

# Relationship Between Substance Use and Victimization to Intimate Partner Violence Among Men in Nyeri County, Kenya.

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## Abstract

Substance use and intimate partner violence (IPV) are significant public health concerns. There is research evidence on co-existence of the two. Most efforts addressing this co-existence have focused on substance use among male perpetrators of IPV. Not much focus has been given to the correlation between substance use and female perpetrated IPV. This paper seeks to explain the relationship between substance use and victimization to IPV among men in Nyeri County, Kenya. Based on social cognitive and attachment theories, the study utilized an Ex post facto correlational design. The sample consisted of 412 male participants who were selected through multi-stage sampling. A 4-questions, validated substance use screening tool, CAGE was used to screen for substance use while IPV scale measured prevalence and forms of IPV. Correlations between substance use and victimization to IPV was established using Pearson's Product Moment Correlation Coefficient and regression analysis. 87.9% of the participants reported experiencing some form of IPV in their intimate relationships. Psychological IPV was most prevalent compared to physical and sexual IPV. 42% reported substance use while 32% indicated having clinical drug use problem. There was a moderate positive correlation ( $r=0.288$ ) between the substance

use and IPV. Regression analysis indicated IPV (Est 0, 01,  $p$ -value<0.01) to be associated with substance use. Both IPV and substance use are prevalent among men in Nyeri county. Majority of substance users have a clinical drug problem. There was association between substance use and sexual IPV. The study recommends that interventions to address substance use and IPV amongst men should be put in place. Such interventions include counseling, awareness creation about the negative consequences of substance use and IPV as well as economic empowerment among men.

**Keywords:** Substance Use, Intimate Partner Violence, Male Victimization

## Introduction

Substance use and Intimate partner violence (IPV) are significant public health concerns that have attracted research efforts over time albeit independently. IPV has been suggested to be the most prevalent form of domestic violence (Tjaden & Theonnes 2006). WHO (2012) defines IPV as any action by an intimate partner that is harmful physically, psychologically or sexually. IPV may be perpetrated by either gender however, most literature addresses male perpetrated IPV. Female perpetrated IPV has not received as much attention as male perpetrated IPV. Although women are the most commonly reported victims of IPV, a significant number of men has also reported being victims (Grama and Magalhaes, 2011; Dutton & White 2013; Hines & Douglas 2012).

Regardless of the gender of the perpetrator, IPV leads to traumatizing short-term and long-term consequences. These consequences affect the health and well-being of the victim, their family and the community at large. The consequences include physical injury,

relationship conflicts, divorce and separation, murder and psychological problems among them depression, posttraumatic stress disorders (PTSD), substance use and suicide (Hines, 2001; Cook, 2009; Black, Basile, Breiding et al 2011). According Rivera, Phillips, Lyon, Bland & Kaewken (2015), many survivors of IPV resort to use of substances to manage the traumatic effects of abuse. In other cases, the abusive partners coerce them into using substances.

Substance use has been reported to be a risk factor for IPV perpetration according to WHO, (2013). Among the drugs associated with IPV perpetration include but not limited to; alcohol, Cocaine, marijuana (Leornard & Quigley (2017). Global estimates suggest that 23-63% of IPV incidents involve alcohol as a contributing factor (WHO, 2012). On the other hand, perpetrators under the influence of alcohol are reported to cause more severe physical harm (Choenni, Hammink, & van de Mheen D., 2017). There is evidence supporting the co-existence of IPV and substance use/substance use disorders. The data on prevalence rates is conflicting. Some studies indicate that substance abuse co-occur in 40-60% of IPV (White & Chen, 2002; Stuart, Hellmuth, Gordon & Moore, 2013, Breiding, Basile, Chen & Merrick 2014). Others indicate that the prevalence rates of IPV among people using substances however, range from 31% - 90%. Studies of people who use or are dependent on substances such as Burke, Thiemen, Gielen, O'Campo & McDonnell (2005), Cohen, CraigField, Campbell & Hien. (2013), consistently found high rates of lifetime IPV. Most of these prevalence studies however have been conducted among people entering substance abuse treatment centers and not the general population. On the other hand, the prevalence rates of substance use or abuse among IPV survivors vary from 18% -72%. Literature shows that there is a high likelihood of those experiencing IPV to report increased alcohol use, abuse, heavy drinking

or even dependence (Stuart et al., 2013; White & Chen, 2002).

