

VIOLENCE AGAINST WOMEN AND GIRLS - *Providing Therapy for Gender Based Violence Survivors*

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Abstract

The purpose of the study was to highlight the factors associated with violence against women and girls and how they can benefit from therapy. The study was guided by the following objectives: to establish the factors associated with the occurrence of violence, determining the effectiveness of therapy in dealing with survivors of violence, exploring factors influencing or blocking effectiveness of therapy. A cross sectional research design was used in which questionnaires, an interviewing guide, focus group discussion and psychological assessment scale were used to collect study data. A sample of 75 women and girls was purposively selected from health facilities, counselling centres, chief camps, police station, NGOs and CBOs within Kibra Constituency. All respondents were females aged 18 years and above. The findings showed that all the respondents (100%) had been exposed to violence. The respondents who reported physical abuse were 30%, sexual abuse was reported by 10%, psychological and emotional abuse was reported by 16%, financial coercion was reported by 15%, neglect of children and duty by 13%, and verbal assault was reported by 16%. Further, the results showed that the most common victims of violence are expectant mothers and children who are under the care of irresponsible persons. The most reported people to perpetrate violence were cited to be men. The responses given by the respondents as factors that trigger violence are: Previous assaults (61%), cultural expectations (61%), alcohol abuse and other drugs (49%), poor communication skills (49%), poor problem solving skills (49%), perpetrator outstretched demands on resources (49%), infidelity(37%), unemployment (37%), peer pressure (37%), frustration emanating from blocked goals (24%), childlessness (24%) and personality traits (12%). Violence against women and girls impact negatively on their lives. The most common negative impact mentioned are depression by 75 respondents, children suffering cited by 65 respondents, family disintegration cited by 56 respondents, non-productivity, physical injury, and anxiety respectively cited by 46 respondents. The survivors of violence have knowledge of where they can access help in order to cope with the consequences of violence. Of the 75 respondents, 75 of them said that counselling is very helpful. Perseverance is another coping mechanism mentioned by 75 respondents. Separation and keeping quite are strategies mentioned by 65 respondents. Going to hospital is another support and help available mentioned by 56 respondents. The respondents who opted for spiritual intervention were 47 while those who opted to start a business for sustainability were 38. Those who preferred sharing with significant others as a coping mechanism were 28. Last but not least, 18 women indicated that support groups are helpful in dealing with violence. The

study recommended that women and girls should be empowered financially and policies put into place to curb violence. The government and other stakeholders should partner to support women and girls to overcome violence in the society.

Key words: Violence, Victim and perpetrator, Anxiety, Depression, Cognitive behaviour therapy, Coping mechanism

1.0 Introduction

This paper intends to highlight the factors associated with violence against women and girls. It also attempts to show the effectiveness of Cognitive Behavioral Therapy. It is based on a research that was carried out as an intervention within Ki-bra Constituency, Nairobi County. Therapy is important for empowering and healing women and girls exposed to domestic violence (Craighead, 1994 & Dutton, 1992). Effectiveness of CBT in women exposed to violence is the authors' concern because counselling and psychotherapy have been practiced over the years in Africa and other parts of the world yet the phenomenon of violence is on the increase, as reported in social media and other modes of communication. Violence against women and girls is a widespread problem where women have been alleged to develop Psychological Disorders (PD) mainly anxiety and depression after exposure to violence (Briere & Jordan, 2004). Hence, this makes them unable to take care of their families effectively or to contribute efficiently to the social economic development of wherever they are.

The bigger picture of violence against women and girls is their experiences of domestic violence. Domestic violence is on the increase in Kenya and other parts of the world (Makayoto, et al, 2012). Daily reports on the media are clear indicators of this fact as well. The author has intervention strategies to reduce domestic violence and its consequences, using CBT. Psychotherapy and other forms of treatment have been used by professionals in trying to reduce the disease burden even though the problem is on the increase, affecting many lives.

It is necessary to define some terms which have been used in this paper. These terms are violence, Cognitive Behavioral Therapy (CBT), Depression and Anxiety. As a noun, violence is bad action committed by one person against another or household against another. For example, relatives who have a conflict or are disagreeing at family level or neighbored who could be biological brothers fighting, wife beating, sexual abuse or child neglect (Ellsberg, 2006). The National Research Council defines violence as a behaviour by individuals that intentionally threaten, attempt, or inflict physical harm on others (National Research Council, 2013).

Further on, CBT consists of several techniques dealing with the mind, the body, and the behavioural patterns of an individual. This approach believes that abnormality stems from faulty cognitions about oneself, others, and the world around them (Beck, 2011). The faulty thinking may be through cognitive deficiencies or cognitive distortions (processing information inaccurately). These cognitions cause distortions in the way we see things. If our mental representations are inaccurate or our ways of reasoning are inadequate then our emotions and behaviour may become disordered. The CBT therapists teach clients how to identify distorted cognitions through a process of evaluation. The clients learn to discriminate

between their own thoughts and reality. They learn about the influence cognitions have on their feelings, and they are taught to recognize, observe and monitor their own thoughts and behavioural patterns (Craighead, 1994).

Another term worth defining is depression, which is a common mental health disorder, reported often in health care settings (Katon & Schulberg, 1992). It is a low or high mood disorder characterized by symptoms such withdrawal and hyper-activity. Major depressive disorder was recognized by the World Health Organization (WHO) in 2001 as the fourth leading cause of disability and premature deaths in the world (Licinio & Wong, 1999). According to the International Classification of Diseases (1992) depressed mood, loss of interest or pleasure, reduced energy and lack of concentration are the key symptoms of depression. Additionally, it can cause disturbance of sleep, appetite, low self-confidence, negative - view of one's self, feelings of guilt and thoughts of suicide, or even ending one's life (DSM - 5, 2013).

Finally, anxiety, which is commonly known to be a state of apprehensiveness. Generally, everyone feels anxious from time to time, but stressful situations such as meeting tight deadlines or important social obligations, or fear of the unknown, often make us nervous or fearful. Experiencing mild anxiety may help a person become more alert and focused on facing challenging or threatening circumstances. Of importance, is individuals who experience extreme fear and worry that does not subside. These may be suffering from an anxiety disorder, which may interfere with the individuals' daily functioning. In other words, frequency and intensity of anxiety can be overwhelming and interfere with daily activities. Fortunately, the majority of people with an anxiety disorder improve considerably by getting effective psychological treatment (DSM-5). Symptoms of Anxiety are such as: Feelings of panic, fear, and uneasiness; Problems sleeping; Cold or sweaty hands and/or feet; Shortness of breath; Heart palpitations; An inability to be still and calm; Dry mouth; Numbness of emotions and/or tingling in the hands or feet; Nausea; Muscle tension and Dizziness (DSM-5). Research has demonstrated that psychotherapy using techniques of CBT is highly effective in treating anxiety disorders (Beck, 2011).

