfare and maintaining dignity are all universal ethical principles (Miller, 2012: 11). The study obtained ethical clearance from the University of South Africa (UNISA), College of Law, ethics committee (see Annexure C). In this way, adherence to the UNISA (2007) policy on research ethics was ensured. In addition, the researcher holds a Master of Arts (Counselling Psychology), and therefore, is sensitive to the plight of the participants and could handle the research process in a professional and informed manner. The following ethical issues were considered:

1.12.1 Informed consent

Informed consent means that the participants should be given sufficient information about the research and that they voluntarily agree to participate. The researcher should ensure that the participants are fully aware of the consequences of participating in the study and all aspects of the study. The consent from the participants should be continuously sought and guaranteed throughout the study (Miller, 2012: 56). The aim and objectives, time span of the interview, and freedom to withdraw from the study was explained to the participants. Potential harm was explained to the participants in the context of the sensitive nature of the study. Furthermore, the participants were encouraged to ask

questions regarding the study. Informed consent (Annexure B) was obtained in writing with the researcher and participant countersigning and dating the informed consent forms.

1.12.2 Voluntary participation

Individuals should not be coerced or manipulated to participate in a study (Cottrell & McKenzie, 2011: 101). In this study, the participants were not pressured to participate, and were made aware of their free choice to participate in the study. Permission to take part in the research study was initially requested from the participants (see Annexure A). It was confirmed through the signed informed consent forms that all the participants freely volunteered to take part in the study.

1.12.3 Privacy, anonymity, and confidentiality

All participants of a study have the right to privacy about what aspects of their life or information to disclose (Farrimond, 2012: 104). The researcher ensured that the participants were guaranteed their privacy. Privacy means that the participant has the freedom not to be intruded regarding personal matters (Wiles, 2013: 41). In conforming to this ethical requirement, the researcher, therefore, refrained from unnecessarily intrusive questions and inquiries that do not add value to the research. The participants were also provided the right not to respond to some questions they found too personal or private. Anonymity, on the other hand, means that the researcher did not seek to get identifying information of the participants such as contact information (Wiles, 2013: 41). The study used pseudonyms, and the participants were assured that they would not be able to be identified by name, and their records such as signed informed consent would be kept in a safe which only the researcher had access to. Additionally, all the interviews took place in a private room to reinforce privacy and anonymity. Confidentiality means that the identifiable information will not be disclosed, and the identity of the participants will be kept secret (Wiles, 2013: 42). The researcher could not guarantee full anonymity as the participants consisted of a support group who know each other. However, the

support group endeavoured to make each member feel safe by committing to not share personal information outside the group.

1.12.4 Deception of participants

Deception is the withholding of information or misleading participants about the nature of the study (Farrimond, 2012: 120). In this study, the researcher explained all the aspects of the study to the participants and did not deceive the participants in any way.

1.12.5 Compensation

The researcher did not compensate the participants for their participation in the study. The researcher expressed empathy to the participants and also verbally appreciated them for participating in the study. In addition, the researcher informed the participants about the process of catharsis. The process of catharsis highlights the benefits of sharing personal experiences because it helps to release pent up emotions and stress (Djuric, Tomic & Veljkovic, 2006: 27).

1.12.6 Debriefing

A debriefing session was conducted among participants to provide psychological support to them. Considering that IPV has a negative impact on the psychological well-being of individuals. Some participants experienced psychological discomfort discussing their IPV experiences. The researcher, being a psychologist, offered psychological debriefing to each participant at the end of the interview as well as ongoing support and counselling when requested.

1.12.7 Publication of findings

The findings of the research study will be published accurately without manipulation or deception in the form of a Master of Arts (Criminology) dissertation.

The dissertation is guided by the following layout.

1.13 DISSERTATION LAYOUT

The researcher used a systematic outline of the dissertation to guide the reader.

Chapter 1: General orientation and research methodology

This chapter provides an overview to the research problem as well as the research methodology used during the course of the study. The research aim and objectives are clarified, and the key theoretical concepts are introduced to the reader. Moreover, the chapter details the significance of the study. Concerning research methodology, the chapter elaborates on the research approach and design, data collection methods and data analysis. In addition, reliability, trustworthiness, and ethical considerations are discussed.

Chapter 2: A contextual overview of the prevalence of IPV and alcohol abuse as a risk factor for IPV

This chapter provides a review of the available literature pertaining to alcohol abuse in IPV. It commences with a review of IPV in terms of its prevalence, nature, classification, and forms. Thereafter, a classification of alcohol use, its prevalence, and effects Furthermore, coping mechanisms when dealing with IPV are identified and reviewed.

Chapter 3: Theories relating to IPV

This chapter provides the theoretical underpinning of the study. Criminological theories are used to explain and understand IPV. The chapter provides a critical overview of three theories: power, feminist, and social disorganisation theories. These theories are practically applied to the African context in which the study is located.

Chapter 4: Data analysis and interpretation of the results

This chapter delivers a comprehensive account of the data analysis and interpretations made from the raw data collected. The chapter is divided into five sections which are unpacked extensively. These sections include, the participants' profiles, the nature and extent of IPV, the role of alcohol abuse in IPV, patriarchal and cultural milieu as well as the coping mechanisms used by the victims of IPV. Additionally, the chapter presents a summary of the research findings.

Chapter 5: Achievement of aim and objectives, recommendations and conclusion

This chapter highlights how the aim and objectives of the study were achieved. Furthermore, it provides recommendations based on the theoretical and empirical findings of the study. Moreover, it outlines the limitations of the study and lists recommendations for future research.

1.15 CONCLUSION

Considering the seriousness of the issue of alcohol abuse in its relation to IPV, this study endeavoured to provide a theoretical and empirical understanding within the context of Kibera, Kenya. IPV is likely to occur in a relationship where one partner is abusing alcohol. Alcohol abuse impairs judgement and leads to the likelihood of the intoxicated individual

being aggressive to their partner. The economic and social context of residents of Kibera informal settlement increases the chances of the occurrence of IPV. This chapter has highlighted the research problem, methodology and ethical considerations that were considered in the study. The next chapter provides an in-depth review of literature for the study.

CHAPTER TWO

A CONTEXTUAL OVERVIEW OF THE PREVALENCE OF IPV AND ALCOHOL ABUSE AS A RISK FACTOR FOR IPV

2.1 INTRODUCTION

IPV is a serious crime that occurs among individuals in an intimate relationship. The global statistics of IPV indicate that many individuals are subjected to violence by their partners in various forms (Merrill, Wardell & Read, 2014; Obwada, 2014; WHO, 2017). Despite various attempts by researchers in understanding IPV, its link with alcohol abuse in specific environments is not clearly determined (Foran & O'Leary, 2008; Greene, Claire, Jane & Wietse, 2017; O'Leary & Schumacher, 2003). The abuse of alcohol can alter how an individual thinks and behaves in a relationship (Lasebikan & Ola, 2016, Wacuka, 2015; WHO, 2015). This study sought to establish the influence of alcohol on IPV within the African context.

In this section, literature on IPV, its prevalence and causes thereof are discussed. Forming part of the review process is the prevalence of alcohol use and abuse in the world, Africa, and more specifically Kenya, and the effects of alcohol abuse. Lastly, the coping mechanisms used by victims of IPV are reviewed.

2.2 PREVALENCE AND NATURE OF IPV

IPV is a global health concern with grievous consequences. There is an increasing concern that IPV has a significant public health impact, in addition to being a violation of a person's human rights (Coker et al, 2012; Peltzer et al, 2011; WHO, 2017). According to Murphy (2015: 54), IPV is associated with abuse-related psychosocial factors, which might need early detection for those at risk. In this respect, one can argue that IPV involves any behaviour within a close relationship that causes sexual, physical or psychological harm (Miller et al, 2011: 6115).

IPV is a serious public health and social problem, with broad adverse effects on an individual's physical and psychological well-being (Campbell, 2012: 99). Furthermore, controlling behaviour by a partner has a similar impact on an individual's well-being, yet little is known about the prevalence of this type of behaviour, and other related abuses in Kenya and other sub-Saharan African countries (Tsuruya et al, 2016: 279). IPV occurs in all environments regardless of religious, cultural and socio-economic status (Murphy, 2015; Tsuruya et al, 2016; WHO, 2017). Moreover, victims of IPV are mostly women (Merrill, Wardell, & Read, 2014: 47).

The known forms of physical violence involve kicking, slapping, hitting, and beating. Sexual violence involves forced sexual intercourse and other forms of sexual coercion. The psychological or emotional abuse involves belittling, insults, humiliation, intimidation, threats to harm or take children away from the other partner (Coker et al, 2012: 260). Moreover, the controlling behaviours that amount to IPV involve restricting an individual's access to resources such as medical care and finances, isolation from friends and family, restriction and monitoring of movement (Cunradi, Mair, Ponicki & Remer, 2015: 847). In Kenya, there are many incidences of reported IPV cases (National Police Service Crime Statistics, 2018). According to the National Crime Centre (2014: 5451), physical harm by a man against a woman is the most common form of IPV reported.

Based on the data from the records of Kenya National Crime Centre (KNCC) (2014), IPV takes various forms such as physical, sexual and psychological abuse. The study conducted by KNCC (2014) sought to find out the prevalence of IPV in Kenya. The study was conducted across the country and aimed at mapping IPV in different locations.

Illustrated in Table 2.2 on the next page, Nairobi has one of the highest prevalence of IPV (42.1%) in the previous twelve months and 41.3% in a lifetime. Nairobi is the capital city of Kenya and has a large population, the majority of whom are from a low economic status. This is likely to lead to crime because of the significant socioeconomic inequalities among the population. This shows that many individuals experience IPV in Nairobi. Also, from the table, women seem to experience more IPV than men. This is supported by

Obwada (2014: 56) who found out that many women in Kibera slums are battered by their partners, and are usually reluctant to seek help.

Table 2.2 IPV distribution in Kenya

County	In Lifetime			In the Last 12 Months		
	Total	Female	Male	Total	Female	Male
Busia	54.9%	56.1%	50.0%	50.0%	43.5%	80.0%
Mombasa	43.5%	44.7%	37.5%	35.0%	41.2%	0.0%
Vihiga	43.4%	43.5%	42.9%	30.4%	35.0%	0.0%
Nairobi	**41.3%**	**46.1%**	**18.8%**	**42.1%**	**45.7%**	**0.0%**
Samburu	39.7%	46.0%	15.4%	32.0%	26.1%	100.0%
Machakos	36.9%	41.2%	18.8%	58.1%	57.1%	66.7%
Migori	36.4%	42.3%	11.8%	24.2%	20.0%	66.7%
Kilifi	35.4%	41.0%	11.1%	23.5%	25.0%	0.0%
Nyeri	34.9%	34.7%	35.7%	45.8%	42.1%	60.0%
Kisii	28.6%	40.0%	0.0%	25.0%	25.0%	0.0%
Nakuru	25.8%	24.1%	33.3%	58.8%	53.8%	75.0%
Kiambu	25.0%	29.2%	12.5%	12.5%	14.3%	0.0%
Meru	12.2%	14.5%	5.0%	66.7%	60.0%	100.0%
Total	**34.8%**	**38.2%**	**21.0%**	**39.0%**	**37.7%**	**48.6%**

(Adapted from the National Crime Research Centre, 2014)

Important to note is that the actual prevalence of IPV is difficult to ascertain due to the dark figure of crime as discussed below.

2.2.1 THE DARK FIGURE OF CRIME

The dark figure of crime is a term used to describe number of unreported crimes by law enforcement agencies. The term was first used by the Belgian mathematician and sociologist Adolphe Quetelet in 1832. This means that the official crime rates are usually lower than the actual crime rates in an area (Quetelet, 1832: np) According to Penny (2013: 2) there is much data on crimes that go unreported or undiscovered. Moreover, data provided by various questions can also be questioned. Many IPV cases go unreported because they happen in the privacy of a home, and do not necessarily have witnesses to the crime. Family secrets, stigma and threats from the abusive partner can lead many victims of IPV to not want to report their experiences to the police or even to other family members. This means that the number of IPV cases could be higher than the official statistics released by government agencies.

2.2.1.1 Possible reasons for underreporting incidences of IPV in Africa

Section 2.2 highlights the prevalence of IPV in African communities (see section 2.2). IPV is commonly referred to as wife beating which indicates the normalisation and perpetuation of husbands beating their wives. This means that in many African contexts, women may remain in abusive relationships because they perceive the violence meted on them as normal behavior in an intimate relationship. Interestingly, women who experienced violence from their partners justified such violence more than men do (Olufunmilayo, Adedibu & Adeniran, 2005: 12). Some of the justifications include “not wanting the children to suffer” and hoping that the partner will change (Olufunmilayo et al, 2005: 12). This means that many African women have been socialised in such a manner that they view the suffering in marriage worth it because of the children. This view is pervasive in the African society where it is viewed that if a wife leaves a marriage, the children will suffer. The battered wife believes that children are better off when their mother and father are together than when separated despite the violence. The African society also views children as belonging to the father hence a wife can only claim ownership of the children through the husband (Olufunmilayo et al, 2005: 13). If the wife leaves a marriage then she will also lose her right to the children (Nwosu, 2015: 17).

Societal factors contributing to IPV are discussed in detail later in this chapter under the impact section (see section 2.3.4).

2.2.2 THE NATURE OF IPV

IPV can be categorised into three main categories based on the characteristics of those who commit the crimes these include: self-directed, interpersonal, and collective violence (Krug, Mercy, Dahlberg & Zwi, 2015: 265). Each of these categories is based on the nature of violent acts in terms of sexual, physical and psychological violence. Self-directed violence is one in which an individual seeks to harm him or herself (Van der Ende, Mercy, Shawa, Kalanda, Hamela, Maksud & Hillis, 2016: 52). This kind of violence includes behaviours such as self-mutilation, suicidal thoughts and attempts. Suicide is part of self-directed violence. Interpersonal violence occurs in the family between couples or between members of the wider family (Vanderende et al, 2016: 364). This can be mistreatment of children by parents, uncles and other relatives. It also involves sexual assault by community members as well as abuse within institutions like the workplace and prisons. Collective violence, on the other hand, involves political, social and economic abuse in the wider context of society (Nybergh, Enander & Krantz, 2016: 191). These crimes are usually committed to advance a social or political agenda. For example, terrorist acts and gang violence are forms of collective violence that can be meted out to various groups of people. Economic sabotage and vandalisation of essential infrastructure can also be viewed as collective violence (Nybergh et al, 2016 :191).

The WHO (2010) defines IPV as “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours”. IPV is one of the most common forms of violence against women which includes physical, sexual, and emotional abuse by an intimate partner. The various forms of IPV affect the victims differently and happen in different contexts. The forms of IPV are discussed below.

2.2.2.1 Physical violence

Physical violence involves the use of physical force or objects to cause bodily injury to an individual. The physical form of IPV involves behaviours that range from shoving or slapping to severe acts such as hitting with a fist or hard object, kicking, choking or even using a knife to hurt someone (Merrill, Wardell, & Read, 2014: 778). According to García-Moreno, Jansen, Ellsberg, Heise and Watts (2005: 14) physical violence involves pinching, dragging, stabbing or burning someone. Some of the common injuries as a result of IPV are bruises, broken bones, cuts, knife wounds and gunshot wounds (Truman et al, 2013: 4). According to Pinto et al (2010: 389) if a woman is assaulted, she is also likely to be raped or experience some form of sexual violence from her partner.

2.2.2.2 Sexual violence

Sexual violence involves behaviour that is sexual towards an individual that is usually accompanied with force or one which induces shame, fear or mental suffering to the victim (Makayoto et al, 2013:330). Researchers define it as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work” (Jewkes, Sen & Garcia-Moreno, 2002: 149). Sexual abuse involves forcing a person to perform sexual acts that are humiliating or offensive or forcing one to have sexual intercourse against their will (García-Moreno et al, 2005: 16). Harming a partner during sex or forcing her to have sex without protection is also a form of sexual abuse (WHO, 2014: 3). This also involves the abuse of children of the victims of sexual abuse.

2.2.2.3 Psychological violence

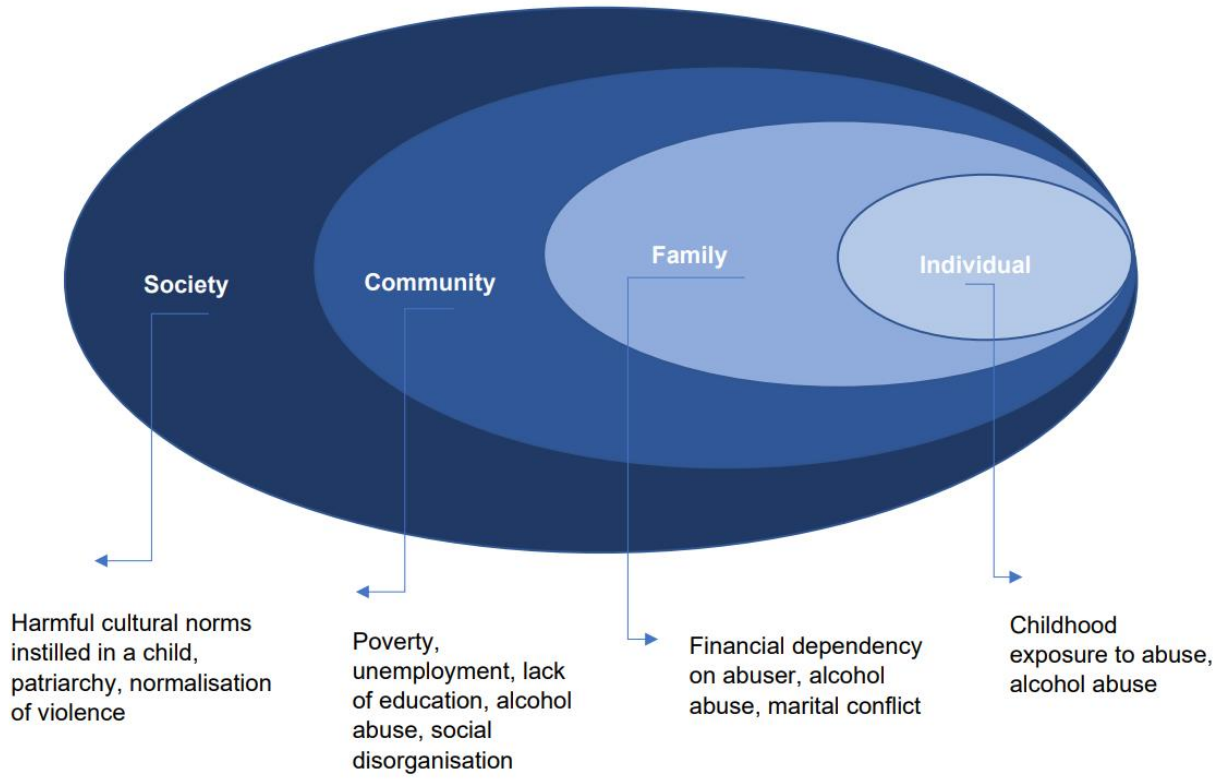
Psychological violence involves actions that harm the psychological wellbeing of an individual. This could be achieved through harassment, threats and intimidation (Heise et al, 2019: 203). Psychological violence typically involves acts aimed at humiliating and controlling another person either publicly or privately. Verbal abuse, constant criticism, embarrassing statements and black mailing are some of the forms of psychological abuse. Restriction of economic independence, threats and isolation of an individual from

social activities are also some of the psychological manipulations that are characterised by emotional abuse (Follingstad & DeHart, 2000; WHO, 2002: 116). Psychological violence may not necessarily involve physical harm but aims at making the victim feel worthless and stupid. It can also be manifested through indifference, name calling or threats of violence (Cunradi et al, 2015: 87). Victims of IPV report enduring chronic psychological conditions such as paranoia, stress, recurring trauma, stalking, depression and suicidal thoughts (Zaman et al, 2021: 2).