Some of the studies indicate that substance abuse plays a facilitative role in IPV in precipitating violence such as El-Bassel, Gilbert, Go & Hill (2005). Others indicate that IPV is a predictor of substance abuse problem or addiction (Stuart et al. 2013, White and Chen, 2002). Other authors suggest a bidirectional relationship between the use of alcohol and/or other drugs IPV (Cohen et al., 2013 Kilpatrick, Acierno, Resnick, Saunders & Best 1997). The direction of the relationship between the two variables is therefore not clear; whether IPV precedes substance use, or vice versa. The need to untangle this temporal continues. The current study investigates the association between substance use and victimization to IPV in a Kenyan population and in female perpetrated IPV as compared to majority of the previous studies that address male perpetrated IPV.

Studies have shown that female survivors of IPV are more likely to use or become dependent on substances compared to those who have not experience IPV (Anderson 2002, Schneider & Burnett, 2009). On the other hand, male perpetrators of IPV have been reported to use alcohol or illicit drugs prior to committing assault. Literature is deficient on whether male victims of IPV also use or abuse substances and if the relationship exists between the two as it does for male perpetrators. The current study sought to establish the association substance use and female perpetrated IPV among men in Nyeri County, Kenya The specific objectives of the study included to;

- (i) establish the prevalence of substance use
- (ii) assess the prevalence of victimization to IPV among men
- (iii) to determine if there is a significant relationship between substance use and victimization to IPV among Men in Nyeri County, Kenya.

## Methodology

The study was conducted in Nyeri County in Kenya. The County was purposively chosen because of the repeated media reports of incidents of male victimization to IPV which justified the need for a scientific investigation. A sample of 412 male participants was selected from the general target population of men. The inclusion criteria included being a male aged between 18 and 65 who was married or had ever been married by the time of the study. The study utilized an ex post facto correlational design. Multi-stage sampling was used in selection of participants comprising of random sampling to select the three sub-counties namely Mukurwe-ini, Mathira West and Mathira East; stratified random sampling of 9 locations and 19 sub-locations and systematic sampling of 412

households from which one man who met the inclusion criteria was randomly selected. A formula recommended by Yamane (1967) was used to determine the number of households and hence the number of men to be included in the study.

$$n = N / (1 + N(e)^2)$$

Where N= total number of households, e=the acceptable precision error and n=the sample size.

The target households were 15058 (KNBS, 2009). The sample size was distributed proportionately across the selected sub-locations. The sampling frame in table 1 below summarizes the information on how the sample was selected.

**Table 1**

### The Sampling Frame

	Districts (2009 Census)	Sub-counties	Locations	Sub-Locations	Households
Target Population	2	8	14	36	15058
Sample-Size	2	3	9	19	412

The study comprised both quantitative and qualitative methods. Data collection instruments comprised of a demographic questionnaire, Intimate Partner Violence (IPV) Scale and CAGE.

Substance use among the participants was screened using CAGE, a four questions validated substance use screening tool. The responses in each question were either Yes (scored as 1) or No (scored as 0). A total score of 0 indicated no drug / alcohol use. A score of 1 indicated rare use of drugs / alcohol which was below clinical drug problem level. A score between 2 and 4 indicated drug / alcohol consumption that had reached clinical drug problem level.

The IPV scale on the other hand comprised of adapted items borrowed from the compendium of assessment tools for IPV by Thompson, Basile, Hertz & Sitterle (2006). The tool comprised of 30 items which assessed the type of IPV whether physical, sexual or psychological IPV. Physical violence was assessed by items 2, 3, 4, 13, 14, 15, 16, 17, 18 and 19. Sexual violence was determined by items 7, 8, 18 and 21. Psychological IPV was measured by items 5, 6, 9, 19, 22, 23, 25, 27, 28 and 30. All the items for each type of IPV were summed up with a total below 30 indicating absence of IPV and above 30 indicating presence of IPV.

Qualitative data was collected in three focus group discussions, one from each sub-county selected. Men who met the inclusion criteria were involved in the FGDs and were randomly selected from the sub-counties through the help of the area chiefs and community leaders. Each FGD comprised of 6-10 participants.