1.1 Problem Statement

Violence against women and girls (VAWG) is on the increase in the world and the contemporary society (Black, 2011). For example, there are some secular songs regularly aired on TV, radios, You-tube that sound demeaning to women and girls. The secular world takes them as if they have the best message and nothing questionable about the image they portray about a woman. A case in point is particularly one Kikuyu song's relic that depicts the intricacy of violence against women and girls. It states that a young girl has to be married off to a man not necessarily of her choice, very early or as fast as possible because if she is allowed to grow older or become more mature, she will be grabbed by the "sponsors". "*Je... ndukahikie narua, gitumi weterera kaigane, kahurio ni sponsor...*" That means: My brother Jei... You better marry her faster, as fast as you can because if you let her mature she will be grabbed by the sponsor..." The society dances to the tune of such a song, nobody seems to pause and wonder why our girls have to be treated that way. For our society to condone that kind of treatment or the thought of it, is an indicator of lack of protection and consideration for the future mother, woman of substance in the community.

In the researcher's view, this is covert violence against women and girls, whereby they are disrespected. One thing leads to another, rape dates are common, forced marriages, forced sexual relationships are seen in marriages, and the list goes on. Women and girls have been given no chance to make decisions about their lives. Therefore, the girls are discussed in *bad light*, and controlled from within their homesteads. Women and girls have been exposed to many occasions of embarrassment without much consideration. This predisposes women to easy frequent sexual abuse and other forms of violence. Violence against women and girls can be likened to a *bush fire* that spreads far and wide burning everything if not controlled or if no measures are taken.

Men have been exposed to violence though with lesser known incidents compared to women and girls. In the recent past a number of cases have been reported of men having been violated by women. This could be a reaction of the survivors of violence, trying to conquer where they were conquered (Dutton & Goodman, 2005). The prior victim of violence develops into a perpetrator of violence, simply because the brain has registered that phenomenon, sent it into the unconscious level of the mind, where it rests and only to emerge and observed as a response to a similar scenario. Women who were violated when they were young tend to victimise other people, either of the same or opposite gender. They are capable of repeating what they were done or observed being done to them or other persons. Domestic violence is about conquering where the human systems are stressed, appraised negatively, poor self-esteem and concept, as well as desire to overpower others (Flury & Riecher-Rossler, 2010). There are known factors that could be confounding therapy. One could ask or seek out the factors related to the problem, and this way we can change the trend of the phenomenon.

1.2 Objectives of the study

- 1) To establish the factors associated with the occurrence of domestic violence
- 2) To determine the effectiveness of therapy in dealing with domestic violence survivors
- 3) To explore factors influencing or blocking effectiveness of therapy

2.0 Theoretical framework

Cognitive Behavior Therapy is one of many applicable methods for producing belief and behavior change (Craighead, 1994). It is a psychological treatment intended to change maladaptive ways of thinking, and thereby bring about improvement in psychological disorders among people (Colledge, 2002). Being a highly eclectic it helps to deal with the development, maintenance and alterations of behavior. In addition, CBT is a combination or a "pulling together" of any and all methods, strategies, and techniques that work to help people successfully overcome their particular emotional problems (Briere & Scott, 2006 & 1996). According to Craighead (1994) CBT's primary purpose is to help people carry out intended behaviors without influencing their intentions, and it is more useful on face-to-face interaction than in community-level interventions. The cognitive part of the therapy refers to learning and thinking, and it is the part of therapy that can be "taught" to the person (Kendal & Kriss, 1983). The person then needs to take what has been taught, practice it at home, or every day. Through means of repetition, the person gets that new "learning" down into the brain over and over again so that it becomes automatic or habitual. This is

essentially the same process as that of school or college teaching and learning, where one is taught some new information or skills, and learns them. When one has learned them well enough through repetition, this affects the memory processes and allows one's brain to begin thinking, acting, and feeling differently. This exercise requires persistence, practice, and patience. When a person sticks with this therapy, without giving up, noticeable progress begins to occur (Stefan, Anu, Imke, Alice & Angela Fang, 2012; & Beck, 1967). This approach to therapy postulates that abnormality stems from faulty cognitions about others, the world and about oneself. This faulty thinking may be through cognitive deficiencies or cognitive distortions, which means processing information inaccurately, consequently causing distortions in the way the individual sees things.

Albert Ellis (1957, 1962) suggested that distortions are through irrational thinking. He proposed that each of us has a unique set of assumptions about ourselves and our world that serve to guide us through life and determine our reactions to the various situations we encounter. Unfortunately, some people's assumptions are largely irrational which lead them to act and react in ways that are inappropriate. This in return prejudices their chances of happiness and success in relationships in life. Additionally, Albert Ellis referred to these predispositions as basic irrational assumptions where by some people irrationally assume that they are failures, will constantly seek approval, and repeatedly feel rejected. All their interactions are affected by the basic irrational assumptions because they do not get enough compliments (Beck, 1967).

Albert Ellis (1957) developed an approach known as the ABC Technique of Irrational Beliefs. According to Albert there are three steps of the process by which a person can develop irrational beliefs. First, A - Activating Event or objective situation: This is an event that ultimately leads to some type of high emotional response or negative dysfunctional thinking of the victim. Second, B - Beliefs: In this step the client recognizes and writes down the negative thoughts that occurred to them. Third, C - Consequence: This is the negative or distressing feelings and dysfunctional behaviors that follow. The negative thoughts of the second step are seen as the connecting bridge between the situation and the distressing feelings. The third level C is explained by describing emotions or negative thoughts that the person thinks are caused by A. This could be anger, sorrow, anxiety, and so on. Ellis believes that it is not the activating event (A) that causes negative emotional and behavioural consequences (C), but rather that a person interprets these events unrealistically and therefore has an irrational belief system (B) that helps cause the consequences (C)

The occurrence of domestic violence is as a result of the interpretations of the experiences people give to what they go through in life as a result of strained activities. This manifest itself through behaviours, negative thoughts and feelings. When domestic violence occurs it impacts negatively on to the victims.

