INTIMATE PARTNER VIOLENCE AND MENTAL HEALTH ISSUES AMONG YOUNG WOMEN IN NAIROBI COUNTY

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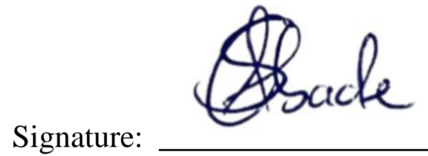
A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF ANTHROPOLOGY, GENDER, AND AFRICAN STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN GENDER AND DEVELOPMENT STUDIES OF THE UNIVERSITY OF NAIROBI

NOVEMBER 2023

DECLARATION

I, Shirley Abade declare that this research project is my original work and has not been submitted for examination in any other university for the award of a degree.



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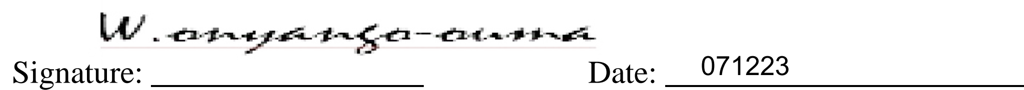
This research project has been submitted for examination with my approval as the university supervisor.



Signature: ___________________ Date: 071223

Prof. W. Onyango-Ouma

DEDICATION

This project is dedicated to women across the board who have encountered intimate partner violence and risen above it to continue with their lives.

A special dedication to my parents, for their encouragement and for believing in me, to my sisters who continue to be my support system, and to my late brother Chris Abade who lives on in my heart.

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LIST OF ABBREVIATIONS AND ACRONYMS

CAR Central African Republic

DRC Democratic Republic of Congo

DV Domestic Violence

IDI In-depth interview

ILO International Labor Organization

IPV Intimate Partner Violence

GBV Gender-based Violence

GoK Government of Kenya

GVRC Gender Violence Recovery Center

HIV Human Immuno-deficiency Virus

KII Key Informant Interview

KNBS Kenya National Bureau of Statistics

KNH Kenyatta National Hospital

LGBTQI Lesbian Gay Bisexual Transgender Queer Intersex

MI Mental illness

NWH Nairobi Women's Hospital

PTSD Post Traumatic Stress Disorder

RA Research Assistant

SGBV Sexual and Gender-Based Violence

SI Suicidal Ideation

UN United Nations

UNDP United Nations Development Program

UNHCR United Nations High Commission for Refugees

WHO World Health Organization

ABSTRACT

This study explored intimate partner violence (IPV) and mental health issues among young women in Nairobi County. Specifically, it sought to determine the different types of IPV experienced by young women IPV survivors in Nairobi as well as the mental health issues that affect them. The study was guided by two assumptions: that young women in Nairobi experience IPV of different forms including physical, sexual, psychological, and socio-economic; and that mental illnesses occur among IPV survivors.

The study used a cross-sectional descriptive study design with qualitative data collection methods including in-depth interviews, case narratives and key informant interviews. A total of 40 young women IPV survivors at the Nairobi Women's Hospital Gender Violence Recovery Center was purposively sampled to participate in the study. The unit of analysis was the individual IPV survivor. The radical feminist theory was applied to explain the social relationships in terms of gender oppression as well as the violence that women go through in the hands of men.

The study found that physical violence is the most commonly reported form of violence followed by sexual, psychological, and socio-economic forms of violence. Depression was found to be the leading mental health issue arising from IPV. Other mental health issues included post-traumatic stress disorder, suicidal ideation, bipolar disorder impulse control addiction, and obsessive-compulsive disorder. The study revealed that the victims were willing to talk about the violence and were seeking help since they were battling attendant mental illness. Those who sought help were found to be able to recover and continue with their lives normally.

The study recommends the establishment of additional safe houses for survivors to find refuge during the healing process. Finally, there is need for women's economic empowerment as a way to give them a voice and reduce vulnerability.

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

Gender-based violence (GBV) is violence directed against an individual or group of individuals based on their gender (Cruz and Klinger, 2011). It encompasses violence against women, girls, men, boys, lesbians, gays, bisexuals, transgender and intersex (LGBTI), and other individuals who do not conform to dominant gender roles (ILO, 2012). It has also become widely used to address violence against women as a phenomenon related to the gender of both the victim and perpetrator. Violence against women within the family is often described under the broad term of domestic violence. This encompasses various forms of violence and includes spousal abuse, bride burning or dowry-related violence, marital rape, forced prostitution, and denial of contraceptive use (Chowdhary and Patel, 2010).

GBV is a significantly well-recognized threat to public health and human rights globally. The UN General Assembly Declaration on the Elimination of Violence against Women defines GBV, or violence against women, broadly to include any act that results in or is likely to result in physical, sexual, or psychological harm or suffering, whether occurring in public or private life. Violence against women in the home, workplace, and public spaces, perpetuates inequalities between women and men. Therefore, it is an issue of significant global attention and is a key issue affecting women's empowerment as identified under the UN Sustainable Development Goals (UN, 2015).

More than a third of women worldwide have experienced physical or sexual violence in their lifetime, which dramatically impacts health. Violence results in physical injuries that can be life-threatening, an increased risk of sexually transmitted infections, including HIV, and for pregnant women who are sadly more likely to face intimate partner violence a heightened risk of miscarriage and low-birth weight. The mental health impacts are devastating. There is an exponential rise in mental illness, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation for women who have experienced violence and abuse. The reverse relationship is also true: women living with severe mental illness are significantly more likely to fall victim to violence. In fact, they are six times more likely to experience sexual violence during their life (UNDP, 2018).

According to (Ellsberg, 2014), Sexual and gender-based violence (SGBV) can have a profound and life-long impact on the mental health of survivors who are at increased risk of depression, anxiety, and post-traumatic stress disorder. In addition, children exposed to violence and abuse are at risk of experiencing or perpetrating violence as an adult. The important role mental health interventions play in mitigating the mental health impacts of SGBV is well recognized. Interventions include counseling/therapeutic/rehabilitative services for survivors, perpetrators, and affected family members. Such interventions have been shown to reduce negative psychological harm among others, rape, and the risk of re-victimization.

In this study, we are focusing on IPV which is the most common type of GBV. It is domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner. It is a preventable public health problem affecting millions in the U.S. Nationwide, it is estimated that around 1 in 4 women and 1 in 10 men have been impacted by IPV in the form of stalking, sexual violence, or physical violence. Psychological aggression by intimate partners also is widespread, with 38 million men and 43 million women having experienced IPV in this form at some point in their lives (Niolon, 2017).

Increasingly, researchers are recognizing the intergenerational cycle of violence and the linkages between trauma exposures in childhood and increased risk of psychological ill-health, and experiencing violence and perpetrating violence later on in life.

Mental health disorders are increasing worldwide. Statistics indicate that there has been a 13% rise in mental health disorders and substance use disorders in the last decade. Mental health disorders now account for 1 in 5 years lived with disability (WHO, 2014). Women exposed to intimate partner violence experience a high rate of common mental disorders and suicidal behavior ("mental disturbance"). However, little is known about the timing or onset of mental disturbance following first exposure to GBV amongst women with no prior mental disorder.

Globally IPV is not new and researchers have proven that IPV is generally worse in urban centers and unplanned settlements. It has been estimated that one-third of the urban population in developing countries today live in overcrowded and unserviced neighborhoods,

often situated on marginal and dangerous land. In Nairobi, Kenya, these kinds of conditions can be seen in areas like Mathare, Huruma, Kangemi, Kawangware, Korogocho, Dandora, and Eastleigh to name just a few. In these areas, violence is significantly higher than in surrounding middle-class, formalized areas of Nairobi. According to the Ministry of Health mental health taskforce report dated July 7th 2020, In Kenya, it is estimated that one in every 10 people suffer from a common mental disorder. The number increases to one in every four patients attending routine outpatient services.

In addition, there is a stigma associated with IPV which exacerbates its physical and mental health impacts as well as the chances of experiencing additional violence. There are cultural beliefs that a woman experiencing spousal abuse has violated normative gender and spousal expectations and is therefore a threat to the normal order of community demands. Protection of this moral order is accomplished through discrimination against survivors. Stigma, therefore, acts as a process of community control (Barnett et al 2016). Not properly addressing the connection between mental health and violence means that women are often misdiagnosed or unable to access the supports they need and want to heal. The stigma associated with intimate partner violence and mental health concerns can stop women from sharing their experiences, reporting the incidents, and accessing support. Many women say the fear of not being believed by their friends, family, or authorities keeps them from disclosing their experiences (Canadian Women's Foundation (CWF), 2017).

1.2 Problem Statement

Studies among victims of IPV have mainly focused on the root causes of violence which encompass economic or social factors, and how to deal with them (Kangas, Haide, et al, 2015). Intimate partner violence, particularly violence against women, is one of the most expensive public health problems globally and has a fundamental impact on economic growth that can span several generations. More than 30 studies, mostly from developed countries, have attempted to quantify the costs of various forms of violence against women (Sonke Gender Justice, 2014).