Data was analyzed using both descriptive and inferential statistics. Computation of frequencies and percentages was done and the data presented in tabular form. The relationship between substance use and victimization to IPV was established using Pearson Product Moment Correlation Coefficient. Regression analysis was also conducted to determine the associations between substance use and IPV. Socio-demographic data on age, education, marital status, duration of marital relationship, number of children and employment status of the participants was also collected.

Qualitative data was on the other hand analyzed thematically.

## Results

### Social-Demographic characteristics of the respondents

There was a 100% return rate of the questionnaires because they were administered directly to the respondents by research assistants. Majority of the respondents (37.4%) were in the 36-50 age category, (83.5%) were living with their spouses and (33.3%) had been married for 0-7 years by the time of the study. The mean number of children per participants was 3. Only 22.6% of the respondents had post-secondary school Education. A notable majority (67%) were self-employed compared to 21.8% in formal employment. Data collected on the respondents' demographic characteristics is presented in Table 2.

**Table 2**

### General Characteristics of Respondents

Characteristic	Description	F	%	Characteristic	Description	F	%
<b>Age</b>	No response	3	.7	<b>Level of Education</b>	No Response	7	1.7
	18-25 years	20	4.9		No formal Education	9	2.2
	26-35 years	122	29.6		Primary Level	121	29.4
	36-50 years	154	37.4		Secondary level	182	44.1
	51-65years	113	27.4		Post-Secondary Level	93	22.6
	<b>Total</b>	<b>412</b>	<b>100</b>		<b>Total</b>	<b>412</b>	<b>100</b>
<b>Marital Status</b>	No response	2	0.5	<b>Duration of Marital relationship</b>	No Response	6	1.5
	Living with the partner	344	83.5		0-7 years	137	33.3
	Divorced	2	0.5		8-15years	101	24.5
	Separated	45	10.9		16-25 years	80	19.4
	Widowed	16	3.9		26-50 years	80	19.4
	Cohabiting	3	0.7		Above 50 years	8	1.9
	<b>Total</b>	<b>412</b>	<b>100</b>		<b>Total</b>	<b>412</b>	<b>100</b>

Employment	No response	8	1.9	No. of Children	No Response	4	1
	In Formal Employment	90	21.8		None	20	4.9
Self-employed	276	67.0	1-2	164	39.8		
Unemployed	38	9.2	3-4	138	33.5		
<b>Total</b>	<b>412</b>	<b>100</b>	5-7	76	18.4		
			Above 7	10	2.4		
			<b>Total</b>	<b>412</b>	<b>100</b>		

### Prevalence and Types of IPV Experienced by respondents

Most of the respondents (87.9%) reported to have experienced some of form of intimate partner violence. The most frequent type of IPV was psychological at 84.2% and the least was sexual at 21.8% as presented in Table 3.

**Table 3**

#### Prevalence and Forms of IPV

	General IPV Prevalence	Physical IPV	Sexual IPV	Psychological IPV
Exposed	87.9%	25%	21.8%	84.2%
Not Exposed	12.1%	75%	78.2%	15.8%

### Substance Use Status

57.8% of the participants reported no current use of alcohol or any other substances while 31.8% and a vast majority of those using substances had reached dependence level as shown in table 4.

**Table 4**

#### Substance Use Status of Respondents

Drug/Alcohol Consumption	Frequency	Percent
No Consumption	238	57.8
Consumption but no Clinical Drug problem	43	10.4
Consumption with a Clinical Drug Problem	131	31.8
<b>Total</b>	<b>412</b>	<b>100</b>

### Relationship between Substance use and IPV

Correlations were done between substance use and IPV using Pearson's correlation Coefficient. Findings provided evidence of a significant low positive correlation ( $r=0.298$ ,  $p<0.01$ ). Partial correlations while controlling for potential confounders of age, marital status, level of education and employment status provided evidence of a significant, low positive correlation between substance use and IPV ( $r=0.287$ ,  $p<0.01$ ). The findings are presented in table 5.

**Table 5**  
**Correlation between Substance Use and IPV**

		Substance use	Victimization to IPV
<b>Substance use</b>	Pearson Correlation	1	.298**
	Sig. (2-tailed)		.000
	N	412	412
<b>Substance use while controlling for Age, Marital status, Education &amp; Employment</b>	Pearson Correlation	.278**	1
	Sig. (2-tailed)	.000	
	N	412	412

\*\* . Correlation is significant at the 0.01 level (2-tailed)

Logistic regression analysis was conducted and findings indicated that IPV was significantly and positively associated with Substance use. Substance use was treated as the independent variable and IPV as the dependent variable in these analyses. In binary regression logistics for each of the three types of IPV, only sexual IPV was significant. Results are presented in table 6.

