

# Male Lived Experience of Domestic Violence in the Households, Nyeri County, Kenya

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**Abstract:** Domestic violence against men (DVAM) remains a private affair in many Africa countries. That rarely draws attention of legislators, policy makers and members of society as it is with other family members. The study explored male lived experience of domestic violence (DV) in the household for a period of one year, their socio-demographic, forms of abuse, coping strategy, culture and government interventions. A qualitative method was adapted. A total 19 victims out of 40 participated in this study. Semi-structured interviews were used for data collection. Data was analyzed by thematic content analysis. Ethical clearance was obtained from relevant authorities; informed consent and binding form were obtained from participants. Verbatim quotes were used to present the study findings. Three themes and three sub-themes emerged. Majority (19) did not reported their abuse, 15 were physically and emotionally abused. Ten reported to have adopted alcoholism as a coping strategy that exposed them to further victimization. Nineteen men suffered with little knowledge and awareness of government interventions to protect them. Socio-cultural norms attached to couples violence interfered with the reporting process by the witnesses and male victims to the law enforcement officers. There is need to equally implement gender-based violence laws and policy, and to challenge the held societal perceptions on DVAM. There is need to advocate for change in gender doing and alcohol abuse. A lifestyle, that exposure men to victimization and stigmatization at various levels in society. Police and society response needs to be objective to facilitate reporting, protection and prevention of DVAM, Nyeri County, Kenya.

**Key words:** Domestic violence/ abuse against men, government interventions/resources, lived experience, male victimization, Nyeri County, Kenya

## I. INTRODUCTION

### *Background information*

Domestic violence against man is any maltreatment husband spouse in the household. Globally, DVAM due occur in families despite the income levels, but more common in households of low income (Smith, Basile, Gilbert, Merrick, Patel et al., 2017). The British Crime Survey (BCS, 2012: 83) indicated that about 6% of women and 4% of men had experienced intimate domestic violence, accounting for 900,000 female and 600,000 male victims respectively. The prevalence of DV in United States is estimated to be 10 million people physically abused annually. That is an average of 29 people experiencing intimate partner physical violence in every minute (Black et al., 2010).

According to Odimegwu (2012), approximately 500,000 men were beaten by their wives in Kenya. In Zimbabwe (KDVR, 2012) there were 768 and 998 domestic violence cases dealt with at Kwekwe Magistrates' Court in the year 2011 and 2012, of which 26% (200 cases) and 45.9% (454 cases) respectively, involved male victims who reported various forms of abuse by their wives. However, there has been inconsistent statistics of domestic violence against men reported in the African continent compared to Western countries.

In Africa a study by Tenkorang (2021) indicated that anger and frustration in the households were the core reason why women use violence towards their spouses. However, both gender use DV for coercion control (Hamby's, 2009). Fifty three (53%) to sixty nine (69%) per cent of women use violence to get the desired attention from their male partner's, failure to which they rage with coercion, emotions, or withdrawals (Thomas, 2014).

According to Sawant (2012), at least five men in Kenya were physically abused every week, although over the past century, men might have experienced more domestic violence, but such incidences remain in silence. Those who report DV are often discriminated and subjected to disbelief by health workers, the police and the general public (Men Cry Too, 2013). On a situational analysis of Maendeleo ya wanaume (Odhiambo & Maito, 2012), the highest reported cases of DVAM occurred in Nyeri County between 2014 and 2015 of approximately 460,000 cases.

It is projected 4% of men victims suffer immediate physical injuries and fatalities across their lifespan (Basile, Smith, Breiding, Black & Mahendra, 2014). Those with long exposure reported to post-traumatic stress disorder (PTSD) and mental illness (Chibber, Cantor & Greenberg, 2016). Depression remains the most common symptom exhibited by survivors of domestic violence (Rowe & Allen, 2004). Cook (2009) recorded that a battered husband has been historically ignored and subjected to ridicule. In 18<sup>th</sup> century, abused men in France were made to wear an outlandish outfit and ride backwards around the village on a donkey. United States reports that more than 1 in every 4 men (31 per cent) experience DV in form of sexual and physical violence or abuse with 47% of men being subjected to psychological

aggression perpetrated by an intimate partner during their lifetimes (Smith *et al.*, 2017).