According to UNDP (2018), the mental health impacts of IPV are as devastating as the physical impacts. Even though the physical impacts are more notable, there is an exponential rise in mental illness including depression, anxiety, post-traumatic stress disorder (PTSD) and suicidal ideation for women who have experienced violence and abuse.

Hossain (2014) agrees that IPV is associated with poor long-term mental health such as anxiety, PTSD. Therefore, understanding the interaction between current and past violence and ongoing mental health is essential for improving mental health service provision among women.

Whereas the above studies have concentrated on the general impacts of IPV with a bias on physical, economic and even mental impacts, little has been said of the different types of mental health issues that arise from the same. Moreover, there hasn't been a breakdown of the specific types of IPV that commonly lead to mental health problems. Therefore, this study explores the different types of IPV and the types of mental health issues experienced by IPV survivors. The following questions guided the study:

a) What are the different types of intimate partner violence experienced by IPV survivors?

b) What are the reported mental health issues that affect IPV survivors?

1.3 Research objectives

1.3.1 Overall objectives

The overall objective was to explore IPV and mental health issues among young women in Nairobi.

1.3.2 Specific Objectives

a) To determine the different types of IPV experienced by young women IPV survivors in Nairobi.
b) To investigate the reported mental health issues that affect young women IPV survivors in Nairobi.

1.4 Assumptions of the Study

a) Young women in Nairobi experience IPV of different forms including physical, sexual, psychological, and socio-economic.

b) Mental illnesses occur among IPV survivors.

1.5 Justification of the Study

The findings of this study will aid in improving the delivery of healthcare services to mental health patients who have survived IPV. This will be done by considering the types of violence that potentially lead to certain types of mental illnesses and knowing the types of illnesses that are most likely a result of specific forms of violence in Nairobi where the study will be carried out. The findings will also intensify the knowledge of mental health illnesses, especially those whose causes are linked with IPV.

The findings of this study should add to the existing policy frameworks, such as the Protection Against Domestic Violence Act, of 2015 which aims to reduce the incidences of violence in the household context. Others are the Sexual Offences Act of, 2006, which could help reduce the incidences of sexual violence. In addition, it will contribute to academia, especially in areas of mental illness, exploring the causes and with a special interest in IPV.

1.6 Scope and Limitations of the Study

This study only documented IPV and mental health issues arising from women aged 18-35 within Nairobi County. Specifically, it looked into the different types of IPV that commonly lead to mental health issues and the particular types of mental health disorders that arise from IPV. Thus, men who experience IPV and subsequent mental health illnesses in Nairobi are beyond this study's scope. The study was qualitative and did not document the quantitative trends and patterns of IPV survivors with mental health effects among young women in Nairobi, however, triangulation of data collection methods compensated for limitations associated with single-line inquiries.

Whereas the study dealt with a highly stigmatized group that were not easily willing to share their experiences, study participants were assured of anonymity through the study phases to gain informed consent before their participation. The study was pegged on the hope that participants had a sincere interest in participating in the research and did not have any other motives such as getting a financial boost. This was made clear to them to avoid any misunderstandings.

1.7 Definition of key terms

For the purpose of this study, the following terminologies were used as defined below;

Challenges: In this study, these are hardships that prevent IPV victims from getting help leading them to develop mental sickness.

Counseling: In this study, counseling is the provision of professional assistance and guidance aimed at resolving personal or psychological problems arising from IPV and mental health issues

Disease: In this study, a mental condition arises from previous exposure to IPV.

Gender-based violence: In this study, it is violence perpetrated against women. "Any act of gender-based violence that results in, or is likely to result in, physical, sexual, economic or psychological harm or suffering to women.

Help-seeking: In this study, it is an active attempt by the victim and survivor of IPV to reach out for help.

Intimate partner violence: In this study, it is the violence perpetrated on women by their intimate partners, i.e., husbands or boyfriends.

Mental health: In this study, it is the psychological and emotional state of the victims of IPV

Stigma: In this study, stigma refers to the mark of disgrace associated both with admitting to being a victim of IPV and being diagnosed with mental disorders.

Survivor: Any woman who has encountered IPV may or may not have actively sought help. The term survivor was preferred over "victim" because the former recognizes a woman's agency and has lived through the violence and continues to function.

Victim: In this study, a victim is a person who has come to feel helpless and passive in the face of IPV

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section reviews the literature on IPV and mental health issues among young women. The review has been carried out along the following topics: forms of IPV that lead to mental health issues and some of the different types of mental health issues that IPV survivors have been found to experience. The section concludes by discussing the theoretical framework and its relevance to the study.

2.2 Different Forms of GBV that Lead to mental health issues

Violence against women is a major public health concern, contributing to high morbidity and mortality worldwide (Rees, Silove, et al, 2011). Gender-based violence can broadly be categorized as domestic, which includes intimate partner, and non-domestic which is other violence in areas such as the workplace. They include sexual, physical, mental, and socio-economic harm inflicted in public or private. They also include threats of violence, coercion, and manipulation. Domestic violence is the more common of the two and in the domestic context, intimate partner violence is the more common one. Violence is unbearable between family members and often remains unrevealed, invisible, hidden, and repeated. The woman possibly feels trapped in a relationship of imprisonment (Lamy, 2009). Women who have experienced intimate partner violence or abuse are at a significantly higher risk of experiencing a range of mental health conditions including PTSD, depression, anxiety, substance abuse, and thoughts of suicide. An abuser's outburst is commonly followed by remorse and apology in domestic violence situations. But this "honeymoon" period usually ends in violence and abuse. This cycle means women are constantly anticipating the next outburst. Women in these situations feel they have little control, particularly when the abuse happens in their own homes. It's no wonder living under such physical and emotional pressure impacts mental and physical well-being (Parker, 2019).

The lifetime prevalence of IPV ranged from 19 to 66 percent among women aged 15 to 24, with most sites reporting a prevalence above 50 percent. Factors significantly associated with IPV across most sites included witnessing violence against the mother, the partner’s heavy drinking and involvement in fights, women’s experience of unwanted first sex, frequent

quarrels, and the partner's controlling behavior. Adolescent and young women face a substantially higher risk of experiencing IPV than older women (Stockl, 2014)
Other kinds of violence include child marriage, female genital mutilation, and so-called 'honor crimes and acts of violence carried out in online spaces (UNHCR, 2018). These different forms are not mutually exclusive. Multiple incidences of violence can happen at once and reinforce each other. This means that while women face violence and discrimination based on gender, some women experience multiple and interlocking forms of violence.

IPV can be categorized into four main groups (European Institute for Gender Equality (EIGE), 2018) which include:

2.2.1 Physical violence

Physical violence refers to any act that causes physical harm due to unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty, and manslaughter and predominantly includes actions such as beating, burning, kicking, punching, biting, maiming or killing, or the use of objects or weapons.

Physical violence always manifests in attempting to cause or resulting in, pain and/or physical injury. As with all forms of violence, the main aim of the perpetrator is not only or may not always be to cause physical pain, but also to limit the other's self-determination. Physical violence in intimate relationships, often referred to as domestic violence, continues to be a widespread phenomenon in every country across the world.

It is the most shameful human rights violation, and it has no boundaries of geography, culture, or wealth. Worldwide, one in three women has experienced physical violence which is among the foremost causes of death and disability (Kassa 2021).

Physical violence against women is also a significant public health concern that has reached endemic proportions.

Violence experienced by women primarily occurs at home and the perpetrator is usually known to the woman. However, women abused by a partner are often exposed to repeat physical domestic violence has been shown to have serious consequences on mental health, both in the short and long perspective. People whose partners have battered commonly experience Depression, PTSD, eating disorders, and other symptoms (Plumptre, 2021).

2.2.2 Sexual violence

Any sexual act performed on an individual without their consent is sexual violence. It can take the form of rape or sexual assault. As more and more information has become available about the circumstances surrounding sexual violence, it has become clear that sexual violence, like other forms of violence, is an abuse of power. Sexual violence includes: engaging in non-consensual vaginal, anal or oral penetration with another person, by the use of any body part or object; engaging in other non-consensual acts of a sexual nature with a person; or causing someone else to engage in non-consensual acts of a sexual nature with a third person (European Institute for Gender Equality (EIGE), 2018).

Marital rape and attempted rape also constitute sexual violence. Other examples of forced sexual activities include being forced to watch somebody masturbate, forcing somebody to masturbate in front of others, forced unsafe sex, sexual harassment, and abuse related to reproduction (e.g., forced pregnancy, forced abortion, forced sterilization, female genital mutilation).

Sexual violence within marriage is common and manifests in various forms, including marital rape. It has serious physical and mental health consequences and is a violation of women’s sexual and reproductive health rights. Marital rape, reproductive coercion, inserting objects in the vagina or anus, and withholding sexual pleasure are forms of violence routinely experienced by women (Deosthali,2021)

Certain forms of sexual violence are related to a victim's limits and are more typical of the private sphere. The perpetrator deliberately violates these limits: examples include date rape, forcing certain types of sexual activities, withdrawal of sexual attention as a form of punishment, or forcing other(s) to watch (and sometimes to imitate) pornography.

