

Journal of Sociology, Psychology & Religious Studies



Factors Influencing the Start and Progression of Intimate Partner Violence: The Case of Survivors at the Reuben Centre - Mukuru Kwa Reuben Slum, Nairobi County

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ISSN: 2706-6622

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How to cite this article: Mbogoh, F., & Ileri, N. (2021). Factors Influencing the Start and Progression of Intimate Partner Violence: The Case of Survivors at the Reuben Centre - Mukuru Kwa Reuben Slum, Nairobi County. *Journal of Psychology*, 3(2), 1-14.

Abstract

Intimate partner violence (IPV) in Kenya is a silent epidemic. It is a serious threat to society as a whole and affects persons of all gender, religious and economic backgrounds. It touches on every facet of an individual's well-being and affects both physical and mental health. This study explored the factors behind the onset and progression of intimate partner violence in Kenya. The study employed the descriptive research design and targeted adult IPV survivors who are of sound mind and who are either currently in heterosexual intimate relationships, or who have been in such relationships at some point in their lives. The key findings were that marital status, intimacy level of the relationship, duration in the relationship, education level of the abusive partner and the type of abuse all influence the onset and progression of IPV. The t-test showed that respondent's age, gender, nationality, religion, number of children, occupation of respondent, education level of respondent, marital status of the respondent, respondent's duration in an intimate relationship, age of respondent's abusive partner and education level of respondent's abusive partner were all highly statistically significant ($p=0.000$) in influencing IPV. The study recommends that: psycho-education be given to slum dwellers to reduce IPV in relationships, couples be educated to be assertive in marriages and also be resilient after going through difficult marital situations, and Community Health and Social Workers be motivated to work with slum dwellers to provide affordable counselling services and advise them to engage in economic activities to reduce poverty and also enhance their psychological well-being.

Keywords: *Intimate Partner Violence, Start/Onset, Progression, Survivors, Abusive Partners*

1.0 Introduction

The marriage institution is subject to various forces that threaten its existence. When these forces are external, many times the couple can unite and face the threat. However, when the threat is from within, especially from one's partner, which is referred to as intimate partner violence (IPV), then the damage caused is that much more devastating, not only to the recipient of the violence but to the innocent on-lookers as well. For couples with children, children are caught up in the upheaval that occurs with tragic consequences. Since they often witness the violence, children begin to experience various emotional problems. Some of these problems include a poor concentration in class, aggression, disobedience and hyperactivity. Children may also end up suffering from various psychological problems, such as depression and anxiety (Domestic Violence Prevention Centre, 2016). The development of IPV in marriages may be triggered by something going wrong with any of the expected attributes of a good marriage experience.

Violence has been shown to have long-term negative consequences for all parties involved. Indeed, there has always been some degree of domestic violence. Globally, the statistics are rather startling. According to a study carried out on the lifetime prevalence of Intimate Partner Violence by the World Health Organization (2013), the Americans have a prevalence rate of 29.8%; Eastern Mediterranean has a prevalence rate of 37%; Europe is at 25.4%; South East Asia is at 37.7%; the Western Pacific is at 24.6% (World Health Organization, 2013). The same study showed that, in the United States of America, 38,028,000 women have experienced intimate partner violence in their lifetimes; 3 women are killed daily by either a former partner or a current one. The American Psychological Association states that 4,774,000 women experience physical violence from their partners every year. The Centre for Disease Control (CDC) puts at 18,000 the number of women who have been killed by an intimate partner since 2003 (Vagianos, 2015).

In Africa, the lifetime prevalence rate is 36.6% (World Health Organization, 2013). In the case of Sub-Saharan Africa, 66.7% of the women surveyed in Sierra Leone had been subjected to intimate partner violence (UNIFEM, 2004). In South Africa, one in every four women had experienced some degree of physical violence by the end of the 1990s (Jewkes, Penn-Kekana, Levin *et al.*, 2001). A separate study showed that a woman in South Africa is killed by an intimate partner every six hours (Mathews *et al.*, 2004).