Johnson and Leonne (2005) revealed that individuals who experience DV were in the process of healing both physically and emotionally from multiple traumas that had various effects on the mind, body and spirit. It is a human nature to experience these, and acknowledging the effects can be an important immediate action in embarking on a process towards restoration and healing.

DVAM was reported to affect individual job performance by reducing work output as it increased absenteeism due to stress and illness, which lead to jobs loss for some (Murray & Powell, 2008). In adverse stages, effects of DV lowers individual level of work force thus, lowering production at one's work place that creates a burden to the State in providing services and resources for their problems (Pearson, 2007).

In Kenya, reports indicated that doctors do treat victims of DVAM with different type of physical injuries ranging from burns, chopped off genitals, to sensory system injury in Nairobi women's hospital and other hospitals (Were, 2017), yet there lived experience remains unknown. It was for this reason the researcher carried out this study to explore on male lived experiences following DV in the family and household.

## II. LITERATURE REVIEW

According to Truman and Morgan (2014), intimate partner's victimization was associated with increased rates of depression and suicidal behavior, with 34% of victims of DV receiving medical care. The current study sought to find out government interventions/resources that catered for male victims of DV.

There were consequences of DVAM to workplace according to Black, Basile, Breiding, Smith, Walters, Merrick and Stevens (2011), 1 in 10 men who reported household victimization had reduced work production or missed day/s of work. An abuse in the households that forced, male victims to seek healthcare services for their physical injuries, shelters and psychological services for emotional abuse. It was reported male victims of DV lose eighty million days of paid work each year (Sleet *et al.*; 2012), as a result of their victimization (Baum, Catalano, Rand & Rose, 2009). It was estimated 21-60% of men or women who experience DV were likely to lose their jobs (Rothman, Hathaway, Stidsen & Vries, 2007).

In Africa, men who fail to fulfill their gender roles and duties suffer low self-esteem, which is pointed out to be unacceptable both at the family and in the workplace. Indeed, such men were more likely to become victims of female violence (Rayner-Thomas, Dixon, Fanslow & Tse, 2016). A mystery surrounded by patriarchy ideology that has remained intact (British Crime Survey, 2012). It was this encroaching of the male social order to obliged traditional gender roles centrally to new roles that society wishes men to adopt,

conflict resolution mechanisms against strain in family structures (Oláh, Kotowska & Richter, 2018). According to Thomas (2010:158), men who fail to change their gender roles as compared to women were likely to be victimized.

In Kenya gender roles no longer solely rely on biblical times but on changing hence men also need to chip in and take part in some of the duties segregated for the females such as it was for women in Nyeri County who play their husbands role in providing for their families (Malombe, 1996). A study suggested that DV was a social and public problem among all religious and ethnic groups where majority suffer physical and psychological effects (Kariuki, 2013). Though as usual, men in most Kenya counties do not talk about DVAM openly due to the social stigma surrounding the subject (Amimo, 2012). Hence, this study explored aspects of male lived experience following DVAM, Nyeri County,

## III. METHODOLOGY

Qualitative method was adopted and purposive sampling was used to select seven (7) Alcoholic Rehabilitation Centres and one Provincial hospital across Nyeri County, Kenya. There were 40 admitted male victims of domestic violence at the time of the study. Only nineteen (19) male victims qualified for inclusion criteria. The study was conducted at Nyeri County. Nyeri County is located in central Province of Kenya. It borders Kirinyaga and Meru to the East, Laikipia to the North, Nyandarua to the West and Muranga County to the South. It covers 3,337km<sup>2</sup> with a population of 693,558 (male-49%, female-51%) with population density of 208 people per km<sup>2</sup> (KDHS, 2019). The main economic activities in Nyeri County include trade, manufacturing, tea farming, coffee farming, dairy farming, tourism, healthcare, fishing and financial services.