**Table 6**

Characteristic	Estimate	p-value
Age	0.009	.963
Marital Status	.115	.460
Education level	.125	.298
Employment Status	.178	
IPV	.010	.000
Sexual IPV	.252	.014
Physical IPV	.108	.091
Psychological IPV	.033	.059

### Qualitative findings

Qualitative findings supported quantitative findings on high prevalence of substance abuse and IPV among men in the County. The FGD participants reiterated that only few men who did not take their responsibilities seriously were beaten. However, majority experienced psychological abuse such as being denied food and sex. Some reported that their wives engaged in extra marital affairs with men who could buy them expensive gifts. This resulted to fights at home while other husbands sought consolation in substance abuse. There was a feeling that women were more advantaged in the society than the men. The women were given government funding just as the youth while men are left out and that women were also entitled to inheritance from their fathers as well as from their husbands. This made the women more economically powerful than the men and hence increasing the potential for victimization.

Some excerpts are cited below;

"Yes men in Nyeri are beaten it is not a lie. Some men go home very late because they fear to be beaten." (*Mukurweini respondent 1*)

"Many more men are denied food by their spouses na hapo tu ndio wananyimwa ile mambo ingine... (And in the same way they are denied conjugal rights)" (*Mukurweini respondent 2*)

"Only very few men are beaten physically and in most cases such are the men who do not take their responsibilities seriously and do not have family virtues or those who have already been beaten up by life" (*Mathira East respondent 1*)

"The woman wants may be an expensive shoe I cannot afford. Finally, she is bought by another man out there. The first time I ask her there is a fight at home in fact she does not see as if I am a human being. So next time even if she comes with a more expensive shoe I will not ask her. Instead I go to the club and drink and I will find "KaMary" there who I can touch and she won't ask me." (*Mathira West respondent 1*)

"Some women are able to get some odd jobs that give them money at the end of the day. She then buys food cooks for herself and the children and they leave none for the man of the house." (*Mathira East respondent 2*)

"The law favours the women. The woman nowadays can inherit from two homes, her parents' home and the husband's. Because of this some do not take their marriages seriously, they do not own their marital homes. Most such women do not respect their husbands. Some women just get married to get children. In fact, most marriages are 'come-we stay marriages'. The constitution should be amended to ensure that those are married do not inherit from their families of origin." (*Mathira west respondent 4*)

"There should empowerment programmes for men just as there are for the women. Kwa nini hakuna 'inua kijana' ni 'inua dada' peke yake? (Why is there not a programme like support the boy only the girl?) Women can access loans that men cannot. Such money cause conflicts at home because the husbands have no say about it." (*Mathira East respondent*) "Law enforcers should exercise fairness. When women go to report when they are beaten by their husbands, the husbands are apprehended. However, when a man goes to report victimization by the wife, the police says... siunaona hii dume inapigwa na mwanamke. Si umuondokee kwa nyumba... (Look at this bull (man) he is beaten by the wife, can't you move away from her) Finally, they the law enforcers do nothing about it. This makes most men not report such incidents." (*Mathira west respondent 9*)

## Discussion

The demographic characteristics indicate that men in the region marry mostly after the age of 25 years and majority married at an even older age since majority of the respondents were in the age category of 35-50 years and yet most marriages had lasted for only 0-7 years. Majority (40%) had 1-2 children which is lower than expected being a rural population. The mean number of children was 3. This supported the Kenya Demographic and Health Survey (KDHS) by KNBS (2014) which indicated that Nyeri County had a fertility rate of 2.7 and was one of the counties with the lowest fertility rates in Kenya at the time. The findings that only 22% of the male population had post-secondary school Education was a worrying state and explains why most of them were not in formal jobs. There is a possibility that men married women who were more educated than them and who may also have formal jobs. This is likely to have been one of the factors predisposing them to

psychological IPV due to inability to fend for their families as indicated by the qualitative findings. Besides, Education is key to any form of development and is a key indicator of poverty levels. There is need for attention to be given to this to establish the explanations for such low Education levels despite the free education program in Kenya.