Therefore, CBT is a strategy for addressing domestic violence consequences because it equips the victims with coping mechanisms (See fig 1)

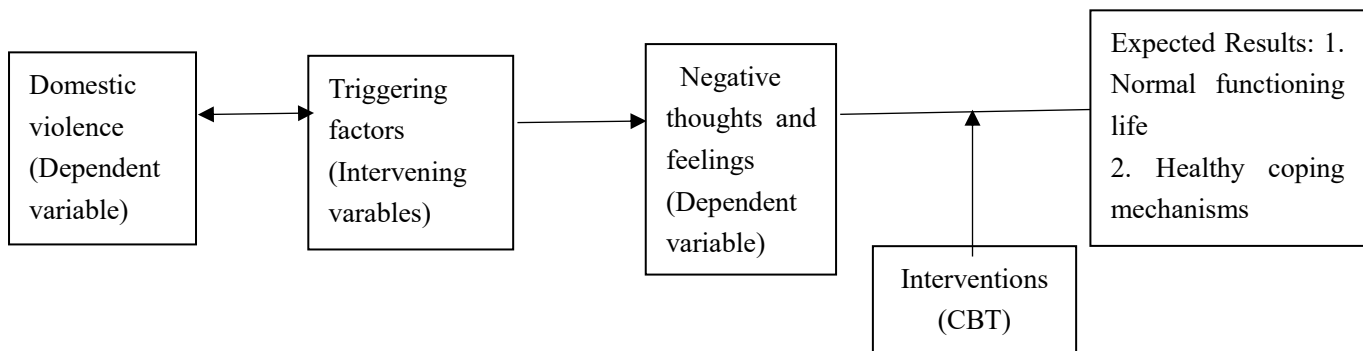


Figure 1: Occurrence of Domestic Violence and Intervention strategy using CBT

3.0 Methodology

The methodology used to arrive at the results of this paper was through the use of cross sectional survey using a questionnaire; interviews; focus groups discussions and psychological assessment scales, in order to determine the prevalence of domestic violence, the levels of domestic violence, and the psychological disturbances in women and girls 18 years and above. A sample of 75 women and girls exposed to DV, was purposively selected from within Kibra Constituency in Nairobi County. The choice of the surveillance systems selected to provide the best estimates for domestic violence are health facilities, chief camps, police stations, Rescue centres, Trauma counselling facilities, children departments and NGOs. These were purposively selected to arrive at the evidence based results. The findings of the study were analysed using SPSS and presented through tables, pie charts and columns.

4.0 Research findings

4.1 Introduction

It is known that the society has domestic violence, a problem of human conflicts and dysfunctional families where a lot of abuse and trauma is going on, either reported or unreported. The survivors of DV suffer quietly until noticed to display abnormal behaviours (Schneider, 1990-1991). Women and children in families and elsewhere, suffer DV within their settings as they go about their daily activities and raising their children. These children grow up into adults who display fears, anxiety and depression, among other abnormal behavioural patterns, stemming from the maladjustment (Friedman & Goldman, 2011). Furthermore, it has been confirmed that in most cases children who have been exposed to domestic violence oftenly become perpetrators later in life (Dutton, 2007). What we don't know is what to do to stop DV, because we would have done so by now. The fact remains, we would have succeeded in stopping the problem before it starts, but instead it is on the increase. The phenomenon of domestic violence remains unknown because it is covert, as it is rarely reported or not reported at all. Most of the families and individuals do not know or accept that they are going through domestic violence. It is also not clearly defined how some of the violent behavioral patterns pass across generations, which are either learned or genetically motivated or inherited.

4.2 Assessing Domestic violence

4.2.1 How to measure DV

Domestic Violence is fashioned with ethical considerations unique to this topic of interest. This is because participants keep away a lot of information to do with their experiences on domestic violence. The researchers are controlled by the ethical considerations whereby the participants are encouraged to share as much as they are comfortable to disclose. This involves confidentiality that is promised by the researchers during consent signing. The participants were encouraged to share on matters related to their abusive relationships freely without fear. They were encouraged to raise above the stigma that they were experiencing in order for the therapy to be effective. This was carried out through assurance of confidentiality. However, they were seen to have fear of the perpetrators due to the threats they had gone through, and especially when they, victim, were living in the same environment with the perpetrators (Oram, Trevillion, Feder, & Howard, 2013).

4.2.2 Possible Risk Factors for domestic violence

- a) **Gender:** both male and female are affected due to the mere fact of being of the gender, and having been in environment that was abusive as children.
- b) **Ethnicity and stereotyping:** Domestic Violence is a universal problem and hence people who intermarry from different races and ethnic groups are seen to experience abuse in their relationships out of partiality or discrimination.
- c) **Socio-Economic Status:** Both affluent and poor or low income are affected. Some husbands refuse their wives to go to work in order to control them using money while depriving them financial support (Jewkes, Levin & Penna, 2002).
- d) **Age:** Domestic violence is experienced by both the young and the elderly, that means anybody can experience it in their given environment.
- e) **Alcohol and other drugs:** This is mostly associated with domestic violence where men are the most affected as they are seen to spend a lot of time in alcohol dens, only to go home drunk and disorderly. They spend money on drugs and become intoxicated.
- f) **Pregnancy:** Highly related or remembered as the most vulnerable condition: some did family planning secretly avoiding conflicts with the husband (Taillieu & Brownridge, 2010).
- g) **Psychiatric problems:** Abnormal behaviours and deviants are related to violence (Friedman, Loue, & Goldman, 2011).
- h) **Personality traits:** Abnormal behavioural patterns of personality are risk factors to domestic violence (Kylee, Howard, Roxanne & Louise, 2012; Dutton, 2007).

4.3 Facts and Outcomes on Domestic Violence

Findings from the field indicate that DV is pain inflicting behaviour towards loved ones, members of the same family which involves spousal abuse, sexual violence, child abuse, and sibling-rivalry, dating friends, among others (Flury, & Riecher-Rossler, 2010). In this section we will briefly highlight the facts and outcomes on domestic violence which has been done by examining the most people who are affected by

domestic violence, looking at the people who are mostly perpetrators, the various forms of domestic violence within the community, the behavioural pattern of both the victims and perpetrators, the triggers of domestic violence, the negative impact of domestic violence, the coping mechanisms in dealing with domestic violence and the support available in addressing the domestic violence.

4.3.1 Definition of Domestic Violence

Domestic violence is characterized by all sorts of maltreatment. Maltreatment is a behavior towards another person, which is outside the norms of conduct, and entails a substantial risk of causing physical, psychological and emotional harm (Black, 2011). These forms of maltreatment are also referred to as assaults. The assaults reported by the victims are: Physical assault, Sexual assault, psychological and emotional abuse, financial coercion, verbal assault and neglect. These have been briefly highlighted below.

- 1) **Physical abuse:** this was reported by 30% of the respondents. They defined physical assault to be when the perpetrator slap, hitting with a fist, kick, hit against the wall, shove, strangle, burn, stab or use other crude objects to inflict pain on the victim's body.
- 2) **Sexual abuse:** occurs when one of the partner is forced into sexual activity when they are not ready or they are prevented from using birth control measures. Sexual abuse was reported by 10% of the respondents. Sexual assault also includes fondling and exposure to indecent acts to family member who are of not age or willing.
- 3) **Psychological and Emotional abuse:** was mentioned by 16% of the respondents. They saw it to be when one partner humiliates the other, tries to isolate the other partner for example by taking side, living the victim alone without informing him/her the whereabouts. Occurs also when one of the victim is followed, stalked and not allowed to be independent. Victims can be traumatized when the perpetrator involve children in their abuse, use children to spy on them or obstructing the victim from having visitations to the children in school.
- 4) **Financial coercion:** it was cited by 15% of the respondents who said that it occurs when the victims are not involved in decision making on money expenditure. It is a situation where the perpetrator decides how finances are to be managed in a household. In addition, financial coercion occurs when one partner mishandles family finances or leaves little or no money for expenditure. Lastly, financial coercion is experienced when one of the partners attempts to use money and other goodies to control the other partner.
- 5) **Neglect of children and duty:** 13% of the respondents cited that negligence occurs of children and family duties occurs when the perpetrator does not play the expected roles of providing for the needs of the family such as food, clothing, medical, education among others. Furthermore, neglect can manifest when the vulnerable especially the one who are disabled and marginalized members of the family are not attended to in the right manner. In addition, when the perpetrator abandons the family or tries to sabotage the parenting skills of the other partner it harms the family wellbeing.
- 6) **Verbal assault:** 16% of the respondents mentioned verbal abuse to occur when one of the partner uses insults, put-downs and name calling among others, which are inappropriate and

intimidating to the other partner. Sometimes verbal assault can include the tone, pitch, and other non-verbal gesture and body language. (see the fig. 2 below)