There were 92.8% of people living in Nyeri County can read and write and with a poverty level of 28.8% (NCPD, 2014). Participants were drawn from this region due to its high case highlights on domestic violence against men as often published on Daily Newspapers and aired out in mass media since 2013 (Daily Nation Wednesday; August 25, 2013). In addition, the Men Lobby group (Maendeleo ya Wanaume, 2012), indicates that there were about 460,000 battered men in the central province and Nyeri County annually. Men abused who are usually admitted for alcohol rehabilitation and medical treatment for their physical injuries. This called for the researcher investigation to explore male lived experience of DV to understand dimensions of its context, reporting and interventions. Data collection adopted semi-structured interview. A semi-structured interview guide contained participants right to voluntary participate in the study or withdraw any time without any consequences.

Participants also signed a binding form to agree on their information to be audiotape/digitally recorded. Participants admitted at the Alcohol rehabilitation Centers were introduced to the format of interview where they were also required to sign for their participation once they agreed to. After

participants were free to share their experience following answering of broad questions that narrowed to intrapersonal experience of domestic violence. Subsequent questioning and prompts were designed to probe causes and perception of DV, who witnessed it, what action was taken and knowledge of government interventions to unearth further recall of their lived experience. Audiotapes and field notes were taken. Participants' interviews lasted for 40 and 60 minutes. Emotional supports were offered if required, once interviews were finalized, verbal and written debrief for confirmation that the information contained was theirs. Ethical approval was obtained from NACOSTI number P/16/44843/11817, Kenya.

Recorded interviews were transcribed verbatim by the researcher and analysed by the supervisors using thematic content analysis (Ritchie & Spencer, 1993). Data analysis was based on predetermined themes as well as the interview data (Creswell & Miller, 2000). Data analysis entailed the preliminary familiarisation with the data (Graneheim & Lundman, 2004). The first analytic process was to make the amount of data more manageable while at the same time maintaining its quality (Silverman, 2013). The researcher read through every sentence and decided if it was related to the aim and objective of the study, assigning codes to each sentence in order with aim of giving it a meaningful unit. Each meaningful unit was assigned a short descriptor (code) as a means of reference. The grouped codes were named and formed themes. Researcher identified new sub-themes and explored them in a greater depth (Ulin et al., 2005). This process was repeated for other transcripts, and new patterns that emerged under each theme were noted.

Associated patterns were then joined and categorized into sub-themes. Themes were identified by means of putting together pieces of ideas, perceptions, views, opinions or experiences, which had little meaning when observed alone (Silverman, 2013). In this way, all the important pieces of the transcripts were put together as one, according to the thematic approach (Elo & Kyngäs, 2008). This outline was then used for the whole dataset that was relevant to the study aim and objective. The themes were developed out of the emerging issues from participants, with analytic themes emerging from the data and the aim and objective of the study. The clusters were then examined to determine the varieties and classes within every theme, and the relations and patterns among themes were established.

Themes that arose from the participants were then merged to form a complete picture of the collective their lived experiences, perceptions, needs, knowledge, views, and barriers and of all participants. However, the consistency of the ideas rested with the researcher who had rigorously studied how different ideas or components fit together in a meaningful way (Leininger, 1985). Therefore, the analysis was certainly subjective, with the likelihood that other researchers could find different themes from the same data. When gathering sub-themes to obtain a comprehensive view

of the information, it was easy to see a pattern emerging. The next step was to construct a suitable argument for deciding on the themes in order to present the final interpretative analysis of the data. It was not a clear-cut procedure, as the data needed to be revisited several times to filter and classify the developing themes.

Discussions with my supervisor who was also involved in the data analysis process agreed that the themes were broad and sufficiently comprehensive. In order to maintain anonymity, participants' names were changed and cited using codes. The research analysis was planned around the understanding of these discussions and was controlled in ways that aimed to minimise bias.

#### IV. RESULTS AND DISCUSSIONS

From the transcripts, participants' demographic characteristics were revealed as; participants' aged ranged between 23 to 44 years and married for one year to 11 years. During data analysis, majority (15) of men reported to have been physically and emotional abused by their spouses in their households. On average men were abused 3-4 times in a week, highest recorded at seven (7) and the least standing at two (2). Participants (19) indicated that DV took different forms at same time or different times. A few experienced an additional economic violence (8). Majority (9) reported to have been hit with hoe, wooden bars, or pushed against a hard surface while others sustained knife cut wounds. Most of this abuses/violence was reported to have occurred at the beginning and the end of the month, whose incidences were on rise on at different households as reported by participants.