2.3 CAUSES OF IPV

Research on the topic of IPV has proven that a combination of multiple risk factors are associated with the cause of this crime. As a result, IPV risk factors in this study are explained through the use of the social ecological framework of factors associated with violence against women developed by Heisie (1998). In her seminal work, Heisie (1998) explains that violence against women is caused by a blend of four risk factors namely, individual, family, community and society.

Figure 2.3 Social ecological framework of violence against women (VAW)



(Adapted from Heisie, 1998)

2.3.1 Individual risk factors

Individual risk factors are made up of one's physical, emotional, cognitive and social characteristics inherited either through genetics or from the environment (Tremblay & LeMarquan, 2001: np). At the individual level, factors include the perpetrator being abused as a child or witnessing conflict between parents, being rejected by or having an absent father or the abuse of alcohol by the perpetrator.

2.3.2 Family risk factors

"The family or parents are usually the first institution with which an individual interacts", as such, dysfunctional families expose a child to developing risk behaviours and thus coming into conflict with the law as a child and/or as an adult (Maree, 2013: 75). Research on both childhood offending and adult criminal behaviour highlights the family as one of

the causes of antisocial behaviour (Derzon, 2010: 263). Dysfunctional families, which are a risk factor to one's development of criminal behaviour, are defined through characteristics such as parental conflict and separation or divorce; poor parenting skills; lack of or harsh discipline; lack of parental supervision and control; poor or disruptive attachments with the child; low family income; and weak bonds between family members (DeLisi, 2005: 32). Financial dependency on the abuser, particularly of women who depend on their male partners, is widely reported as one of the reasons why the abuse continues as victims fear not being able to fend for themselves and their children if there are any. Moreover, substance abuse, particularly alcohol, by members of the family has also been identified by several GBV researchers as one of the contributing factors for violence in the family. As explained previously, alcohol use on its own does not cause users to commit crime, particularly IPV in the context of this study. However, the abuse of alcohol may intensify criminal tendencies. Laboratory studies on the abuse of alcohol have found that acute intoxication with alcohol may increase one's level of aggression, especially when in conflict (Parrott & Eckhardt, 2018: 14; White, Tice, Loeber & Southamer-Loeber, 2002: 132). Section 2.4 provides a detailed exposition on the role the abuse of alcohol plays in IPV incidents (see section 2.4).

2.3.3 Community risk factors

A community characterised by unemployment, poverty, a lack of education and basic needs such as housing and food can be a breeding ground for antisocial behaviour (Maree, 2013: 72). Moreover, the rapid urbanisation and industrialisation of the African continent have led to social disorganisation, the loss of social control as well as the erosion of community cohesion because of redistributions of neighbourhood populations. An in-depth discussion of the social disorganisation theory is discussed in chapter 3 (see section 3.4).

2.3.4 Social risk factors

As alluded to in the introduction chapter, the community in Kibera like many other communities across the country and the African continent is rooted in culture and beliefs that advance patriarchy. Even though culture is important for the development of one's

sense of belonging certain cultural norms and beliefs can be harmful. One such cultural norm that has been distorted, and therefore, has become harmful is the payment of a dowry or bride price for a woman. Historically, dowry was paid by the bride's family to her new husband and his family (Callaway 2020: np). However, dowry, like bride price or *ilobolo or mahari*[1] as practised in South Africa and Kenya respectively, is paid by the groom to the bride's family. The purpose of giving dowry to the bride and her family is a way of ensuring that the bride is taken care of properly and that she will be comfortable in her new home (Callaway, 2020: np). As explained by Callaway (2020: np), dowry then served a purpose of providing financial security in the event that the bride becomes a widower. Moreover, dowry was considered a conditional offering that the groom's family expected back should the couple divorce or the bride is abused or mistreated by her husband (Callaway, 2020: np). However, this traditional practice that brought two families together has now been distorted and has as a result become harmful. It is now used by some African societies as a patriarchal tool for the oppression and abuse of women. The African society generally views women as property belonging to men. The wife thus develops her identity through her husband. Leaving her marriage, therefore, means the woman will lose her identity in society (Izugbara, Duru, & Dania, 2008: 108). For example, her right to own property or inherit property is also forfeited when she leaves her husband. This makes many women stay in abusive relationships because they fear that if they leave, and dowry has already been paid for them, they cannot get another husband as they are deemed still married to the husband who paid dowry (Izugbara et al, 2008: 110).

Another reason why women in Africa stay in an abusive relationship is because they blame themselves for being the cause of the violence (Nwosu, 2015: 2). Women who bear only female children are often blamed by the African society for being unable to give birth to a male heir. This means that they bear the shame and guilt when their family does not have boy children. Boy children are highly valued in the traditional African society (Nwosu, 2015: 3). Furthermore, the study by Nwosu (2015) revealed that women often

[1] *Ilobolo or mahari* is a bride price, traditionally paid with cattle, paid by a man to a woman's family in exchange for her hand in marriage.

blamed themselves if they have no children or only girl children, and hence, were seen in society as having failed their husband and community. Thus, their husbands were, therefore, justified in battering them. Consequently, these harmful beliefs contribute to the normalisation of violence in the community.

From the above discussion, it was determined that the abuse of substances, especially alcohol, is one of the risk factors for IPV, and not only on the individual level but also on familial and community levels. It is for this reason, and for the purpose of this primary aim of this research study, that the abuse of alcohol and its association to IPV is unpacked further under the section that follows.

2.4 PREVALENCE OF ALCOHOL ABUSE

Alcohol consumption is a major concern for many countries because of the negative effects associated with its harmful misuse. Although it is legal in many countries, many jurisdictions have taken steps to develop policies that are aimed at reducing its harmful effects on society. Policies such as legal age of drinking, prohibition of drunk driving and other policies of alcohol marketing are aimed at reducing the negative public health issues associated with harmful alcohol use (Anderson et al, 2018; WHO, 2018, Wacuka, 2015). However, much more needs to be accomplished in the area of alcohol abuse prevention.

In the United States of America (USA), the prevalence of alcohol use is high with an estimated 86.4% of people above 18 years reported that they drank alcohol at some point in their lives (Substance Abuse and Mental Services Administration (SAMSA), 2015: np). The study conducted by SAMSA (2015) sampled people from across the country found out that 56% had drank in the past month, and 70.1% drank in the previous one year. Globally, it is estimated that alcohol causes 25,000,000 deaths (WHO, 2018: 8). According to the British Medical Association (2015: 13) a wide majority of adults in United Kingdom (UK) consume alcohol. Over 90% and 75% of adults in England and Northern Ireland consume alcohol, respectively. Although most of them use alcohol in moderation, a significant number (38%) abuse alcohol. According to the WHO (2015: 14) alcohol

misuse may have negative effects on the physical health, psychological and social wellbeing of individuals.

African countries also have a high prevalence of alcohol use. A study conducted by Lasebikan and Ola (2016: 2) found a 57.9% and 23.7% lifetime and current alcohol use in Africa, respectively. The study was conducted in a semi-rural population which may have similar characteristics with Kibera such as poverty. The study also found out that most (69.1%) of those who used alcohol were either moderate drinkers or at risk of harmful use. A study conducted by Kabwama, Ndyanabangi and Mutungi (2016: 2) in Uganda, a neighbouring country to Kenya, found that 26.8% were using alcohol and 9.8% were classified to have an alcohol use disorder. Men were also found to be more risky users compared to women. Adults aged between 30-49 years were more likely to be risky users of alcohol (Kabwama, 2016: 5). Considering that this age group is largely composed of people in some form of marital relationship, it would be of interest to find out if this has an impact on how they relate with intimate partners. The results were similar to another study conducted by Nalwadda, Rathod, Nakku and Lund (2018: 4) which found that 4.1% of members of a community in Uganda experienced alcohol use disorder. One challenge about alcohol use disorder is that many, who suffer from the disorder, do not seek treatment nor do they think they have a problem (Nalwadda et al, 2018: 9). This means that their partners may suffer the consequences of the problems associated with harmful use of alcohol such as IPV.

In South Africa, the prevalence of lifetime alcohol use is 40.6% (Burnhams, Bharat, Williams, Stein & Myers, 2019: 40). The research was conducted among a nationally representative sample of 4315 individuals aged above 18 years. The study also found out that 35.3% reported regular use, 2.7% met the criteria for alcohol dependence and 8.8% alcohol abuse (Burnhams et al, 2019: 41). Additionally, in South Africa, a study by Peltzer, Davids and Njuho (2011: 1) found out that 41.5% of the men and 17.1% of women used alcohol. Another study by Probst, Parry, Wittchen and Rehm (2018: 97) found out that 62,300 adults died from causes attributed to alcohol in South Africa. The majority (60%), of whom, were from a low socioeconomic status.

2.4 PREVALENCE OF ALCOHOL ABUSE IN KENYA

Several studies have been conducted on the prevalence of alcohol abuse in Kenya (Atwoli, 2011; Lo, Oeltmann, Odhiambo, Beynon, Pevzner, Cain, Laserson, & Phillips-Howard, 2013; Ogunde, 2009). A study conducted in a rural western Kenya found that 20.7% participants reported that they had at least drank alcohol in their lifetime while 7.3% drunk alcohol in the previous thirty days (Lo et al, 2013: 513). The rural population is typically associated with low economic status and the use of cheap alcoholic drinks. A WHO (2009) report found out that many (51.5%) households were concerned with the alcohol intake of their family members. This means that alcohol use has negative impact on families.

The prevalence of alcohol dependence among individuals attending primary health care was found to be at 18%, a majority of whom were male. Alcohol abuse in Kenya is not only prevalent among adults but also among university students (Boitt, 2016: 62). Moreover, the prevalence of alcohol abuse among university students is 21.1 %. The high prevalence of alcohol abuse was especially high among students who were married (Boitt, 2016: 64).

A report by the National Campaign Against Alcohol and Drug Abuse (NACADA, 2011) which is the body mandated by the Kenyan government to deal with challenges associated with alcohol misuse, indicates that alcohol abuse is a major problem in the country. This is as a result of ease of availability, affordability and accessibility of alcohol in the country. The report also indicates that about two thirds of the population consume high levels of alcohol. The availability and affordability of adulterated alcohol, commonly known as second-generation alcohol in Kenya is one of the main reasons why many people from low-income areas like Kibera abuse alcohol (NACADA, 2011: 2). This not only affects their health but also their ability to make a living. Many individuals in low-income areas spend most of their time drinking adulterated alcohol compromising their productivity and health (NACADA, 2013: 3; Musungu & Kosgey, 2015: 12). Regarding the consumption among age groups, individuals aged 35-54 old years, which comprised of

79% male and 15% female, were found to abuse alcohol. Men aged 35 -54 years were also found likely to use alcohol excessively (NACADA, 2011: 4).

Studies conducted in informal settlements in Kenya show that there is not only a high prevalence of alcohol abuse in the area but also that many of the users use contaminated alcohol which is harmful to their health (Bodewess, 2010; Okaru et al, 2017; Wacuka, 2017). Many individuals living in informal settlements abuse alcohol, mainly *chang'aa*[2] and second-generation alcohol (contaminated spirits). The alcohol is commonly known as second generation and usually costs between 100 Kenyan Shillings (R13,77) per 250 ml bottle. The abuse of alcohol has caused increased aggressive behaviour and even the disintegration of families (Wacuka, 2015: 45). The second-generation alcohol often contains high levels of ethanol that is beyond recommended quantities (Okaru et al, 2017: 13). *Chang'aa* is mainly produced to cater for the alcohol consumption needs of the low-income households in Kibera. Considering the low-income levels, as well as, the availability of cheap alcohol, many families suffer because of the negative consequences of alcohol abuse (Onyango, 2015: 5). Moreover, research indicates that the prevalence of alcohol abuse is high especially among males (Lo et al, 2013: 509). According to Woldu et al (2019: 12) males are five times more likely to abuse drugs and alcohol than females, respectively. Subsequently, it is evident that the situation in Kibera regarding alcohol use and abuse is dire.

2.4.1 Effects of alcohol abuse

The abuse has various effects on the user and their communities.

2.4.1.1 Physical effects of alcohol abuse

The burden of disease and social problems associated with alcohol abuse is a significant issue of concern across many countries globally (Levitt & Leonard, 2015: 422). Alcohol abuse is a significant risk factor for illness and disability in many middle-income countries

[2] Chang'aa is a cheap traditional home-brewed spirit distilled from maize or sorghum. The alcoholic beverage is popular in Kenya as it is cheaper and stronger than most alcoholic drinks (Opiyo & Omanga, 2015: np).

(WHO, 2017: 13). Short-term effects of alcohol misuse include blurred vision, problems in walking, impaired reaction time, lowered inhibitions and slurred speech. The more an individual drinks, the higher the blood alcohol concentration (BAC) which may lead to breathing problems or even death (Campbell, 2012: 95). Binge drinking can also damage the heart leading to problems such as high blood pressure, heart attack or stroke (Coker, Smith, McKeown & King, 2012: 260). According to Rehm and Roerecke (2015: 25) heavy drinking affects the liver and can lead to liver problems such as fibrosis, fatty liver, alcoholic hepatitis and cirrhosis. Chronic alcohol use can also lead to pancreatitis which is a dangerous digestive disease (Coker et al, 2012: 260).

Alcohol abuse also contributes to many deaths globally. In the USA, 88,000 deaths were attributed to alcohol, and which was ranked third in the causes of preventable deaths in the country (Shield, Gmel & Kehoe-Chan, 2013: 12). Apart from causing dependence, alcohol also causes many diseases and conditions including injuries, mental and behavioural disorders. Gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm such as prematurity and low birth weight are also attributed to alcohol misuse (Anderson et al, 2016: 12).

2.4.1.2 Sociological effects of alcohol abuse

Excessive alcohol consumption affects the execution of social responsibilities such as work, family relations, friendship and public character (Przybysz-Zaremba, 2020: 329). According to Sudhinaraset, Wigglesworth and Takeuchi (2016: 234), alcohol addiction reduces productivity, which not only affects businesses but can also lead to an individual losing their job. In addition to that, the productivity of co-workers and family members is also affected as they may need to take time off or extra work to cover for the alcoholic's mistakes or absence. In addition, sociological effects of alcohol abuse include poor concentration and decision-making abilities and absenteeism.

2.4.1.3 Psychological effects

The psychological effects of alcohol abuse are vast. Memory can be impaired in the short term while chronic use can also lead to blackouts whereby one cannot remember the events that occurred under intoxication (Sudhinaraset et al, 2016: 279). In a study by Hingson, Zha, Simons-Morton and White (2016: 779) on people with blackout experiences because of alcohol abuse, individuals are not able to recall the activities they engaged in during blackouts and regret involvement in such activities. Such behaviour includes driving under the influence, unprotected sex and criminal activity. The brain is also adversely affected with communication pathways being disrupted by alcohol. This can lead to mood changes and inability to think clearly (Hingson et al, 2016: 780).

When an individual is under the influence of alcohol his or her emotions are also unregulated, and the individual is likely to be more excited or sorrowful when intoxicated. This may lead to behaviours that the individual may not be comfortable engaging in when sober (Sayette, 2017: 69). Some of the behaviours may be embarrassing socially like being a nuisance in a social setting. When the alcohol is no longer in the body, the individual may feel guilty and ashamed to the extent that they feel depressed. Where this study is concerned, a key psychological effect of alcohol abuse is increased aggression. A person, who is intoxicated, tends to display aggressive behaviour and is easily irritable (Parrott & Eckhardt, 2018: 14; Tice, Loeber & Southamer-Loeber, 2002: 132). It is for these reasons that alcohol abuse has been identified as one of the risk factors of IPV.

2.5 COPING MECHANISMS FOR IPV

Research suggests that coping mechanisms play an important role in understanding the relationship between IPV occurrence and mental health (Bhandari, 2018; Bauman, Haaga & Dutton, 2008; Thananowan et al, 2018). Existing literature shows that coping strategies assist in improving IPV victims' mental health (Calvete et al, 2018: 125; Kocot & Goodman, 2013:63; Krause et al, 2018: 894; Lee et al, 2017: 54). Various IPV researchers agree upon exploring the construct of coping to advance the IPV field,

including the development of appropriate prevention and intervention programmes (Foster et al, 2015: 236; Weiss, Duke & Sullivan, 2014). Foster et al (2015: 90) note that although IPV is linked to alcoholism, many people manage to survive IPV with limited to no negative mental health consequences. Investigation into the coping mechanisms used by women in abusive relationships can bring forth the strategies that harm or promote the wellbeing of victims (Foster et al, 2015: 238).

In the past few decades, there has been substantial growth in studies examining IPV victims' coping strategies (Cunradi et al, 2015:1492-1501). IPV studies have been increasingly interested in finding out the strategies victims utilise to cope with the violence from their partners, as well as the predictors and outcomes of such strategies. Higher personal income and higher level of education is associated with better coping mechanisms compared to lower income and education level (Kanagaratnam et al, 2012: 649). Advocates against domestic violence argue that women are logical in their response to IPV and actively seek help from IPV. However, those that stay in abusive relationships, do so because they lack information or lack financial resources to do so (Kanagaratnam et al, 2012: 650).

Therefore, as stated above, victims of IPV use coping strategies to manage the stress and violence in their lives. These coping strategies are categorised by Rizo (2015: 156) as follows:

2.5.1 Religious strategies

Coping mechanisms, through religious belief systems, play a significant role in the lives of many people who experience IPV. Spiritual coping strategies include praying, joining and attending religious activities and reading religious materials (Watlington & Murphy, 2006: np). Although religion is often seen as a source of support and comfort it may contribute to maintenance of violence as the victim keeps praying and trusting for the partner to change. This may cause victims to not take active steps in dealing with the violence (Drumm et al, 2014: 387).

2.5.2 Emotion-focused coping strategies

Most people affected by IPV address their emotions in various ways, depending on the context. Less frequently discussed plans to release or vent passions include venting by punching a wall, taking it out on others, screaming and even breaking dishes at home. Crying is a strategy most reported by victims especially by women (Norwood & Murphy, 2012: 598). Some people vent their emotions when at work to counterbalance having to "shut off" when at home. Some victims get emotionally disconnected from their partners as a way of coping with the violence (Norwood & Murphy, 2012: 596).

2.5.3 Distraction/avoidance strategies

These strategies consist of tactics focused on avoiding the stressor physically (i.e., the abusive partner), or distracting oneself from thinking about the abuse and abuse-related stress (Thananowan et al, 2018: 98). Some people opt for substance abuse such as use of alcohol or drugs like marijuana, cocaine, prescription medication and cigarettes. In some cases, victims of IPV may abuse alcohol as a means of coping with the stress of dealing with the violent partner (Weiss et al, 2014: 389). A study conducted by Murphy et al (2012: 528) on several victims who endured IPV report using exercise as a distraction strategy. They would run, walk, lift weights, or practise yoga. The use of exercise is illustrated to be a good stress reliever, and among the most helpful and healthy way to cope with the stress (Flanagan et al, 2014: 399).

In general, many victims try to stay busy and avoid their abusive partner, by focusing on something else. Occasionally, victims spend time with others as another strategy to escape from thinking about their relationship (Murphy et al, 2012: 528). Some distraction strategies included engaging in art, reading, meditating, listening to music, partying and watching television (Cunradi, et al, 2015:1492; Flanagan et al, 2014: 398).