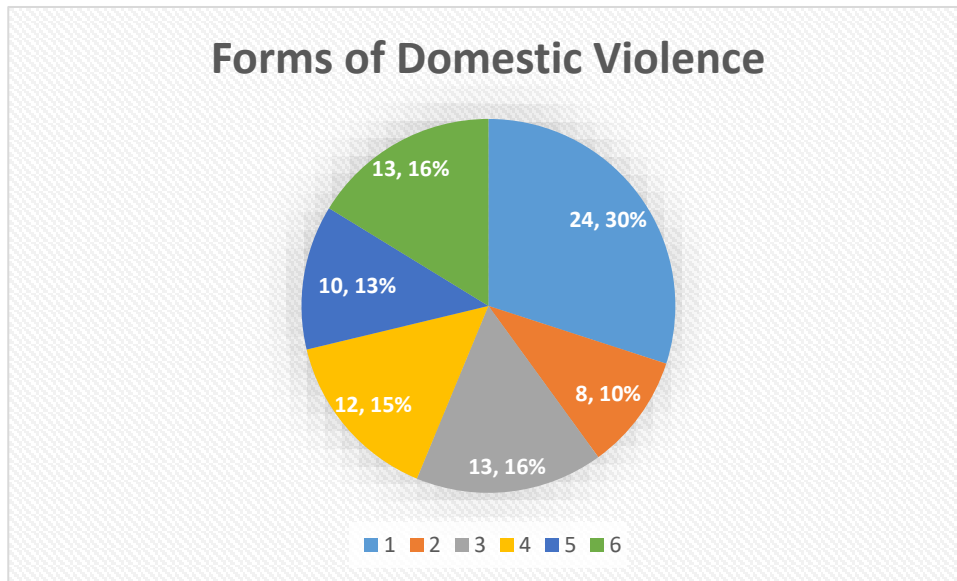


Figure 2: Forms of Domestic Violence

4.3.1 People most affected by Domestic Violence

So far, we have established that women and children are the most affected and vulnerable to domestic violence (Briere, 1992). It has been found that victims’ level of education attainment and occupation remained significant predictors of domestic violence (Kishor & Johnson, 2004). However, domestic violence cut across education and social economic levels. Both the highly educated and the lowly educated experience domestic violence. The facts show that domestic violence affects also both the rich and the poor regardless of their levels of household income (Garcia-Moreno, Henrica, Mary, Lori, & Charlotte, 2006). (See table 1 below)

	Most likely to be victims of domestic violence	Respondents
1	Women especially expectant mothers	34
2	Children who are under the care of irresponsible persons	20
4	Mentally challenged and disabled members of the family	9
5	Elderly people especially women with nobody to take care of them	14
6	Men	6

Table 1: most likely to be victims of domestic violence

4.3.2 Most likely to be perpetrators

Most of the perpetrators are:

- a) Husbands who assault their partners
- b) Step-fathers
- c) Step-mothers

- d) Uncles
- e) Aunts
- f) Siblings
- g) Mother in laws

Mostly, domestic violence starts when there is a misunderstanding between the spouses for example how they dress or prepare meals. This eventually leads to a quarrel which triggers physical assault, psychological and emotional abuse as well as verbal assault. Domestic violence start when marriages are unstable. This happens when there is poor communication skills and problem solving skills. Furthermore, the victims are blackmailed and threatened by the perpetrator that favours will be withdrawn from them, such as school fees and other basic things, in case they do not abide to the abusive demands of the perpetrator. This is normally when the victims are financially vulnerable, and dependent on the perpetrator.

4.3.3 Triggers/causes of domestic violence

Domestic violence is triggered or caused by various factor such as, previous abuses and assaults experienced by the perpetrators (61%). Perpetrators who had been abused either by their cruel parents or trusted family members or had witnessed their parent abusing their mothers, consequently they suppressed these experiences or became numbed, hence they became insensitive to abuse.

Secondly cultural expectations are causes of conflicts in the families (61%). This is because of the distribution of roles, whereby the women are expected to do most of the chores in the family such as cooking, washing, taking care of animals etc. while the husband is expected to be the breadwinner. Therefore, in the case when the husband is irresponsible and neglects the expected gender roles, which are taken over by the wife, violence has been seen to occur because the husband wants to assert himself as the head of the family. Furthermore, there is a misconception by some men who think that when they slap their wives or call them names and put-downs, it is a sign of dominance and control.

Thirdly, perpetrators who are into substance abuse such as alcohol and other drugs (49%) develop impaired thinking, loss of inhibitions, become addicted and dependent on these drugs. This leads them to mistreat their partners because of lack of self-control. In addition, the perpetrators who are into binge drinking, have not only neglected their responsibilities but also taken and sold items from the house such as TV, radio, cell phones, furniture, bicycles, cooking pots, farm produce and misusing the household income so that they can maintain their drinking habits.

Fourthly, stress triggers and causes domestic violence when the perpetrator resources are overstretched by the demands (49%) and feels limited to those needs of the family in terms of finance, time, and work experiences. When this happens the perpetrators are quick to react negatively and getting irritated by the smallest actions of their partners

Poor problem solving skills is another factor which triggers domestic violence (49%). As human beings, we experience various challenges in relationships and in our daily lives. However, what matters is how the two parties are able to solve the issues which they experience. Partners who have poor problem solving skills could be as a result of negative attitude towards each other, misinterpretations of the partners' behaviour, irrational thinking and generally poor communication skills.

Poor communication skills is (49%) trigger of domestic violence in families especially when one of the partner fails to communicate effectively to the other. For example, when one of the partners has poor listening skills, is impatient, as well as having poor understanding of the issue at hand. Misinterpretations occurs during conversations, which eventually leads to a response which was not expected or appropriate. Furthermore, an arrogant tone of voice which is demeaning, the body language and nonverbal expressions, which are inappropriate, and the timing of the conversation are catalysts for poor communication skills.