Three (3) of the participants were admitted at Nyeri Provincial hospital at the time of interview. The rest were admitted at various alcoholic rehabilitation Centres. Majority (16) out of 19 men held that they had been abused due joblessness, financial mismanagement, drunkardness and neglect of their family roles. Majority (10) reported that there were witness during their abuse namely; children, relatives, neighbours and friends. Four (4) witnesses took the abused men to the hospital then to Alcohol Rehabilitation Centre, 5 called the police, 2 intervened to stop the fight and eight (8) watched in vain. Participants (19) held that reporting of DV against them was childish, a taboo and a shame as this was a private affairs that could be solved by the couple alone.

Four themes emerged namely; patriarchal constructs of social roles and concepts as cause of increase of DVAM in the household; men perceptions on lost livelihood and family following victimization, men's lived experience with physical and emotional trauma that had one sub-theme; and role of masculinity-focused government interventions in reporting and prevention of DVAM.

##### *Theme 1: Patriarchal constructs of social gender roles and concepts in the households as framed by the society*

These causes of male victimization were intertwined into patriarchal constructs of social roles and concepts in the

households as framed by the society. A man role was pointed out a man/husband as the prime provider for the family to maintain household harmony. But un/employment, alcoholism, family roles irresponsibility, extra-marital affairs and coming home late at night were pointed out as intertwined causes of increased level of male victimization in the study area.

Seven of male victims reported to have been subjected to DV by their spouses as they had no capacity to provide for their family. Eleven of male victims were victimized while drunk, while other four reported to have been victimized for coming home late. Most (19) of them did not sought medical treatment expect the three who were forced to get admitted at Nyeri Provincial hospital by the police. The rest (16) participants reported to have been forced to alcohol rehabilitation centers to avert their routine drinking sprees that lowered their participation to family responsibilities, increasing level of victimization by their wives. These results indicated that DVAM was social phenomena occurring in the households for the 19 men selected from the six alcohol rehabilitation Centers and one hospital to participate in this study.

Eight (8) participants reported lifestyle routines and exposure in drinking sprees had led to financial mismanagement, disrupting mans' expected execution of family roles. It was this failed commitment to family roles led to their victimization by their female spouses in the household. Kenya is a patriarchal and capitalist society; there were particular individual expectations in the division of labor and daily routine activities at various levels of society, without which conflict do occur in the household.

Seven (7) of the participants were willing to abandon their leisurely lives and struggle harder to achieve and restore their families roles. Majority (15) of men maintained their vulnerability and victimization was as result of alcoholism that increased recklessness among drinkers, which increased wastage of resources, isolation, laziness, worthlessness, anger and frustrations, all of which was heighten by victimization. One respondent revealed:

*“ My wife does not like my loitering around drinking with other drunkards. For her, I should look for some kind of work, so that I can assist her with some money. As a father and husband, I have neglected my duties and I often come home late past midnight. Sometimes, I spend some of my money on other ladies in the drinking sprees. Every time my wife learns of this, I am beaten. I believe every day I am beaten up because I usually squander the little money I earn from casual jobs, drinking alcohol and at times getting involved in risky sexual behavior”(P6, 37 years, Good Hope alcohol rehabilitation centre).*

A second participant had the following to say:

*“ I am working as a primary teacher but I had neglected my duties as a father and a husband. I had started coming home past mid night, drunk and with no money which*

*had become a habit. I always went to work drunk, neglected my duties as a father, spend most of my time at the bars and spend all family money with other ladies. When my wife heard about my habits, one day she got angered and beat me up”(P12; 26 years, Nyeri Provincial Hospital).*

Generally, all (19) participants were in agreement that victimization against them a form of social control meant to discipline them in their laxity in fulfilling their family responsibilities as they had left it to their wife. One male victim had the following to say:

*“I had to come in terms with life after her beatings.... I had to work hard to make up for the days I was away from my family. These days I drink (alcohol) responsibly. I owned up my family responsibilities and I had to change. A man should have control over his family, I had failed as her a husband, left my roles to her, which is not good. It is a shame for a woman to be more productive than a man in the family....”(P2; 32 years, Outspan alcohol rehabilitation centre).*