2.5.4 Cognitive coping strategies

Victims of IPV may also use coping strategies that centre on cognition. A common cognitive approach is trying to rationalise or reframe the situation, trying to convince

themselves that the situation will improve (Jewkes, 2012: 23). Some people may try to reframe the situation by making excuses for their partner and their behaviours (Cunradi, et al, 2015:1492). The most frequently mentioned excuse is personal blame for the abuse. According to Jewkes (2012: 36), victims who report using self-blame as a tactic also share that they try to alter their behaviour to stop the abuse.

Another common cognitive strategy is denial, which consists of either ignoring or minimising the abuse (Cunradi et al, 2015:1492). In addition to reducing the extent of the violence, victims also tend to minimise their feelings about the violence and their children's knowledge of the violence. Most victims report using visualisation tactics, such as imagining themselves elsewhere (Garcia-Moreno et al, 2015: 45). Other cognitive strategies include daydreaming or wishful thinking or using positive self-talk to empower and build one self-esteem to leave the relationship. Others accept the reality of their situation, not necessarily condoning their partner's behaviour, but more so resigning themselves to the fact that abuse was only part of their relationship (Cunradi et al, 2015: 1492).

2.5.5 Safety planning strategies

These strategies are focused on thinking through possible scenarios and taking actions to enhance safety. Some victims learn about safety through formal support while most instinctively and spontaneously try to implement safety measures (Weiss et al, 2014: 345). Some of the safety measures include keeping weapons, locking the room, keeping a phone close in case of danger, leaving the house or always staying alert to escalation of abuse (Murphy et al, 2012: 528). Other strategies include moving to "safe" rooms during an abusive episode, thinking about possible escape routes, and avoiding environments associated with abuse (e.g., car, partner's home) (Flanagan et al, 2014: 246; Murphy et al, 2012: 528;). The other action under this strategy is centred on leaving or planning to move the abusive relationship. Examples of these include hiding crucial documents, saving money secretly, creating a separate bank account, preparing and hiding a bag with clothes and necessities, slowly storing belongings with family or friends, and developing a plan for temporary and long-term housing (Weiss et al, 2014: 389).

2.5.6 Placating strategies

Placating strategies are an important form of coping mechanism for IPV victims (Rizo, 2015: 456). Such tactics involve active attempts to regain the partner's affection, de-escalate an insulting or potentially abusive situation, and avoiding arguments (Weiss et al, 2014: 347). In this strategy, efforts to keep the abusive partner happy by cleaning the house; preparing favourite meals for partner or apologising are usually used. In addition to that, some individuals may use strategies such that appease the partner by forgiving, agreeing with the partner, complimenting or putting aside personal desires. Some pacify their violent partner by trying to be perfect, anticipating the partner's needs, improving personal appearance and trying to please the partner (Cunradi et al 2015: 1492-1501). It would also mean letting the partner sleep and keeping things quiet; being submissive; being home before the partner arrives; only paying attention to the partner; and generally, obeying the partner's requests (Weiss et al, 2014: 390). Self-isolation is another strategy as an attempt to satisfy an abusive partner.

This strategy consists of avoiding and distancing oneself from family and friends to avoid potential arguments with the abusive partner (Shannon, 2016: 103). It also involves avoiding the abusive partner's "triggers" (i.e., things that would cause the partner to become angry and possibly volatile). Others provide sex with their partner as a tactic to de-escalate a tense situation. While some try to change the topic, give the partner some space, staying quiet and calm, and not crying during an argument if crying makes the partner more upset (Flanagan et al, 2014: 245).

2.5.7 Resistance/defiance strategies

Another coping strategy is the resistance to abuse by defying the abusive partner through fighting back, whether verbally or physically. Fighting back verbally consists of arguing, yelling, or talking back, and is more commonly reported than fighting back physically (Emenike, Lawoko & Dalal, 2008: 99). Some people who endure IPV may resort to physically fighting the perpetrator. This often leads to escalation of hostility in the family (Jennings et al, 2017: 109). The use of threats and manipulation is also used to deal with the perpetrators. Examples include threatening to retaliate and threatening to report the

abusive partner (Emenike et al, 2008: 100). Manipulating a partner to stop the abuse by complaining of being sick, crying or threatening to end the relationship is also common among victims of IPV (Mitchell, 2016: 76).

2.5.8 Direct attempts to resolve conflict

This strategy involves a direct effort to solve the problems with the abusive partner. This can be done by talking or engaging empathetically with the partner (Cunradi et al, 2015: 1492). It may also include seeking help (e.g., support group, couples counselling, and substance abuse treatment). Other strategies include moving out of the abusive home and getting one's own place (Rizo, 2016: 589). Starting a new relationship and increasing physical distance with abusive partner was also reported as a coping mechanism (Rizo, 2016: 590).

The above coping strategies are based on research done in Western countries. As a result, many of the strategies particularly concerning education, finances and culture are difficult to implement in the African context.

2.6 CONCLUSION

Alcohol abuse has been shown to cloud judgement, decrease inhibitions and impair ability to interpret social cues. As shown in the reviewed literature, the harmful use of alcohol is a worldwide problem that not only leads to disease but also to death of many people. It is not only a causal factor in many diseases but also a precursor to injury and violence. The relationship between alcohol use and IPV, although largely attributed to the impaired cognitions among users, can enhance aggression towards partners. Additionally, the socioeconomic conditions such as poverty and conflict in a relationship also play a role in the violence that is experienced in families. In Kenya, the prevalence of alcohol abuse and IPV is high especially in informal settlements such as Kibera.

CHAPTER THREE

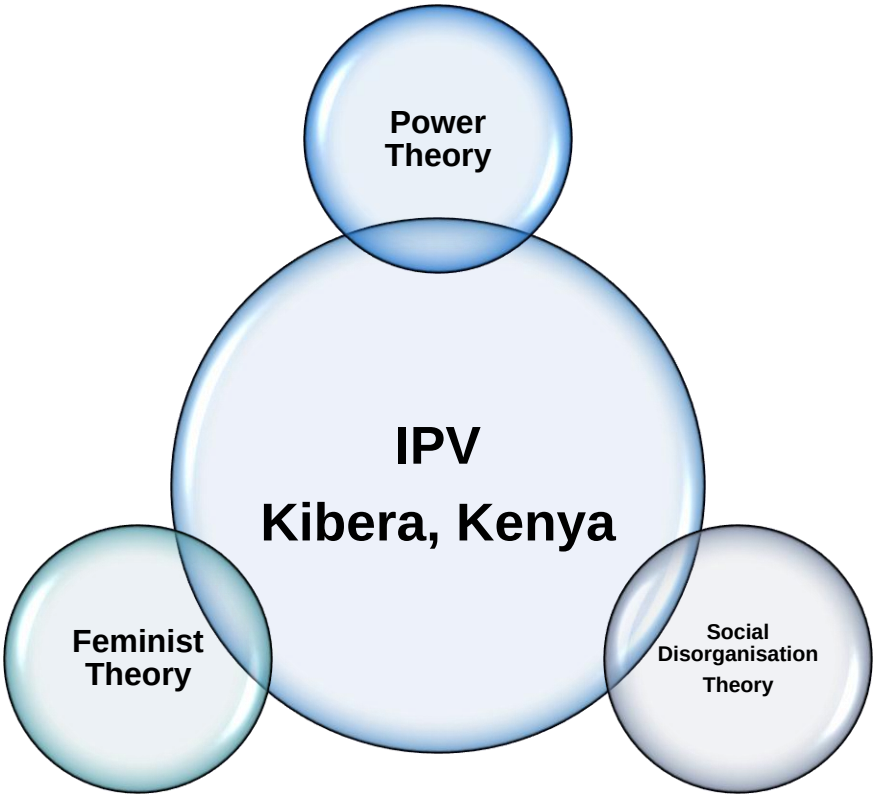
THEORIES RELATING TO INTIMATE PARTNER VIOLENCE

3.1 INTRODUCTION

Over the past several years, the issue of IPV has garnered public and academic attention as a social, public health, and human rights problem (Beyer, Wallis & Hamberger, 2015: 14; Breiding, 2014: 2; Devries et al, 2014: 34). For this reason, there have been calls, through theory and practice to raise awareness on IPV. Theories explaining the nature and causes of IPV are, therefore, fundamentally important in promoting the understanding of the phenomenon as well as how it can be reduced or prevented. Several theories have been developed to explain the causes of IPV. These theories can be categorised into individual theories and socio-cultural theories. Criminological theories fall under four broad categories, namely classical, biological, sociological, and interactionist theories (Tittle, 2016: 2).

In the following sections, power, feminist, and social disorganisation theories are discussed. The theories are based on the wider framework of socio-cultural perspective of understanding IPV. While discussing these theories, the deep-rooted issues of IPV, including the reasons, prevention, and intervention, come out into focus. An illustration of IPV and how it relates to the identified theories is depicted below.

Figure 3.1 Theories underpinning the study



(*Author's own illustration*)

3.2 POWER THEORY

This theory was developed by Rollins and Bahr (1976). In their seminal work of power relationships in marriage, they define power as a social interaction. They also look at power dynamics in a relationship when conflicts arise and argue that perceptions influence authority, power and resources in a relationship (Rollins & Bahr, 1976: 619). According to Rollins and Bahr (1976: 622), increase in relative authority and resources increases relative power in a relationship. This, therefore, means that in an informal settlement environment, where most of the women may not have a source of income, it is likely that the partner with resources has more power than the one who does not (see

section 2.3). How a partner perceives this authority and resources of the other partner influences how power is experienced in an intimate relationship (Rollins & Bahr, 1976: 622). This means that whenever one partner has resources, that person can dominate the relationship and even be violent while the other partner remains submissive. For example, if one partner is violent but provides food and shelter, it is possible that the other partner endures the violence because he/she realises that he/she cannot survive without the food and shelter provided by the violent partner.

3.2.1 Power theory and IPV

Power is the ability to influence. Mpondo, Ruiter, van den Borne and Reddy (2019: 213) argue that the sources of power in intimate relationships involve coercion, rewards, persuasion and patriarchy. These sources of power in intimate relationships are likely to be misused by the partners. According to Copp, Giordano, Manning and Longmore (2016: 750), all forms of abuse have at their centre the exploitation of a power difference. The dynamics of power in an intimate relationship are based on the cultural set up of the family. According to Nyberg et al (2016: 199), IPV is not only based on culture but also the family structure (see section 2.3.2). Some issues such as violence can be normalised in a family leading to the likelihood of the development and maintenance of IPV. According to Mpondo et al (2019: 214), when violence is a normal way of settling disputes in a society, partners in an intimate relationship may employ force as a means of settling conflicts in the relationships. As argued by Cannon et al (2015: 968), when there is an imbalance of power between partners the relationship atmosphere may be tense and subsequently the risk of IPV increases.

Sources of power include income, education and gender. Cannon et al (2015: 969) found that IPV is largely caused by a gender-based power imbalance in an intimate relationship. Education level and unity are protective measures against physical IPV for both men and women (Mpondo et al, 2019: 214). Copp et al (2016: 10) opine that gender roles and socialisation dictate how men and women should behave in a relationship. Typically, in traditional African societies, men dominate women by controlling resources and making

household decisions (Kambarami, 2006: 2). In this way, as stated by Copp et al (2016:10), IPV is likely to happen in male dominated partnerships because women are required to submit to men, who are deemed to be heads of the household. In many African societies, the husband has a right to punish the wife or demand sex at any time (Anderson & Umberson, 2001: 358: Mathews, Jewkes, & Abrahams, 2015: 110: Ting, 2010: 348). This is likely to lead to IPV if the man views the woman as usurping his authority (Nyberg et al, 2016:191). Moreover, when a man is intoxicated, he is likely to be hypersensitive and easily provoked to react aggressively (see section 2.4.1) especially when he feels his authority is threatened.

According to Bohall, Bautista and Musson (2016: 1029) the traditional comparative nature between men and women set the tone in intimate relationships. Men are usually associated with earning higher wages, are supposed to be older, of greater physical strength, and have higher remarriage rates than women. Women, on the other hand, play a reproductive role, and are economically dependent. From the economic perspective of power, lack of resources makes women dependent on their male partners leading to limited power to negotiate issues such as sex, and even resisting violence (Cannon et al, 2015: 668). The exploitation of this power imbalance contributes to IPV (Bohall et al, 2016: 1029).

On the other hand, the change in gender roles such as more women getting educated and gaining power threatens male privilege, and there are men, who may resort to violence as their way of restoring their masculinity (Nybergh, et al., 2016: 191). Some men who lack resources to provide for the family may feel frustrated and vent out their anger on their female counterparts who may be making attempts to provide for their families.

3.2.2 Men as victims of IPV

Although the power theory largely explains violence against women, men can also be victims of violence. An overemphasis on female victimisation results in an incomplete understanding of men's experiences as victims, and the broader dyadic context in which

violence occurs. In Uganda, 20% of women admitted to physically or verbally abusing their partners (Mpondo et al, 2019: 524). Many scholars argue that when men are victims of violence, it is often as result of women defending themselves against the violence of men (Belknap & Melto 2005:13; Carmo, Grams & Magalhães, 2011: 355; Shuler,2010: 21). However, Cannon et al (2015: 668), opine that there are common predictors and motivations for both male and female victimisation in IPV. Copp et al (2016: 10) state that when women are wealthier and older, they may exercise power over their partners. Such power is used to coerce male partners through sexual and psychological abuse. The man is, therefore, violated in a similar manner as a woman who is in a transactional relationship with an older wealthier man because in both cases, they have limited capacity to negotiate (Cannon et al (2015: 668).

Bohall et al (2016: 1029) found that more women than men are battered across all societies and women are killed in domestic murders 3.5 times more often than men. This gives credence to the feminist perspective that women are often victims of IPV. Hartsock (2017: 562) also states that recognising and acknowledging this disparity in gender in the world and the cultural and social structures that support it will go a long way in addressing the issue of IPV. Under this socio-cultural dispensation, men can use various behaviours to exert their authority and control over women (see section 2.3). The power theory addresses how power dynamics in an intimate relationship may influence the likelihood of IPV in view of power imbalances created by the society. In this regard, when an individual is intoxicated, he is more likely to exert his or her power in the relationship through violence. The feminist perspective on IPV is discussed next.

3.3 FEMINIST THEORY

The feminist theory of IPV was developed by Dobash and Dobash (1979). According to the theory, male violence in intimate relationships is based on historic and cultural power differences that make women subordinate through control. The control of women is perpetuated through economic, psychological and sexual abuse. Male entitlement,

intimidation and violence are entrenched in society such that women are kept subordinate to men (Dobash & Dobash,1979: 512). The theory challenges the notion that IPV is only a private family matter. The political, social and cultural context supports the intimidation and abuse of women not only in relationships but also in all social interactions (Dobash & Dobash,1979: 517).

3.3.1 Feminist perspective on IPV

To understand IPV, the feminist theory examines the socio-cultural context in which these relationships occur. The theory argues that gender inequality and sexism within patriarchal societies are the leading causes of intimate gender violence (Bell & Naugle, 2008: 1096). The theory suggests that women are naturally non-violent, while their male counterparts are usually stronger and violent. Bell and Naugle (2008: 1096) opine that IPV is more of a problem of men meting out violence against women. This violence is primarily a result of patriarchal beliefs and rules that encourage men to dominate and women to submit. Supporters of this theory such as Arroyo et al (2017: 151) argue that violence is a means of exerting control and dominance over their partners.

The feminist theory concerning IPV, specifically against female partners, is characterised by drug abuse, alcoholism, and as a means of showing masculinity by men. For this reason, this form of violence is different from other types of crime. Thus, the possible mechanisms used to eliminate, prevent and reduce IPV within the African context, is through educating men, and addressing their patriarchal beliefs and oppressive behaviour against women. The goal of this theory, therefore, is to overturn the patriarchal social structure in preventing, reducing, and eliminating IPV. According to Arroyo et al (2017: 151) male patriarchal values significantly increase the likelihood of physical violence against female partners. However, critics of this theory argue that alcohol and drug abuse are the leading causes of IPV and not necessarily patriarchy. The feminist theory sees men having access to more resources and decision making while women are viewed as inferior and secondary (Bell & Naugle, 2008: 1096). It is this patriarchal view that encourages men to resort to IPV to maintain control and privilege against women. In

informal settlements such as Kibera, Kenya, men who are violent towards their partners, may do so deliberately to maintain the status quo of patriarchy (Naidoo, 2010: 439). A significant contribution of feminist theorising is the view that male violence against women is an outgrowth of male power and privilege. IPV is therefore a reflection of the larger patriarchal structure that functions to control women (Arroyo et al, 2017: 155). The institution of marriage, religious institutions and the criminal justice system reflect the patriarchal system that perpetuates IPV especially among a population of women in informal settlements such as Kibera.

Feminists emphasise the importance of naming violence in ways that recognise that women are usually the victims of violence. Some labels do not encompass the sexual, psychological and physical nature of violence (McHugh & Frieze, 2006: 123). According to the feminist perspectives, labels such as IPV and domestic violence downplay the role men play as perpetrators. Terms such as marital violence and wife battering fail to recognise the many unmarried women who are violated by their male sexual partners (Bui & Morash, 1999: 770; McHugh & Frieze, 2006: 123). This poses a challenge in addressing the issue of IPV as it creates an “us versus them” approach. To overcome this, both men and women should be involved in addressing the issue of IPV rather than alienating men in the prevention of IPV.

Dobash and Dobash (1979: 9) elucidate that “the use of physical violence against women is not only a means by which they are controlled and oppressed but it also a brutal and explicit expression of patriarchal domination”. Patriarchal dominance of women by men through IPV is perpetuated through the culturally sanctioned male abuse, subordination and ownership of women (Dobash & Dobash, 1979: 27).

One of the key criticisms against the feminist perspective to IPV is that the assumptions made do not reflect the reality since most men do not engage in violence against their partners. McHugh and Frieze (2006: 123), in two large scale, national, and randomised studies, found out that about 28% of people reported interpersonal violence at least once in their lifetime. This can be interpreted to mean that 72% of people did not experience violence. This means that other factors in a relationship may increase the chances of men

being abusive to their partners rather than just the presence of a man in a relationship. Alcohol misuse is one such critical factor that may trigger violence by men because of the negative effects of intoxication (see section 2.4).

Below, the patriarchal values related to IPV according to the feminist theory are practically outlined as proposed by Hunnicutt (2009: 562):

- “It is the natural, God-given right of men to have power over women.
- The male head of a household should be in charge, hold all power, make the decisions, and be responsible for determining the actions and behaviours of those within the household.
- Masculinity should be defined by powerful characteristics: strength, agency, independence, power, control, and domination.
- Women pose a threat to male power and therefore need to be controlled. Femininity should be defined by weakness, passivity, dependence, powerlessness, and submissiveness.
- Female sexuality is a threat to male power and therefore should be under the control of men, specifically fathers and/or husbands.
- Sexual harassment, rape, physical violence, and any other fear-inducing tactics are legitimate and effective means to enforce male entitlements and to control women”.

3.4 SOCIAL DISORGANISATION THEORY

The social disorganisation theory was developed by Shaw and McKay (1942). The theory was developed based on research conducted in Chicago examining the residential locations of juveniles referred to court. In their study, Shaw and McKay discovered that crime was not evenly dispersed in city but was concentrated in certain areas of the city. The crime rate also remained stable in parts of the city despite changes in populations

that lived in the area (Shaw & McKay, 1942: 20). The patterns of crime in certain areas were therefore attributed to neighbourhood dynamics and not necessarily the attributes of the individuals in that area. Such dynamics include social control and group norms that develop when individuals live together for long and are familiar with each other (Shaw & McKay, 1942: 20). In slum areas like Kibera, individuals move in and out very often because of the changes in economic and social circumstances thus are unlikely to be familiar enough with each other to develop social norms and community bonds (see section 2.3).