In Kenya, the Kenya Demographic and Health Survey (2010) showed that 39% of women had been abused by an intimate partner. According to the Gender Violence Recovery Centre based at the Nairobi Women's Hospital, eight new cases are reported daily (Voice of Africa, 2010). A study conducted later in Kenya (Kutara, 2015) showed that 49% of Kenyan women have experienced some violence in their lifetime. The same study (Kutara, 2015) indicated that the Nairobi Women's Hospital was receiving 18 cases of rape and incest daily. The above statistics are bearing witness to a steady increase in incidences of intimate partner violence.

1.1 Statement of the Problem

Intimate partner violence (IPV) in Kenya is a silent epidemic. It is a serious threat to society as a whole. It affects persons of all gender, religious and economic backgrounds. IPV touches on every facet of an individual's well-being and affects both physical and mental health. In any case, IPV is a direct violation of one's human rights. It dehumanizes the victim and the damage that is done has far-reaching effects. There is no punishment that the perpetrator can be given that can serve as adequate compensation to the victim for the damage done.

IPV can be precipitated by many factors. Some of the possible causes include but are not restricted to; financial strain, unemployment, terminal illnesses, HIV and AIDS-related

issues, education disparities between the partners, modernization and the breakdown of the traditional family unit, alcohol and substance abuse, some cultural practices as well as early parenthood (National Institute of Justice, 2007).

Violence begets violence. Over time, our society may erode all the technological, social and medical advancements that have been made and eventually lead to self-destruction. IPV often begins privately in people's homes. However, sooner or later, it spreads to persons that one may not necessarily be intimate (Black *et al.*, 2011). Intimate relationships require effort, sacrifice and commitment on the part of both parties. When violence is added to the equation, then the chances of survival of the same becomes almost impossible (Brassiolo, 2011). The preceding account on issues of IPV shows that a lot has been documented on IPV, but not much has been documented on what factors influence the start and progression of IPV in Kenya. Thus, the study sought to determine the major factors that influence the onset and progression of intimate partner violence.

2.0 Literature Review

2.1 Theoretical Framework

The study is choreed on Social Learning theory. The Social Learning theory was developed by Albert Bandura in 1971 (Bandura, 1971). In his theory, Bandura, (1971) expressed the view that human beings are not merely products of their environments. Instead, he argued that they affect their environment and are also affected by it. That is to say that there is an interaction between the individual's internal psychological processes, the environment and his behaviour (Corey, 2009). The social learning theory states that behaviour is acquired through observational learning. Children observe the behaviour of others and then imitate it. Behaviour can be learned, unlearned and re-learned. Bandura used the Bobo doll experiment which illustrated that children who were exposed to violence imitated it during play. The conclusion drawn was that children indeed, do learn social behaviour, including aggression, by watching the behaviour of others (Mcleod, 2014).

Social learning occurs through a four-step modelling process. Modelling involves paying attention to what one is seeing, retaining what has been observed, being able to reproduce it and, lastly, having the motivation, or sense of reward for reproducing the behaviour observed (Corey, 2009). Based on the above, it then follows that there is a very high probability that an individual who has been exposed to violence from a tender age will grow up to perpetuate the same when in a relationship. The cycle of violence then continues from one generation to the next. The current study interrogated this factor by investigating if the perpetrators of IPV had ever mentioned to their survivors that they had observed or experienced abuse of any kind during their childhood.

2.2 Empirical Review

2.2.1 Factors Influencing IPV

According to the Journal on Family Violence Special Issue (2018), the fact that women do not report incidents of violence encourages the vice to continue. According to Kamimura et al. (2014), women only seek health care when they have been injured. Low education, as well as low levels of social support, is also further causative factors. According to Zara, (2018) IPV can escalate into femicide. Collected data show that 275 women were killed by their intimate partners' between 1998-2016 in Turi Italy. In Western society, women are still a target of IPV despite the strides made in gender equality. Therefore, IPV should not be viewed as cultural violence against women but as a problem that needs to be addressed. In developing countries, a large number of law enforcers are male. When cases are reported, the investigations are not thoroughly carried out due to biases on the part of the officers. Most of

this happens in patriarchal societies where the males tend to be more dominant. As a result, there is a lot of gender inequality which puts women at a disadvantage (Journal on Family Violence Special Issue, 2016).