When a partner forcibly overtakes a person's sexual autonomy, this can produce understandably adverse reactions in the body and mind. Being forced to perform sexual acts or partake in dehumanizing forms of intercourse can cause feelings of guilt to present even though the victim isn't responsible for what happened. A victim of sexual abuse may also find it difficult to hold on to relationships and can begin to struggle with depression and anxiety. While navigating the anger and disbelief of their partner's (or any other abusers) actions, victims may experience PTSD and sexual dysfunction. In severe cases, this extreme breach of

trust and humanity can cause a victim of sexual assault to make attempts at ending their life (Dworkin & Weaver, 2021).

2.2.3 Psychological violence

Whatever action causes psychological harm to an individual is considered psychological violence. Psychological violence can take the form of, for example, coercion, defamation, verbal insult or harassment. Other examples of psychological violence include acts such as isolation from others, verbal aggression, threats, intimidation, control, stalking, insults, and humiliation (European Institute for Gender Equality (EIGE) (2017).

All forms of violence have a psychological aspect since the main aim of being violent or abusive is to hurt the integrity and dignity of another person. Apart from this, certain forms of violence take place using methods that cannot be placed in other categories and therefore can be said to achieve psychological violence in a 'pure' form. This includes isolation or confinement, withholding information, disinformation, and threatening behavior.

In the private sphere, psychological violence includes threatening conduct that lacks physical violence, such as actions that refer to former acts of violence or purposeful ignorance and neglect of another person. However, much as psychological violence lacks aspects of physical harm, it mostly leads to diminished self-esteem and self-worth, which brings about anxiety, Depression, and OCD (Plumptre, 2021).

2.2.4 Socio-economic Violence

Socioeconomic violence refers to all behaviors which cause economic harm to an individual. Economic violence can take the form of, for example, property damage, restricting access to financial resources, education, or the labor market, or not complying with economic responsibilities, such as alimony. Socio-economic deprivation can make a victim more vulnerable to other forms of violence and can even be why other forms of violence are inflicted.

Even though the gravity and form of economic violence vary across regions, women and girls are deprived of equal access to economic resources, opportunities, and power across the

world. UNFPA found that women are 18 percent poorer than men. In Kenya, the WHO estimates that 33 percent of women suffer from economic violence.

Many women are underpaid for doing work equal to men or used for unpaid work beyond their job description. Some suffer fraud and theft from some men in running their businesses, barred from working by their partners, or abandoned without maintenance yet they shoulder the family responsibility (Oloo, 2021).

Global economic data clearly show that one of the consequences of globalization is the feminization of poverty (making women generally more economically vulnerable than men), however, economic vulnerability is a phenomenon that also exists on the personal level. It has been recognized in a vast number of abusive relationships as a distinct phenomenon. However, even when the relationship is reversed, and a woman has a higher economic status in a relationship, this does not necessarily eliminate the threat of violence. Conflicts about status and emasculation may arise, particularly in already abusive relationships. In Turkey, for example, women who graduate from Elementary school, secondary school, and high school have a higher chance of economic violence than those who never went to school at all ((Alkan, 2021).

Typical forms of socio-economic violence include taking away the victim's earnings**,** not allowing them to have a separate income (giving them '*housewife'* status or making them work in a family business without a salary), or making the victim unfit for work through targeted physical abuse. For example, at work, women experienced receiving unequal remuneration for work done equally in value to the men, were overworked and underpaid, and were used for unpaid work outside the contractual agreement (Fawole, 2008).

It can be mentally and emotionally devastating when one person can decide to withhold money for their partner's food, how much they can spend on new clothes, or even decree a haircut as an unnecessary monthly expense. Intimate partners, usually women, on the receiving end of financial abuse, may be found in a constant state of anxiety and distress over their economic state. The reality is that they lack the resources to leave their partners and feel trapped. This feeling can lead to depression. Financial abuse can also significantly affect the household by impacting the ability to carry out parental roles adequately (Alkan, 2021).

2.3 Different types of mental health issues that IPV survivors experience

Intimate partner violence has serious short- and long-term consequences on women's physical, sexual and reproductive, and mental health and their personal and social well-being as already mentioned. In addition, mental health impacts for survivors of gender-based violence are prevalent and deleterious outcomes including post-traumatic stress disorder, depression, substance misuse, self-harm and suicidal behavior, and sleep disturbances (Walsh, 2016).

Women exposed to intimate partner violence experience a high rate of common mental disorders and suicidal behavior. However, little is known about the timing of the onset of mental disturbance following first exposure to GBV amongst women with no prior mental disorder (Rees, 2014).

There are different types of mental disorders mentioned. Below are some of those commonly linked to IPV. They include;

2.3.1 Depression

Depression is a mood disorder that causes distressing symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. It affects nearly four percent of the world's population (Milken Institute Center for Strategic Philanthropy (MICSP), 2019).

GBV is a traumatic experience that produces different effects depending on the type of violence and the person who is the victim.

IPV is associated with poor long-term mental health such as anxiety, depression, and post-traumatic stress disorder (PTSD). Therefore, understanding the interaction between current violence and past conflict-related violence with ongoing mental health is essential for providing mental health services to survivors. For example, women with past-year experience of intimate partner violence alone may have a higher risk of depression than women with past-year experience of non-partner violence alone (Hossain, 2015).

2.3.2 Anxiety disorder

Anxiety is a normal emotion. It's your brain's way of reacting to stress and alerting you of potential danger ahead. Everyone feels anxious now and then. For example, you may worry when faced with a problem at work, before taking a test, or before making an important decision.

Occasional anxiety is OK. But anxiety disorders are different. They're a group of mental illnesses that cause constant and overwhelming anxiety and fear. Excessive anxiety can make you avoid work, school, family get-togethers, and other social situations that might trigger or worsen your symptoms. There are several types of anxiety disorders: generalized anxiety disorder, panic disorders, specific phobias, separation anxiety, social anxiety disorder, medication-induced anxiety, and agoraphobia (Bhargava, 2020).

2.3.3 Post-traumatic stress disorder (PTSD)

Most studies have shown that unrelated to the traumatic event, additional risk factors for developing PTSD include younger age at the time of the trauma, female gender, lower social economic status, lack of social support, premorbid personality characteristics, and preexisting anxiety depressive disorders increase the risk of PTSD. The psychic trauma is firmly attached to the repetition and the previous traumas are as many risks of developing subsequent PTSD in the wake of a new trauma (Silove, 2017).

Women are more likely to identify IPV and network trauma as index trauma. Women's far greater exposure to IPV contributes to their higher prevalence of PTSD. They are markedly more likely to develop PTSD when network trauma is identified as index trauma. Preventing exposure to IPV and providing timely interventions for acute psychological reactions following network trauma may reduce PTSD rates among women. Previous studies have shown an increased prevalence of anxiety, depression, and PTSD among women with FGM/C in their home countries compared with women without FGM/C in their home countries. For example, a 2005 study found that 23 Senegalese women with FGM/C showed a significantly higher prevalence of PTSD (30.4%) and other psychiatric syndromes (47.9%) than 24 uncut Senegalese women (Lever, 2018).

2.3.4 Suicidal ideation

Suicidal ideations (SI), often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. Unfortunately, there is no universally accepted consistent definition of SI, which leads to ongoing challenges for clinicians, researchers, and educators. For example, SI is frequently given different operational definitions in research studies. This interferes with comparing findings across studies and is frequently mentioned as a limitation in meta-analyses

associated with suicidal tendencies. In addition, some SI definitions include suicide planning deliberations, while others consider planning to be a discrete stage (Harmer et al, 2021).

Suicidal thoughts are a common consequence of prolonged exposure to IPV, especially at the domestic level. India for example accounts for 36.6% of suicide-related deaths among women worldwide. One social determinant of suicide in India is gender-based violence (GBV), and it disproportionately affects women from poorer socio-economic classes. Although Indian women from slums are at high risk of GBV, the direct and indirect relationships between types of GBV and (SI) for Indian women remain unexplored (Patel, 2021).

2.3.5 Bipolar

This is a disorder associated with mood swings ranging from depressive lows to manic highs. The exact cause of bipolar disorder isn't known, but a combination of genetics, environment, altered brain structure, and chemistry may play a role. Manic episodes may include high energy, reduced need for sleep, and loss of touch with reality. Depressive episodes may include low energy, low motivation, and loss of interest in daily activities. These changes in energy levels, sleep patterns, ability to focus, and other features can dramatically impact a person's behavior, work, relationships, and other aspects of life. Most people experience mood changes sometimes, but those related to bipolar disorder are more intense than regular mood changes, and other symptoms can occur. In addition, some people experience psychosis, including delusions, hallucinations, and paranoia. Mood episodes last days to months and may also be associated with suicidal thoughts (Brito, 2020).

Women who have lived in environments where violence is frequently meted on them have a significantly higher chance of developing this disorder. IPV was significantly associated with mental health disorders, dysfunction, and disability among a nationally representative sample of Australian women. The study examined the mental health associations of four types of violence commonly perpetrated against women, namely physical forms of intimate partner violence (IPV), rape, other forms of sexual assault, and stalking, and was specifically included in the Australian National Mental Health and Well-being Survey. Most common among the subsequent mental health illnesses included bipolar, anxiety disorders (panic disorder, agoraphobia, social phobia, generalized anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder [PTSD]), mood disorders (major depressive

episode, dysthymia, substance use disorders (harmful alcohol use, alcohol dependence, and drug use disorders) among others (Rees, 2011).