3.4.1 Social disorganisation perspective on IPV

Social disorganisation theory posits that the concentration of neighbourhood crime is a result of the clustering of socioeconomic challenges, which leads to a breakdown in social control and the cultural transmission of deviant values (Bellair, 2017: 34; Lopez & Gillespie, 2017: 356; Piscitelli & Doherty, 2019: 38). The theory's key tenet is that socioeconomic circumstances, values and social control are contributors to IPV. This means that the higher the levels of economic problems in each society the higher the chances of IPV due to challenges in the family set up. The theory views IPV from a community context and states that contextual factors influence IPV perpetration and victimisation (Bellair, 2017: 36).

According to the theory, low economic status, residential instability and concentrated living arrangements increase the chances of IPV in a community (Piscitelli & Doherty, 2019:345; Sampson, 2019: 445; Shaw & McKay, 1942). This could be attributed to decreased capacity to exert formal and informal social control (Piscitelli & Doherty, 2019:346). The nature of life and residential mobility in informal settlements makes it difficult for social cohesion and increases the level of anonymity among neighbours which in turn makes it difficult for the community to exercise social order through the enforcement of norms, rules and laws (Bellair, 2017: 37; Sampson, 2019: 445).

The critical social processes between neighbourhood residents are collective efficacy, cultural norms and social ties. Collective efficacy refers to the degree of social cohesion

among neighbourhood residents and their willingness to intervene on behalf of the common good of the community (Sampson, 2019: 445). Collective efficacy is shared expectations that mediate the relationship between IPV and structural advantage. Therefore, if residents are unwilling to take collective action for the greater good of their community, crime such as IPV are likely to increase. In an informal settlement, such as Kibera, such collective action may be difficult to take especially when it comes to family related issues. This is because people living in informal settlements come from diverse backgrounds and may not have a close relationship with neighbours and face numerous socioeconomic problems. Consequently, neighbours do not have an incentive for intervening during incidences of IPV.

Social ties refer to the personal connections between neighbours and include attendance of community activities, local networks and recreations activities among residents (Bellair, 2017: 34; Piscitelli & Doherty, 2019: 345; Warner & Rountree, 1997: 23). Ideally, social ties should reduce incidences of IPV by increasing the residents' capacity to exert social control over their neighbours through communication and supervision (Bellair, 2017: 36; Sampson, 2019: 445; Sampson, Wilson & Katz, 2018: 25). According to Warner (2003; 23) social ties help in the transmission of cultural values which support or desensitise IPV in such community. On the other hand, cultural norms reflect a common set of rules and values that govern a community (Sampson, 2019: 445). The norms in a community such as an informal settlement may normalise IPV as it may be viewed as normal behaviour and conflict in a family. According to Hewitt et al (2018: 678), residents living in disadvantaged neighbourhoods such as informal settlements have limited contact with others from the mainstream society, and are, therefore, likely to experience cultural isolation which eventually leads to weak community level opposition against IPV (Sampson, 2019: 446). Cultural isolation may, therefore, hamper efforts by the government and other stakeholders from reaching informal settlements and mainstreaming values that disapprove IPV.

The unique nature of IPV is that it usually happens in the privacy of one's home hence it not easy for community members to intervene or exert control in line with the social disorganisation theory (Sampson et al, 2018: 25). However, Shaw and McKay (1942: 48)

put forth that the absence of social ties among residents increases the likelihood of IPV. Hewitt et al (2018: 678) opine that because of extreme economic and social conditions, couples may experience high levels of stress which may exacerbate the likelihood of IPV. Besides, residents of informal settlements are usually sceptical of getting help from the criminal justice system hence are unlikely to report cases of IPV (Sampson & Bartusch, 1998: 234). This scepticism and suspicion of the criminal justice system could emanate from experiences of many people from low socioeconomic background not getting justice as a result of corruption that is common in the country (Hewitt et al, 2018: 678). Social disorganisation in informal settlements such as Kibera coupled with the prevalent abuse of alcohol (see section 2.4) among the residents heightens the perpetuation of IPV.

3.5 CONCLUSION

A review of theories pertinent to IPV illustrates that there are many perspectives that can be used to explain why IPV occurs. This study focused on three criminological theories in explaining IPV. These theories were further contextualised to the African context of Kibera.

Through the power theory, the complex relationship partners find themselves in when maintaining an intimate relationship, was explained. The various power struggles were unpacked in relation to the context under study. Moreover, a feminist perspective was discussed and how it relates to IPV and the role of alcohol abuse. The social disorganisation theory looked at IPV not only from an individual perspective but from the influence of socialisation and the cultural context in which individuals live in. The harmful social norms that perpetuate violence in relationships, the patriarchal nature of many societies and the tolerance of violence against women make it possible for individuals, especially men, to be aggressive towards their women partners. To help alleviate the problem, there is need to address social and cultural structures where issues such as power dynamics, patriarchy and social disorganisation are dealt with effectively. From the review of literature and exploration of theories, it is evident that socio-cultural dynamics

of power, patriarchy and social disorganisation are underlying issues that mediate the relationship between the abuse of alcohol and IPV.

Chapters 1, 2 and 3 provided a background and orientation to the study. It highlighted the research methodology as well as literature and theoretical underpinning of the study. In the subsequent chapter, the empirical data collected from the research participants are analysed and interpreted.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION OF THE RESULTS

4.1 INTRODUCTION

The current chapter describes the empirical findings of the study in line with the research objectives. These objectives include determining the various forms of IPV among participants as well as exploring the association of alcohol abuse with IPV in Kibera informal settlement, Kenya. Furthermore, the study sought to establish the victim coping mechanisms, and to recommend pragmatic prevention and intervention solutions within the context of the population from where the sample was drawn.

The chapter provides an analysis of data collected based on the experiences of the participants. The qualitative data were collected through semi-structured face-to-face interviews. The participants were interviewed in Swahili which is the main language spoken in Kenya as well as the researcher's first language. The interviews were voice recorded and then translated into English during transcription. A total of 32 women participated in the study, over a period of three years (2018-2020). The collected data were analysed using the six-step model of thematic analysis by Braun and Clarke (2006: 16). The data were coded by being broken down into various elements. Key words were then identified and categorised into themes that emerged from the expressions and experiences of participants. Although the researcher used an interview guide to conduct the interviews, the participants were encouraged to share their thoughts and express their experiences of IPV. Since the women were victims of IPV, the researcher was cognisant of being empathetic and respectful of their lived experiences during the interviews.

In this chapter, the data collected through interviews is analysed and interpreted and presented in a narrative.

The analysis and interpretation of the empirical findings are divided into the following sections:

- The participants' profiles
- The nature of IPV
- The role of alcohol abuse in IPV
- Patriarchal and cultural milieu
- Coping mechanisms

4.2 THE PARTICIPANTS' PROFIILES

This section provides a holistic expose of the participants who took part in the study to better understand and contextualise their experiences.

4.2.1 Demographic information of participants

The researcher interviewed 32 participants from Kibera, Kenya. Using purposive sampling, women, who had experienced IPV, were identified and requested to participate in the study (see section 1.8.2)**.** The researcher commenced the interview with the following question "tell me about yourself". This acted as an introductory question to help make the participants comfortable. The demographic information obtained is presented below.

Table 4.2.1 Demographic information of participants

Research participant	Age	Marital status	Number of children	Level of education	Participant occupation	Partner occupation
1	32	Separated	3	Secondary	Small business owner	Employed
2	37	Separated	5	Secondary	Casual worker	Self-employed
3	26	Married	2	Primary	Housewife	Casual worker
4	52	Divorced	2	University	Small business owner	Small business owner
5	24	Married	2	Secondary	Small business owner	Employed
6	30	Married	3	Secondary	Small business owner	Employed
7	31	Separated	3	Secondary	Small business owner	Casual worker
8	28	Separated	2	Secondary	Casual worker	Casual worker
9	23	Separated	3	Primary	Casual worker	Self employed
10	25	Married	3	Primary	Casual worker	Casual worker
11	26	Married	3	Primary	Casual worker	Casual worker
12	26	Married	2	Primary	Casual worker	Casual worker
13	36	Married	4	Primary	Small business owner	Casual worker
14	39	Separated	4	Tertiary	Employed	Employed
15	28	Married	3	Primary	Housewife	Employed
16	24	Married	2	Primary	Housewife	Employed
17	34	Married	4	University	Businesswoman	Businessman
18	28	Separated	2	Secondary	Small business owner	Unemployed
19	44	Married	2	Secondary	Small business owner	Casual worker
20	40	Married	2	Primary	Casual worker	Casual worker
21	38	Married	4	Secondary	Casual worker	Casual worker
22	35	Married	2	Secondary	Employed	Casual worker
23	32	Married	2	Primary	Housewife	Casual worker
24	31	Married	2	Primary	Small business owner	Casual worker
25	40	Separated	4	Tertiary	Employed	Businessman
26	30	Separated	1	No formal education	Casual worker	Casual worker
27	34	Separated	3	Primary	Employed	Casual worker
28	52	Separated	1	Secondary	Casual worker	Casual worker
29	34	Married	3	Primary	Small business owner	Casual worker
30	40	Separated	2	Secondary	Casual worker	Employed
31	41	Widow	5	Primary	Casual worker	N/A
32	24	Separated	2	Primary	Housewife	Casual worker

Table 4.2.1 depicts the demographic information of the 32 women who participated in the study in terms of their age, marital status, dependents, level of education, occupation and partner's occupation. These categories are discussed separately in the following sections.

4.2.2 Age of participants

The ages of the participants were categorised into seven categories namely: 20-30, 31-40, 41-50 and 50 and above. The distribution of age of the participants are shown in table 4.2.2.

Table 4.2.2 Age of participants

Age	**Number of participants**
20-30	14
31-40	15
41-50	2
50 and above	1

The results show that most of the participants (Participants 3, 5, 6, 8, 9, 10, 11, 12, 15, 16, 19, 26, 31 & 32) were aged between 20-30 years old. The biggest age group were participants between 31–40 years old (Participants 1, 2, 7, 13, 14, 17, 18, 20, 21, 22, 23, 24, 27, 29 & 30). Thus, most of the participants were aged below 40 years old. This suggests that many of the participants, who experience violence from their partners, are young women. According to Black et al (2011: 3) women, who are younger than 34 years old, generally experience the highest rates of IPV. These statistics are worrying as they reveal that younger couples experience more violence compared to older couples. This might be because young women are often unemployed and dependent on their partners,

who yield more power physically, economically and psychologically (Conroy, 2014: 1303). Furthermore, this reveals that even though there have been efforts to create awareness on women rights and avoidance of violence such as through constitutional amendments and civil activism, within the Kenyan context, there is still a serious need to develop and implement measures to reduce IPV especially among young couples (Winter, Obara & McMahon, 2020: 67).

4.2.3 Marital status of participants

The marital status of the participants was categorised as married, separated, divorced and widowed as shown in table 4.2.3 below.

Table 4.2.3 Marital status of participants

Marital status	**Number of participants**
Married	17
Separated	13
Divorced	1
Widowed	1

As depicted in the Table 4.2.3 above, seventeen participants (Participants 3, 5, 6, 10, 11, 12, 13, 15, 16, 17, 19, 20, 21, 22, 23, 24 & 29) were still married to their spouses while 13 participants (Participants 1, 2, 7, 8, 9, 14, 18, 25, 26, 27, 28, 30 & 32) were separated. This is an indication that many women, despite experiencing violence in their relationships, do not leave since more than half of the participants were still married despite experiencing ongoing abuse. These support findings by Nwafor et al (2020: 234) which found that most African women do not leave their marriage regardless of

experiencing violence. The persistence of the women to stay in such marriages could reflect the cultural and social factors that make leaving an abusive marriage unviable (see sections 2.3.3 and 2.3.4). For example, the discrimination and ostracism of unmarried women in African societies could motivate the victims of IPV to remain married (Winter et al, 2020: 53).

It is also important to note that a significant proportion of the participants (Participants 1, 2, 7, 8, 9, 14, 18, 25, 26, 27, 28, 30 & 32) were separated from their partners. This is an indication that these women had taken the steps to leave a violent relationship. These women shared that they were kicked out of the home or taunted to leave the matrimonial home. These findings support Chiang et al (2018: 49) whose study found out that many women in Kenya left their homes because of physical and emotional abuse.

4.2.4 Number of children of participants

All the research participants shared that they have children. Out of the 32 participants, most of them reported having two children (Participants 3, 4, 5, 8, 12, 16, 18, 19, 20, 22, 23, 24, 30 & 32) while ten (Participants 1, 6, 7, 9, 10, 11, 15, 27 & 29) had three children. Five participants have four children (Participant 21, 14, 31, 17 & 25). Two participants have five children (Participants 3 & 15) while participants 26 and 28 have one child each.

The above shows that most participants had between two to three children. Moreover, it reveals that the victims had stayed with the perpetrators for many years and given birth to more than one child despite their experience of abuse. This finding reaffirms that IPV can be prevalent in long term relationships and marriages with children. A household with many children adds not only additional financial expenditure but also emotional strain on the family. These findings coincide with literature that reveal that African women often stay in abusive relationships because of their children (Chiang et al, 2018: 123; Conroy, 2014: 15; Nwosu, 2015: 23; see section 2.2.1.1). It is also possible that when a family has many children, the pressure of taking care of them may put a strain on the resources in the family. This in turn, may lead to marital conflict that result in incidences of IPV.

According to Tsai (2017: 29) when family financial resources are constrained, there is a likelihood of violence especially against female partners.

4.2.5 Educational level of participants

The education level of the participants is categorised into no formal education, primary, secondary and tertiary level.

Table 4.2.5 Educational level of participants

Level	**Number of participants**
Primary level	15
Secondary Level	12
Tertiary level	4
No formal education	1

The level of education of the participants indicates that all except participant 26 had a basic level of education. Fifteen of the participants (Participants 3, 8, 13, 15, 16, 23, 24, 27, 31 & 32) had primary level of education while twelve participants (Participants 1, 2, 5, 8, 18, 19, 21, 22, 28 & 30) had obtained a secondary school qualification. At tertiary level, four participants (Participants 4, 14, 17 & 25) had completed university level. These results show that low level of education is a risk factor for IPV. The basic level of education that most the victims of IPV had increased the chances of them being abused in relationships as they probably held on to cultural beliefs that normalised IPV. Such attitudes include the belief that men are justified in disciplining them or that they are to blame for the violence meted out on them (see section 2.3.4). A low level of education also increases the chances of women marrying men who also have a low level of

education. Hence, this may perpetuate the cycle of violence in the relationship because of cultural beliefs about violence in marriage (see section 2.3.4). Subsequently, this underscores the need for educating women thus increasing their chances of having healthy intimate relationships. Moreover, Amegbor et al (2020:12) argue that high education levels are a protective factor against IPV. Plausibly, the more educated a woman is the less likely they are to experience or tolerate violence in an intimate relationship.

Nevertheless, the fact that higher education level is a protective factor against IPV does not mean that educated women do not experience violence. This is illustrated by the four university educated women (Participants 4, 13, 17 & 24) who experienced IPV. This reflects how pervasive IPV is in a relationship, and that it goes beyond education level. These educated women still live in a patriarchal society that is resistant to change, and its negative attitude towards women, consequently, justifies acts of violence in a relationship (Amegbor et al, 2020: 16). These findings recognise the need for a paradigm shift in the general societal attitudes towards violence against women.

4.2.6 Reasons for discontinuation of school

The researcher enquired from the participants on the various reasons why they discontinued their schooling. Some of the reasons for the discontinuation of formal education include lack of fees, unplanned pregnancy, early marriage, or loss of interest.

Table 4.2.6 Reasons for discontinuation of school

Reason	Number of participants
Lack of fees	11
Unplanned pregnancy	7
Early marriage	2
Loss of interest	1

The participants, who did not share reasons for the discontinuation of school, informed the researcher that they completed their school careers to their satisfaction. Most of the participants (Participants 2, 9, 10, 11, 13, 15, 17, 18, 19, 21 & 32) dropped out of school because of lack of school fees while seven (Participants 1, 3, 8, 12, 23, 24 & 31) dropped out because they got pregnant, and two were married while in school. This is an indication that poverty and unplanned pregnancy is a key factor for many young girls dropping out of school. As a result, this can lead to a cycle of poverty for the future generations. For example, since the women dropped out of school, they may have experienced financial challenges and abuse in their marriages. Unless this unhealthy cycle is recognised and actively guarded against, their children are also likely to face similar situations. Participant 9 and 13 were married at age 15 and 17, respectively. Early marriage is a risk factor for IPV as most of these young women end up in relationships characterised by violence and abuse. Kidman (2017: 54) validates this premise as he found that women, who are married as children, experience a higher incidence of IPV compared to those, who are married as adults. It is likely that these young girls struggled in their roles as mothers and wives as they had not had enough time to know who they were as women.

The imbalance of power is maintained in a relationship where younger girls are married to older men who yield more power, physically, economically and psychologically over their partners (see section 3.2). A child, who is married when she is underage, is not fully developed emotionally to be able to make decisions in a relationship such as asserting

themselves against abuse. Considering that most of the women (Participants 2, 9, 10, 11, 13, 15, 17, 18, 19, 21 & 32) dropped out of school because of financial challenges it is possible that they were lured into early marriages because of the potential financial stability the prospective husband provided. Participant 2 illustrates this through the following narrative:

> *"I did not have money to pay my school fees, my parents struggled and could not provide basic needs like food for me. I stopped going to school. Sometimes we would sleep hungry. I then got a man who is older than me who provided me with some food and basic needs. We started living together and I became his wife at 22 years old".* (Participant 2, 37 years old, separated).

Similarly, a common theme remained prevalent as expressed by participants. Many participants (Participants 1, 2, 3, 6, 8, 14, 15, 16, 23, 25 & 30) shared that getting married was out of desperation to meet basic needs. Participant 6 speaks of the desperation and powerlessness she experienced luring her into an unhealthy marriage.

> "*I had a boyfriend who was in high school while I was in primary school. One day I got pregnant when I was 14 years old, and it marked the end of my education. I had to drop out of school, the boy refused the pregnancy and I had to raise the child alone. Life was difficult as I could not even afford food for my child. My current husband took pity on me and took me in as his second wife. He is much older but at least he provided food for me and my child."* (Participant 6, 30 years old, married).

This above excerpt highlights the vicious cycle that is worsened by poverty and lack of resources and knowledge among women living in informal settlements (see sections 2.3.3

and 3.4). Participant 6 fell pregnant while she was in primary school and was abandoned by the father of her child. Consequently, she opted to marry an older man and become his second wife to provide food for her child. The practice of polygamy is common in Africa. Many young women get married as second or even third wives (Heath, Hidrobo & Roy, 2020: 38). Reasons for entering a polygamous marriage include financial security or desperation to get married stemming from the high cultural value placed on marriage. The issue of power (see section 3.2) is carried out through the participants' responses whereby men use their financial and social power to lure naive and desperate women into abusive marriages. Considering that these women are often young, they are likely to be naive and vulnerable making them easy targets for abuse and violence.

4.2.7 Occupation of participants

The participants indicated that they were involved in the following occupations namely: casual worker, small business owner, housewife, formally employed and businesswoman. Participants, who considered themselves to be formally employed, either worked for someone or operated a business formally. Although small business owners operate their business on a very small scale, they do not necessarily adhere to formal business guidelines. Participants, who referred to themselves as businesspersons, worked in a professional working environment.

