

Psychological Factors Associated With Domestic Violence In Kenya. A Case of Uasin Gishu County

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Abstract : *The overall research problem addressed in this study is that domestic violence is on high increase in Kenya. Thus, the main purpose of the paper was to determine psychological factors associated with domestic violence in Kenya. The study used cross-sectional design based on convenience samples and targeted 100 couples who have reported or visited various institutions in Uasin Gishu County. The study used a questionnaire based five point likert scale. A multiple regression model was used to predict effect of psychological factors on domestic violence at $p < 0.05$ was considered statistically significant (95% CI). The findings showed that being emotionally disturbed has a positive and significant effect on domestic violence. Furthermore, marital stress has a positive and significant effect on domestic violence. Thus, increase in emotional disturbance and marital would result in increased domestic violence especially in marriages.*

Keywords; *Marital Stress, Domestic Violence, Emotional, Psychological Factors*

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I. Introduction

Domestic violence is a common and worrying social phenomenon. Ronan et al (2014) stated that according to law enforcement statistics, domestic violence is the most frequent criminal activity in both developed and developing nations. The victims are predominantly women and children; men are less often exposed to violent behavior within families, though recently the world has experienced violence against men. The data show that one out of seven women has experienced domestic violence and that 20-40% of women will become victims at least once in their lives (Yount, 2009). According to a European Women's Lobby survey report, every fourth or fifth woman in the European Union has experienced violence from her partner (Klostermann Et al., 2009). The Council of Europe's findings are very similar, indicating that at least once in adulthood, between one fifth and one quarter of women experience domestic violence. In addition to physical violence, more than 10% of women have experienced sexual violence (White, Katenbrink & Rabe, 2006).

Intimate partner violence contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor (Price Waterhouse Coopers (2015). Domestic or family violence against women is the single largest driver of homelessness for women (Australian Institute of Health and Welfare, 2015), a common factor in child protection notifications and results in a police call-out on average once every two minutes across the country.

In a 2015 study, the World Health Organization (WHO) observed that domestic violence is a global problem affecting millions of women. However, African women are the worst affected by violence. For example about 51 percent of African women have been victims of violence, 11 percent suffer violence during pregnancy. Using the most recent data from the Demographic and Health Survey (DHS) for those African countries for which data on domestic violence are available, we estimate that 29% of women have experienced either sexual or physical violence since the age of 15. In addition, 46% of women in our sample justify wife beating, while the corresponding figure for men is 34%. What makes violence so widespread in Africa? In Africa results suggest that the acceptance or rejection of violence against women is deeply rooted in ancestral social norms of different ethnic groups. These social norms persist even when economic and social conditions evolve, and may affect many generations (long-term persistence of cultural values has been widely documented).

However, despite the high prevalence of domestic violence, and the proven harmful consequences on health, there is still no consensus on prevention strategies for domestic violence in family medicine or in Kenya in general. The majority of studies identify two main reasons for the insufficient recognition of domestic violence victims; time limitation in primary care practices, and lack of professional knowledge. Physicians are not well informed about available recognition strategies and documenting methods, they do not feel competent to assess victims, and often they do not know

the best means of intervention, or about existing institutions that work with victims of violent behavior (Chen, et al, 2009).

Recent views suggest that primary intervention to prevent sexual and gender violence need to address male depression, anxiety and other psychosomatic symptoms (Shorey, Febres, Brasfield, et al, 2012). Other studies have reported that men who commit acts of violence against their female partners score higher than the norm on depression and anxiety subscales (Devries et al., 2013). Shorey et al. (2013) have suggested that male perpetrators with depression and associated irritability are at an increased risk of perpetrating GBV. A possible explanatory mechanism for the relationship between psychological distress and perpetration of GBV may be that mental health problems cause difficulties with emotion regulation, and some men may use GBV perpetration as a way to cope with their painful emotions (Capaldi, Knoble, Shortt, et al., 2012).