Infidelity triggers (37%) of domestic violence between the perpetrator and the victim when one of them is not faithful in the relationship. When the victims get to know about infidelity behaviours and ask their partners about the same, violence erupts. The victim could have checked the contacts which the perpetrator was making with other women/men on phone, email, or the victim was given an alert by neighbours about the illicit relationship the perpetrator was having. In addition, there are cases when the perpetrator is unfaithful and suspects the victim to be guilty of the same. Therefore, they stalk and control them in an appropriate manner.

Unemployment has been seen to trigger domestic violence (37%) especially in the event that a perpetrator loses the job and remains unemployed, while the victim is still employed there is often an antagonism between the partners. The reason cited for this phenomena is that the perpetrators feel they are no longer in charge of the family as 'breadwinners' and so they become abusive to their spouses as a way of asserting themselves. This is also common in relationships where particularly the wife is earning better than the husband. Moving on further, when the victim is not financially empowered and dependent on the perpetrator, the mere statement of asking for money sparks quarrels and disagreement. Even when they are given the money, they are expected to account how they used it. In the event that they are not able to account for each and every penny or used the money in another way, they are assaulted physically, psychologically and verbally.

Peer pressure is (37%) trigger of domestic violence especially when perpetrators share with their peers in places such as work place, social gatherings, and shopping centres, on how they are treated by their spouses at home, as well as how they assault their spouse when they don't meet their demands. Some of them learn that the only way to assert themselves, is to exercise high level of control and demand against their partner. Furthermore, the perpetrator could be evaluating the current relationship and their financial status in comparison with their peers who seemingly are doing better than them. Consequently, they blame their partners for their stagnation.

Frustrations emanating from blocked goals are known to be (24%) trigger of domestic violence. This is especially in cases where the perpetrator comes from work feeling unhappy about their bosses. They vent out their frustration onto their family members. Frustrations also from failed relationships are known to trigger domestic violence.

The problem of being childless (24%) can be as a result of health limitations from either of the partner, rejection of either of the spouses or family lineage, limited financial resources, career pursuit, body figure and beauty pursuit especially by models and celebrities among other reasons. Childlessness is also an African cultural concern due to beliefs and values about family continuity. Due to this cultural expectation, couples should beget children of their own and raise them up. In the event when they do not meet the

expectation, mother in laws and other family members put pressure on the couples, sometimes without knowing the reason for their childlessness. As a result, couples blame each other for their predicament and that may result to domestic violence.

Last but not least, domestic violence may arise from personality traits (12%) challenges of the perpetrators who are born and prone to violent behaviour. For example, there are cases where some parent sexually molest their own daughters. These perpetrators are paedophiliacs a condition which could have been as a result of either past experience or genetic disorders. On the same vein, some temperamental states of personality predispose some people to losing their self-control. The latter has been cited to be a trigger of domestic violence. (See the table below)

Triggers of violence	Responses	Percentage (%)
Infidelity	28	37
Drinking Alcohol & Drug Abuse	37	49
Unemployment	28	37
Frustrations	18	24
Overstretched (stress)	37	49
Poor Problem Solving Skills	37	49
Poor Communication Skills	37	49
Previous Abuses And Assaults	46	61
Childlessness	18	28
Cultural Expectations	46	61
Peer Pressure	28	37
Personality Traits	9	12

Table 2: causes/ triggers of domestic violence

4.3.4 Behavioral patterns and occupational characteristics of perpetrators and victims

Perpetrators have characteristics and behavioural patterns which define them to be that way. They are overly controlling as they never give in to their partner’s views, as they want their views and opinions to be followed to the letter. They threaten their spouses and children, so that they can have their way without being answerable to anybody. This can be attributed to a phenomenon observed in most of the Kenyan communities which are patriarchal, while the women and children are marginalized. Generally, perpetrators are uncaring, drug addicts, neglecting, malingerers and irresponsible people. They leave their roles of bringing up their children and provision for basic necessities such as school fees and food to their spouses. They are manipulative, crafty and cunning people, especially to their spouses. They openly apologize to their spouses especially when they have abused them and children, to prevent the victims from taking an action against them for their unacceptable behaviour. In addition, perpetrators are intimidating, unfriendly, negatively aggressive, rough mannered, and very insulting especially as an escape route for their ill behaviours, such that they become irreproachable.

Victims of domestic violence on the other hand are people who have been abused on several occasions and for a lengthy period of time by the perpetrators, to the extent that they internalize the abuses done to them

to be normal. Consequently, this affects their psychological wellbeing which may lead to a feeling of worthlessness and low self-esteem. They blame themselves as to be the ones who caused the assault, probably for what they did or not do to their partners. In other words, they have the thinking that the perpetrator was justified to abuse them. Victims of domestic violence are seen to be displaying feelings of helplessness and are resigned. This is because they have given up the fight for their rights and do not take any step to emancipate themselves from the abusive environment. They have made a choice to remain in abusive relationships because they are dependent on the perpetrator.

Commonly, victims of domestic violence are seen to be ignorant and people who keep quiet or silent even if they are experiencing domestic violence. Some victims do not know that verbal abuse, use of children to control the partner, psychological and emotional abuse are forms of domestic violence. The types of violence they are familiar with, are physical assault, sexual assault and economic coercion. This is because these assaults are physically felt as being exercised to them in comparison to the first category of assaults which are indirect or somehow passive. Victims of domestic violence are known to be poorly paid and unemployed. Majority of the victims of domestic violence are housewives, casual labourers, operate small businesses; run groceries, Salonist, run food shops, employed as house-helpers to mention a few. These forms of occupations demand long hours of work yet the payment is little and consequently leading to financial constraint.

4.3.5 The negative impact of domestic violence

Domestic violence leads to depression among the people who are affected (Roberts, Lawrence, & Williams, 1998). The loss of the victim's valuable relationship, time, children, finance and what they have contributed into that family, cannot be recovered. Therefore, the victim sinks into depression which manifest itself in symptoms such as feeling worthlessness and helplessness, loss of sleep, loss of appetite or too much, disinterest in activities they initially enjoyed doing and overall forgetting to take care of their body. This phenomena, affect children directly which lead them to experience suffering and pain. Furthermore, family members who are in an abusive environment also experience psychological disturbances of anxiety. Anxiety manifests itself in ways like, panic attacks impulsive behaviour, obsession, apprehensiveness, compulsiveness, and gastro-intestinal disturbances such as ulcers

Domestic violence expose children to suffer physical abuse when one parent vents their anger onto the children through beating or hitting them with crude objects, burning them with hot things, starving, throwing them on wall, deprived of their privileges to mention a few. Secondly, children experience psychological and emotional abuse when they witness their father or mother humiliating one another or insulting each other in their presence. Children experience domestic violence when they are assaulted sexually by their parents, older siblings, or other relatives who have taken advantage of their vulnerability. Lastly, some children experience psychological trauma when they are humiliated and verbally insulted by family members when they turn home with poor academic performance to give an example. Furthermore, children have poor academic performance in school due to lack of concentration in class as a result of the experiences they have gone through or seen their parent experiencing at home. Lastly, there is a long term

effect of domestic violence on children, who later when they grow may become perpetrators, if they never received therapy.