Table 4.2.7 Occupation of participants

Participants' occupation	Number of participants
Casual worker	12
Small business owner	10
Housewife	5
Formally employed	4
Businesswoman	1

The results of the study show that twelve participants (Participants 2, 8, 9, 10, 11, 12, 20, 21, 26, 28, 30 & 31) were casual workers. Ten participants (Participants 1, 4, 5, 6, 7, 13, 18, 19, 24 & 29) were small business owners while five participants (Participants 3, 15, 16, 23 & 32**)** were housewives. Only four participants (Participant 4, 7, 18 & 22) were formally employed. One participant (Participant 17) reported that she was a businesswoman. She is also one of the few participants, who has a tertiary level education. Expectedly, many people living in informal settlements in Kenya and globally are typically unemployed, work as casual labourers or are involved in small informal businesses (Onyango & Tostensen, 2015: 3; Stenton, 2015: 4). The struggle to meet the family's needs in informal settlements cannot be ignored as a contributor to possible financial and marital problems. In addition to that, it represents the dire dependency of these female victims on their male partners. Women, who are victims of IPV, and are not financially independent may struggle to leave their partners as they may not be able to provide for themselves and their children (see section 2.3.2).

4.2.8 Partners' occupation

The occupation of the participants' partners was categorised into various occupations to illustrate the nature of economic activity that the families found themselves in.

Table 4.2.8 Partners' occupation

Participants partners' occupation	Number of participants
Casual worker	18
Formally employed	9
Small business owner	1
Businessman	2
Unemployed	1
Not applicable	1

The results concerning the occupation of the participants' partners show that most of their partners were casual labourers (Participants 3, 7, 8, 10, 11, 12, 13, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29 & 32), while some were formally employed (Participants 1, 2, 5, 6, 9, 14, 15, 16, 18 & 30). Only one participant (Participant 18) reported that her partner was unemployed. Participant 31 did not give the occupation of her partner since the partner is deceased. People living in informal settlements typically work as casual labourers, and therefore, have low and unstable incomes. This could contribute to the violence and conflict that are prevalent among couples in informal settlements. (Winter et al, 2020: 45). This could mean that the victims' partners probably had a higher earning ability compared to the victims of IPV. One of the risk factors for IPV is the male partner dominating financially (Hageman & George, 2018: 396). As explained previously and reiterated through this section, this higher earning capacity could be utilised to dominate and abuse one's partner because she is wholly dependent on him. The abused woman is also likely to keep staying in an abusive relationship because she has no money to take care of her needs and those of her children if she leaves.

The following section details the forms of IPV experienced by the research participants.

4.3 THE NATURE OF INTIMATE PARTNER VIOLENCE

4.3.1 The forms of IPV

Table 4.3.1 provides a summary of the forms of IPV experienced by the research participants. It also includes the presence of alcohol abuse during these incidences of IPV. The table is colour coded. The red shade represents participants, who reported the specific type of IPV or were abused by a partner while he was intoxicated. The yellow shade represents the participants, who found the form of IPV or presence of alcohol to not be applicable to their victimisation.

Table 4.3.1 Forms of IPV and presence of alcohol abuse as experienced by the participants

Forms of IPV and presence of alcohol abuse as experienced by the participants				
Research participant	Physical	Psychological	Sexual	Presence of alcohol abuse
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				

The above findings confirm that all the participants endured some form of IPV. Ten participants (Participants 1, 2, 6, 9, 10, 13, 18, 19, 20 & 21) identified that they

experienced a combination of physical, psychological and sexual abuse by their partners. The most common form of abuse was psychological, whereas physical abuse followed closely behind. A staggering twenty-seven participants (Participants 1, 2, 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 26, 27, 28, 29, 30, 31 & 32) reported that their partner was intoxicated during the abuse. The role of alcohol abuse in IPV is further interrogated later in this chapter (see section 4.5).

Next, the forms of IPV, as experienced by the participants are individually analysed.

4.3.1.1 Physical violence

The physical form of IPV involves a range of behaviours from shoving or slapping to severe acts such as hitting with a fist or hard object, kicking, choking or using a knife to hurt someone. It also involves pinching, dragging, stabbing or burning someone (García-Moreno, 2005: 103; Merril et al, 2014: 49; see section 2.2.2.1).

Ten participants (Participants 1, 4, 6, 8, 10, 13, 16, 21, 23 & 29) reported that they experienced physical violence by their partners regularly. The forms of physical violence they experienced include being hit with objects such a panga (machete), table and chair. Additionally, participants recalled being kicked, strangled, stepped on the stomach as well as being shoved violently and slapped. The physical violence meted out on the participants was sometimes so severe that it led to hospitalisation of some of the victims (Participants 1, 4, 13 & 29). The following verbatim responses describes the experiences of some of the participants:

> "*He used to step on my stomach with his foot and slapped me daily. One day he took a panga and cut me in the head"* (Participant 2, 37 years old, separated).
>
> *"He beats me with a stick all over my body. He cut me with a panga on the head leaving a deep cut. He also pulled my hair piece from the head" (Participant 9, 23 years old, separated).*

Participant 9 showed the researcher a big scar on her head because of the injury from the panga. The physical violence also involved throwing objects at the victims. Any object in site such as utensils, chairs or blunt objects were used. The physical violence also involved the use of physical force through strangling, shoving, slapping, and hitting with fists. Below are some of the verbatim responses shared by the participants:

> *"He would strangle me and put me down, step on my stomach with his foot and tell me he will kill me"* (Participant 2, 37 years old, separated).
>
> *"My husband was a very violent man, he would beat me with fists, stepping on me with his feet, chasing me and the children with a sword. He was very aggressive and abusive, and this made him get a beating from the neighbours for beating me and the children. My brother in-law was also beating me. My husband was working far from home after getting a work transfer. His brother would force me to cook for him then would pour the hot food on me while hauling insults on me and calling my children 'bastards' saying that they would not inherit any land. It is all his. One day he hit me with a jembe stick on the forehead"* (Participant 1, 32 years old, separated).

The issuance of death threats is a form of abuse that leaves the victims scared and anxious about their safety (Heath et al, 2020: 234). Family members can also be perpetrators of violence as seen in the above case where in-laws are also involved in physically abusing the victim. This seems to be a normalised behaviour where in-laws seem entitled to "discipline" a woman. Moreover, the issue of land is a very emotive and contentious issue in the African society. Land is viewed as a form of wealth and inheritance (Merril et al, 2014: 42). In Kenya, it is uncommon for women to own land and are usually dispossessed of their land if their husband is not available (Akinola, 2018: 24). Such issues contribute to IPV against women, specifically in the African context.

The physical violence was not only meted on the participants but also the children (see sections 2.3.1 and 2.3.2). Some of the perpetrators would hit the children when they were angry as elaborated on below.

> "*He used to hit our small child also. Whenever he was hitting me, the child would try to restrain him from beating me up and he could shove the child away. One day, he shoved the child away and the child fell and hit a table. The child had a serious head injury I had to take him to hospital"* (Participant 8, 28 years old, separated).
>
> *"He used to beat me with a big stick and the children were not spared. One of my fingers is deformed because of the beatings"* (Participant 20, 40 years old, married).

This highlights the problem of children being abused in families where IPV is occurring. Children often bear the brunt of the abuse and the effects of a strained relationship between the father and mother (see sections 2.3.1 and 2.3.2). According to Carlson (2000: 209) children can be physically, psychologically, or sexually abused by male partners, who have a history of perpetrating abuse. The above extracts also highlight the severity of physical injuries sustained by the participants and/or their children. Moreover, as explained under the family risk factors, (see section 2.3.2) dysfunctional families expose children to developing antisocial behaviours such as engaging in conflict with the law as either children or adults later in their lives. This thus perpetuates the cycle of IPV in the family, where victims become perpetrators later in their lives. Moreover, children, especially boys, who are used to witnessing their mothers being battered by their fathers grow up thinking that violence is the only way to solve problems, especially intimate relationship conflict.

Often perpetrators of violence are unconcerned about the physical condition of their victims and can physically abuse their partners despite being sick or pregnant. This experience is voiced by participants 6 and 9 below.

> *"He physically abuses me with blows kicks beatings. When I was pregnant with my last born, he hit me on the head with the arm of a seat wounding me"* (Participant 6, 30 years old, married).
>
> *"Since I was carrying our 8-month-old baby when he fought with me the baby was also cut on the forehead"* (Participant 9, 23 years old, separated).

The participants experienced a wide range of physical violence that caused serious injuries. In some cases, the participants and even their children were hospitalised. Moreover, some were maimed and deformed because of the violence. According to Vung and Krantz (2009: 78) wife beating is rampart and common in many African cultures. Such behaviour is normalised as a form of discipline (see section 2.3.4). Considering the patriarchal nature of society in Kenya, male aggression towards women is common in intimate relationships. According to Winter et al (2020: 25) the power dynamic in an intimate relationship, the marginalisation of violence against women is largely normalised.

4.3.1.2 Psychological violence

Another form of violence that the participants experienced from their partners was psychological violence. This manifested itself through threats of violence, verbal abuse and threats to be chased away with the children or threats to take away the children. The latter finding corroborates with the literature unpacked under section 2.2 (see section 2.2). Additionally, they were also denied freedom to associate with certain friends and family. Similar psychological and emotional violence was discussed in chapter 2. Some of the verbatim responses citing psychological abuse are listed below:

"He would abuse me, hurling insults at me he abuses me verbally, saying 'leave my house and go with your children, you useless woman. You only know how to use my money'" (Participant 22, 35 years old, married).

*"He used to threaten me many times that he will kill me. Afterwards he would beat me up, I ran away with my children and lived in a different neighbourhood. He would go to the school where my children were and attempt to take them away. I had to move the children to a different school and give them different names and even have them wear Islamic burka/niqab to conceal their identity (*Participant 30, 40 years old, separated).

The attempts to disguise the children's names and identity highlights the serious threats that participant 30 received regarding her life and the lives of her children. She even went as far as disguising her children in a *burka*[3], an Islamic attire. This disguise was used despite not subscribing to the Islamic religion. This impending danger and threat to life causes serious psychological torture to both the mother and children. According to Miller (2010: 116) such threats do not involve immediate physical harm hence the victims find it hard to report these threats, as abuse, to the police. The victims, therefore, are left with no option but to live with anxiety and fear.

The participants reported the following examples of psychological and emotional abuse as outlined below.

"One day he threw us out of the house in the middle of the night when it was raining. We had to sleep outside the house until morning" (Participant 7, 31 years old, separated).

[3] The burka is a long, loose garment which covers the body from head to toe, only leaving the eyes visible.

“He told me that I was a good for nothing woman, who only knows how to give birth” (Participant 16, 24 years old, married).

“He used to tell me to stay at home all the time, never to talk to other women, never to go to church or associate with any women or women groups” (Participant 24, 31 years old, married).

The above responses highlight the controlling and restrictive nature of their intimate partners who dominated their wives to maintain power (see section 3.2).

The psychological abuse also involved disappearing acts and unpredictable behaviour that left the victims continuously anxious. Furthermore, the psychological abuse also entailed silent treatment and neglect of the victims and their children as shared below:

“He could sometimes disappear for weeks from home and leave us with nothing. He would then show up one day and say that he was with other women and there was nothing I could do about it” (Participant 5, 24 years old, married).

“Sometimes he would come home late and knock on the door. If we delayed in opening the door would break the door violently and hurl out insults and violence on us” (Participant 30, 40 years old, separated).

“My husband would refuse to talk to me. Silence was his weapon for getting to me. He would also refuse to support the family” (Participant 21, 38 years old, married).

“My husband refuses to talk to me. He does not want me to have friends or to be greeted by anyone. If any man greets me, he is enraged and accuses me of cheating on him. He is very jealous and has anger issues.” (Participant 23, 32 years old, married).

> *"My husband did not care for me and the children. He would not give us any support even with my medical condition he showed no empathy"* (Participant 24, 31 years old, married).

The psychological tactics used by the perpetrators include the use of demeaning language, neglect, and controlling behaviour. This leaves the victims confused, desperate and anxious about what will happen next in their lives. To add to the psychological strain experienced by IPV victims, sometimes the perpetrator would extend the emotional violence to the children (Carlson, 2000: 209). Participant 15 provides an example of this below:

> *"He could say I don't want to see you in my house, leave my house with your stupid children"* (Participant 15, 28 years old, married).

In many traditional African settings, men own land and property hence woman and children can be kicked out of their home without recourse (Carlson, 2000: 323). When children do not do well at school it is often blamed on their mother. It is for this reason that the children, who are deemed "stupid", belong to the mother. This shows that psychological or emotional violence is prevalent among victims of IPV in informal settlements. Psychological abuse whereby women are demeaned and made to feel worthless, threats of violence and being threatened to be thrown out of the family home is a major concern. This psychological abuse is further maintained by the women's financial position. Lack of financial empowerment leads to a low self-worth among victims. Consequently, these women may feel that whatever violence that is meted on them is justified, and that they cannot do anything about their situation. This leaves them at the mercy of their perpetrators.

4.3.1.3 Sexual violence

Another theme that emerged was sexual violence. Seven participants (Participant 1, 2, 4, 6, 9, 10, 13, 18, 19, 20 & 21) reported experiencing sexual violence in their relationship.

Participant 21 and 19 shared that their partners refused to use a condom despite extramarital affairs and risk of infection with HIV/AIDS.

> *"He used to sleep with other women out there and come home and insist that I have sex with him. I tried to tell him to use protection, but he said he will never use a condom and told me the other women were better than me"* (Participant 21, 38 years, married).
>
> *"He infected me with HIV deliberately despite knowing that he was sick"* (Participant 19, 44 years, married).

The participants reported the following examples of sexual violence perpetrated against them:

> *"My brother-in-law would come home drunk and would beat me, sexually assaulting me and ordering me around with insults because my husband was not home"* (Participant 1, 32 years, separated).
>
> *"My husband denied me conjugal rights*" (Participant 2, 37 years, separated).
>
> *"Other times he would disappear from the house and when he returns drunk, he would be aggressive, he would sexually force himself on me"* (Participant 10, 25 years old, married).

This above verbatim responses reveal that marital rape occurs in some of the participants' marriages as the perpetrators forced the victims to have sex without consent. WHO (2016: 12) ascertains that rape within a marriage or a dating relationship is a form of sexual violence. Many survivors of IPV reported that their partners forced them to have sex even when they were not willing to. According to Yllö and Torres (2016: 29) cultural beliefs such as ownership of a woman after marriage justify the use of force in demanding sex. Marital rape is a violation of the human rights of the victim. As indicated by Makayoto et al (2013: 330) sexual violence not only involves force but also induces shame, fear or mental suffering to the victim. The victims of sexual violence not only endured sexual abuse but were also exposed to sexually transmitted diseases that put their health at risk. Sexual violence, in which victims are forced to have unprotected sex despite their partner's infidelity, is a cause for concern in some African contexts as this is a violation of the victims' sexual and reproductive rights (Erulkar & Matheka, 2007: 14). Participant 2 shared that her husband denied her sexual intercourse. This can be detrimental in the functioning of a healthy marriage as well as a means of denying her the opportunity to get pregnant again.

Sexual violence was also meted out on the children *as reported* by participants 4 and 9.

> *"He used to sexually defile and threaten my daughter that he will kill her.* (Participant 4, 52 years old, divorced).
>
> *He often sends me away from home with the children at night. He sexually assaults our 7-year-old daughter and insults me"* (Participant 9, 23 years old, separated).

The sexual violence on children reported by the participants is not surprising as Devries, et al (2017: 23) found that children are often abused when their mother is abused. This shows that IPV not only affects the partners involved but also children are victims of the various forms of IPV. Participant 4 and 9 were aware of the sexual molestation of their children, and are subsequently divorced and separated from their spouses. Despite the

misconception that sexual violence does not occur in marriages, the findings show that it is prevalent in Kibera.

The forms of IPV as experienced by the participants underline the graphic nature of the abuse endured. The effects of the abuse are demarcated below.

4.4 EFFECTS OF INTIMATE PARTNER VIOLENCE

The effects of IPV on the participants were categorised based on the participants responses. They main effects are divided into the following sub-categories:

- Physical effects
- Psychological effects
- Effects on the children and family

4.4.1 Physical effects

IPV leads to harmful physical effects on the victims. The participants recognised that the violence had serious physical and psychological effects on them. Scars, ulcers, infection with HIV, trauma, depression, and constant fatigue were some of the adverse effects that the participants experienced as a result of IPV. This highlights the fact that IPV has serious adverse effects on the health of the victims as it leads to physical and psychological disorders. The negative effects of IPV on the health of victims in turn puts them in a more vulnerable position as they are not able to provide for their needs and that of their family. Apart from physical harm and injuries some victims were also infected with HIV/AIDS. The consequences of sexual abuse include unwanted pregnancies and infection with sexually transmitted diseases such as HIV/AIDS. Participant 17 disclosed her experience below.

"My husband was HIV positive and I only came to know when he was admitted to the hospital and the doctor forced him to bring his partner to be tested. I was tested, and I was positive. He eventually confessed that his first wife died of HIV/AIDS when I was still married to him and he never told me before" (Participant 17, 34 years old, married).

According to Dunkle et al, (2004: 35) IPV increases the risk of HIV/AIDS infection among women and children since they are often sexually abused by a perpetrator, who engages in unprotected sex with more than one partner.

4.4.2 Psychological effects

IPV also adversely affects the psychological wellbeing of the victims. The researcher asked the participants how the violence had psychologically affected them. Some of the participants shared the following experiences:

"I was so stressed and had lost a lot of weight" (Participant 19, 44 years old, married).

*"I am of poor health with all the stress I was going through because of my husband I started drinking chang'aa when pregnant with my last born. Then I started selling changaa to fend for my children. I was desperate for money and I thought that was the easiest business, but I was wrong as I was arrested for selling and being in possession of chang'aa. I was placed on probation but was empowered to start a small business of selling cereals" (*Participant 13, 36 years old, married).

"Women should never be subjected to that kind of abuse and degradation. I was depressed and traumatised by the violence meted on me and the children and one day I decided enough is enough I was not going to wait for him to kill me, and I left" (Participant 14, 39 years old, separated).

*"When my husband threatened to stab me with a knife in his hand, I took the children and ran away with the intention to never return. But life is difficult being a single mother with caretaking responsibilities and financial burden" (*Participant 15, 28 years old, married).

Participant 19 shared that the stress she endured caused her to lose weight while participant 15 highlighted how being threatened to be stabbed caused her to leave her husband. However, the realities of her financial situation made her realise that she needed her husband, and was still married at the time this research was conducted. Participant 13 revealed how IPV can lead to substance abuse, which in turn led to her involvement in illegal activities. However, this was beneficial as she later received assistance while incarcerated. This assistance enabled her to start her own business. Participant 14's experience highlights the depression and trauma she underwent during her abuse. The severity of the abuse is showcased as she reports that she decided to leave before she gets killed.

4.4.3 Effects on the children and family

In some incidences of IPV, the children were not only direct victims of the violence but were traumatised by observing their parents being violated. Participant 20 shared how her child ran away from home due to the violence experienced from his father.

"Marriage should be peaceful, and men should not be violent to their wives and children. I suffer from hypertension, headaches because of the traumatic experience I go through. I live in fear of what my husband might do to me or my children. My 12-year-old son had disappeared from home because of his father's violence towards him" (Participant 20, 40 years old, married).

The subsequent section discusses the role of alcohol abuse in IPV as experienced by the participants.