Self-esteem and social support have been found to be negatively associated with GBV. For example, research by Capaldi et al. (2012) has shown that social support may be protective against GBV perpetration by men, whereas the interaction of low self-esteem with other internalizing factors such as depression may increase the risk of GBV perpetration. The relationships between GBV perpetration and depression, anxiety, self-esteem and social support in the Kenyan context warrant further study.

As the majority of studies deal with domestic violence victims on the basis of population, the aim of this study was to determine the prevalence of domestic violence, and to identify the perpetrators and the determinants of exposure to psychological and physical violence in family practice patients, so that GPs are more able to detect them amongst the large numbers of patients in their practices. Rosenbaum and Leisring (2003) suggests, batterers are more likely to come from a home in which inter-parental violence occurred, lending support to the theory that violent behavior in relationships is learned through observation

II. Problem Formulation

The overall research problem addressed in this study is that violence against women cases continue to increase in Kenya. A 2016 demographic and health survey conducted in Kenya showed that 38% of women respondents between the ages 15-49 have suffered domestic violence from their spouse or partner. However, this does not portray the actual picture on the ground. Although there are no recent tabulated statistics for gender violence for Kenya, according to GVRRC report 2013, the center treats 15 cases of rape and domestic violence daily. The Gender Violence Recovery Centre (GVRRC), a department of the Nairobi Women's Hospital report that the total number of gender violence cases reported in 2011-2012 increased by 45 cases from 2909 to 2954 and therefore an urgent need to reduce the number of these cases. In Kenya women are discriminated against, as they are not economically empowered to adequately meet their own basic needs, (FIDA, 2002). This situation predisposes them to mistreatment from their male counterparts. There are various initiatives that are being undertaken on gender issues to address the causes of domestic violence. However, despite these initiatives little has been done to analyze the psychological factors affecting domestic violence in Kenya.

Domestic violence is still largely experienced by women across Kenya and therefore an urgent need for effective ways of reducing its prevalence. Recognizing gendered coping strategies and the links between men with common mental health problems (such as depression, anxiety and post-traumatic stress disorder), alcohol and substance use, and high incidences of intimate partner violence, World Vision Kenya is assessing whether a mental health intervention for men may help them better manage stressors associated with their use of violence against their partners. The stigma faced by the victims of domestic violence has made it difficult for such studies to be carried out as these victims are not willing to come forward and provide the required information. There have been studies on the causes of domestic violence, there is a gap on ways of reducing this type of violence. This study can help in determining whether psychological factors affect domestic violence. This study will raise awareness about psychological factors which causes domestic violence and recommend psychological mitigation for domestic violence in Kenya

III. Literature Review

Violence and mental health problems and their possible association and coexistence, have been extensively researched and published (Varshney, 2016). According to WHO (2016), domestic violence should be prioritized as a public health problem, due to its prevalence as well as its consequences (WHO, 2016). The associations between mental health problems and exposure to IPV in the victims and also in the perpetrators are complex (Reisenhofer, 2013). While substance abuse co-morbidity and a past history of violence are considered the strongest predictors of future violence, current evidence is not enough to suggest that severe mental illness can independently predict violent behavior (Elbogen & Johnson, 2009). Exposure to psychological abuse was found to be more strongly associated with the prevalence of depression, anxiety, somatization, experiencing

suicidal thoughts and post-traumatic stress disorder than with other types of IPV (Amore, 2008). Women are more likely to become victims of IPV and twice as likely to become depressed (Selic et al., 2014). The gender difference in the frequency of depression can be accounted for by women experiencing greater poverty, differing social roles and sex discrimination, more negative life events and violence and abuse [WHO, 2013]. Evidence indicates that partner abuse may contribute to depression (Astbury et al., 2006). Female victims who had suffered IPV in the past year were found to have their relative risk of depression increased by 3.26 compared to non-abused women (Bonomi et al., 2008).