Michalski (2004) stated that the various factors that contribute to IPV include the couple's social isolation. They do not have the benefit of a social network that can offer support during times of crisis. Also when a couple gets support from different peer groups, there is a high probability of tension. This is as opposed to the couple getting similar emotional support from a network of friends and family. The inequality between partners, an individual's exposure to violence as well as a society that is more intrinsically patriarchal are also factors that encourage intimate partner violence (Michalski, 2004).

Alcohol and substance abuse has also been identified in various studies as influencing intimate partner violence. Even though substance abuse in itself cannot be said to cause violence, nevertheless it aggravates a situation that may already be volatile (Doak, 2009).

2.2.2 How Intimate Partner Violence Begins and Progresses

According to the World Health Organization (2013), intimate partner violence affects one-third of women globally. It is widespread across all cultures. The violence begins with emotional abuse and progresses to severe battery that without intervention leads to death. According to the National Coalition against Domestic Violence (Progress West Hospital, 2016), IPV often starts with verbal mistreatments, such as name-calling and the use of threatening language. It then escalates to hitting or throwing objects. Finally, it worsens and the perpetrator begins to push, slap, and hold the victim against his or her will. The battery goes further to include kicking, punching and hitting. At this point, it is now life-threatening as bones may be broken and choking of the victim may occur as well as the use of weapons may be introduced (Progress West Hospital, 2016). 38% of all murders of women are caused by their intimate partners (WHO, 2013).

As the violence progresses, the victims of intimate partner violence begin to experience a wide range of physical ailments such as soft tissue and muscular injuries. Somatoform disorders, such as hypertension and chronic pain, also result. Psychologically, the victims may develop PTSD, anxiety, depression, eating disorders as well as suicidality (WHO, 2013).

IPV progresses to separation violence. This is whereby the partner being abused manages to separate from the abuser. However, even then his/her safety is not guaranteed because separation violence is still a factor. The perpetrator refuses to accept the reality that the relationship is over and still tries to control the other partner. A study carried out by Indiana University in 2016 shows that 75% of the reported cases of assaults occur after the couple has already separated while 25% of female homicides were carried out by partners that the women had already separated from. This does not mean that one should continue living in a dangerous relationship, but rather that great care should be taken when the decision is made to leave to guarantee one's safety (Indiana University, 2016).

3.0 Methodology

The study employed the descriptive research design and targeted adult IPV survivors, who are of sound mind and who are either currently in heterosexual intimate relationships, or who have been in such relationships at some point in their lives. For this study, an adult was defined as any person who is eighteen years of age or older. The population for this study consisted of the survivors of IPV who had visited the Reuben Centre at the Mukuru Kwa Reuben Slum within the Nairobi County for professional help after they had been assaulted by their intimate partners and its size could thus not be determined in advance of the survey period. Realizing that the survey of the entire population would not have been feasible, the

researcher delimited the study to a target population, following the approach that is recommended by Chaturvedi (2013), which consisted of the adult IPV survivors who had visited the Reuben Centre over the entire duration of the survey.

To determine the sample size, this study was guided by the statistical law of large numbers and the central tendency theorem which states that a sample of at least 30 respondents is adequate for an inferential study, following Ganti (Ganti, 2019, September 13). Therefore, the study aimed at interviewing a sample of at least 50 IPV survivors. The sampling procedure involved both non-probability and probability methods of sampling. In a non-probability approach, not all possible respondents stood a chance of being selected for the study due to a bias on the part of the researcher (Chaturvedi, 2013). In such non-probability sampling, various methods can be used, and these include convenient, purposive or quota sampling. This study used the purposive sampling technique in the determination of the locale of the study. This technique was appropriate because the Reuben Centre at the Mukuru Kwa Reuben Slum within Nairobi County was considered to be capable of providing both the population and the target population for the study. This implies that any IPV survivors who were not being counselled at the Reuben Centre had no chance of being included in the study.