4.5 THE ROLE OF ALCOHOL ABUSE IN IPV

A continuous theme throughout the study was to explore the association between alcohol abuse in IPV incidents committed in in Kibera, Kenya. Thus, the researcher enquired from the participants about the role of alcohol misuse in their relationships. Table 4.3 (see table 4.3) revealed that a large majority (n=27) of the participants (Participants 1, 2, 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 26, 27, 28, 29, 30, 31 & 32) reported that their partners were under the influence of alcohol during their victimisation. Interestingly, almost half (n=12) of the participants (Participants 1, 4, 6, 8, 9, 11, 13, 17, 19, 21, 28 & 31), who reported that their partners abused alcohol, also shared that their partners were violent toward them whether they were sober or intoxicated.

The following themes emerged concerning the association between alcohol abuse and IPV as experienced by the research participants.

4.5.1 Prevalence of alcohol abuse and violence

Some participants (Participants 1, 2, 3, 6, 23 & 25) said that their partners drunk alcohol daily, and subsequently, abused them almost daily. Some of the verbatim responses highlighting this are denoted below:

> *"He does casual jobs in construction sites; he gets paid at the end of the day and drinks most of the money that he is paid. When he comes home, he always comes home drunk and demands food. Whenever I ask him why he is drunk and yet there*

is no food, he would retort back that it is his money that he drinks" (Participant 23, 32 years old, married).

"He would drink every day and pass out the moment he gets home. One day he came home drunk and forced himself on me, I was pregnant, and his foul smell made me vomit. Sometimes he would just pass out on top of me" (Participant 3, 26 years old, married).

The above responses highlight the influence of alcohol combined with traditional patriarchal values. Participant 32 shared that her husband uses most of the money that he earns for alcohol. This negatively affects the family as there is not enough money to buy food, and this is a root of conflict because despite her husband's excessive drinking, he expects food to be provided for him. Participant 3 divulged how her husband's drinking caused him to force himself on her. As showcased in the above responses, in patriarchal societies, men often feel entitled to make unreasonable demands on women (Carter, 2015: 25). Moreover, frequent or daily drinking is an indicator of an alcohol disorder or addiction to alcohol. This frequent use of alcohol can intensify the occurrence of violence in an intimate relationship because it impairs the user's judgement (Davey, Kilembe, Wall, Khu, Brill, Vwalika, Chomba, Mulenga, Tichacek, Javanbakht, Comulada, Allen, & Gorbach, 2017: 1893). Participant 25 shared how her partner's excessive drinking preceded the abuse she experienced.

"*He drinks every day and is very abusive when he is drunk. He also makes a lot of noise when he is drunk and assaults me whenever he is drunk"* (Participant 25, 40 years old, separated).

The above verbatim response from participant 25 highlights the tendency for aggression when someone is intoxicated. According to Parrott and Eckhardt (2018: 14) a person who is intoxicated, often shows signs of aggression, hostility, and irritability (see sections 2.3.1

and 2.4.1). The use of alcohol can, therefore, be a trigger for violence. This, however, does not happen in isolation. The violence is a combination of normalised violence against women in society, power and alcohol perpetuate the already entrenched aggressive attitudes towards women (see sections 3.2 and 3.3).

Participant 9 conveyed that her partner is violent when he is intoxicated but often non-violent when sober.

> *"When he is sober which is rare, he is not violent but after drinking he becomes very violent; even threatening to kill me. After drinking all the money, when I ask him for food or any support, he becomes abusive. He does not pay school fees for the children. We quarrel a lot leading to violence"* (Participant 9, 23 years old, separated).

Although Participant 9 shares that when her husband is sober, he is not violent she also clarifies that his sobriety is very rare resulting in continuous turmoil and abuse. Participant 14 elaborated more on the harmful effects of her husband's continuous struggle with alcohol abuse.

> *"He was drinking every day and sometimes he was experiencing blackouts. When he was sober, he was peaceful. When he has been drinking, he was aggressive and violent but when sober he was peaceful. When I started working, he would come home drunk before I do, with a watch waiting for me at the door to explain, where I passed through and he would slap me repeatedly calling me a liar and that I was with my boyfriends" (*Participant 14, 39 years old, separated).

Blackouts are very common when drinking excessively. The abusers, who experience blackouts, often lose consciousness after excessive drinking (see section 2.4.1).

Participant 14 also shares how alcohol is a significant factor in her abuse as her husband is peaceful when sober.

4.5.2 Abusive behaviour regardless of alcohol intake

Six participants (Participants 1, 2, 3, 11, 27 & 28) indicated that their partners were violent regardless of their sobriety or alcohol intake. Some of their responses are documented below:

> *"He beat me all the time regardless of his drinking. He has a bad temper and easily gets angry, but he is more aggressive when drunk"* (Participant 28, 52 years old, separated).
>
> *"It does not matter whether he is sober or drunk he is always violent and instils fear in me and the children"* (Participant 11, 26 years old, married).
>
> *"He was violent whether sober or not although most of the time he was drunk and was violent to me and the children"* (Participant, 27, 34 years old, separated).

These above retorts show that alcohol cannot be solely responsible for abusive behaviour. As explained under the causes in section 2.3 (see section 2.3), an interplay between various factors are the reasons for IPV. Javaid (2015: 83) argues that alcohol is used as an excuse for perpetration of IPV, however it is widely accepted that alcohol exacerbates the aggression by the user. According to Murphy (2015: 45) IPV occurs in all environments regardless of religious, cultural and socio-economic status. This can be traced back to the criminological explanations for IPV as delineated in Chapter 3 (see section 3.2, 3.3 & 3.4). These explanations unpack the prevalence of patriarchal norms of violence against women in Kibera (see section 4.6). These findings also show that alcohol is not solely responsible for abusive behaviour, however, it does alter the cognitive

decision-making process. Alcohol, in conjunction with an already aggressive and hostile personality, is a grave combination for the victims thereof.

4.5.3 Auxiliary effects of alcohol abuse

The excessive use of alcohol by the participants' partners not only led to violence but also led to auxiliary effects such as the perpetrator losing his income. This intensifies the already volatile situation that the victims of IPV and their children endure. This is substantiated by participant 11 below:

> *"He drinks every day and uses all the money he earns on alcohol. My children had to drop out of school because he could not pay their school fees. He lost his security job due to his drinking habit. When he drinks, he becomes irritable and I and the children are afraid and uncomfortable around him. Whenever he comes home drunk, he looks for a fight. If I delay in opening the door for him even for a minute, he beats me with fists slaps pushing and shoving. He becomes irritable after drinking"* (Participant 11, 26 years old, married).

The above extract reveals how substance abuse can lead to the loss of income in the family thus causing strain on the financial resources (see section 1.5.10 for the DSM-5 definition and effects of substance abuse). Consequently, the children suffer by going without food and education. This is a common occurrence in Kibera, Kenya. Additionally, the perpetrators could also demand money for alcohol use from the victims as elaborated on by participant 18:

> *"He was drinking any day any time he had some money and even demanding that I give him money to drink. He would also borrow from friends and drink on credit"* (Participant 18, 28 years old, separated).

4.5.4 Abuse of multiple substances

Alcohol is considered a trigger to violence among intimate partners. Additionally, many people, who abuse alcohol, also abuse other substances such as marijuana and other drugs (Lambrechts, Vandersmissen & Godderis, 2019: 652). Twenty-two of the participants (Participants, 1, 4, 5, 7, 8, 9, 10,11, 12, 14, 16,17, 18, 19, 20, 21, 22, 27, 28, 29, 31 & 32) reported that their partners only abused alcohol. However, the findings of this research study revealed that five of the participants' partners (Participants 2, 6, 23, 26 & 30) also abused other drugs besides alcohol. The following extracts reflect the participants' experiences:

> *"He used alcohol, chang'aa and marijuana. He is constantly high on drugs"* (Participant 23, 32 years old, married).
>
> *"He uses miraa, alcohol, cigarettes and kuber*" (Participant 32, 24 years old, separated).
>
> *"He always uses many drugs some I don't know but it's not only alcohol*" (Participant 2, 37 years old, separated).

It appears some of the perpetrators were abusing several drugs. This may have increased their impairment and aggression towards their partners. The ease of availability of these substances in Kibera informal settlement could also contribute to the pervasive abuse of multiple substances (Winter et al, 2020: 14). Peltzer and Phaswana-Mafuya (2018: 1) verify that illicit drug use is a growing health problem. Globally, it is estimated that the prevalence of substance use is 5.3%. In a study conducted by Cafferky, Mendez, Jared & Stith (2018: 110), it was found that drug use and victimisation shared a stronger correlation than alcohol use and victimisation. The participants, who shared that their partners abused multiple substances, all reported alcohol as a common factor. Thus, it can be interpreted that the abuse of alcohol as well as additional substances, by the

perpetrators of IPV, generated an unhealthy and harmful environment for the participants thereof.

4.5.5 Violent behaviour under the influence of alcohol

The behaviour of the participants' partners was also analysed to determine how they behaved when they were under the influence of alcohol. Some participants (Participants 11, 17, 19 & 23) reported that their partners were mostly violent when under the influence but not when sober. Highlights of their responses are recorded below:

> *"He is an "angel" when he is sober, but I don't know what happens to him when he drinks. He becomes violent and insults me whenever he is drunk. He then apologises the following day and promises that he will not beat me again".* (Participant 11, 26 years old, married).

> *"He was drinking every day after some time he stopped only to start again after losing his job. When sober he was peaceful and caring but when drunk he was aggressive and violent. He would throw objects at me whenever I asked for money. He was stressed after losing his job"* (Participant, 17, 44 years old, married).

> *"When he is sober, he is peaceful but when he is drunk, he becomes aggressive and violent. He uses all his money for drinking at the expense of the family"* (Participant 19, 44 years old, married).

> *"He beats me most of the times when he is drunk. He drinks every weekend from Friday to Sunday. During the weekdays when he does not have money, he is calm. He is easily provoked when he is drunk. He does not want to be asked any question when he is drunk. He can even kill me when he is drunk"* (Participant 23, 32 years old, married).

The above excerpts reveal how the participants associate their abuse to their husband's drinking habits. Moreover, participant 20 said that her partner's excessive drinking was coupled with an additional addiction. This addiction to alcohol was combined with a gambling addiction, as explained below:

> *"He was drinking every day and gambling too. All his money went to gambling and alcohol. When drunk, he is aggressive and violent and does not entertain questions from me. When he is drunk, he does not like me asking for money or asking a question and if I do, I am beaten mercilessly and if he asks me a question and I fail to answer he beats me"* (Participant 20, 40 years old, married).

Participant 20 reports that she is beaten mercilessly. This shows how dangerous and violent an intoxicated partner can be. Increased aggression and impaired judgement as a result of intoxication, it is possible that a violent person can cause serious injuries and even death.

4.6 PATRIARCHAL AND CULTURAL MILIEU SPECIFIC TO KIBERA, KENYA

Within the African context, IPV is entrenched in a patriarchal system that treats women as objects and properties of men (Moore, 2020: 678). Participant 18 shared her experiences in this regard.

> *"I was married for ten years; my husband was an idler and would come to my food kiosk to demand for money for drinking. If I fail to give him, he would beat me in the presence of my customers. At night, my husband would force himself on me even when I was advanced in pregnancy and I would throw up. One day my in laws came to the hotel to call me to go and collect my husband where he had fallen*

in a ditch drunk. When I declined, they threatened me. I was eventually summoned at the chief's office and his family said they want me to separate from their brother. For me it was an answered prayer as I am the one who was paying rent, buying food, and everything needed in the house. I was happy with the decision since I regard my peace, but I will never look at a man again in my life" (Participant 18, 28 years old, separated).

Participant 18's experience shows the unique challenges women in Kibera go through to provide for their families. Her efforts were undermined when her partner disrespected and humiliated her at her workplace. This reveals that abusive partners are usually unsupportive of their partners' ventures to earn an income. Furthermore, the extract illustrates the broader societal lack of empathy for women, who are pregnant as they are not only overworked but also subjected to physical violence (Moore, 2020: 680).

Dealing with IPV is further made difficult by those who perpetuate the patriarchal view that women should remain submissive to their husband despite the abuse. Such women are blamed for not caring for their husbands and failing the marriage and family. Dubber (2005: 123) supports this notion that patriarchal belief systems are maintained by both government and civil authorities. This is evident when police do not provide adequate support to victims. In addition, victim blaming is persistent as mentioned by participant 19 below.

"One day he had assaulted me seriously and I reported to the police and when my in-laws heard about it, they intervened and the case was dropped from that day he stopped beating me but continued with the insults as I was continuously blamed" (Participant 19, 44 years old, married).

The pervasive patriarchy is not only promoted by men but also supported by women.

"I suffer from ulcers and I am not able to handle stressful situations. I have a problem with my mother-in-law who wants to break our marriage by having her son marry her friend's daughter" (Participant 21, 38 years old, married).

"Whenever I was beaten, I would go to my sister's place and other times to my mother in-law who would tell me 'Life is like that you have to be patient with your husband' eventually I learned to live with it. I will live with it until his death" (Participant 3, 26 years old, married).

The above responses demonstrate that patriarchy is not necessarily a man against women issue but can be promoted by other women, who believe in adhering to cultural norms of treating women as properties of men. In local communities, older women are often perceived as wise, experienced, and able to advise younger women. These older women, who are deemed as wise inadvertently perpetuate patriarchy due to the strong cultural beliefs they hold. As stated by Participant 3, she was advised by her mother-in-law to be patient with her husband. It is thus evident that the journey towards combating patriarchal systems, commences with breaking down unhealthy mindsets.

Often, victims entrenched in patriarchal systems, succumb to the present circumstances experienced around them. Participant 32 was desperate to get her violent husband out of police custody despite initially reporting him to the police. Even though the police encouraged him to drop the case she also revealed that she withdrew the case since she was financially dependent on the husband as discussed earlier on in this chapter as well as previously in chapter 2.

"I have reported to the police four different times and all what the police would tell me to forgive him it's a family matter; 'this time he is in prison remand and I have come to probation office for interview so that my ex-husband can be given bail for the case of assault for beating me. I would run to my aunt's house and when I could not bear it anymore. I moved out and rented a house with my children. For

me to drop the case, the police told him to pay for our house and upkeep. I want my husband out of prison. My children and I are suffering without him" (Participant 32, 24 years old, separated).

Although there is Kenyan legislation to govern and police gender-based violence, many women in Kibera do not get justice when reporting cases of IPV. This is largely due to a corrupt system, which does not necessarily cater to the needs of the victims but those of the perpetrators. In fact, domestic violence can be viewed as gender persecution in Kenya (Razack, 1995: 50). Those, who choose to report their partners, may face persecution and threats of violence from their perpetrators and/or members of the family or community.

"I reported to CREAW a civil society NGO dealing with GBV also reported to the chief and was summoned but refused to honour summons,' I was denied freedom of worship and right now I do not go to church" (Participant 20, 40 years old, married).

This above reveals the impact of restrictions that are imposed on such victims. Participant 20 further shared the following:

I was threatened with death. I will slaughter you with a knife because of answering back'.' I do not fear going to jail I have been there before for 5 years" (Participant 20, 40 years old, married).

This could be the reason why many victims of IPV do not report or seek support. The victims are often in a dilemma as they still live with the perpetrator. Moreover, reporting

of the abuse may seldom happen because they doubt that it will lead to any meaningful intervention (see section 2.2.1).

4.7 COPING MECHANISMS

In this section, a discussion on how the participants cope with IPV ensues. The analysis of data revealed the following coping mechanisms:

4.7.1 Avoidance strategies

Avoidance enabled the victims of IPV to evade situations that could trigger the perpetrators of violence (see section 2.5.3). Seven participants (Participants 1, 2, 7, 9, 10, 20 & 27) indicated that they kept quiet and avoided confrontation with their partners. The following verbatim responses illustrate this:

> *"I keep quiet and don't talk to him when he is angry*" (Participant 2, 37 years old, separated).
>
> *"I avoid provoking him and try to keep some distance from him whenever he wants to fight with me"* (Participant 4, 52 years old, divorced).
>
> *"Whenever we have a disagreement, I walk away, or he walks away to let the dust settle. In this way, we avoid major conflicts" (*Participant 9, 23 years old, married).

The above shows that the victims adopted avoidance tactics which helped them cope with their difficult circumstances. However, avoidance tactics do not work towards resolving the underlying issues. Consequently, by avoiding confrontation it does not resolve conflict but rather delays violence. The avoidance tactic is also in line with

expected norms in patriarchal societies, where women are supposed to be silent, and not to provoke their husbands to anger (Barrios et al, 2020: 345).

4.7.2 Belief systems

Some of the victims of IPV stay in violent relationships with the hope that things will one day change for the better (Barrios et al, 2020: 342). Participants 27 and 10 revealed how they stayed in their marriages with the hope that things will get better.

> *"I stayed in an abusive marriage because of my children. I had hope that one day things will get better"* (Participant 27, 34 years, separated).
>
> *"I live with the hope that one day if I get money, I will leave him. If only I could get a job so that my children can go back to school"* (Participant 10, 24 years old, married).

Six participants (Participants 5, 7, 12, 18, 20 & 23) said that they persevered, despite their living conditions, because they did not have a choice. Lack of financial resources and inability to provide for their children was noted as a challenge for the victims to move out of the abusive relationship. The feelings of helplessness reflect the nature of patriarchal society in which the women are socialised to feel that their fate is the hands of the men in their lives. Thus, they cannot do much about their situation.

> *"I just persevere; there is nothing I can do since we depend on him for food and shelter. Where will I go? How will I feed my children and yet I do not have a job"* (Participant 5, 24 years old, married).
>
> *"I just trust God to change him one day. I pray for him. There is no better man out there. They are all the same. I always forgive my husband. I forgive my husband*

because when I answer back, he becomes violent and slaps me and more insults" (Participant 12, 26 years old, married).

The victims' attitude towards men show that some women may believe that all men are abusive thus it is better to stay with the partner you have as opposed to not having a partner at all. This belief system prevents them from seeking a better life. Spirituality and prayer help the victims to cope. However, forgiveness is often taught in many religions. Accordingly, religion can be used as a crutch that allows the victims to persevere in these unhealthy relationships. It seems that the victims initially persevere in an abusive relationship until things get worse. Thereafter, they may resort to other measures such as seeking help or moving away (see section 2.5.1).

"At first, I suffered silently hoping he would change. I later started reporting to the police and nothing was done to him. Eventually I left him" (Participant 16, 24 years old, married).

Participant 16's response reveals that the system, which is supposed to provide the victims with support and justice, ignores them. This is probably why many victims of IPV do not seek help from the police and other government agencies.

Moreover, victims of IPV may also believe it is their responsibility to try everything to salvage the relationship, as indicated by participant 25.

"I was patient hoping he would change. I worked hard and when he continued selling all the farm produce and drinking the money and demanding for money from

me, I decided enough is enough and I left with my children, who are now in secondary school" (Participant 25, 40 years old, separated).

The issue of perseverance among the victims reflects the notion that women in patriarchal societies are expected to stay in marriages despite abuse. The patriarchal belief systems, widely adopted by African people, specifically in Kibera, requires women to be submissive and live through the pain of abuse (Dobash & Dobash,1979: 512).

Coping strategies such as avoidance tactics and belief systems may contribute to sustaining the incidences of IPV in communities such as Kibera. Considering the poverty and lack of financial stability in the lives of the victims, most stay because they feel that they do not have a choice or viable alternative (Barrios et al, 2020: 323). The financial situation could be the key factor why the victims of IPV chose to hang on to the relationships. The victims believe that if they left, they would not be able to take care of their children or meet their basic needs such as food and shelter. Perhaps this explains the rationalisation by some victims that their partner is not such a bad person, but they are only violent when they are intoxicated. This belief system may support that alcohol abuse is the only problem. Another issue that could contribute to the women staying in abuse relationships is the stigma that is associated with not having a husband. Cultural factors such as the belief that women need to be disciplined is a causal factor for IPV (Obwonda, 2014: 41). The patriarchal society views women as properties that should be owned. Therefore, when a woman does not have a husband, she is viewed with contempt in society. The burden of maintaining a marriage is put solely on the female partner, and therefore, if a partnership fails, the women are blamed.