Johnson (2006) stated that perpetrators of violence had problems with controlling their behaviour. They are also characterized by inclination to react in an impulsive way, aggressive in response to slightest provocation (Holzworth, Munroe, Mochan, Hebron, Rochman, & Stuart, 2003). As is claimed by Kubacka-Jasiecka (2006), persons causing violence more often than not demonstrate a borderline pathology, thus their characteristics must necessarily refer to results of clinical investigations.. Hamberger and Hastings (1986), Campbell, Sharps and Glass (2000), Dutton (2001) distinguished features of borderline personality in persons causing violence, in the order of importance they are as follows: tendency to be involved in unstable interpersonal relations, which sometimes comprise attempts of depreciating the partner, manipulating, or concealed dependency, unsteady self-awareness, coupled with intolerance of loneliness and anxiety of being abandoned, fierce anger, making exaggerated demands and being impulsive, usually coupled with indulgence in alcohol and other substances. A meta-analysis on the prevalence of mental health problems in women with a history of IPV in 1999 found that just under half of the abused women had clinical depression. Abundant literature on the consequences of IPV on health has warned against undetected depression in IPV victims (Selic et al., 2011; Umubyeyi et al., 2014); IPV-related depression was first discussed as a relevant health-related problem in family medicine several years ago (Selic et al., 2011), yet has never been studied as such in Slovenia. Given that the data for past IPV abuse had already been re-evaluated, showing a prevalence of exposure to all types of IPV of 17% in family medicine clinics attendees (Selic et al., 2011) and a prevalence of psychological IPV alone of approximately 10%, it was of the utmost importance for Slovenian family medicine to focus on the health-related outcomes of exposure to IPV. This study therefore aimed to explore the associations between the prevalence of depression and marital stress in couples.

IV. Methodology

The study used cross-sectional design based on convenience samples. The study targeted 100 couples who have reported or visited various institutions (police record, hospital record and community organization) for domestic violence in Uasin Gishu County. The study used a questionnaire that was created based on questions who questionnaire for psychological aspects. The questionnaire comprised three sections: (1) the personal data of the couple, including their educational attainment, employment status and their annual household incomes; (2) items that covered physical, psychological and sexual abuse; (3) items to evaluate the effect of psychological aspects of couples. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS Inc, Chicago, Illinois, USA), V.24. Questions were based on likert scale as such the study used Pearson correlation to determine the association between variables. A multiple regression model was used to predict effect of psychological factors on domestic violence at $p < 0.05$ was considered statistically significant (95% CI). Cronbach's α was used to test the internal consistency of items. If Cronbach's α was > 0.70 , then the ratio scale was considered reliably.

V. Findings

The findings in Table 1 show that 59.6% (56) of the respondents in the study were male compared with 40.4% (38) who were female. This is an indication that male and female individuals all experience either direct or indirect forms of domestic violence. The findings also show that 40.4% (38) of the respondents are aged between 26 to 35 years, 23.4% (22) are between 36 and 45 years, 19.1% (18) are above 45 years, 14.9% (14) are between 18 and 25 years while only 2.2% (2) are below 18 years. The age of the respondents is directly related to their marital status with majority being in the marital age category. Furthermore, the findings show that in terms of education, there are different education levels of the respondents with 29% having attained either a certificate or diploma level of education. There was none who was not literate. This enables assessment of whether the respondents have a clear understanding of domestic violence as well as associated factors. Finally, the findings show that 43% of the respondents have been in marriage for 5 to 10 years while 11% have been in marriage for 15 or more years. The likelihood of domestic violence varies widely depending on gender, education and other factors such as psychographic characteristics such as sexual preference, substance abuse, history of family violence, and history of criminal activity. In this sense, the characteristics of the sample of respondents in this case is important in the categorization based on these characteristics and the likelihood and level of domestic violence experienced

Table 1: Sample characteristics

		Frequency	Percentage
Gender	Male	56	59.6
	Female	38	40.4
	Total	94	100.0
Age	Below 18 years	2	2.1
	18-25	14	14.9
	26-35 years	38	40.4
	36-45	22	23.4
	Above 45 years	18	19.1
	Total	94	100.0
Education	No formal Schooling	0	0.0
	KCPE	12	12.8
	KSCE	14	14.9
	Certificate	27	28.7
	Diploma	27	28.7
	Degree	14	14.9
	Total	94	100.0
Years in marriage	Below 5	22	23.4
	5 to 10	40	42.6
	10 to 15	22	23.4
	15, and above	10	10.6
	Total	94	100.0

VI. Domestic violence

Domestic violence was assessed basing on the perspective of the respondents on given items that describe the factor being examined. The perspectives were assessed on a 5- point Likert scale where are higher score indicated acceptance with the item being assessed.