Findings of the study indicated Majority of the men had experienced some form of IPV with most of them acknowledging being victims of Psychological abuse. This shows that men had higher chances of being experiencing verbal abuse, threats, being denied food and conjugal rights, stalked or emotionally violated more than they were likely to be beaten physically or sexually abused. This was ascertained by the qualitative findings and is consistent with prior studies which reported that men are subjected mostly to psychological IPV and least to physical and sexual IPV and that women are more likely to use controlling acts (Hines & Douglas 2011, Straus 2004). However, it appears a fraction of the men who experienced psychological IPV also experienced sexual and physical IPV. Psychological abuse may lead men to suffer silently because it is least notable compared to physical harm also referred to as husband battering and which attracts a lot of attention. Given the socio-cultural expectations of men coupled by their poor help-seeking behavior, men are less likely to report IPV meted by their wives. According to Stith et al (2012) the most harmful form of IPV is Psychological and has long lasting effects on mental health. In this case, the men are likely to suffer psychological consequences such as substance use, self-harm and depression and hence the need for psychological interventions.

On the other hand, men who used substances were more likely to have a clinical drug problem. This implies that there were higher chances of addiction among those who

reported to use substances. There is therefore need to address the substance use problem. Interventions to address the substance use problem need to be identified and put in place and hence the need for intervention studies in this area.

The study provided evidence of a significant positive relationship between substance use and IPV among male victims of female perpetrated IPV. Specifically, sexual IPV was significantly associated with substance abuse. This implies that those who abused alcohol or other substances were more likely to be victims of IPV perpetrated by their intimate partners and especially sexually. The relationships being positive in both cases indicated that an increase in use of substances was likely to lead to an increase in victimization to IPV. This is in support of previous studies such as Gilchrist et al, (2019). This implies that if the problem of substance use was addressed, it would also lead to a decrease in IPV. The qualitative findings support the fact that most of the participants did not receive parental involvement of their fathers. The parental involvement was combined for both parents and this may have had implications on the findings.

The study being ex post-facto correlation in nature did not investigate the causal effect of the Substance use on victimization to IPV. This is a potential area of further investigation especially in longitudinal or intervention studies. However, the study established a significant correlation between substance use and IPV and established that substance use was likely to predict victimization to IPV. The need to address both problems; IPV and substance use was highlighted by the findings of this study.



## Conclusion

Almost half of the men were substance users with more than half of the users having a clinical drug problem. This implies that substance use is a prevalent problem in the area and needs to be addressed. IPV was prevalent among majority of the participants with psychological IPV being the most prevalent form of IPV compared to sexual and physical. This is least likely to be reported since it has no physical evidence but may lead to other psychological or relationship problems and hence needs to be curbed. The study provided evidence of significant positive association between substance use and victimization to IPV in general (all the three types of IPV combined) and to sexual IPV when tested separately. None of the social demographic factors tested in the study was significantly associated with substance use. Pearson correlation findings indicated the correlation with IPV existed despite controlling for any potential confounding. This asserts that there is a strong association between substance use and victimization to IPV. Therefore, men who use substances are more likely to be victims of IPV.

## Recommendations

The study recommends evidence based interventions to be put in place to address both substance use and IPV. Although the article does not establish the relevant interventions, the fact that psychological IPV was most prevalent provides basis for the need of counseling and other psychological interventions to address IPV. Banning of cheap local brews may also help to make alcohol inaccessible and less affordable given it was reported to be the most abused compared to other drugs. On the other hand, intervention and longitudinal studies need to be conducted to guide development of relevant evidence based interventions for substance use and for IPV. There is also need to create awareness about the two problems

and their negative consequences in the region.

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## References

- Archer, J. (2002). Sex differences in physically aggressive acts between heterosexual partners: A meta-analytic review. *Aggression and Violent Behavior*, 7(4):313-351
- Archer, J. (2006). Cross-cultural differences in physical aggression between partners: A social role analysis. *Personality and Social Psychology Review*, 10, 133-153.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Breiding, M., Smith, S., Basile, K., Walters, M.I., Chen, J., Merrick, M. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization – National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR*. Division of Violence Prevention, National Center for Injury Prevention and Control, CDC 6(8)
- Brogden, M. Niljhar S. (2004) Abuse of Adult Males in Intimate Partner Relationships in Northern Ireland.