2.3.6 Impulse control and addiction

Disorders of this nature involve an individual who has difficulty resisting the urge to engage in certain behavior and actions. These behaviors and actions are ultimately harmful and self-destructive. Impulsive behavior can also involve positive actions, such as those relating to healthy lifestyle choices or any behavior that has a positive result.

Many psychological disorders include impulsive tendencies for a wide variety of behaviors, including sexual activity, stealing, gambling, lying, violence, eating disorders, physical abuse to oneself, vandalism and arson, internet and video game addiction, and more. In short, any behavior that involves the inability to resist actions that are ultimately harmful to the individual or others can be classed as an impulse control disorder. Whether it involves drugs or alcohol (substance abuse is one of the most common problems), IPV and trauma can deregulate and recalibrate environmentally sensitive physiological (i.e. central nervous, endocrine, and immune) systems placing survivors at risk for multiple health problems such as impulse control dysfunctions. The researchers build the case that the effects of IPV are likely to be particularly high-impact and contribute to health disparities for marginalized survivors of IPV (Sabri et al, 2018).

2.3.7 Obsessive-compulsive disorder (OCD)

Obsessive-compulsive disorder (OCD) is an anxiety disorder that includes persistent and repetitive thoughts, images, or impulses that can induce anxiety and discomfort in a person. Obsessive-compulsive disorder can sometimes be highly severe and painful and lead to significant interruptions in an individual's normal course of life, reduce work performance and common social activities, and even deteriorate personal relationships. Our results showed that women with severe OCD were more susceptible to spouse violence; thus, women's OCD is a good predictor of violence against women. Obsessive-compulsive disorder may lead to reduced self-esteem, increased anxiety, incompatibility (reducing people's power of decision-making), inability to solve problems, and disruptions in the social performance of women, thus making them more vulnerable to violence. On one hand, a woman's OCD can lead to accumulated anger and nervousness towards her husband over time, resulting in increased male aggression and violence against wives.

On the other hand, spouse abuse has adverse effects on women's physical, mental, and social performance. Physical and mental problems may not be treated because of high costs and the long-term process of treatment, which in turn increases the risk of the incidence of psychiatric disorders and violence. In other words, OCD in women can be both a consequence and a cause of violence (Moasheri, 2020).

2.4 Theoretical Framework

2.4.1 Radical Feminist Theory

Radical feminism represents one of the types of feminist theory, founded on the attitude that society is based on patriarchal grounds, because of which women are marginalized and discriminated against. This theory can be defined as a conflict theory because it is based on the assumption that a society consists of opposed fractions (sexes) whose relations are based on the domination of men over women, as well as the one that a society and different relations within it can be best described by observing these relations and the attitudes of sexes toward them. Radical feminist theory is premised on understanding social relationships in terms of gender oppression. It views oppression against women as connecting with but not reducible to systemic oppression. One premise is that women are violently reduced to bodies for men, and these bodies are further violated. A second premise is that violence is integral to the experience of being a woman. A third premise is that extreme violence is the context in which other violence occurs and gives meaning to the other forms. The final premise is that all women are subject to extreme violence at some time or live with the threat of extreme violence. It addresses childhood sexual abuse, rape, and battery continuums, as well as women's responses to this violence (depression, cutting, splitting, troubled eating, and protest). It includes a detailed exploration of feminist working methods with women (Burstow, 1992).

It is radical feminism that has tended to focus most of all on men's violence against women as a cause and consequence of patriarchal social relations. Radical feminists have therefore developed the majority of theory regarding men's violence against women, and radical feminist’s pioneered advocacy and education aimed at the prevention and reduction of men's violence (Mackay 2015; Robinson 2003). Given this, choosing to focus specifically on preventing men's violence against women may articulate an alignment with a radical feminist analysis (Mackay, 2015).

2.4.2 Relevance of the Theory to the Study

Radical feminist theory is a conflict theory that recognizes that conflict will arise often among people but focuses on the sexes as a major ground for the differences. Just like this study, it is concerned with the violence that women go through at the hands of men. However, the theory looks towards a more holistic understanding of the causes of violence and finds patriarchy to be the backbone of it all. It points out the fact that women go through violence a lot of times just for the fact that they are women. It explains that most women live in the fear of possible violence either out of seeing it met on others or having experienced it themselves. This study mentions the different kinds of violence that women experience, ranging from sexual to physical, emotional, and economic. The radical feminist theory emphasizes the importance of ending violence to prevent women from suffering consequences that include physical and mental health complications.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section describes the research site, design, study population, sample and sampling procedures, data collection methods, data processing, analysis, and presentation. The section concludes by discussing the ethical considerations that guided the study.

3.2 Research Site

Nairobi is the capital and the largest city in Kenya. According to the Kenya National Bureau of Statistics, the city proper had a population of 4,397,073 in the 2019 census, while the metropolitan area has a population of 9,354,580. The city is popularly referred to as the Green City in the Sun.

It is one of Africa's largest and most influential cities, and an important commercial and financial regional hub. Nairobi is in fact the hub of East Africa and packed with unique attractions and a diverse population ranging from a huge population of diplomatic missions, affluent businessmen, top corporate and other sector leaders, and a good percentage of the middle and working class who live in decent neighborhoods as well as the low-end informal settlement dwellers whose households survive on less than a dollar a day.

Fig 3.1 Map of Kenya showing Nairobi County against other regions in Kenya

Source: Maps Data 2016

Nairobi City County Map - Constituency Boundary

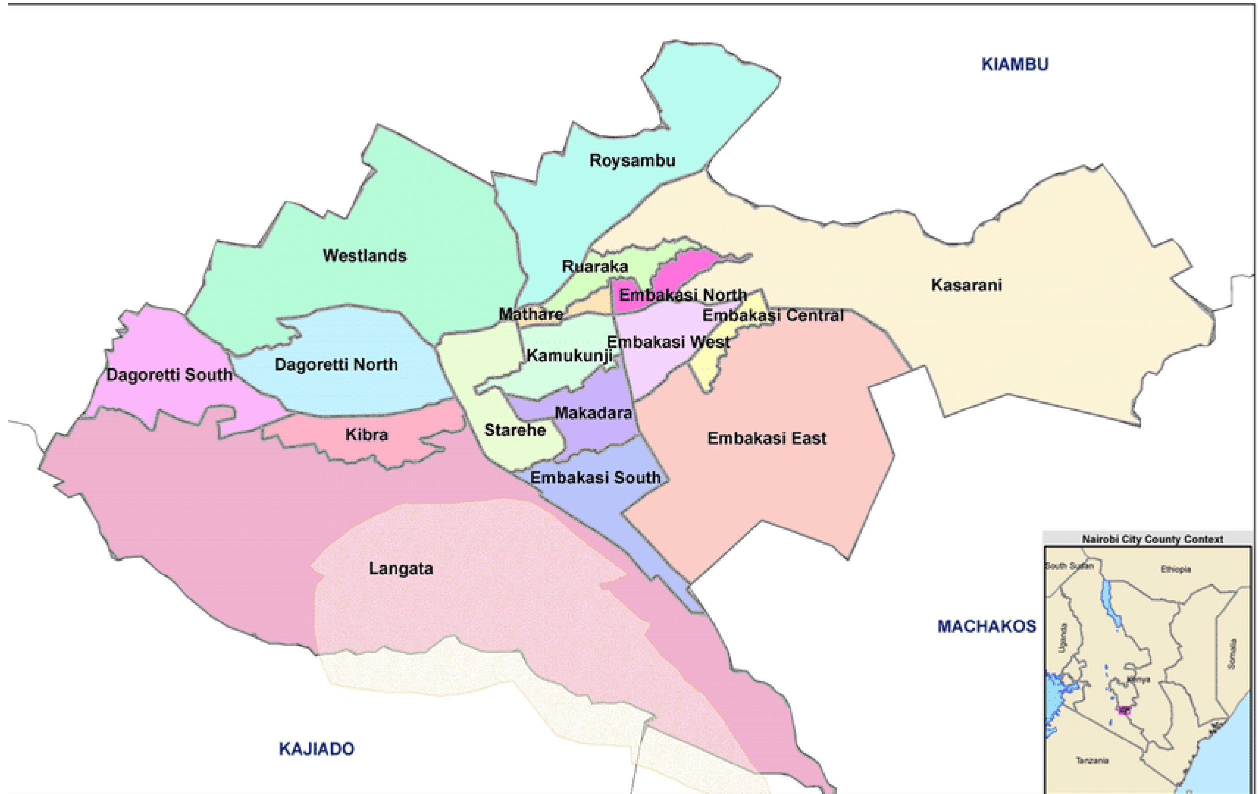

Fig 3.2 Map showing Nairobi County constituencies

Source: Maps Data 2016

Life is precarious for the approximately 2.5 million people who live in Nairobi's informal settlements and slums. They makeup over half the capital's population yet are crammed into only 5 percent of the city's residential area and just 1 percent of all land in the city. They are forced to live in inadequate housing and have little access to clean water, sanitation, healthcare, schools, and other essential public services. They also live under the constant threat of forced eviction from the makeshift structures they have made their homes.