Table 2: Domestic Violence

	Always	Often	Sometimes	Rarely	Never	Mean	SD
Verbally abused or shouted at your partner	% 53.9	27.8	3.5	14.8	0	4.21	1.064
Push, pull, slap or your partner down	% 24.3	46.1	20	3.5	6.1	3.79	1.047
Punch your partner with fist or with something that could hurt your partner	% 30.4	41.7	13	13.9	0.9	3.87	1.03
Kick or drag your partner	% 27	43.5	23.5	0	6.1	3.85	1.019
Try to strangle or burn your partner	% 5.2	13.9	0.9	28.7	51.3	1.76	1.308
Threaten your partner with a knife, gun or other weapon	% 0	7	27	15.7	50.4	1.75	0.804
Attack your partner with a knife, gun or other type of weapon	% 0	0	27	59.1	13.9	1.87	0.629
Attempted or hurt your partner private parts	% 0	0	16.5	51.3	32.2	1.16	0.683

Domestic violence (also named domestic abuse or family violence) is violence or other abuse by one person against another in a domestic setting, such as in marriage or cohabitation. It may be termed intimate partner violence when committed by a spouse or partner in an intimate relationship against the other spouse or partner, and can take place in heterosexual or same-sex relationships, or between former spouses or partners. The findings in Table 2 for domestic violence show that 54% and 28% of the respondents experience verbal abuse or being shouted at by their partner always and often respectively (mean = 4.21, SD = 1.064). Furthermore, 24% and 46% of experience push, pull or slap their partner down always and often respectively (mean = 3.79, SD = 1.047), 30% and 42% punch their partner with fist or with something that could hurt their partner always and often respectively (mean = 3.87, SD = 1.03) while 27% and 44% kick or drag their partner always and often respectively (mean = 3.85, SD = 1.019). However, the findings show that: 29% and 51% and 2% of the respondents rarely and never try to strangle or burn their partner respectively (mean = 1.76, SD = 1.308); 16% and 50% rarely and never threaten their partner with a knife, gun or other weapon respectively (mean = 1.75, SD = 0.804); 59% and 14% rarely and never attack their partner with a knife, gun or other type of weapon respectively (mean = 1.87, SD = 0.629) while 51% and 32% rarely and never attempt or hurt their partner private parts respectively (mean = 1.16, SD = 0.683).. Domestic violence can also involve violence against children, parents, or the elderly, and may be done for self-defense. It takes a number of forms, including physical, verbal, emotional, economic, religious, reproductive, and sexual abuse, which can range

from subtle, coercive forms to marital rape and to violent physical abuse such as choking, beating, female genital mutilation and acid throwing that results in disfigurement or death.

VII. Emotionally disturbed

The perspective of the respondents was also assessed on whether they felt emotionally disturbed and thereafter assess whether their degree of being emotionally disturbed was a precursor to domestic violence occurring. The views of the respondents were assessed on a 5-point Likert scale and the findings were presented in Table 3.