To ensure that all the IPV survivors who were being counselled at this Centre had an equal chance of being included in the study, a combination of simple and systematic random sampling procedure, based on the assumptions given hereafter, was applied. The procedure involved visiting the Reuben Centre in Mukuru Kwa Reuben Slum over about two months, between February and March 2020, and interviewing any IPV survivors who came for help at the centre at any given day during that period, subject to the researcher being able to get: (i) informed consent by these IPV survivors to signify their willingness to participate in the study, (ii) enough time to interview them during a given day, and (iii) permission to conduct a study at the Reuben Centre from the Director of the Centre.

Systematic sampling procedure became necessary if the number of the IPV survivors who came to the Reuben Centre and who were willing to be interviewed at any given day was greater than the number that the researcher could comfortably interview on that day. Under these circumstances, the researcher simply listed all the IPV survivors who came for help at the Centre on a given day and selected the number to be interviewed on that day from that list using the systematic random sampling technique. By the end of the survey period, the researcher was able to interview fifty two (52) IPV survivors, but 3 of them were not able to provide complete information and were thus dropped from the analysis. Data collection was done through the use of a structured questionnaire and person-to-person interviews and analysed using descriptive statistics and thematic analysis. The questionnaire return rate can thus be said to have been 94.2%. The findings of the study are presented using tables and figures.

4.0 Results and Discussion

4.1 Onset of intimate partner violence and its progression

The objective of this study was to determine the factors that influence the onset, progression and degree of intimate partner violence. The marital status, whether the respondent's current relationship is intimate, respondent's duration in the relationship, education level of respondent's abusive partner, classification of the type of abuse experienced by the respondent and the abusive situation were among the factors investigated. Table 1 presents the findings on the marital status of the respondents.

Table 1: Marital Status of Respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Single	1	2.0	2.0	2.0
Married	25	51.0	51.0	53.1
Separated	11	22.4	22.4	75.5
Divorced	7	14.3	14.3	89.8
Widowed	5	10.2	-10.2	100.0
Total	49	100.0	100.0	

Table 1 reveals that the majority of the respondents (51%) are married, while 11 (22.4%) are separated, 7 (14.3%) are divorced, 5 (10.2%) are widowed and 1 (2%) is single. From these findings, it is evident that married women are more vulnerable to abuse than others are, possibly due to the amount of time spent together and the proximity of the abuser. When the respondents were asked whether their current relationship was intimate, the responses they gave were as presented in Table 2.

Table 2: Whether Respondent's Current Relationship is Intimate

Response	Frequency	Percent	Valid Percent	Cumulative Percent
No	16	32.7	32.7	32.7
Yes	33	67.3	67.3	100.0
Total	49	100.0	100.0	

From the results presented in Table 2, the majority of the respondents (67.3%) said that they were in an intimate relationship while 16 (32.7%) said that they were not. This finding shows that about 67.3% of the survivors of IPV were still in the same intimate relationships, despite such relationships being abusive, which is surprising. This finding can be used to explain why many cases of homicide occur in Kenya in particular and globally in general.

The respondents were required to rate the degree of violence, based on a Likert Scale, either as being low, moderate, or high. The study findings were presented in Table 3.

Table 3: Respondents on Partner's Degree of Violence

	Frequency	Percent	Valid Percent	Cumulative Percent
Low	13	26.5	26.5	26.5
Moderate	24	49.0	49.0	75.5
High	12	24.5	24.5	100.0
Total	49	100.0	100.0	

Table 3 shows that 13 (26.5%) of the IPV survivors reported a low degree of their partners' violence, while 24 (49%) and 12 (24.5%) reported moderate and high levels respectively. Most cases of IPV tend to go unreported to government authorities for quite some time.

This study also sought to find out the level of the respondent's violence endurance in years. The findings are presented in Table 4.

Table 4: Respondent's Violence Endurance

No. of Years	Frequency	Percent	Valid Percent	Cumulative Percent
0	1	2.0	2.0	2.0
1	1	2.0	2.0	4.1
2	8	16.3	16.3	20.4
3	8	16.3	16.3	36.7
4	4	8.2	8.2	44.9
5	1	2.0	2.0	46.9
5	3	6.1	6.1	53.1
6	1	2.0	2.0	55.1
7	1	2.0	2.0	57.1
7	2	4.1	4.1	61.2
9	4	8.2	8.2	69.4
10	8	16.3	16.3	85.7
11	1	2.0	2.0	87.8
12	1	2.0	2.0	89.8
15	2	4.1	4.1	93.9
20	3	6.1	6.1	100.0
Total	49	100.0	100.0	