4.7.3 Temporary separation

In some cases, the victims of IPV tried to cope with the violence by moving out of the house and went to stay with relatives or friends, especially when the violence escalated.

"I would go to my mother-in-law but did not get much help. Other times, I would run to my parents' home which is not far from where I stayed for some time then go back. The last time he beat me so badly and chased me away with the children threatening to kill us I decided to leave for good and went to my parents' home" (Participant 1, 32 years old, separated).

"I moved out from his house and went away with my children before he could kill me" (Participant 13, 36 years old, married).

"My husband beat me up and I had to run for my life. The children followed me to my brother's house where I still stay" (Participant 3, 26 years old, married).

*"I left him because of constantly threatening to kill me and the children" (*Participant 7, 31 years old, separated).

"I had to find shelter at the neighbour's house a number of times to run away from the violence. I have tried to involve the family, but they do not help. I resigned and concentrated on fending for my children" (Participant 10, 25 years old, married).

"I waited one day when he had left for work and moved my stuff from the house to a different location. I also moved the children to another school" (Participant 29, 34 years old, married).

The victims are often chased away by the perpetrators or make the decision to run away to save their lives and that of their children. The neighbours and relatives are the first place of safety that the victims run to when the violence escalates. It also appears that running away from the perpetrators is more of a last resort when the physical violence becomes unbearable for the victims. Those who experienced psychological abuse (Participants 2, 4, 6, 9, 13, 15, 18, 23, 27, 31) did not cite temporary separation as a coping mechanism. This shows that those, who are emotionally abused, may not necessarily run away as physical injury or threat of loss of life was not the result of the abuse. This is a cause for concern as it means that many victims of IPV continue to live in the same home with the perpetrator.

4.7.4 Support systems

Some victims sought help from various support systems in the community which include women empowerment programmes and seeking spiritual support.

> *"I joined a women group called 'amani kwa wamama' which deals with gender-based violence survivors and went through counselling. The director of the group visits homes and talks to the perpetrators in efforts to mediate. I also go to church to find peace and maintain my sanity"* (Participant 3, 26 years old, married).
>
> *"I talked to my in-laws and started understanding his character, going to church to pray for him to find peace" (Participant 23, 32 years old, married).*

Seeking support seems to be beneficial to the victims since through it, efforts are made for reconciliation, and the women are empowered to be self-reliant. This reduces the tension and violence in the relationship. The involvement in church and religious activities provides emotional support in dealing with the abuse and coping with psychological effects of the abuse (see section 2.4.1.3).

> *"I ran away to my parent's home. After six months my father initiated reconciliatory talks and we reconciled. He allowed me to start my fish business and has never physically assaulted me. My husband is now proud of me since I bought a sofa seat for our home and support in the home. I have joined women merry go round and that is how I managed to buy a sofa set. I feel empowered now that I am financially independent and can leave my matrimonial home if things do not work out. If I did not start the business, I would have endured anything" (*Participant 5, 24 years old, married).

The above response shows the role of empowerment, and how important it is to empower women to reduce the occurrence of IPV in the community. The other issue that arises from empowerment is that the women also have an option of getting out of an abusive relationship. This underscores the need for financial empowerment of victims of IPV. According to Mukamana et al. (2020: 26) employed women or women, who have their own financial income, are less likely to experience IPV in their relationships.

A proactive step to seek help and solve the problem seems to yield benefits for the victims of IPV as illustrated by the participants below:

> *"Most of the time, I reported him to the parents who mediated and reconciled us. He was warned by the parents against using violence on me especially physical violence and he stopped. I also reported him to his employer for abandoning us and the employer transferred him to Nakuru, and half of his salary goes to the family upkeep and school fees for the children" (Participant 6, 30 years old, married).*

This shows the significance of support groups within the community. Victims of IPV can be empowered and liberated when given adequate support. Participant 7 shared how her husband's employer has assisted her situation.

> *He comes home when schools are about to open to see the children. I have refused him conjugal rights until we get tested for HIV. I suspect he has another woman. The employer also forced him to put me and children in the company medical cover"* (Participant 7, 31 years old, separated).

In addition, participants 18, 7 and 8 elaborated on the following concerning support structures:

> *"I believe that the main reason men engage in violence is because they fear responsibility. I am in several support groups and have gone through counselling. I believe if women can be empowered to be self-sustaining or to be educated enough to hold positions of influence even at family level it will minimise IPV. I feel that if my husband had kept his promise to take me back to school after giving birth to my first born, my life would be much better"* (Participant 18, 34 years old, married).
>
> *"I left my husband and rented my own house where I stay with my children. My family supported me, now I have freedom to work and educate my children. I also joined a women support group through the church, volunteer as a cook to the elderly group at sub county commissioner's compound"* (Participant 7, 31 years, separated).
>
> *"I have involved his brother and family to discuss his drinking problem and violence. After those reconciliatory meetings he changes for a while then reverts to his drinking and violence. I go to church for consolation and to find peace. I also ran to a friend's house"* (Participant 8, 28 years old, separated).

Some of the above extracts show that there are support structures available to victims of IPV. These support structures could be in form of churches, which provides moral and spiritual support to women, especially those, who are having marital problems with their spouses or employers, who try to assist their employees' families. In addition, family and friends also show their support as illustrated below:

"I was given support by my family and friends. With their help I was able to start a small business to support my children" (Participant 13, 36 years old, married).

"I decided to empower myself by doing a diploma with the help of my family. I got a job, got psychosocial support moved out of the house, joined a church, got saved and became an usher in the church" (Participant 14, 39 years old, married).

Interestingly to note is the harmful coping mechanisms used by some participants when dealing with IPV.

"It's not only alcohol that destroys relationships/marriage.' I have learnt to distrust men, even my own brothers and father.' I have tried to revenge by being with other men, but this has not brought happiness to my life" (Participant 25, 40 years old, separated).

The victims of IPV, who have a support system that provides, are helpful but can also be counterproductive. The helpful supportive system provides empowerment and attempts to intervene or when appropriate reconciles the two partners. On the other hand, unhelpful support systems may encourage the victims to stay in abusive relationships or encourage harmful behaviour.

The following synopsis details a summary of the key findings.

4.8 SUMMARY OF THE FINDINGS

The empirical findings of the study are summarised below:

- The empirical findings of the study were divided into five sections. These include the profile of the participants, the nature of IPV, the role of alcohol abuse in IPV, patriarchal and cultural milieu and coping mechanisms.
- The study consisted of 32 female research participants.
- All the participants identified themselves as having experienced IPV while living in Kibera, Kenya during the time of their abuse.
- A large majority of the participants were under 40 years old, were married, and had at least one child.
- Most of the participants received a primary or secondary level of education and cited financial constraints or unplanned pregnancies as the main reason for not continuing their education.
- Most of the participants were casual workers or small business owners. Their partners were mostly casual workers or formally employed.
- Physical and psychological abuse were cited as the most common types of abuse experienced by the participants. However, sexual abuse was still prevalent, and in some cases was extended on to the children as well.
- The effects of the IPV were categorised as physical, psychological and effects on children and family.
- The role of alcohol abuse in relation to IPV showed that in most of the participants' experiences, alcohol abuse was prevalent in their unique circumstances.
- Some participants reported that their partners abused them despite alcohol intake.
- The study demarcation (Kibera, Kenya) was recognised as a patriarchal and culturally rooted community.

- Avoidance strategies, belief systems, temporary separation and support systems were listed as coping mechanisms used by the participants. These coping mechanisms were established as not always being beneficial to the victims thereof.

4.9 CONCLUSION

The empirical findings of the study were analysed and interpreted. The chapter was divided into five broad themes and discussed accordingly. The chapter produced findings particularly concerning the role of alcohol in the occurrence of IPV as well as the discussion on the patriarchal and cultural setting specific to the study's geographical location. Through the findings of this chapter, the participants' voices are heard as the personal accounts of their experiences are relived.

CHAPTER FIVE

ACHIEVEMENT OF AIM AND OBJECTIVES, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

The goal of this chapter is to establish how the study aim and objectives were achieved as well as to make recommendations. The aim of this study was to explore the association between alcohol abuse and IPV committed in Kibera, Kenya. Alcohol abuse and IPV is highly prevalent in informal settlements. The study conducted semi-structured interviews with 32 participants, between the years 2018 and 2020. All the participants are women, who were victims of IPV in Kibera, Kenya. The findings were drawn from the objectives of this study as stipulated in section 1.3.2 (see section 1.3.2). This study contributes towards the study of alcohol abuse and IPV as experienced by the victims of IPV in the African milieu. The study provides insight based on theoretical and empirical findings. Moreover, recommendations based on the findings of the study are targeted at reducing the incidence of IPV among individuals living in Kibera, Kenya. The limitations of the study are disclosed and possible directives on future research are explored.

5.2 RESEARCH OVERVIEW

A qualitative approach to research was used to conduct this study. The qualitative inquiry used in this study helped to capture the subjective experiences of the victims of IPV. This study utilised face-to-face, semi-structured interviews to collect data. The verbatim responses that were provided by the participants helped to answer the research questions and meet the study objectives. Considering the seriousness of the issue of alcohol abuse and IPV, this study endeavoured to provide a theoretical and empirical understanding

within the context of Kibera, Kenya. It was found in this study that IPV is likely to occur in a relationship where one partner is abusing alcohol. Additionally, alcohol misuse impairs judgement and leads to the likelihood of the intoxicated individual being aggressive to their partner. Moreover, the economic and social context of residents of Kibera informal settlement increases the chances of the occurrence of IPV.

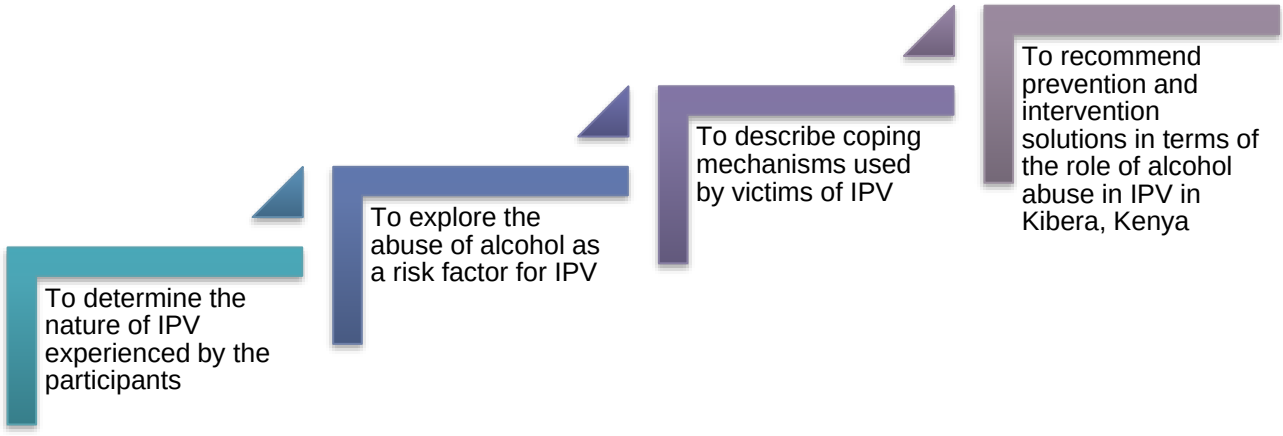
A thorough literature review was conducted to provide a foundation for understanding the role alcohol abuse plays in relation to IPV. Moreover, a review of theories pertaining to IPV was carried out to contextualise and understand the phenomenon. The collected data were analysed thematically (see chapter 4) and the literature and theories outlined in chapter 2 and 3 (see chapters 2 and 3) respectively were used to interpret the findings.

The following denotes a discussion on the study's achievement of aim and objectives.

5.3 ACHIEVEMENT OF AIM AND OBJECTIVES

The aim of this study was to explore the influence of alcohol abuse on IPV committed in Kibera, Kenya. The aim of the study can only be achieved through the sum of its objectives (Fouché & Delport, 2011: 108). This study achieved its aim through the guidance of its objectives as depicted in the illustration below.

Figure 5.3 Objectives of the study



5.3.1 Objective 1: To determine the nature of IPV experienced by the participants

To determine the nature of IPV, the occurrence of IPV needed to be identified and then described. Thus, the researcher was guided by the subsequent research question. What is the nature of IPV as experienced by the participants? The study commenced with a literature review of IPV. The review started off wide by first determining the prevalence of IPV in Kenya (see section 2.2). Research revealed that there is a prevalence of IPV in Kenya, the highest being recorded in Nairobi. Nairobi is the capital city in which Kibera is located. However, this prevalence may be underreported as clarified by the dark figure of crime (see section 2.2.1). The main forms of IPV were established, namely: physical, psychological, and sexual violence followed by the risk factors. The 32 female research participants identified themselves as victims IPV and confirmed that their victimisation occurred while they were living in Kibera, Kenya (see section 4.2). They shared their personal narratives describing the abuse they experienced. These accounts were thematically analysed whereby raw data was coded and sorted. The nature of IPV, as experienced by the participants was explored in chapter 4 (see section 4.3). The most

common form of abuse was physical and psychological violence. However, some participants also cited experience of sexual abuse, and in some cases, this abuse was also extended on to the children (see section 4.3.1). Based on the participants' responses, the effects of IPV were categorised as physical, psychological and effects on children and family (see section 4.4). Furthermore, the study found that the participants' experience of violence is entrenched in the unique patriarchal and cultural milieu, specific to Kibera, Kenya. This finding was explored in detail (see section 4.6).

Based on the above discussion, the objective to determine the nature of IPV as experienced by the participants was achieved.

- **5.3.2 Objective 2: To explore the abuse of alcohol as a risk factor for IPV.**

To explore alcohol abuse as a risk factor for IPV, the prevalence of alcohol abuse first needed to be established and thereafter its role in IPV described. Hence, the researcher was guided by the subsequent research questions. Does alcohol abuse have a role in the occurrence of IPV and if so, what is the nature of this role? To answer these questions, the researcher embarked on a literature study. The researcher provided a classification of alcohol abuse as defined by the DSM-5 (see section 1.5.10) and the prevalence of alcohol use in IPV was comprehensively explored (see section 2.4). Thereafter, as a means to narrow the study, the prevalence of alcohol use as well as abuse in Kenya was established (see section 2.4). Moreover, the harmful effects of alcohol use were categorised (see section 2.4.1). Twenty-seven participants reported that their partners were intoxicated during their abuse (see section 4.3.1). This finding indicates that alcohol abuse is one of the risk factors for IPV. This role was further elaborated on in section 4.5 (see section 4.5) by outlining its prevalence, auxiliary effects, abuse of multiple substance and description of violent behaviour while under the influence of alcohol. Furthermore, some participants indicated that their partners were violent regardless of their sobriety or alcohol intake. These experiences were noted and explored (see section 4.5.2).

The above discussion demonstrates that alcohol abuse is one of the risk factors that contribute to IPV.

5.3.3 Objective 3: To describe victim coping mechanisms used by victims of IPV

To explore alcohol use in IPV holistically, the coping mechanisms used when dealing with IPV was deemed important. Chapter two provided a foundation for these coping mechanisms as detailed in literature (see section 2.5). It was established that some of these coping mechanisms would be difficult for victims living in Kibera to implement, particularly concerning education, finances, and culture. This was reiterated in the empirical findings as the participants' coping mechanisms were grouped into the following categories: avoidance strategies, belief systems, temporary separation, and support systems (see section 4.7). This finding was unique to the participants' experiences as informed by the context of Kibera, Kenya. Important to note is that the coping mechanisms conveyed by the research participants were noted as not always being beneficial to the victims thereof. This was also contextualised within the African context.

Thus, as discussed above, victim coping mechanisms when dealing with IPV were established.

5.3.4 Objective 4: To recommend prevention and intervention solutions in terms of the role of alcohol abuse in IPV in Kibera, Kenya

The study determined that its findings would be truly beneficial when it can inform prevention and intervention solutions in terms of the role of alcohol abuse in IPV in Kibera, Kenya. Thus, the aim of the study cannot be met unless its findings can provide recommendations to the relevant beneficiaries. The recommendations of the study are targeted at the victims of IPV, the local community of Kibera and the local and national governing bodies. These recommendations are unpacked in section 5.4 (see section 5.4) and are based on the theoretical and empirical findings of the study.

Through the recommendations for prevention and intervention solutions, the fourth objective was achieved.

5.4 RECOMMENDATIONS

The following recommendations are informed by the study's theoretical and empirical findings. These recommendations were developed for the following stakeholders and relevant role players.

5.4.1 The victims of IPV

Globally and locally, IPV tends to be gender biased. Women are often the victims of this type of violence and men are often found to be the perpetrators (Mukamana, Machakanja & Adeji, 2020: 1). All the participants, who took part in the study, were female. No male participants could be located. Thus, the recommendations of this study are targeted at female victims of IPV. These recommendations are divided into prevention and intervention solutions.

- *Recommendations for prevention of IPV*

Women empowerment should commence at a young age and be sustained throughout their lifetime. Women empowerment creates a safe space for women to have equal rights to make their own decisions. Moreover, it advocates for women to be given the confidence to act upon those rights. It denotes increasing the spiritual, social, political, educational and economic power women have in their communities (Sanger & Kacker, 2020: 59). Women empowerment is fundamental in developing the economy. Subsequently, it improves male and female quality of life, their families as well as the community (Jansen van Rensburg, 2018: 32). Moreover, Sanger and Kacker (2018: 62) advocates that women empowerment is pivotal in crime reduction. Once young girls and women know

and identify that IPV and alcohol abuse is harmful, they can avoid entering a relationship with an abusive partner.

A study conducted in Uganda found that providing young girls with vocational training, sex education and information concerning intimate relationships and marriage yielded positive results. Post-intervention, the girls were found to be more likely to be self-employed. Additionally, the rate of teen pregnancy and entry into early marriage and /or co-habitation also declined. The study also revealed that sexual violence also decreased (Bandiera, Buehren, Burgess, Goldstein, Gulesci, Rasul & Sulaiman, 2020: 210). Women empowerment should be instilled in educational campaigns and localised and mobilised within local communities.

- *Recommendations for intervention of IPV*

The participants, who took part in the study, took the first step in overcoming their experiences of IPV, by joining a support group. This support group was where the researcher met the research participants. The support group equips victims of IPV to become financially independent and socially empowered. Victims of IPV can find support in similar groups. Online support groups are also encouraged. A study conducted by Tarzia, Cornelio and Hegarty (2018: 433) found that female victims of IPV deemed the online support they received to be effective. These types of support groups may also enhance trust as anonymity can be ensured. However, the researcher notes that this type of support system may be restrictive to the local women in Kibera due to data and connectivity challenges. Interestingly, 44.29% of Kenyans use social media platforms such as Facebook (Statcounter, 2021: np). Facebook is a helpful platform to run a support group for IPV victims.

The above recommendations are not intended to blame the victims but to rather empower and equip young girls and women concerning IPV and alcohol abuse. The study was based on the victims' perceptions of IPV; therefore, the findings are reflective of their narratives and are informed so accordingly.