Table 3: Emotionally disturbed

	Always	Often	Sometimes	Rarely	Never	mean	SD
I have trouble remembering things.	0	40	15.7	37.4	7	3.11	1.024
I feel anxious or frightened about problems I can't really describe.	26.1	8.7	35.7	27	2.6	2.71	1.198
I worry a lot.	14.8	17.4	19.1	26.1	22.6	3.24	1.374
It is important for me not to show my emotions to my family.	0.9	5.2	52.2	29.6	12.2	1.47	0.809
It is hard for me to relax at home.	0	0.9	37.4	27.8	33.9	1.95	0.867
It's best if I don't tell even my closest friend how	6.1	18.3	26.1	40.9	8.7	2.28	1.056
I find it hard to talk when I get excited.	0	7	34.8	33	25.2	1.77	0.911
I feel very angry inside.	0	11.3	51.3	14.8	22.6	1.6271	0.84517
I have temper outbursts I can't control.	0	15.8	1.1	63.2	20	1.87	0.914
When people criticize me, even in friendly, constructive way, I feel offended.	0	7.4	24.2	58.9	9.5	1.71	0.742
I feel extremely sensitive and irritable.	0	12.6	31.6	35.8	20	1.63	0.946
My emotions change unpredictably and without any apparent reason.	0	0	13.7	49.5	36.8	1.09	0.957
I feel like I really can't trust anyone.	0	7.4	26.3	46.3	20	1.79	0.849
I feel like other people don't understand me.	0	7.4	24.2	41.1	27.4	1.88	0.898
I really don't feel good about myself.	23.2	10.5	26.3	40		2.83	1.191
Generally I am not optimistic about my future.	6.3	7.4	17.9	46.3	22.1	3.71	1.09
I feel very tired and disinterested in life.	1.1	9.5	20	41.1	28.4	3.86	0.97
Impulsive behavior has caused me problems.	0	9.5	7.4	35.8	47.4	1.21	0.94
I have felt so bad that I thought of hurting myself.	6.3	1.1	28.4	38.9	25.3	2.76	1.05
When I have an important personal problem I can't solve myself, I do not seek professional help	6.3	1.1	28.4	38.9	25.3	2.94	1.17

The findings in Table 3 show that 40% of the respondents have trouble remembering things while 37% rarely have trouble remembering things (mean = 3.11, SD = 1.024). Furthermore, the findings showed that: 26% and 9% of the respondents always and often felt anxious or frightened about problems they can't really describe respectively (mean = 2.71, SD = 1.198); 26% and 22% indicated that they rarely and never worry a lot respectively (mean = 3.24, SD = 1.374); 52% sometimes feel that it is important for them not to show their emotions to their family (mean = 1.47, SD = 0.986); 28% and 34% indicated that it is rare and never hard for them to relax at home (mean = 1.95, SD = 0.867); 41% indicated that they rarely think that it's best if they don't tell even their closest friend how (mean = 2.28, SD = 1.056); 33% and 25% indicated that they rarely and never find it hard to talk when they get excited (mean = 1.77, SD = 0.911); 51% of the respondents sometimes felt very angry inside (mean = 1.6271, SD = 0.84517); 63% and 20% indicated that they rarely and never have temper outbursts they can't control (mean = 1.87, SD = 0.914); 59% and 9% indicated that when people criticize them, even in friendly, constructive way, they rarely and never feel offended respectively (mean = 1.71, SD = 0.742); 36% and 20% indicated that they rarely and never feel extremely sensitive and irritable respectively (mean = 1.63, SD = 0.946); 49% and 37% indicated that rarely and never do their emotions change

unpredictably and without any apparent reason (mean = 1.09, SD = 0.957) and 46% and 20% indicated that they rarely and never feel like they really can't trust anyone (mean = 1.79, SD = 0.849). Furthermore, the findings show that: 41% and 27% indicated that they rarely and never feel like other people don't understand them respectively (mean = 1.88, SD = 0.898); 40% indicated that they rarely really don't feel good about themselves (mean = 2.83, SD = 1.191); 46% and 22% indicated that rarely and never generally are they not optimistic about their future (mean = 3.71, SD = 1.09); 41% and 28% indicated that rarely and never do they feel very tired and disinterested in life respectively (mean = 3.86, SD = 0.97); 36% and 47% indicated that impulsive behavior has rarely and never caused them problems (mean = 1.21, SD = 0.94); 39% and 25% indicated that rarely and never have they felt so bad that they thought of hurting themselves (mean = 2.76, SD = 1.05) and 39% and 25% indicated that when they have and important personal problem they can't solve themselves, they rarely and never do not seek professional help (mean = 2.94, SD = 1.17). . A possible explanatory mechanism for the relationship between psychological distress and perpetration of GBV may be that mental health problems cause difficulties with emotion regulation, and individuals may use GBV perpetration as a way to cope with their painful emotions (Capaldi, Knoble, Shortt, et al., 2012). From the findings, it was clear that majority of the respondents, though have personal problems, they do not always share with family and friends to get emotional help hence the problems pile up and build up their emotional instability.