Families disintegrate when there is violence going on within the household and not resolved in time before it erupts to serious consequences. For example, violence can start with a minor quarrel or argument on something such as poor preparation of meals or getting home late. Due to lack of proper communication skills and problem solving skills, they are not able to keep together. Other issues leading to family disintegration include infidelity, abuse of alcohol and other drugs, irresponsible behaviour of one the spouses, child sexual abuse, to mention a few. In addition, when one of the spouse is a workaholic, the family is negatively affected. This is because they do not have quality time with their family and time to bond together. These bad behavioural patterns within the family lead the couples to report each other to parents, chief, police, legal firms and courts, and eventually they separate, break-up, or finally divorce.

Another negative effect of domestic violence is non-productivity. This comes as a result of the people going through domestic violence developing psychological disturbances, consequently making the body system fail to coordinate in the normal way. For example, when somebody is stressed, depressed, or anxious, this affects their physical energy, psychological and emotional well-being. They suffer blood pressure, loss of appetite for food, insomnia, headaches, they are temperamental and uncooperative at work. Due to this, some of these people end up losing their jobs, resorting to alcoholism and drugs, which leads them to being unreliable people in the society. Excessive use of alcohol and other drugs, make someone to become psychotic. All the above mentioned factors make people become non-productive members of the family and society in general. This further on challenges the family-income generating capacity, leading to poverty.

Another negative impact of domestic violence is physical injuries are experienced by family members especially when there is physical fight between them. When a heated disagreement occurs, some perpetrators slap, hit, kick, stab, strangle, choke, throw objects, knocking somebody against the wall, use boiling-hot liquids, spraying and splashing inflammatory liquids such as acid and paraffin to mention a few. The victims are hurt severely by such actions which leads to severe body harm such as broken bones, disfigured faces, burns, painful deep cuts, scars, amputations, brain contusion and concussion, nervous system injuries to give a few. In addition, serious cases of domestic violence result to homicide, deaths of a spouse or children and suicide.

Both key informants and the FGDs were in agreement that domestic violence has a negative impacts on the affected people in the family. From the research, the most negatively affected are women and children. This is because they are vulnerable, marginalized, not empowered, cannot defend themselves adequately, and so the perpetrators find it easy to assault them. (See the figure below).

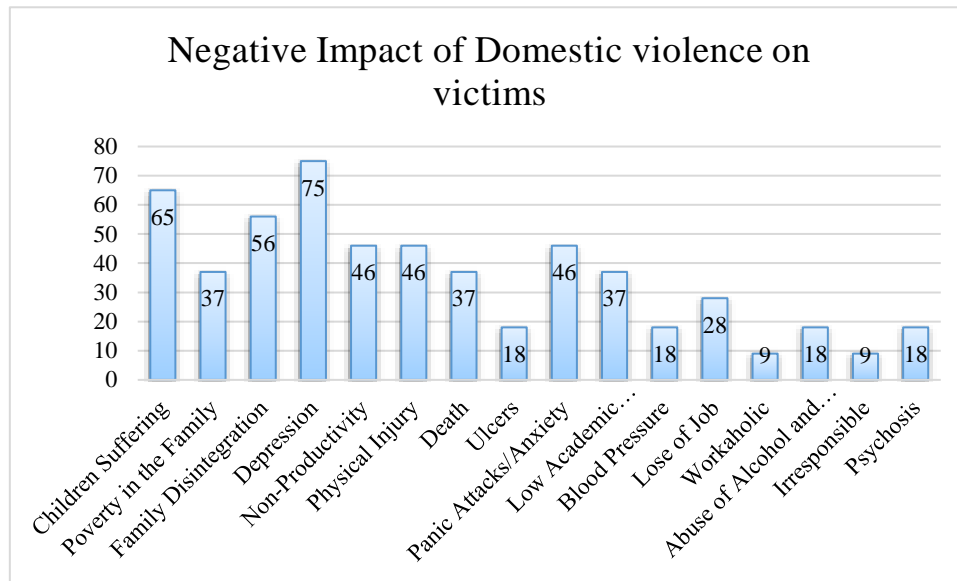


Figure 3: Negative impacts of Domestic violence on victims

4.3.6 The coping mechanisms for victims of domestic violence

According to the research findings, counselling plays a big role in addressing the issues of domestic violence. The victims who are aware that they are experiencing domestic violence, seek help before the condition worsens. It is worth noting that there are two categories of victims of domestic violence in terms of when they seek counselling services. The first category are those victims who know what they are going through, and seek help from counselling facilities in time. On the other hand, there are victims who are referred to the counsellor after going first for medical treatment. This category of victims delay to take immediate action on the onset of domestic violence and consequently suffer severely. They take longer to recover because most of them report to counselling facilities with cases of physical and sexual assault. Furthermore, the victims of domestic violence utilize support group to deal with the negative experiences in the families. Support groups are helpful to victims because the victims get encouraged when they discover they are not alone. Secondly, the victims have an opportunity to listen on what other have experienced in their lives, and how they are coping. Lastly, the victims also learn coping skills and other alternatives available for them in dealing with domestic violence.

Victims of domestic violence cope with it through perseverance. They persevere as they hope that the situation will get better. Secondly, the victims think they have no better way of living. They have the assumption that they are insecure and dependent on the perpetrator such that, in the event they left the current family set-up, they will find it difficult to settle down elsewhere and consequently being inconvenienced. Another reason given for perseverance is the social status quo which the perpetrator and the victim have in the society that they find it hard to separate or get out of the abusive relationship. Some victims opt to remain in the abusive environment because of the inputs they have invested in the family and in the relationship especially in terms finance resources and duration of living together. Other victims persevere because of the children especially when they are very young and therefore, do not want the children to be affected in case they opt to separate.

Other victims of domestic violence cope with it by keeping quiet. They do not want to talk about their bad experiences in the family with anybody not even the closest family members for various reasons. Some of the reasons cited include avoiding embarrassment. This is due to the nature of abuse that happened in the family such as incest. Other victims opted to remain silent to preserve the image of the family because they were afraid of gossips within the community. They also fear to confront the perpetrator because of the consequences which they may face such as being slapped, verbally abused, humiliation, and financial deprivations among others. Other victims keep quiet assuming that it is the best way to prevent worsening the situation of abuse.

Separation is opted by the victims of domestic violence as a coping strategy. Separation can be categorized to be either short term or long term. Short term separation is when the victims opt to take a temporary escape from the perpetrator so as to allow time for adjustment or dialogue with support systems available such as parent, chiefs, or looking for counselling services to mention a few. On the other hand, victims may opt for long term separation in the event when the domestic violence escalated to levels which are life threatening or causing them severe harm.

Another coping mechanism available for victims is going to the hospital or health facilities to receive medical attention for self-assurance. This does not only happen when the victims have major assault such as sexual or physical body injuries, but also when they have other complaints which are of psychological dimension such as headaches, stomach upset, rapid heart rates, dizziness, feeling fatigue, and backache among others.