The city is a fairly safe place, but some vigilance is required. Chances of being mugged or robbed exist and largely depend on the part of the city, with more cases reported in the informal settlements and crowded areas within the central business district (CBD). Overall, the city is generally safe during the daylight, however, going to some parts at night alone is risky.

The Kenya Demographic and Health Survey of 2008–2009 indicated that 39 percent of women and girls (aged 15 and above) in Nairobi have experienced physical violence. About one in four had experienced such violence in the year preceding the survey. This demonstrates major structural weaknesses that result in high prevalence of violence in Kenya. In addition, it was reported that more than one-fifth of Kenyan women had been victims of sexual violence, with current or former partners or spouses forming the highest percentage.

According to a World Bank report of 2014, while access to quality health care is a constitutional right, most people in Nairobi cannot afford to pay for health services at public or private clinics. Even with public health insurance available since 1966, only 20% of Kenyans have access to some sort of medical coverage. In addition, a quarter of total spending on health care comes from out-of-pocket expenses.

There are two Gender Violence Recovery Centers (GVRC) in Nairobi. Both are charitable trusts; one is The Nairobi Women's Hospital and the other is under Kenyatta National Hospital. GVRC's main purpose is to bring meaning to the lives and families of survivors of gender-based violence by providing free medical treatment and psychosocial support. Since inception, these GVRCs have supported over 43,000 survivors. In addition, GVRCs have been instrumental in National Legislation enactment in the field of gender-based violence.

3.3 Research Design

This was a cross-sectional and descriptive study using qualitative data collection methods. The main data collection methods were in-depth interviews, case narratives, and key informant interviews. Study participants were conveniently recruited at both the Nairobi Women's Hospital (NWH) GVRC and the Kenyatta National Hospital (KNH) (GVRC for in-depth interviews while key informants and study participants for case narratives were purposively selected. The data collected were analyzed in line with the study objectives.

3.4 Study population and unit of analysis

The study was conducted amongst the young women IPV survivors receiving treatment and care at both the KNH GVRC and the NWH GVRC as well as recovered patients who were previously in the facilities. The unit of analysis was the individual IPV survivor.

3.5 Sample and Sampling Procedure

In this study, 50 IPV survivors who have had mental health issues were conveniently sampled in the GVRC at the Nairobi Women's Hospital and the Kenyatta National Hospital. The researcher worked with the index persons in this case the heads of the units who introduced the researcher to the survivors and those who were available and willing were recruited.

Key informants were chosen from among the experts who are the psychiatrists and counselors handling the patients. Case narratives were conducted with four survivors who were purposively picked. This was limited to survivors who have had an experience of seeking healthcare for mental issues arising from their abuse and were willing to delve deep into their experiences.

3.6 Data collection methods

3.6.1 In-depth interviews

These were conducted with 40 IPV survivors from the GVRC at the NWH and KNH. The informants provided information on the nature of the violence they encountered and how it impacted them mentally and the treatment and care they have received and their journey to recovery. They also shared information on the challenges they faced in trying to get help during the violence. An in-depth interview guide (Appendix 2) was used to collect data.

3.6.2 Key informant interviews

These were conducted with 4 experts selected based on their experience in working with the GBV survivors. They included two psychiatrists and two counselors who have worked closely with the IPV victims to provide emotional support and treatment for their mental illnesses. The key informants provided information on the frequency of developing mental health problems by GBV victims and the challenges in treatment and restoration. A key informant interview guide (Appendix 4) was used to collect data.

3.6.3 Case Narratives

These were conducted with 10 informants who were chosen from among the 50 IPV survivors on the basis of their unique responses. It focused on the types of violence/ abuse that led to their mental health deteriorating and the challenges in getting help. They also needed to talk about the specific mental illnesses they were diagnosed with and the journey to healing and recovery. A case narrative guide (Appendix 3) was used to collect data.

3.7 Data Processing, Analysis, and Presentation

The data collected from in-depth interviews, key informant interviews, and case narratives were transcribed and then translated. For each of these data, separate code sheets were created in an attempt to establish and interpret the patterns and relationships. Analysis of the translations and transcriptions will follow in line with the study objectives which are to determine the different types of gender-based violence commonly experienced and to investigate the mental health issues that affect IPV survivors in Nairobi. During the presentation selected quotes were used to amplify the voices of the study participants.

3.8 Ethical Considerations

Before embarking on the research, the researcher obtained ethical clearance from the UON. During fieldwork, the researcher explained to participants on the voluntary nature of the study and hence the freedom to withdraw at will. A consent form (Appendix 1) was used to obtain the approval of the participant's participation in the study. To ensure anonymity, the researcher used pseudo-names and coding participants' information. The participants were also assured of confidentiality in the information they shared.

CHAPTER FOUR

INTIMATE PARTNER VIOLENCE AMONG YOUNG WOMEN IN NAIROBI

4.1 Introduction

The chapter begins by presenting the demographic characteristics of the respondents. Further, the findings are presented and discussed in line with the first study objective which is the different types of intimate partner violence experienced by young women IPV survivors. Discussions are carried out along the following sub-thematic areas: Physical violence, sexual violence, socio-economic violence, and psychological violence and analysis is made with regards to the demographic characteristics.

4.2 Socio-demographic Characteristics of the Respondents

Table 4.1: The socio-demographic characteristics of the study population.

	Frequency	Percentage
Age of respondents		
18-24 years	20	50.0
25-30 years	12	30.0
31-35 years	8	20.0
Total	40	100
Level of education		
Primary school	25	62.0
Secondary school	9	22.0
Tertiary graduate	6	16.0
Total	40	100
Level of dependency		
Totally dependent	28	70.0
Partially dependent	8	21.0
Totally independent	4	9.0
Total	40	100

In this study, the age of respondents, their education level, and their source of income were considered the main demographic characteristics.

The age of the IPV survivors was deemed important in understanding the relationship between survivors' age and the likelihood of experiencing violence with possible subsequent mental effects. Understanding the education level of survivors was important in the study so as to explore the level of their knowledge of their rights as well as their ability to provide for themselves so that they can be independent of their abusers and avert possible violence. The source of income of the survivors was of interest in that the study sought to find out if the survivors were able to take care of themselves and their children away from the abusers, hence reduce the chance of violence at home.

4.3 Different Forms of IPV experienced by the sample population

Table 4.2: Reported types of IPV

Forms of Violence	Frequency	Percentage
Physical	18	45
Sexual	10	25
Psychological	8	20
Socio economic	4	10
Total	40	100

4.3.1 Physical violence

Physical violence refers to any act that causes physical harm due to unlawful physical force. It can take the form of, among others, serious and minor assault, deprivation of liberty, and manslaughter and predominantly includes actions such as beating, burning, kicking, punching, biting, strangulation, maiming or killing, or the use of objects or weapons. There was a common complaint from the survivors that most violence cases involve physical aspects. These views were summed up in the interviews below:

"The first time I noticed that I was dealing with a violent person was when he slapped me" ***(CN #1 with 25-year-old survivor).***

"Even in the smallest of disagreements, he would hold me by the color of my top as if to tell me he will beat me up. He would beat me up without even me knowing what I did wrong. He would slap me because one of our children misbehaved." ***(CN #2 with 28-year-old survivor).***

'He would always beat me. One time in the middle of the usual violence I realized I could barely breathe. He was strangling me and when I looked at his face, I got the impression that he was ready to kill me. I had to push him back so hard and then scream for help' ***(CN #2 with 24-year-old survivor).***

These findings concur with results from previous studies where several respondents shared violence cases. It also agrees with this study's link between physical violence and mental illness. People whose partners have battered commonly experience Depression, PTSD, eating disorders, and other symptoms (Plumptre, 2021).

Similar comments emerged from a key informant, a caregiver at the GVRC which confirms that these findings are further echoed by the handlers of the victims of GBV/ mental health patients

"Most of the survivors we handle are victims of physical violence. This is perhaps due to the fact that it is the one that cannot be hidden especially when there is evidence such as a black eye, a missing tooth, scars that were not originally there, etc. Physical violence is also the one that's easiest to recognize even among the survivors as when physical violence is met on you, you know it. Other forms of violence need some level of analysis or time to be able to establish" ***(KI #1).***

These findings concurred with the assessment by Kassa (2021) which says that worldwide, one in three women has experienced gender-based violence, and is among the foremost causes of death and disability.

The study findings also indicate that physical violence is more common in younger than older women. It was found out from the respondents that most of them face violence from partners especially where the age gap is wide one of the FSWs explained:

"*For us who are fairly young, our partners find it a lot easier to beat us especially when they are considerably older* ***(CN #12 with 20yr old survivor).***

This is confirmed in a previous study which indicates that a lifetime prevalence of IPV ranged from 19 to 66 percent among women aged 15 to 24, with most sites reporting a prevalence above 50 percent. Factors significantly associated with IPV across most sites included witnessing violence against the mother, the partner's heavy drinking and involvement in fights, women's experience of unwanted first sex, frequent quarrels, and the partner's controlling behavior. Adolescents and young women face a substantially higher risk of experiencing IPV than older women. (Stöckl, H, 2014)

On the same, one of the key informants retaliated with similar comments as those given by one of the survivors in the semi-structured interviews.