VIII. Marital stress

The perspective of the respondents was also sought with regard to whether they go through marital stress given that majority of the respondents are in marriage. The views of the respondents were assessed on a 5-point Likert scale with the highest score of 4 and 5 indicating agreement with the item describing marital stress. The findings were presented in Table 4.

Table 4: Marital stress

	SD	D	N	A	SA	Mean	Std. Deviation
I still feel a weak connection with my partner	% 13.7	0	17.9	68.4	0	2.96	0.563
If I had my life to live over, I would not marry (or live with/date) the same person	% 26.3	2.1	37.9	33.7	0	2.84	0.842
Our relationship is weak	% 40	15.8	29.5	0	14.7	3.43	0.93
I sometimes wonder if there is someone else out there for me	% 12.6	0	53.7	0	33.7	3.21	0.651
My relationship with my partner makes me unhappy	% 0	26.3	24.2	38.9	10.5	3.34	0.985
I can imagine ending my relationship with my partner	% 22.1	9.5	34.7	30.5	3.2	2.83	1.182
I feel that I can confide in my partner about virtually anything	% 9.5	14.7	29.5	23.2	23.2	3.36	1.254
I have had second thoughts about this relationship recently	% 1.1	6.3	42.1	34.7	15.8	3.58	0.87
For me, my partner is the worst romantic partner	% 0	1.1	35.8	32.6	30.5	3.93	0.841
My partners and I do not understand each other perfectly	% 6.3	16.8	32.6	34.7	9.5	3.24	1.049
I am not pleased with the personality characteristics and personal habits of my partner	% 6.3	14.7	13.7	38.9	26.3	3.64	1.202
I am very unhappy with how we handle role and responsibilities in our marriage	% 6.3	6.3	61.1	8.4	17.9	2.78	1.023
My partner does not understands and sympathizes with my every mood	% 7.4	27.4	36.8	20	8.4	3.12	1.129

The findings in Table 4 show that: 68% of the respondents agree that they still feel a weak connection with their partner (mean = 2.96, SD = 0.563); 34% agree that if they had their life to live over, they would not marry (or live with/ date) the same person although 38% were not sure of this (mean = 2.84, SD = 0.842); 40% and 16% of the respondents strongly disagree and disagree respectively that their relationship is weak (mean = 3.43, SD = 0.930); 34% strongly agree that they sometimes wonder if there is someone else out there for them although 54% were not sure of this (3.21, SD = 0.651); 39% and 11% agreed and strongly agreed that their relationship with their partner makes them unhappy (mean = 3.34, SD = 0.985); 31% agreed that they can imagine ending their relationship with their partner although 35% were not sure of this (mean = 2.83, SD = 1.182) while 23% agreed and strongly agreed that they feel that they can confide in their partner about virtually anything (mean = 3.36, SD = 1.254); 35% and 16% agreed and strongly agreed that they have second thoughts