Other victims seek divine intervention by going for prayers. The victims seek divine intervention through their religious leader by asking them to pray for them so that the bad situation at home can be alleviated. Other victims join spiritual groups for overnight prayer and fasting sessions to avert the bad experiences they are going through. Lastly, some victims invited prayer groups and religious leaders to their homes to carry out some religious rituals and prayers to cleanse the homestead and convert the perpetrators to change for better.

Victims of domestic violence make efforts to search for jobs so that they can empower and emancipate themselves from dependency on the perpetrator. By so doing, they are making effort to avoid the perpetrator from taking advantage because they are vulnerable. In addition, the victims see the need to improve themselves financially because they are no longer dependent on the perpetrator. This is because they have to carry on with the responsibilities of bringing up the children single handed without the help of the perpetrator. Furthermore, victims with low education make effort to save money and start up a business and be self-reliant. This coping mechanism is an indicator that the victim can make a decision to start a new life on their own.

Both the key informants and the FGDs findings on the coping mechanisms for women facing domestic violence are a carbon copy. The best coping mechanisms cited by the majority of the participants are counselling and separation, as the most helpful. Counselling is meaningful and helpful to victims because they are healed and able to resume their normal life and feel less hurt by the ordeal they went through. Those women who go through therapy and make a choice to leave the environment of abuse, acknowledge separation to be the best option to take in order to keep away from the perpetrators. (See table 2 below)

Victims of domestic violence coping mechanisms	Responses
Separation	65
Keeping Quite	65
Perseverance	75
Prayer	47
Counselling	75
Support Group	18
Starting Business/New Jobs	38
Going to Hospital	56
Sharing with Significant others	28

Table 3: Coping mechanisms for victims of domestic violence

4.3.7 The available support for the victims of domestic violence

There are several places where victims of domestic violence can be assisted when abuse occurs. One of such places cited by the participant is Non-Governmental Organisations (NGOs). Some of these NGOs are operating within the community to deal with the issues affecting the community. Secondly, the victims of domestic violence have easy access to Health Facilities within the locality where they can get medical assistance as well as counselling services. Furthermore, the hospital bills are waived by the government of Kenya for victims who have been assaulted. Another help available for victims of domestic violence is the chief’s camp where they go to seek assistance when in crisis. The chief visits and the monitors the site of the violence and tries to intervene. Neighbours are also a support system available for the victim of domestic violence. This is because, immediately they hear a cry for help from the victim, they rush to the place and intervene on the situation. Victims of domestic violence are also assisted by the police officers when they report the abuse. The perpetrators are booked and an arrest is made. Furthermore, the police officers facilitate the victims to advance the matter to the court of law. Another support available for the victim of domestic violence is the intervention by the family members. They attempt to have a dialogue between the perpetrator and the victims to find a solution for the misdeeds that have taken place with the family. Lastly, children of women exposed to domestic violence, can take to shelter homes to keep them away from the perpetrators. There are also vocational training centres available within the community which offer skills to the victims of domestic violence to empower them to be self-reliant. Objective two: Determining the effectiveness of therapy in dealing with domestic violence survivors:

CBT as applied to the clients who got therapy, was seen to reduce the levels of anxiety and depressions gradually, depending on how the clients were using the coping skills they acquired during the session which they received on weekly basis. The survivors of domestic violence who received therapy consistently show the levels of anxiety and depression gradually went down. Those survivors who were not consistent the levels of anxiety and depression remained very high all through. The latter group continued having issues with the perpetrators because they had no coping mechanisms, as compared to the survivors who were regularly attending therapy and had learnt coping mechanisms. Therapy is seen to work when clients report that they are no longer prone to being victims of abuse as they have learnt problem solving skills as well

as proper communication skills. Furthermore, the survivors during therapy learnt to be on their own, being self-reliant, and eventually got skills and motivation to start their own business and be independent, so as not to ask for money from perpetrators.

5.0 Conclusion, summary and recommendations

5.1 Conclusion

From the field what came out is that there are various types of domestic violence as seen also in the literature review. These include physical assault, sexual assault, psychological and emotional assault, economical/financial coercion, verbal abuse and neglect abuse were high. Majority of the respondents cited women and children to be the ones who affected mostly by domestic violence. Most of the perpetrators are the men who often molest women, young girls and boys. Domestic violence is triggered by various factors within the society which can be avoided if there is proper coping skills. Where there is no intervention, domestic violence has severe negative impact on to the victims. The consequences of these impacts are fatal sometimes leading to cases of death, homicide, or psychological trauma and from social economic point of view, some families are disintegrated and end up into sheer poverty. From the research, the victims of domestic violence who have learnt coping skills through Cognitive behavior Therapy, are empowered to deal with future occurrence of domestic violence.

5.2 Summary

5.2.1 Establishing the factors associated with occurrences of domestic violence

From the research study, several factors contribute to occurrence of domestic violence such as the level of education, marital status household income, cultural expectations, previous abuses, stress, use of alcohol and other drugs, infidelity, financial problems, poor problem solving skills and poor communication skills. To begin, with women with no or little education did not seek for help from health facilities unless their case was severe. Such women went to the hospital when they had been severely hurt by their partners. The study found that domestic violence cut across the academic achievement. In other words, it affects both the learned and those with little or no education at all. On the contrary, women who were well informed in terms of education that is, the secondary and university level went to health facilities seeking for help immediately when they sighted signs of domestic violence and when they started experiencing symptoms of depression.

Marital status was seen to be associated with domestic violence depending on if the client is single, married, separated, cohabiting, divorced or widowed. The study shows that those women who are married and staying with their husbands are the ones who face domestic violence more than the other marital statuses which justifies the definition of domestic violence. Women who were single faced domestic violence especially from their ex-boyfriends who were still following them, stalking and terrorising them. Separated women faced challenges too because the children were asking about their dad hence they were torn apart whether to go back to the same person who had victimized them or to sojourn with life as if that man never crossed their path. Women who were cohabiting faced similar assaults like those women who were married although for them, they lived in constant fear of what will happen the next day. Divorced women reported

to have faced domestic violence from their partners especially when it came to the family inheritance and the custodian of the children.

The finding shows that domestic violence cut across all levels of economic status. Domestic violence does not know if you have high income or low income. The research found out that those who had high income some of them were separated or divorced and had children, their household income suffered stress because they tried to take care of their children. Furthermore, those women who earned higher salaries than their husband faced domestic violence especially in the case where the husband had lost the job or was doing shoddy jobs such as motorbike riders, casual labourers to mention a few. These men wanted to assert themselves and the only way to do this was to inflict pain to their wives. Low income earners had high issues of domestic violence because they struggle to make heads meet in their daily chores. It was noticed that domestic violence was prevalent among the housewives who stayed at home to look after their children while the husband was out there looking for daily bread. These women were ill-treated by their partners who saw them as a burden and desperate women who stayed with their husbands because they could not sustain themselves.