"Victim's young ages compared to their partners could also catalyze the mistreatment and promote violence" ***(KI#1 with caregiver).***

This was important to note in the study since their age could have been a limitation to their ability to bargain for respect and better treatment by their partner. Similarly, a study carried out in low-income countries across the world (Stock, 2014) agrees with this finding that young age is a common factor that predisposes women to violence.

Women who are dependent on their partners were also more likely to experience physical violence than those who are economically independent.

Table 4.3: Physical violence by financial dependency and education level of survivors

	Frequency	**Percentage**
Financial dependency level		
Women who are totally independent	5	12.5
Women who are partially dependent	15	37.5
Women who are totally dependent	20	50.0
Total	40	100
Level of education		
College graduates	4	10.0
High school graduates	16	40.0
Primary school graduates	20	50.0
Total	40	100

The level of education of respondents was also noted to have an impact on the chances of violence. Women who had less education were found more likely to be victims of physical violence.

4.3.2 Sexual violence

Any sexual act performed on an individual without their consent is sexual violence. Certain forms of sexual violence are related to a victim's limits and are more typical of the private sphere. The perpetrator deliberately violates these limits. For example, date rape, forcing certain types of sexual activities, withdrawing sexual attention as a form of punishment, or forcing other(s) to watch (and sometimes to imitate) pornography. Marital rape and attempted rape also constitute sexual violence. A participant in an in-depth interview explained that:

"He would come home late in the night, drunk, and after insulting me would always force himself on me. It seemed like that was the only way he wanted to engage me sexually after all. Any attempt to reject his attempts would be met by further beating and one time even strangulation. I got used to this as a normal behavior and only sought help when the physical injuries that came with it became unbearable" (***CN #4 with 26yr old survivor).***

Sexual violence is also the one that seems hardest to talk about, especially within a marriage context and younger women were found to experience it more than older women.

"*My husband would ask me why else I was married each time I tried to resist his forced advances on me. One time I mentioned it to my mum and she was in agreement that there cannot be rape in a marriage I had to tough it out" (**CN #5 with 20yr old survivor).***

The biggest challenge with sexual violence is the burden of proof. How for example to separate what was a willing sexual encounter from an act of rape between a married couple is not easy. This often leads to despair and hopelessness. In severe cases, this extreme breach of trust and humanity can cause a victim of sexual assault to make attempts at ending their life (Dworkin & Weaver, 2021).

Sexual violence is the second most common after physical and also the second easiest to be recognized by the victim. One of the most common ways that sexual violence within

marriages manifest is in forceful acts that the survivors did not agree to. These are such acts as the insertion of objects in the victim or anal sex without consent as reported by a minder at the GVRC.

'Marital rape is usually a bit complex to explain or to prove when it involves normal penetration but there are instances where other acts are involved which include insertion of objects, welcoming a third party against one partner's will, and even anal penetration which is the more commonly reported cases' ***(KI#2 with a caregiver).***

This position is confirmed by (Deosthali,2021) where it's noted that marital rape, reproductive coercion, inserting objects in the vagina or anus, and withholding sexual pleasure are forms of violence routinely experienced by women.

Table 4.4 Sexual violence by age and financial dependency of survivors

	Frequency	**Percentage**
Age of respondents		
Between ages 18-24	20	50.0
Between ages 25-29	15	37.5
Between ages 30-35	5	12.5
Total	40	100
Financial dependency level		
Women who are totally dependent	25	62.5
Women who are partially dependent	12	30.0
Women who are totally independent	3	7.5
Total	40	100

Women who were totally dependent on their partners were found to be more likely to go through sexual abuse. Likewise, women who were younger than their partners were found to be more vulnerable to sexual abuse by intimate partners compared to those who were older. Women whose education levels were lower were also found to be more vulnerable to sexual violence. This is connected to their level of dependency in that the women who get to high levels of education tend to become more independent than those who drop out earlier.

4.3.3 Psychological violence

Psychological violence can take the form of, for example, coercion, defamation, verbal insult, or harassment. All forms of violence have a psychological aspect since the main aim of being violent or abusive is to hurt the integrity and dignity of another person. Whatever action causes psychological harm to an individual is considered psychological violence and this includes isolation or confinement, withholding information, disinformation, and threatening behavior.

The respondents noted that as much as psychological violence does not come out so much as violence, it is very devastating to the mental state of victims.

"I would be insulted about my looks, my IQ, every day and soon I realized that it had taken a significant toll on my self-confidence and self-worth. I was no longer the woman I had been." ***(CN #8 with a 28yr old survivor).***

This agrees with a study that states that much as psychological violence lacks aspects of physical harm, it mostly leads to diminished self-esteem and self-worth, which brings about anxiety, Depression, and OCD (Plumptre, 2021).

'I learned that my husband was saying a lot of things about me to anyone who cared to listen, from family to friends and even strangers. Everyone out there knew so much about me including intimate stuff. When I got to learn about it, I was so hurt and sunk into depression' ((***CN #8 with a 31yr old survivor).***

This is confirmed by a previous study that concluded that psychological violence can take the form of, for example, coercion, defamation, verbal insult, or harassment. Other examples of psychological violence include acts such as isolation from others, verbal aggression, threats, intimidation, control, stalking, insults, and humiliation (European Institute for Gender Equality (EIGE) (2017).

Table 4.5: Psychological violence by age and level of education of survivors

	Frequency	**Percentage**
Age of respondents		
Between ages 18-24	8	20.0
Between ages 25-29	14	35.0

Between ages 30-35	18	45.0
Total	40	100
Level of Education		
College graduates High school graduates Primary school graduates	10 12 18	25.0 30.0 45.0
Total	40	100

As shown in table 4.5 older women in the target age groups were found to be more vulnerable to psychological violence in comparison to the younger ones.
It also came out that a majority of the respondents had dropped out of school at lower levels. As a result, they were not be in a position to support themselves financially and were therefore at the mercy of their partners**.** They also are not aware of their rights and the law as was remarked in one of the interviews:

"Most of us are school dropouts and hence we do not have the know-how to find decent living on our own leaving us to depend on our abusive spouses" ***(CN #8 with a 29yr old survivor).***

Their judgment and reasoning capacity may also affect the decisions they make while seeking help or alternatives. The findings of the study are in concurrence with the gap report 2014 which indicates that the majority of the women who marry young and especially in who are not educated are more prone to abuse. Psychological violence was however more commonly reported among the more educated respondents.

Women who were more dependent on their partners financially were more likely to be subjected to psychological violence as compared to those who were independent.

4.3.4 Socio-economic violence

Socioeconomic violence in this study is behaviors that cause economic harm to an individual. Economic violence can take the form of, for example, property damage, restricting access to financial resources, education, or the labor market, or not complying with economic

responsibilities, such as alimony. There were cases of the same reported by the survivors. These views were summed up in the interviews below:
Respondents who were younger in age were found to be more prone to socioeconomic violence:

"I started working at the shop when I was 16 and the business was doing well. My husband would however not allow me to even take a bottle of soda for lunch. To him, that was a waste. He preferred that I go hungry as I didn't have any other source. All profits were his and not even a token of appreciation was given to me". **" (CN #8 with a 19yr old survivor).**

"My husband asked me to resign from my job to look after our children. He promised to take care of me. After I resigned, the narrative changed and he broke his promise. I was struggling to meet even the bare minimum of needs such as sanitary towels". **" (CN #8 with a 25yr old survivor).**

Many women are underpaid for doing work equal to men or used for unpaid work beyond their job description. Some suffer fraud and theft from men in running their businesses, barred from working by their partners or abandoned without maintenance yet they shoulder the family responsibility (Oloo, 2021)

"I was forced to hand over my earnings to him at the end of every month. He would then be the one to decide how I use my money. I got tired of begging for my own money I could not even use my money to meet mine and my children's needs according to my desire". **" (CN #8 with a 29yr old survivor).**

Previous studies agree with this notion that financial abuse can significantly affect the household by impacting the ability to carry out parental roles adequately (Alkan, 2021).
This affects more women who are dependent on their men and means that because of the inability to provide for themselves, they may not be able to have the courage to stand on their own and may be stuck in violent situations. During discussions one of the respondents gave the following remarks:

"Regardless of the violence we face at home, our choices for alternative lives are limited due to our inability to provide for ourselves and our children" **(CN #6 with 23yr old survivor).**

A key informant, one of the caregivers at the GVRC contends with the views of the survivors and adds that lack of education or low levels of the same provides them with limited options for self-reliance forcing them to stay in these abusive situations.

"Despite the violence suffered at home, victims still choose to stay because most of them have limited financial resources" ***(KI#2 with a caregiver).***

On the same, some victims choose to stay while seeking solutions that will not involve them ending their association with the abusers.