Table 4 shows that there is no significant pattern on the level of tolerance of abusive relationships. However, it appears that a considerable number of respondents were in an abusive relationship for relatively short periods: (i) up to 53.1% had tolerated abusive relationships for between 0 and 5 years; (ii) 34.7% had tolerated abusive relationships for between 6 and 10 years, and (iii) 12.2% had tolerated abusive relationships for between 11 and 20 years. This finding shows that at times survivors of IPV may get used to their situation, or they are drawn into a state of learned helplessness.

Establishing the age of the IPV perpetrator was another important aspect of the investigation in the study. Table 5 presents the findings on the ages of the respondents' abusive partners.

Table 5: Age of Respondents Abusive Partner

Age in Years	Frequency	Percent	Valid Percent	Cumulative Percent
24	2	4.1	4.1	4.1
26	1	2.0	2.0	6.1
27	1	2.0	2.0	8.2
28	1	2.0	2.0	10.2
30	1	2.0	2.0	12.2
31	1	2.0	2.0	14.3
32	1	2.0	2.0	16.3
33	1	2.0	2.0	18.4
34	1	2.0	2.0	20.4
35	2	4.1	4.1	24.5
36	2	4.1	4.1	28.6
37	2	4.1	4.1	32.7

39	2	4.1	4.1	36.7
40	4	8.2	8.2	44.9
41	1	2.0	2.0	46.9
42	3	6.1	6.1	53.1
43	4	8.2	8.2	61.2
45	2	4.1	4.1	65.3
47	2	4.1	4.1	69.4
48	1	2.0	2.0	71.4
49	1	2.0	2.0	73.5
50	1	2.0	2.0	75.5
51	1	2.0	2.0	77.6
52	1	2.0	2.0	79.6
55	3	6.1	6.1	85.7
56	3	6.1	6.1	91.8
57	1	2.0	2.0	93.9
58	1	2.0	2.0	95.9
65	2	4.1	4.1	100.0
Total	49	100.0	100.0	

From Table 5, it appears that there was no specific age associated with IPV, implying that IPV is spread across all ages. However, a scrutiny of the results shows that 45% of the IPV perpetrators were in the 35-47 years age group, which can be described as “the middle age group”. This is the period during which family responsibilities and burdens tend to increase and that can lead to family misunderstandings.

The study also sought to find out whether the education level of the respondent’s abusive partner was a factor that determined the degree of IPV. The study findings are presented in Table 6.

Table 6: Education Level of Respond's Abusive Partner

Education Level	Frequency	Percent	Valid Percent	Cumulative Percent
Primary	23	46.9	46.9	46.9
Secondary	16	32.7	32.7	79.6
Diploma	7	14.3	14.3	93.9
bachelor's degree	2	4.1	4.1	98.0
Postgraduate degree	1	2.0	2.0	100.0
Total	49	100.0	100.0	

Table 6 shows that 23 (46.9%) of the IPV perpetrators had primary level education while 16 (32.7%) had secondary level education. Thus over 69.6% of the perpetrators can be said not to have attained higher levels of education. Only 7 (14.3%) and 2 (4.1%) had college-level (diploma) and university level (bachelor’s degree) level education respectively, with 1 (2%) having had a postgraduate degree. The information here seems to indicate that there is a correlation between the education level of the abusive partner and IPV.

The study also sought to characterize the abusive situation in terms of whether it was improving or getting worse. The study findings are presented in Table 7.

Table 7: Whether the abusive situation was getting better or worse*

Is situation Improving	Frequency	Percent	Valid Percent	Cumulative Percent
Not sure	1	2.0	2.0	2.0
Yes	8	16.3	16.3	18.4
No	40	81.6	81.6	100.0
Total	49	100.0	100.0	

*As assessed by the IPV survivor

Table 7 shows that 40 (81.6%) of the respondents stated that the abusive situation was getting worse; only 8 (16.3%) stated that the situation was becoming better. However, one respondent (2%) was indifferent (or was not sure of the answer to give).