<http://www.researchni.gov.uk/relationships.pdf>

- Burke, J. G., Thieman, L. K., Gielen, A. C., O'Campo, P., & McDonnell, K. A. (2005). Intimate partner violence, substance use, and HIV among low-income women: Taking a closer look. *Violence against Women*, 11(9), 1140-61. doi:10.1177/1077801205276943
- Carmo, R., Grama, A. and Magalhaes, T.(2011). Men as victims of intimate partner violence. *Journal of Forensic Legal medicine* Nov 18(8):355-362
- Centers for Disease Control (CDC). (2006). Understanding Intimate Partner Violence. Violence Prevention Fact Sheet.
- Centers for Disease Control & Prevention. (2009). Understanding intimate partner violence fact sheet.
- Chen, P., & White, H. R. (2004). Gender differences in adolescent and young adult predictors of later intimate partner violence. *Violence Against Women*, 10, 1283-1301.
- Choenni V, Haank A, van de Mheen D. (2017) Association Between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review. *Trauma Review Abuse* Jan 18 (1): 37-50
- Cohen, L.R., CraiField, Campbell, A.N.C & Hien, D. A. (2013). Intimate Partner Outcomes in Women with PTSD and substance use: A Secondary Analysis of NIDA clinical trials Network "Women and Trauma" Multi-site study.
- Cook, P. W. (2009). *Abused men: The hidden side of domestic violence* (2nd Ed.). Westport: Praeger.
- Dutton, D.G. & White, K.R. (2013). Male victims of domestic violence. *New male studies: An International Journal*. ISSN 1839-7816 Vol 2(1) 5-17.
- El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). Relationship between drug abuse and intimate partner violence: A longitudinal study among women receiving methadone. *American Journal of Public Health*, 95(3), 465-70. doi:10.2105/AJPH.2003.023200
- Gilchrist G, Dennis F, Radcliffe P, Henderson J, Hward LM & Gadd D. (2019) The Interplay between Substance Use and Intimate Partner Violence Perpetration: A meta-ethnography. *International Journal of Drug Policy*. 65 (18-23).
- Hines, D. A. & Douglas, E. M. (2011), The help seeking experiences of men who sustain IPV: an overlooked population and implications for practice. *Journal of Family violence*. doi:10.1007/s10896-011-9382-4.
- Kenya National Bureau of Statistics (KNBS). (2014). *Kenya Demographic and Health*.
- Leonard, K.E & Quigley B.M. (2017). Thirty years of research show alcohol to be a cause of intimate partner violence: Future research needs to identify who to treat and how to treat them. *Drug and Alcohol Review*, 36 (1) pp. 7-9
- Machisa, M, & Shamu, S. Mental ill health and factors associated with men's use of intimate partner violence in Zimbabwe. *BMC Public Health* 18, 376 (2018) doi:10.1186/s12889-018-5272-5

- Rivera, E. A., Phillips, H., Warshaw, C., Lyon, E., Bland, P. J., Kaewken, O. (2015). An applied research paper on the relationship between intimate partner violence and substance use. Chicago, IL: National Center on Domestic Violence, Trauma & Mental Health.
- Stith, S. M., McCollum, E.E., Amanor-Boadu, Y. & Smith, D. (2012). Systemic Perspectives on Intimate Partner Violence Treatment. *Journal of Marital and Family Therapy*, 38: 220-240. doi: 10.1111/j.1752-
- Straus, M. A. (2004). Women's violence toward men is a serious social problem. In Richard J.Gelles & Donileen R. Loseke (Eds.), *Current controversies on family violence*, (2nd Edition ed., pp. 55-77). Newbury Park: Sage Publications.
- Stuart, G., Hellmuth, J., Gordon, K.C. & Moore, T.M (2013). Risk Factors for Intimate Partner Violence during Pregnancy and Post-Partum. *Archives of Women's Mental Health* Vol. 16:1; 19-27
- Thompson, M.P., Basile K.C., Hertz M.F.& Sitterle D. (2006). *Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Tjaden , P. & Thoennes N. (2000). Full report of the prevalence, incidence, and consequences of violence against women. Findings from the National Violence Against Women Survey (NCJ 183781). Washington, DC: National Institute of Justice.
- World Health Organisation (2012) *Understanding and addressing violence against women: Intimate partner violence* World Health Organization, Geneva.
- Yamane, Taro. 1967. *Statistics: An Introductory Analysis*, 2nd Ed., New York: Harper and Row