5.4.2 The local community of Kibera

The findings of this study establish Kibera, Kenya to be rooted in patriarchal and cultural value systems. These value systems can contribute towards the maintenance of IPV as well as the sustenance of alcohol abuse for male intimate partners. The power, feminist and social disorganisation theories provide relevant and applicable explanations for the occurrence of IPV in communities such as Kibera (see sections 3.2, 3.3 & 3.4). Thus, to decrease and/or prevent IPV and alcohol abuse, the local community needs to take responsibility and applicable actions. The local community of Kibera can partner with victims of IPV through the following initiatives:

- Hosting community workshops aimed at breaking down patriarchal and harmful cultural belief systems.
- Widespread marketing campaigns against IPV and alcohol abuse.
- Development of safe community forums (inclusive of men and women) to assist victims of IPV.
- Conflict management courses should be introduced, and participation encouraged for men and women.
- Empowerment and awareness campaigns for young boys and girls explicitly detailing the harmful effects of alcohol abuse and IPV.
- Economic empowerment of women through government incentives for businesses and opportunities for employment.
- Use of available government and religious institutions to create awareness on the adverse effects of IPV.

5.4.3 The local and national governing bodies

The dark figure of crime contributes to the inaccuracy of the statistics of IPV in Kenya (see section 2.2.1). Local and national governing bodies should actively work towards addressing these gaps. Hope (2019: 85) reports on police corruption as a crime problem in Kenya. Corruption syndicates are mostly conducted through superior officers. Furthermore, police corruption highlights the failure of governing bodies as ethics and integrity are not enforced (Hope, 2019: 87). Some of the participants noted that they were not taken seriously when they reported their cases of abuse to the police. In some cases, the police were bribed by the perpetrators, and in other incidences, the victims were sent away unassisted citing their requests for assistance as domestic affairs (see section 4.6). The local and national governing bodies should strictly adhere to legislation when dealing with cases of IPV. The victims of IPV should be assisted and supported by local and national governing bodies despite the perpetrators gender or influence. Similarly, to the recommendations made to the local community of Kibera, local and national governing bodies, should be educated against harmful patriarchal and cultural belief systems which negatively impact victims of IPV.

5.6 LIMITATIONS OF THE STUDY

All research studies have some limitations. In the social sciences, a research study cannot resolve all human problems. Moreover, social scientists differ on many variables such as research methodology and application of theory. However, the research study should enable the researcher to have increased insight and few distortions (Bachman & Schutt, 2014: 14). Theofanidis and Fountouki (2018: 156) note that limitations in a research study are usually out of the researcher's control. However, limitations of a study should be made transparent so that the content of the study can be viewed in its entirety (Bachman & Schutt, 2014: 14). Although this study provides valuable insights into alcohol abuse and IPV, the following limitations are noted.

5.6.1 Dearth of scientific literature specific to Kenya

The researcher found limited academic literature on IPV and alcohol abuse in Kenya. This dearth of scientific literature made it difficult to compare the results of this study with other similar studies. However, the researcher made a conscientious attempt to contextualise the current study to the African context and where possible to Kenya.

5.6.2 Sample size

The study adopted a qualitative inquiry to the research problem and thus focused on quality of data as opposed to quantity. In addition, empirical research using singular case studies is deemed as scientific as its findings can contribute to theoretical advancement (Yin, 2009: 16). The study was demarcated to Kibera, Kenya. All the research participants freely chose to take part in the research study. Thus, the researcher was confined to the small sample obtained. Therefore, the results of this research cannot be generalised to the general population of Kenya, or all residents of Kibera.

5.6.3 Challenges during data collection

The researcher was interested in including male victims of IPV in the research sample. However, she could not identify any male victims. In a South African study, the male victims' experiences of domestic violence were explored (Barkhuizen, 2015: 47). Four male victims' narratives were shared. This study highlighted the disproportion in male and female victimisation of IPV. Thus, the current study only included female participants.

5.6.4 Logistical and financial limitations

The researcher funded her studies herself. Thus, she encountered logistical and financial constraints during the research process. It was very expensive to travel to the participants preferred meeting point, thus the researcher ensured that she completed the interviews

during the agreed upon meeting. Additional participants were willing to take part in the study. However, the researcher could not interview them because they had moved out of Kibera and the researcher could not afford to travel to their new location.

5.5 RECOMMENDATIONS FOR FUTURE RESEARCH

Additional research is required to expand the knowledge base on the relation between IPV and alcohol abuse, especially within the African context. The following recommendations are made for future research:

- A quantitative study on IPV and the role of alcohol use, specifically investigating the link between the two variables. This study will be able to demarcate the statistical prevalence regarding the link between IPV and alcohol abuse.
- A mixed methods inquiry into first responder's experiences with reports of IPV in Kibera, Kenya. This study will assist in providing understanding of the role of first responders in victim support.
- A qualitative investigation into the patriarchal and cultural belief systems held by perpetrators of IPV. This study will shed light on the belief systems held by perpetrators of IPV in the African context.
- A qualitative study on the effectiveness of intervention measures for victims of IPV can be conducted among Kibera residents. This study will assist in determining the effectiveness of the interventions in decreasing incidences of IPV.
- A qualitative study on the experiences and motivations of perpetrators of IPV especially in informal settlements whereby poverty and alcohol abuse are rampant. This study will be useful in understanding the perpetrators of IPV better and provide helpful recommendations in curbing IPV.

5.6 CONCLUSION

This dissertation sought to find out the role of alcohol abuse in IPV among residents of Kibera informal settlement in Kenya. The study found that physical, psychological, and sexual violence are prevalent among IPV victims in Kibera. This implies that many women are at risk of not only physical injuries but also psychological trauma as a result of IPV. Alcohol plays a major role in perpetration of IPV. However, the study also noted that IPV does not only occur when the partner is intoxicated but can also occur when the partner is sober. The victims of IPV often chose to stay in abusive relationships due to financial dependency and the patriarchal and cultural stigma associated with failed marriages.

IPV is a major public health concern, with widespread effects on the victims, their families, and the communities in which they inhabit. In the context of Kibera, Kenya the misuse of alcohol has a significant role to play in the occurrence and perpetuation of IPV. Moreover, patriarchal, and cultural belief systems adhered to by African communities contribute to the prevalence of IPV. The dissertation seeks to contribute to the reduction and prevention of IPV by exposing the dire plight of the victims.

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ANNEXURE A: PERMISSION LETTER

PERMISSION LETTER

Request for permission to conduct research at Kibera informal settlement.

Dear Participant

My name is Lydia Wanjiru Kariuki. I am a student in the University of South Africa. I am inviting you to participate in a study entitled "Alcohol use in intimate partner violence: a case study of an informal settlement in Kibera, Kenya"

The study aims to explore the nature and extent of the role of alcohol use in intimate partner violence in order to recommend pragmatic interventions strategies.

The study will entail an interview that will explore alcohol use and intimate partner violence. Your cooperation will be highly appreciated.

Yours sincerely,

Ms. Lydia Wanjiru Kariuki

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ANNEXURE B: INFORMED CONSENT LETTER

UNISA university of south africa

PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: ST82 of 2018

Date:

Title: **ALCOHOL USE IN INTIMATE PARTNER VIOLENCE: A CASE STUDY OF AN INFORMAL SETTLEMENT IN KIBERA, KENYA**

Dear Prospective Participant

My name is Lydia Wanjiru Kariuki. I am a student in the Department of Criminology and Security Science at the University of South Africa. I am doing research under the supervision of Dr. SK Jansen Van Rensburg, a senior lecturer in the Department of Criminology and Security Science School of Criminal Justice towards a degree Masters Degree in Criminology. I am a principal probation officer in the government of Kenya and also have a Masters in Counselling Psychology. I am requesting you to participate in a study entitled "Alcohol use in intimate partner violence: A case study of an informal settlement in Kibera, Kenya".

WHAT IS THE PURPOSE OF THE STUDY?

- The study's purpose is to explore the nature and extent of the role of alcohol use in intimate partner violence in order to recommend pragmatic interventions strategies. The objectives of the study are :
- To determine the various forms of intimate partner violence
- To explore the nature and extent of alcohol use with regard to the dynamic of intimate partner violence
- To establish victim coping mechanisms when dealing with intimate partner violence

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- To recommend pragmatic prevention and interventions solutions in terms of the role of alcohol use in intimate partner violence in Kibera informal settlement Kenya

WHY AM I BEING INVITED TO PARTICIPATE?

You are invited to participate in this study because of the experience of intimate partner violence you went through. The research will help in coming up with practical measures to mitigate the problem of intimate partner violence in Kibera.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY

The study will be carried out in the following way:

One-on-one interview

Informed consent will be sought to ensure that you are fully aware of the consequences and dynamics of participating in the study. After understanding the nature of the study, you will then be interviewed for about 45 minutes regarding intimate partner abuse and alcohol use. The interview will be conducted in English and Swahili. The interview will be conducted at a time and location that is convenient to you.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. The interview is anonymous thus there is no chance of identifying you. The researcher will ensure the privacy, anonymity and confidentiality of each research participant.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

This research will provide participants with information on how alcohol use increases the likelihood of intimate partner violence. The research will also be of value to academics,

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criminology professionals and other stake holders interested in mitigating alcohol use and intimate partner violence in Kibera and Kenya at large.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The researcher will, as much as possible, limit emotional harm that this research project might cause to the research participants, if any. The researcher is a qualified counseling psychologist with an MA in counseling psychology and will therefore use her counseling skills to support the participants. The researcher will avoid biased, judgemental, unskilled, unethical or dishonest application of knowledge and/or treatment of the participants. No information will be collected without the consent of the respondents. The informed consent form (Annexure A) will be obtained from the participants.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

You should exercise and enjoy your right to privacy and the right to decide to what extent your attitudes, beliefs, and behaviour will be revealed. Privacy relates to personal confidentiality. You may be in a group with other people who have experienced intimate partner violence hence your identity may be known to them. However, you are assured of anonymity in that data emanating from this study will not be published in a manner that will reveal your personal identity or that of other people who may be implicated (i.e. family members). The information gathered will be treated with the utmost confidentiality. We will respect the rights, dignity and worthiness of the participants. However, confidentiality will be explained and encouraged in an effort to protect all the participants.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

The hard copies of data will be stored in a locked cabinet. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. The data will also be protected electronically using a secure computer with a password.

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WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no payment made available for taking part in the study. The payment will compromise the credibility of the research study.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Review Committee of the College of Law, Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

The findings are accessible to UNISA library. If you would like to be informed of the final research findings, please contact the following people:

Name	Telephone number	E-mail address
Lydiah Wanjiru Kariuki	+254 727 212 318	[redacted]

Should you have concerns about the way in which the research has been conducted, you may contact the researcher (Lydia Kariuki), my supervisor, Dr SK Jansen van Rensburg (012 433 9533 or sissisk@unisa.ac.za) or the research ethics chairperson, Prof N Mollema, or mollen@unisa.ac.za) if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

LYDIAH WANJIRU KARIUKI

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CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname…… (please print)

Participant Signature……..Date……

Researcher's Name & Surname……..(please print)

Researcher's signature……..Date……

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ANNEXURE C: UNISA ETHICAL CLEARANCE CERTIFICATE

UNISA university of south africa

UNISA CLAW ETHICS REVIEW COMMITTEE

Date 20180907

Reference: ST82 of 2018
Applicant: LW Kariuki

Dear Mrs Kariuki

Decision: ETHICS APPROVAL
FROM 7 SEPTEMBER 2018
TO 6 SEPTEMBER 2021

Researcher(s): Lydia Wanjiru Kariuki

Supervisor(s): Dr SK Jansen van Rensburg

Alcohol use in intimate partner violence: a case study of an informal settlement in Kibera, Kenya

Qualification: MA (Criminology)

Thank you for the application for research ethics clearance by the Unisa CLAW Ethics Review Committee for the above mentioned research. Ethics approval is granted for 3 years.

*The **low risk application** was reviewed by the CLAW Ethics Review Committee on 7 September 2018 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment. The decision was ratified by the committee.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the CLAW Committee.
3. The researcher will conduct the study according to the methods and procedures set out in the approved application.

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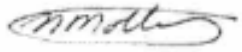
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
7. No field work activities may continue after the expiry date of 6 September 2021. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:
The reference number ST82 of 2018 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,



PROF N MOLLEMA

Chair of CLAW ERC

E-mail: mollena@unisa.ac.za

Tel: (012) 429-8384

PROF CI TSHOOSE

Executive Dean: CLAW

E-mail: tshooci@unisa.ac.za

Tel: (012) 429-2005

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ANNEXURE D: PERMISSION APPROVAL LETTTER

10/9/2018

PERMISSION LETTER

Request for permission to conduct research interviews with the women who are victims and survivors of gender based violence, members of the Pata Self Help Group in Kibera, Nairobi Kenya.

Chairlady Kibera Pata Self Help Women Group

I have received your request for permission to interview women in our group, in your study entitled 'alcohol abuse in intimate partner violence; a case study of an informal settlement in Kibera Nairobi, Kenya''

Permission is hereby granted and you are invited to come to our group meetings to introduce your study to the women. I hope their responses will be helpful to your study and that the recommendations will be helpful to the group and Kibera community as a whole.

Yours faithfully

Chairlady

Kibera Pata Self-Help Women Group

Kibera, Nairobi

Kenya.

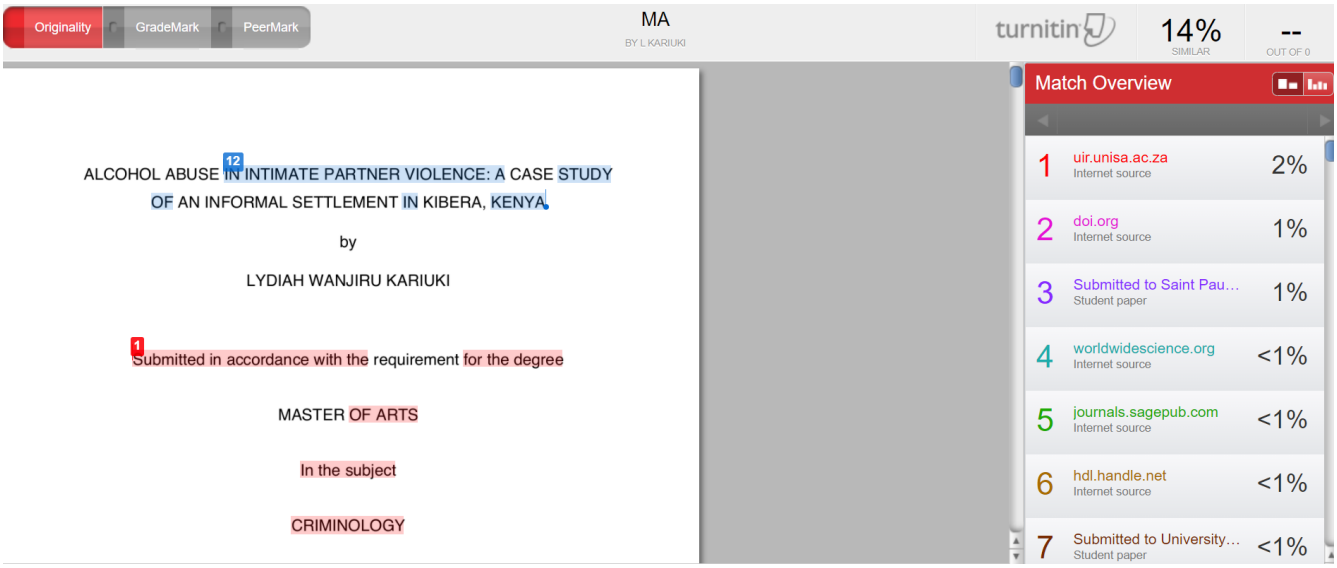
ANNEXURE E: INTERVIEW SCHEDULE

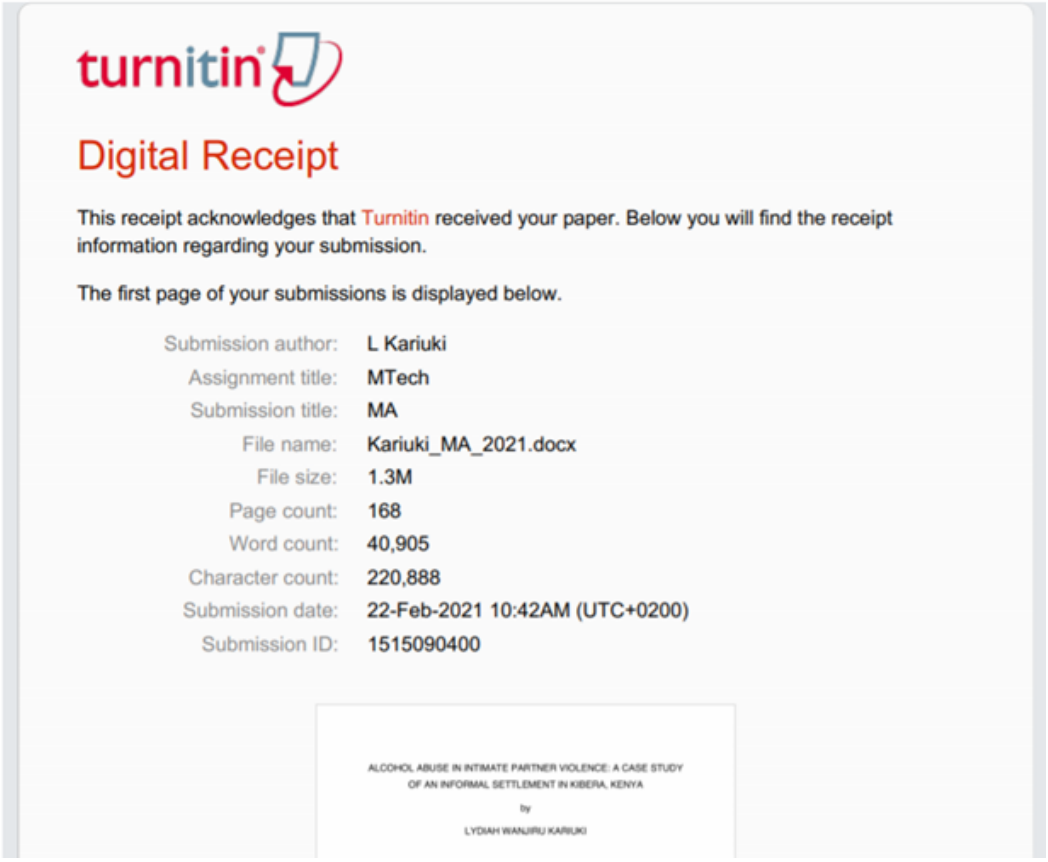
Alcohol use and IPV

Semi-structured Interview schedule

1. Tell me about yourself.
2. What kind of violence did you experience from your partner?
3. Did your partner use alcohol?
4. What was the nature and extent of his/ her use?
5. How did your partner's alcohol use relate to the violence you experienced?
6. How did you cope with your partners' violence?
7. Is there anything you would like to add?

ANNEXURE F: TURN-IT-IN SIMILARITY REPORT





ANNEXURE G: LANGUAGE AND TECHNICAL EDITING CERTFICATE

UNIVERSITY OF NAIROBI
DEPARTMENT OF COMMUNICATION SKILLS AND STUDIES

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February, 17th 2021

To Whom It May Concern

RE: CONFIRMATION OF ENGLISH EDITING

This is to certify I have edited a dissertation with the title "Alcohol abuse in intimate partner violence: a case study of an informal settlement in kibera, kenya" by Lydiah Wanjiru Kariuki as part of the preparation for examination process of the Master of Arts in Criminology thesis at The University of South Africa.

In my English language editing, I applied the United Kingdom Standard English language conventions. I ensured that I do not change or misrepresent neither the research content nor the researcher's intentions whatsoever.

I am certain that once the corrections, suggestions and grammatical changes have been considered or effected, the dissertation will have the linguistic rigour requisite for examination.

Thank you.

Dr Nobert O. Basweti
Lecturer, Department of Communication Skills and Studies