The respondents were further asked whether their partners gave any explanations for their abusive conduct and their responses were as indicated in Table 8.

Table 8: Did the partner give any explanation for conduct?

	Frequency	Percent	Valid Percent	Cumulative Percent
No	18	36.7	36.7	36.7
Yes	31	63.3	63.3	100.0
Total	49	100.0	100.0	

The findings shown in Table 8 indicate that 31 (63.3%) of the respondents stated that they were explained the abusive conduct by their partners while 18 (36.7%) were not. This was an interesting finding because it shows that explanations are given as to why intimate partners mete out violence to their spouses. When the IPV survivors were asked whether they believed the reasons given by their partners for their abusive conduct, the responses were as presented in Table 9.

Table 9: Whether respondent believed the reason given for pervasive conduct

Believed the reason	Frequency	Percent	Valid Percent	Cumulative Percent
No	35	71.4	71.4	71.4
Yes	14	28.6	28.6	100.0
Total	49	100.0	100.0	

Table 9 shows that 35 (71.4%) of the respondents did not believe the reasons given by their abusive partners as to why they had become abusive. Only 14 (28.6%) of the respondents stated that they had agreed with the given reasons. The findings indicate that, to some extent, agreeing with the perpetrator for the reasons given for his abusive conduct does not necessarily solve the IPV problem.

When asked if they knew whether their partners had experienced any form of abuse during their childhood, the responses given by the IPV survivors were as presented in Table 10.

Table 10: Partner had experienced abuse in childhood

Abuse in childhood	Frequency	Percent	Valid Percent	Cumulative Percent
No	19	38.8	38.8	38.8
Yes	30	61.2	61.2	100.0
Total	49	100.0	100.0	

Table 10 indicates that 30 (61.2%) of the respondents agreed that their partners had experienced some abuse in their childhood, while 19 (38.8%) stated that their partners had not experienced some abuse in their childhood. This finding shows that exposure to IPV in childhood is likely to make the child abusive after turning into adulthood.

The information gathered through the Key Informant Interviews confirmed that witnessing violence while a child was growing up is an important factor that determines the degree of IPV. One of the key informants retorted: “Those men and women who abuse others are likely to come from families where IPV was the order of the day. They must have witnessed their parents do the same”. Among other factors that were cited by the key informants were: (i) substance abuse, (ii) presence of personality disorders, and (iii) significant changes in the life of a family.

When asked if they were willing to leave the abusive relationships, the responses given by the IPV survivors were as presented in Table 11.

Table 11: Respondents willingness to leave the abusive situation

	Frequency	Percent	Valid Percent	Cumulative Percent
No	24	49.0	49.0	49.0
Yes	25	51.0	51.0	100.0
Total	49	100.0	100.0	

Table 11 shows that 51% of the respondents were willing to leave the abusive situation while 49% of them were not. For those not willing to leave, this possibly reflects the African view of families and marriages in which there is a belief that marriage ties are supposed to remain intact despite conflicts therein.

When asked if they had an ongoing relationship with their abusers, the respondents gave the responses presented in Table 12.

Table 12: Respondent has an ongoing relationship with the abuser

Ongoing Relationship?	Frequency	Percent	Valid Percent	Cumulative Percent
No	17	34.7	34.7	34.7
Yes	32	65.3	65.3	100.0
Total	49	100.0	100.0	

Table 12 shows that the majority of the respondents (65.3%) had an ongoing relationship with their abusive partners so that only 34.7% stated that they were no longer in a

relationship with the abusers. This is an indication of the commonality of IPV, showing that relationships continue despite the occurrence of abusiveness in them.

When the respondents were asked whether they felt that their lives and those of their children were in danger, the responses that they gave are presented in Table 13.

Table 13: Respondent believes that self and children's lives are in danger

	Frequency	Percent	Valid Percent	Cumulative Percent
No	18	36.7	36.7	36.7
Yes	31	63.3	63.3	100.0
Total	49	100.0	100.0	

Table 13 shows that 31 of the respondents (63.3%) felt that their lives and those of their children were in danger while 18 (36.7%) of them felt that their lives and those of their children were not in danger. This can be interpreted to mean that there is a great fear of harm when couples who are in an abusive relationship continue to live with each other.