This chapter has looked at IPV among young women in Nairobi discussed under the sub topics of physical violence, sexual violence, psychological violence and socio-economic violence. This was in reference to the socio-demographic characteristics of age, level of education and financial dependency. The next chapter discusses the findings which are presented and discussed in line with the second study objective which is the mental health issues that affect young women IPV survivors.

CHAPTER FIVE

REPORTED MENTAL HEALTH ISSUES AMONG YOUNG WOMEN IPV SURVIVORS

5.1 Introduction

The chapter discusses the findings which are presented and discussed in line with the second study objective which is the mental health issues that affect young women IPV survivors. Discussions are carried out along the following sub-thematic areas: Depression, post-traumatic stress disorder, suicidal ideation, bipolar, Impulse control disorder, and obsessive-compulsive disorder, and analysis is made with regards to the demographic characteristics of age, level of education and dependency level.

5.2 Depression

Depression in this study is a mood disorder that causes distressing symptoms that affect how one feels, thinks, and handles daily activities, such as sleeping, eating, or working. The findings indicate that depression is the most common mental illness that arises from IPV among young women. The narrative below indicates a case of depression:

"I had been in a marriage that was both physically and psychologically abusive. If I was not being insulted, then I was being beaten. I slowly got into what I would term self-isolation. I realized that I had lost interest in all the things that I previously enjoyed doing. I did not want to interact with friends or family. Even leaving the house for work was a problem. One time my friend asked me to seek the help of a counselor after realizing this kind of change and it is from there that my journey to discovering that I had depression began. ***(CN #I with 32yr old survivor).***

The survivor narrates that she had been in an abusive marriage for a long time and had in fact gotten used to being beaten and insulted but it was until she was diagnosed with depression that she realized the extent to which her life was in danger. She says she was married at the age of 20 and has endured abuse for twelve years by the time she sought help. The study findings agree with the fact that younger women were more prone to depression than the older ones.

"Initially, I did not think I could talk to anyone about my situation. I kept to myself and this led to things getting worse. It was until I was a little older that I realized I could get help. I

had been struggling in an abusive relationship and it was taking a toll on me. I had to seek help and I was diagnosed with depression." ***(CN #I with 32yr old survivor).***

Women who were totally financially dependent on their partners also reported higher rates of depression compared to those who were independent.

Table 5.1: The relationship between depression and dependency level of survivors

Financial dependency level	Frequency	Percentage
Women who are totally independent	12	30.0
Women who are partially dependent	13	32.5
Women who are totally dependent	15	37.5
Total	40	100

Equally, the women with lower education standards were more likely to be depressed as they are also more likely to be dependent on their partners.

5.3 Anxiety disorder

According to this study, anxiety disorders are a group of mental illnesses that cause constant and overwhelming anxiety and fear. The findings show that anxiety disorders are a common result of IPV. Excessive anxiety can make you avoid work, school, family get-togethers, and other social situations that might trigger or worsen your symptoms. Anxiety disorders affect most victims of IPV but are more prevalent after prolonged periods of trauma, thereby affecting older women as evidenced in the interviews below:

"I was never the type to be so nervous. Gradually I realized that I could no longer stand and make a presentation at work. I feared even participating in meetings. I would have to take a break and gather my emotions so often. I was later to be diagnosed with anxiety disorder. I knew it was born from the violence I encountered for a long period of time from my partner." ***(CN #16 with 30yr old survivor)***

"One day while at a get-together meeting with my friends, in the middle of one of my friends narrating a story they had seen on TV, I broke down. I cried for a while before I could calm down. I knew I was that emotional because I could relate that story to my own experiences at home. Right that moment I knew I needed help" ***(CN #16 with 26yr old survivor)***

"I no longer wanted to be in a room alone. I was suddenly afraid of being on my own, something that never used to be. I always wanted company even if it was that of a kid. I was not okay. I had been in an abusive relationship for a long time" ***(CN #16 with 31yr old survivor)***

The findings indicate that anxiety disorders are indeed a result of IPV and that they manifest in different forms. There are several types of anxiety disorders including generalized anxiety disorder, panic disorders, specific phobias, separation anxiety, social anxiety disorder, medication-induced anxiety, and agoraphobia (Bhargava, 2020).

Financial dependency did not seem to have a bearing on incidences of anxiety. Survivors, both dependent on partners and independent seemed to be experiencing the same rates of anxiety. The same applies to education levels.

Younger women were however more predisposed to these disorders than their older counterparts.

Table 5.2: The relationship between anxiety disorders and age of survivors

Age of respondents	Frequency	Percentage
Between ages 18-24	16	40.0
Between ages 25-29	14	35.0
Between ages 30-35	10	25.0
Total	40	100

5.4 Post-traumatic stress disorder (PTSD)

Younger age at the time of the trauma, female gender, lower social economic status, lack of social support, premorbid personality characteristics, and preexisting anxiety depressive disorders increase the risk of PTSD. This is according to a previous study by Silove, (2017). From the above description, the target group of this study belongs to this category. Respondents indicated that they were diagnosed with PTSD as mentioned in the interviews below:

"Suddenly, I had a nightmare every night. I kept dreaming about the same experiences I was going through but sometimes even exaggerated. I knew there was a problem" ***(CN #6 with 20yr old survivor).***

Young age is considered a high risk with regards to developing PTSD

*I was 18 when I got into this relationship. Soon after, the guy started being violent. I developed anxiety and became so avoidant of everyone. I sought help and was told I had PTSD." **(CN #2 with 21yr old survivor).***

Women who are financially dependent on their partners were also found to be more prone to PTSD

*'Because I didn't have any source of income and totally depended on him, he abused me, both physically and verbally so frequently, I developed anxiety' **(CN #6 with 20yr old survivor).***

PTSD has been largely linked to IPV in other studies just like in this one. Previous studies have shown an increased prevalence of anxiety, depression, and PTSD among women with FGM/C in their home countries compared with women without FGM/C in their home countries. For example, a study found that 23 Senegalese women with FGM/C showed a significantly higher prevalence of PTSD (30.4%) and other psychiatric syndromes (47.9%) than 24 uncut Senegalese women (Lever, 2018).

5.5 Suicidal ideation

Suicidal ideation is a range of contemplations, wishes, and preoccupations with death and suicide. Survivors informed the study that thoughts of suicide easily come to mind when you are experiencing violence from an intimate partner. They blame it majorly on the stigma that would come with failed marriages and not contemplating life outside marriage. The younger survivors were more likely to experience suicidal ideation as described below:

*"I was young when I got married. The marriage turned out to be such an abusive one. At some point, I felt like my only option was to cease to exist and I contemplated taking my own life" **(CN #22 with 23yr old survivor)***

Less education and dependency on partners were also seen to contribute to incidences of suicide.

"I knew I couldn't leave and survive on my own even though I was suffering in my marriage. I had no means on my own and no hope as I did not finish school. One day I decided that it was the end. I took an overdose of some prescriptive drugs and hoped to silently die.

Fortunately, or unfortunately, someone came in and found me convulsing and I was rushed to the hospital and saved" ***(CN #22 with 28yr old survivor)***

These findings agree with those of Patel (2014) who notes that Suicidal thoughts are a common consequence of prolonged exposure to GBV, especially at the domestic level. According to those findings, India for example accounts for 36.6% of suicide-related deaths among women worldwide. One social determinant of suicide in India is GBV, and it disproportionately affects women from poorer socio-economic classes.

5.6 Bipolar disorder

Bipolar disorder is a disorder associated with mood swings ranging from depressive lows to manic highs.

Respondents who have their own source of income were less likely to suffer bipolar disorder as compared to those who depended on their partners' as shown below.

Table 5.3: The relationship between bipolar disorder and dependency level of survivors

Financial dependency level	Frequency	Percentage
Women who are totally independent	3	7.5
Women who are partially dependent	12	30.0
Women who are totally dependent	25	62.5
Total	40	100

Respondents who were younger were also more prone to bipolar disorder than the older ones.

With regards education, lower levels of education expose more women to dependency and therefore respondents with lower levels of education tended of suffer bipolar disorders more than those with high levels.

5.7 Impulse control addiction

This involves an individual who has difficulty resisting the urge to engage in certain behavior and actions. From the study, it is a common disorder that arises from violence as explained in the interviews below:

"I would always occasionally drink alcohol, like once a month or fortnightly. But now I was being controlled by it. I could not go a day without it and sometimes I had to sneak out of work to get it" ***(CN #25 with 29yr old survivor).***

"Alcohol alone was no longer enough. It seems like I was constantly chasing a higher high to forget about my problems at home. I started taking bits of cocaine and nicotine as well" ***(CN #26 with 25yr old survivor).***

"It became impossible for me to function without alcohol. I would wake up in the morning to start my day with a drink and have several other rounds of drinks throughout the day. I was wasting away" ***(CN #26 with 24yr old survivor).***

These findings agree with previous ones that indicate that whether it involves drugs or alcohol, substance abuse is one of the most common problems when it comes to impulse control addiction.