Moving on further, cultural expectations are causes of conflicts in the families. This is because of the distribution of roles, whereby the women are expected to do most of the chores in the family such as cooking, washing, taking care of animals etc. while the husband is expected to be the breadwinner. Therefore, in the case when the husband is irresponsible and neglects the expected gender roles, which are taken over by the wife, violence has been seen to occur because the husband wants to assert himself as the head of the family. Furthermore, there is a misconception by some men who think that when they slap their wives or call them names and put-downs, it is a sign of dominance and control.

Alcohol and other drugs, are factors which often trigger domestic violence. This is because the perpetrators develop impaired thinking, loss of inhibitions, become addicted and dependent on these drugs. This leads them to mistreat their partners because of lack of self-control. In addition, the perpetrators who are into binge drinking, have not only neglected their responsibilities but also taken and sold items from the house such as TV, radio, cell phones, furniture, bicycles, cooking pots, farm produce and misusing the household income so that they can maintain their drinking habits.

Stress triggers and causes of domestic violence especially when the perpetrator is overstretched by the demands and feel limited to those needs of the family in terms of finance, time, and work experiences, they are quick to react negatively and be irritated by the smallest actions their partners did or did not do to them, which eventually erupts as violence in the family.

Poor problem solving skills is another factor which trigger domestic violence. On the case of partners who have poor problem solving skills it is as a result of negative attitude towards each other, misinterpretations of the partners' behaviour and irrational thinking. Communication skills is closely related to problem solving skills, as it is a tool of solving problems. For example, when one of the partners has poor listening skills, impatient, as well as having poor understanding of the issue at hand. Misinterpretations occurs during the conversations, which eventually lead to a response which is not expected or appropriate, this leads to domestic violence. In addition, the tone of voice which is arrogant or demeaning, the body language and

nonverbal expressions which are not appropriate, as well as the timing of the conversation, are catalysts for poor communication skills.

From the research findings, infidelity is a trigger of domestic violence, especially when the victim inquires about the recent discoveries/ knowing that the perpetrator is unfaithful. The victim could have checked the contacts which the perpetrator was making with other women/men on phone, email, or the victim was given an alert by neighbours about the illicit relationship the perpetrator was having. Therefore, when the victim ask about this issue, the perpetrator becomes violent. In addition, the perpetrator who is unfaithful suspects the victim is also unfaithful, therefore, they stalk and control them inappropriately.

The last but not the least factor associated with domestic violence is financial issues. Often when the victim is not financially empowered and dependent to the perpetrator, the mere statement of asking for money sparks quarrels and disagreement. Even when they are given the money, they are expected to account how they used it. In the event that they are not able to account for each and every penny or used the money in another way, they are assaulted physically, psychologically and verbally abused.

5.2.3 Exploring factors influencing or blocking effectiveness of therapy

From the research findings, there are several factors which were identified as preventing therapy from working on the survivors of domestic violence. Firstly, the victims of domestic of violence do not immediately recognize the indicators of violence and interpret them appropriately on time and take quick actions to seek therapy before violence escalate into a worse situation. Therefore, when such victims of domestic violence go to seek therapy, the levels of stress, anxiety, depression, and other psychological disturbances are high making therapy difficult and extending the duration for therapy much longer.

Secondly, some of the victims have poor skills of internalizing the psycho-education they are given during therapy. Therefore, despite the effort of the counsellor to equip the victims with coping skills, some victims do not practice what they were taught by the therapist. This as well, make therapy a challenge to such victims who eventually take longer time to recover.

Thirdly, some clients despite the willingness to go for therapy, they lack financial support. The availability of funds could facilitate their ability to attend the session for therapy as required. Furthermore, lack of funds needed to cater for counselling fee by a professional counsellors, and other expenses which may be incurred. These financial constraints hinders the victims from attending therapy sessions regularly or they give up from seeking therapy all together.

Fourthly, therapy is not effective when the victim still remains in the same abusive environment during and after therapy. This is because the perpetrator will most likely continue abusing the victim. This will affect the efficacy of therapy working on time for the victim. A situation which forces many victims to opt for separation and divorce.

Other factors which interfere with therapy could be unfinished business, use of alcohol and other drugs and personality traits. Unfinished business could be when the victim and the perpetrator are struggling for example, with court cases on separation and divorce. These delays how therapy work fast and best to victim. The victims who had resulted to alcohol and other drugs without first going for rehabilitation program, the

therapy from the counsellor attending on domestic violence is delayed or does not work at all, because the victim need to be rehabilitated first on drug addiction.

Lastly, researcher found that many behavioral disorders, such as schizophrenia, clinical depression or bipolar disorder have a genetic basis, but that doesn't mean everyone who inherits the gene develops the illness. Children with one parent with schizophrenia also develop schizophrenic symptoms, which means restructuring the personality is difficult and most often takes long period of therapy. Sometimes it is difficult to attend to victims of domestic violence who have such kinds of personality disorders making therapy very difficult.

However, the effectiveness of therapy is facilitated by factors such as: Extra-therapeutic Client Factors which include the client's personal strengths, weaknesses and other characteristics including beliefs and attitudes; and also factors in the client's environment that help. Secondly the therapist effort to identify and talk about strengths while helping client to deal with weaknesses. Thirdly the therapist should tailor solutions to client's beliefs and values. Fourthly the therapeutic relationship marked with the core conditions of empathy, warmth, acceptance which are perceived by client. In this case the therapist should be warm and empathic and address issues the client wants to deal with that is, work with the client's goals rather than those of the therapist's theoretical model. Fifthly, the Realistic hope on the part of the victim of domestic violence about the success and the possibility of improvement of their situation they are going through. Therefore, therapy will be effective when the therapist communicates hopefulness about what can be achieved. Lastly, the model of counselling contributes to the effectiveness of therapy for the victims facing domestic violence. It is important for the therapist to use the right approach for the particular client and situation. The approach should be tailored to the client's needs, beliefs and strengths. (Morawetz, 2006). Therefore, this means that the therapists should be willing to change their usual approach or model to suit the needs of the client on the day of each therapy. Where group support is necessary or individual counselling is effective, it should be the therapist to choose appropriately for the victim experiencing domestic violence.

5.3 Recommendations

1. There is a need for preventive, protective, and redress mechanisms to guard against violence against women and girls from various forms of domestic violence, in Kenya and other parts of the world.
2. There is need to create awareness to the society on the effects of domestic violence and how it can be prevented through effective lifeskills and coping mechanisms.
3. Therapists should be empowered financially by the Government and other stakeholders to attend to survivors of domestic violence without charging the survivors for services provided.
4. The government of Kenya, County government, NGO's, and CBOs, should come up with economic empowerment policies to support women and girls faced with domestic violence to enable them to be self-reliant.
5. There is need for more research in this field of violence against women and girls, to find out what should be done to prevent the situation from increasing. This is due to the changes seen in

the society today as a result of technology, social media, and the changing gender roles and cultural expectations.

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