The respondents were further asked whether they thought that they deserved to be abused and their responses are presented in Table 14.

Table 142: Respondents' response on whether they deserved the abuse

Deserve Abuse?	Frequency	Percent	Valid Percent	Cumulative Percent
No	32	65.3	65.3	65.3
Yes	17	34.7	34.7	100.0
Total	49	100.0	100.0	

The findings presented in Table 14 show that 32 (65.3%) of the respondents felt that they did not deserve abuse; only 13 (34.7%) of them agreed that they deserved the abuse. This is a clear indication that IPV is unwarranted in families.

4.2 Statistical significance of the variables that influence IPV (through t-test)

A t-test was run to determine if there was a significant difference between the means of the different variables. This test was considered to be necessary and important for hypothesis testing or seeking the answers to the research questions. Ordinarily, the t-test is acceptable if its statistical significance (p-value) is equal to or less than 10% ($p=0.10$), but three levels of significance are usually examined: (i) $p=0.10$ (10%) can be described as simply being "significant"; (ii) $p=0.05$ (5%) can be described as being "highly significant"; and $p=0.01$ (1%) can be described as being "very highly significant". The findings of the t-test in this study are presented in Table 16.

Table 16: The T-test Results

	T	df	Sig. (2-tailed)	Test Value = 0 Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Respondent's age	24.903	48	.000	38.184	35.10	41.27
Gender of the respondent	43.440	48	.000	1.898	1.81	1.99
Nationality of the respondent	20.552	48	.000	.898	.81	.99
Religion of the respondent	17.333	48	.000	1.061	.94	1.18
Respondents number of children	12.497	48	.000	3.163	2.65	3.67
Occupation of Respondent	26.401	48	.000	2.633	2.43	2.83
Education level of respondent	14.110	48	.000	1.735	1.49	1.98
Marital status of Respondent	11.857	48	.000	1.796	1.49	2.10
Respond's duration in intimate relationship	11.436	48	.000	2.776	2.29	3.26
Age of respondents abusive partner	29.022	48	.000	42.735	39.77	45.70
Education level of respond's abusive partner	11.438	48	.000	1.857	1.53	2.18

Based on the results presented in Table 16, all the factors investigated in the study were “very highly statistically significant” ($p = 0.000$). The results imply that the factors investigated were all influencing the degree of IPV.

4.3 Key findings

The following were the key findings for the study:

1. Marital status, intimacy level of the respondent's current relationship, respondent's duration in the relationship, education level of respondent's abusive partner, and type of abuse all influence the degree of IPV.
2. The respondent's age, gender, nationality, religion, number of children, occupation of respondent, education level of respondent, marital status of respondent, respondent's duration in an intimate relationship, age of respondents' abusive partner, and education level of respondent's abusive partner were all statistically significant ($p=0.000$) as the factors that influence IPV.

5.0 Conclusion

This study brought to the fore the factors influencing the start and progression of intimate partner violence among couples at the Reuben Centre, Mukuru kwa Reuben slum, Nairobi county. IPV is rampant and this is threatening the institution of marriage. The factors that influence the start and progression of IPV among couples need to be understood and clear efforts should be put in place to ensure that orderliness is restored in the institution of marriage. The study shows that the factors that significantly influence the onset, progression and the degree of IPV include marital status, intimacy level of the respondent's current relationship, respondent's duration in the relationship, education level of respondent's abusive partner, and the type of abuse occasioned. When IPV takes place among the slum dwellers, the impact is so huge because such people are exposed to many other challenges. This is why urgent intervention to support them is necessary.

6.0 Recommendations

The study recommends the following:

1. Psycho-education should be done among the slum dwellers to address the factors influencing the start and progression of intimate partner violence.
2. There is a need for affordable and accessible counselling services for all slum dwellers in Nairobi County. This will be essential for the psychological well-being of the couples living in the slums.
3. The economic empowerment of couples in the slums is very essential. This will be of great help in poverty eradication.
4. Couples need to be educated on how to remain assertive in their marriages and also become resilient after going through a difficult situation or a serious marital conflict.
5. Community Health and Social Volunteers should be motivated to work with families in slum dwellings.

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