Younger survivors were more prone to addiction compared to their older counterparts according to the findings

Table 5.4: The relationship between impulse control addiction and age of survivors

Age of respondents	Frequency	Percentage
Between ages 18-24	16	40
Between ages 25-29	13	32.5
Between ages 30-35	11	27.5
Total	40	100

Equally, the survivors with low education who also tended to be more likely to be dependent on their partners recorded higher rate of developing addiction.

5.8 Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) is an anxiety disorder that includes persistent and repetitive thoughts, images, or impulses that can induce anxiety and discomfort in a person.

It may lead to reduced self-esteem, increased anxiety, incompatibility (reducing people's power of decision-making), inability to solve problems, and disruptions in the social performance of women, thus making them more vulnerable to violence. The findings of this study agree with this as narrated below:

"My friend told me one day that she had observed that my self-confidence was going down. She noted that I was not my former self and I realized that what she was saying was true. I

went for counseling but my situation worsened and I had to seek higher levels of treatment and that's when I found out that I had OCD" ***(CN #14 with 20yr old survivor).***

According to Moasheri (2020) however, OCD in women can be both a consequence and a cause of violence and so it's not easy to tell whether it came before or after the violence.

Most of the survivors of violence indicated that had they sought help for the violence they experienced initially, it would not have resulted in mental illness. They blamed the resultant mental illness for prolonged periods of violence as indicated in the interview below:

"It was after four years of physical violence that I started noticing that I lost interest in life and everything that used to excite me no longer did. I started spending all the time alone sleeping or just thinking" ***(CN #14 with 27yr old survivor).***

OCD according to the findings was more common among the younger survivors. There was not much relationship between education and level of dependency and OCD among the survivors in this study.

Mental illness mostly comes from experiencing violence over long periods of time without any hope or signs of ease. Therefore, if addressed in good time, most cases of IPV may actually not result in mental illness.

This chapter looked at reported mental health issues among young women IPV survivors with regards to different demographic characteristics. Analysis was carried out under the sub topics of depression, PTSD, suicidal ideation, OCD, bipolar and impulse control disorder. The next chapter presents the conclusion and recommendations of the study in line with the objectives.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusions and recommendations of the study in line with the objectives. This study assessed the types of intimate partner violence that result in mental health issues. More precisely, the research sought to explore the different types of intimate partner violence experienced by young women IPV survivors in Nairobi and to investigate the mental health issues that affect young women IPV survivors in Nairobi.

Young women are the bulk of the people who are prone to violence with intimate partners in Nairobi. The study found that some forms of violence are more common than others and physical violence especially stood out as the most common. It also is the most commonly reported because the effects are visible most times. Most of the survivors of physical violence for example reported having swollen eyes or lips, scars that were not previously there, and missing teeth as potential signs that got people around them curious. It was also noted that while psychological violence is not so commonly talked about, in fact, all the other forms of violence have psychological effects on the victims, hence the development of mental health problems. Sexual violence also came out as not so easy to talk about as the burden of proof sometimes is too heavy on the victim. Most of the respondents felt that it was the most difficult to reach out to anyone about. According to the study, economic violence seems not to be considered so much as violence. Most people don't seem to know what constitutes it and do not easily seek help for it.

The study further revealed that violence is just as much a problem as coming out and seeking help for it. It showed that most of the survivors had a very hard time coming out to seek help for a couple of reasons. Up to 93% of the respondents admitted to fearing before they eventually came out. One of the major reasons was the fear of stigma by society at large but in particular by family and friends. This was the most common reason. Another reason why most victims feared seeking help was the danger that they thought loomed in the event that their abuser found out. Most of the respondents had a big fear of their abusers but not just that, they also felt that coming out to talk about abuse exposed them to the same by potential future partners. Another thing is that most of them were also not ready to lose their partners

who were abusers. This hindered them from speaking up. The third reason most victims feared seeking help was the fear that they may not prove that the violence occurred. This as mentioned above was even more common in cases of sexual and economic violence.

The findings showed that violence had changed the lives of the study participants. Some of the changes were good while others were not. The major change that was reported was that it saved them from a bad relationship with 50% of the 40 respondents agreeing to this. Other changes were that it made them reclaim their own lives, they became more resilient, others learned of support that they didn't know existed while others, sadly became suicidal. Friends and neighbors were the most common people to speak to. Pastors and other church officials also featured prominently among those who could be potential to reach out to. Others were family members, teachers, and medics. Contrary to the expectation that family comes first, most IPV survivors felt that family easily stigmatizes when it comes to this.

The study found out that one of the reasons why mental health issues continue to affect young people, especially women in Nairobi is in fact that they are victims of IPV. A number of mental illnesses were particularly listed as being a result of IPV. Depression stood as the most common mental illness associated with IPV. Others were anxiety, lack of concentration, bipolar disorder, PTSD, and OCD in that order. Overall, every person deserves to have a relationship where there is mutual respect and zero violence. However, that is not the case for a good number of informants in this study. From the findings, it is clear that young women continue to be at the receiving end of IPV. The good thing however is that a lot more of them are also by virtue of empowerment managing to speak up about it to get help and even walk away from dangerous situations that could potentially end tragically.

Despite the fact that more empowerment has been achieved, some women still find themselves stuck in these situations and their mental health suffers the most. It is evident that most women undergo violence but do not find the courage to come out and speak about it due to stigma. People close to them are their biggest fear and that is one of the reasons why this affects them mentally. The study highlights behavior changes and in particular isolation as the most common way to know that someone may be mentally disturbed from experiences of IPV. Nonetheless, the respondents indicate that if these issues are addressed then there will be a reduction in the incidences of violence, and in the event that they take place, they would not find it very hard to seek help.

6.2 Recommendations

On the basis of the findings, the study makes the following recommendations:

- The government and its partners should create more awareness of IPV and facilitate funds for interventions to address IPV.
- There is need for additional safe houses for victims of violence to come out and find refuge in and a community that is loving and accommodating to help with the healing process.
- There is need for other studies to be done in other areas in Kenya for comparison purposes and to allow for the generalization of findings on young women being mentally affected by IPV.
- More efforts should be put into women's empowerment to give them a voice and enable them to rise above violence and the factors that make them vulnerable.

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Appendix 1: Consent form

Good morning/afternoon, my name is Shirley Abade, an MA student in Gender and Development Studies at the University of Nairobi. I am carrying out a study on intimate partner violence and mental health issues among young women in Nairobi County. You have been selected as a participant in this study by virtue of being a GBV victim/survivor who has had mental health problems as a result and who is a resident of Nairobi County. I want to assure you that all of your answers will be kept strictly confidential. To this extent, I will not keep a record of your name or address. There is no right or wrong answer in this study.

Your participation is completely voluntary but your experiences could be very helpful to other IPV survivors who develop mental health problems and are either unable or unwilling to seek help.
The interview takes approximately thirty minutes to complete. Do you agree to be interviewed?

Please sign here as evidence of your informed consent.
Sign______________ Date ________________
Thank you for your cooperation.

Appendix 2: In-Depth Interview Guide

I am going to ask you for personal information about yourself

Possible probes

How old are you? What is your level of education? What is your source of income? Are you self-reliant?

I am going to ask you some of the most important questions regarding GBV in general

Possible probes

What are some of the forms of violence you experienced? How long did it take you to seek help? How did you first reach out? Did you have any fears before you sought help? Are you still in touch with the perpetrator? What physical damage did you incur? Do you have any fear of a recurrence?

I am now going to discuss with you the mental health issues involved

Possible Probes

How did you learn that you have a mental illness? What mental illness was it? How long after the abuse was it? What made you sure it was linked to the abuse? Do you find it easy to talk about? How much better has it gotten since you sought treatment? Would you recommend seeking help? Have you ever suffered from mental health illness before?

I am now going to discuss with you some of the challenges you face from the point of violence, through seeking help and to healing from consequences such as mental illness

Possible Probes

Did you fear judgment for speaking about the violence? Did you fear the people/ person who abused you could do more harm if you came out? Did you know whom to call or where to go to get help? Did you fear losing out on things like financial support from your abuser? Did you fear the vulnerability that came with being declared mentally ill?

Do these challenges prevent you from seeking help?

Any recommendations on how access to help for many other victims who are suffering silently?

Appendix 3: Case Narrative Guide

Thank you for agreeing to discuss your experience with IPV that leads to mental health complications and other details that will be of great benefit to this study.

Kindly describe the particular kind of violence and how your mental health was affected.

Name and describe the symptoms of the mental illness you were diagnosed with.

How did you come out to seek help and what were the challenges involved?

Please feel free to include any suggestions of how people who are in the same position as you should seek and find help and elaborate on how that has changed your life.

Appendix 4: Key Informant Interview Guide

i. How common is mental health illness among victims of IPV?
ii. How often do they seek help?
iii. What are the differences between patients who develop mental health issues from IPV and those who don't? Is it about the nature of violence or the relationship between the victim and the abuser?
iv. What are the most common forms of IPV that survivors go through?
v. What are the most common types of mental illnesses that come from IPV?
vi. What are the major signs and symptoms they present?
vii. What recommendations would you give to ensure more victims seek help?
viii. What are the ways to end or possibly reduce the incidences of IPV?