about the relationship recently (mean = 3.58, SD = 0.870); 33% and 31% agreed and strongly agreed respectively that for them, their partner is the worst romantic partner (mean = 3.93, SD = 0.841); 35% and 10% agreed and strongly agreed respectively that their partners and themselves do not understand each other perfectly (mean = 3.24, SD = 1.049); 40% and 26% agreed and strongly agreed respectively that they are not pleased with the personality characteristics and personal habits of their partner (mean = 3.64, SD = 1.202); 26% agree that they are very unhappy with how they handle role and responsibilities in their marriage although 61% are not sure of this (mean = 2.78, SD = 1.023) while 28% agree that their partner does not understand and sympathize with their every mood although 37% are not sure of this (mean = 3.12, SD = 1.129). From these findings there is clear evidence of majority of the respondents not being sure: of the connection with their partners, not sure of their relationship if they got a chance to relive their lives again, whether their relationship is weak, not sure whether they were happy in the relationship thus not sure whether to end the relationship and part of the reason is their non-surety whether their partners and themselves understand each other perfectly, not sure whether they are happy with how they handle roles and responsibilities and lack of understanding and sympathizing with their every mood. In line with these findings, exposure to psychological abuse was found to be more strongly associated with the prevalence of depression, anxiety, somatization, experiencing suicidal thoughts and post-traumatic stress disorder than with other types of IPV (Amore, 2008). Women are more likely to become victims of IPV and twice as likely to become depressed (Selic et al., 2014). The gender difference in the frequency of depression can be accounted for by women experiencing greater poverty, differing social roles and sex discrimination, more negative life events and violence and abuse (WHO, 2013). Evidence indicates that partner abuse may contribute to depression (Astbury et al., 2016). Female victims who had suffered IPV in the past year were found to have their relative risk of depression increased by 3.26 compared to non-abused women (Bonomi et al., 2008).

IX. Regression Results of Effect of Psychological Factors On Domestic Violence

Finally, the effect of psychological factors was assessed using a regression model. Through the regression model, a unit increase in the psychological factors would be assessed in terms of its eventual effect on increasing or decreasing domestic violence and the findings were presented in Table 5.

Table 5: Effect of psychological factors

R		0.777a				
R Square		0.604				
Adjusted R Square		0.600				
Std. Error of the Estimate		0.471				
Change Statistics	R Square Change	0.604				
	F Change	172.996				
	Sig.	0.000				
	β unstd	S.E	β std	t	Sig.	Correlations
(Constant)	0.944	0.103		9.209	0.000	
Emotionally disturbed	0.191	0.058	0.206	3.283	0.001	0.726
Marital stress	0.132	0.055	0.146	2.392	0.017	0.711

a Dependent Variable: domestic violence

From the findings in Table 5 regarding the model summary show that the two predictors (emotionally disturbed and marital stress) explain 60.4% variation of domestic violence (R squared =0.604, adj. R-squared = 0.600). ANOVA findings indicated that the above discussed variation was significant as evidence of F value of 172.996 with $p < 0.001$. Thus, the model was fit to predict domestic violence using emotionally disturbed and marital stress. This means that the model is significant in explaining domestic violence.

The findings showed that hypothesis one which stated that being emotionally disturbed has a positive and significant effect on domestic violence at 5% level of significance ($\beta_1 = 0.206$, $p = 0.001$), thus, a unit increase in being emotionally disturbed would increase domestic violence by 0.206 units. Furthermore, the findings show that marital stress has a positive and significant effect on domestic violence at 5% level of significance ($\beta_2 = 0.146$, $p = 0.017$). As such, a unit increase in marital stress increases domestic violence by 0.146 units. Furthermore, holding emotional disturbance and marital stress constant, domestic violence would remain constant and significant at 0.944 units ($p < 0.001$) indicating other factors other than psychological factors come into play in terms of influence on domestic violence such as external factors that are not directly related to marriage.

X. Conclusion and Recommendation

The findings have showed that generally majority of the individuals in marriage are not optimistic about their and feel very tired and disinterested in life. Majority of these individuals were however not sure of other aspects of emotional disturbance. However, the findings have showed that increase in emotional

disturbance would result in increased domestic violence especially in marriages. Spouses are especially encouraged to have open discussions and feel free to air out their challenges and problems while being caring and sympathetic to the feelings of their partners. The findings have also showed that with regard to marital stress, majority have second thoughts about their relationships recently and there are problems of partners not being romantic and personality characteristics and personal habits of partners are not pleasing. Furthermore, majority of the respondents are not sure of how they feel about other aspects of marital stress indicating that there was a level of marital stress that exists in majority of the marriages and this is the reason why marital stress increase would result in an increase in domestic violence particularly in marriages.

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