These statements were echoed by some (12) who acknowledged their mistakes and were ready to change for betterment of their families:

*“Since her beatings, I stopped drinking and avoided bad company. I have become more responsible and aggressive in searching for well-paying casual jobs to earn a living. I started budgeting for the little I had and provided for the family. It is a shame for a woman to provide for the family more than a man....., I had to struggle and catch up with time and money I had lost in the “changaa joints, busaa zones” and with bad friends. It was out of these behaviour, I was unable to provide for my family....”(P6; 37 years, Good Hope Alcohol rehabilitation Centre).*

*Theme 2: Men perceptions on lost livelihood and family following victimization*

There were several aspects of family loss and livelihood participants portrayed after victimization by their spouse due to their alcohol addict as it was their way of routine habits. Seven (7) of the participants interviewed worsened their inappropriate behaviour after they were victimized by their spouses, and ended up losing their families. These participants were neither remorseful of their alcoholism nor were they faithful to their partners. At individual, family and community levels, four (4) men reported to have felt excluded from their children, isolated, ashamed, and looked down-up as heads of their family, as they were intimidated by their wife, and embarrassed before their relatives, neighbours and society at large.

Generally, 7 men out of 19 expressed loss of power to control their wives and families following victimization while drunk. Three (3) men regretted to have divorced their wives and expressed some form of loneliness. Unfortunately, instead of seeking help from available alcoholic rehabilitation centre or any other support services in the region, they indulged more to

alcoholism. Some participants expressed their lost livelihood and family as follows;

*“The beating in the house had become a routine that was not going to stop anyway. ....I had informed her parents, and had to divorce. I lost my family, felt lonely and excluded from my children. I blamed my actions but it was too late. I continued drinking (indulged) more alcohol and local brew, as there was no one to question my lifestyle. I never bothered of my home neither going to work. I had wasted my life. It was at this point my parents intervened, and I was forced to take up help from Good Hope alcohol rehabilitation Centre”(P5, 35 years).*

*Theme 3: Men’s lived experience with physical and emotional trauma*

All (19) of the interviewed men victims suffered physical violence at their households following their spouses victimization. To cope with the negative consequences of stigmatization on faces of others as it is in African society, they engaged in alcohol drinking. Unfortunately, the more they drink alcohol, the more they become vulnerable to further physical and emotional abuse by their wives; and the more they got frustrated, stressed and depressed as was reported in this study. Some respondents remarked:

*“I have been beaten (physical) by my wife four times this week because of demanding money from her which I use carelessly on (alcohol) drinking and reckless activities that don’t benefit my family.....”(P9, 27 years, Nyeri Town Alcohol Rehabilitation Centre).*

Five participants agreed that their beatings by their wife and family conflicts had caused them shame, social stigma, embarrassment on their self-esteem and disrespect before their children, relatives and neighbors. Seven (7) of the participants reported that the society had perceived their behaviour as childish and were socially stigmatized and had no endeavours to report their cases to any relevant authorities. The society and police agencies (formal) were reported to have underestimate affairs of male victims as compared to those of women. All the time, police tends to portray men as perpetrators, beat and took them to police custody or hospital or alcohol rehabilitation Centre. One of participant had the following to say;

*“ Even after her beatings ..... that was witnessed by the neighbors.....she called the police and a village elder. I was ashamed and embarrassed of my routine habits. I was arrested before them and was not allowed to tell my story to the police. .... To avoid shame, I was forced to comply with the police where I was forced to take up refuge in Karia rehabilitation centre.....”(P15, 28 years old, Karia Recovery Centre).*

*Sub-theme 1: Men’s perceptions on effects of their victimization on intrapersonal, interpersonal relations and work productivity.*

Majority (15) of the participants agreed that they had become less productive both at home and at the work place. This was against socio-cultural norms (societal level) expected of them, as a result most of the time they conflicted with their wives as the family (level) expectation could not be met. At community level and work place, three (3) participants rarely interacted with their neighbors and workmates. Three (3) of them reported had no explanation for their absenteeism from work to their employers. Two (2) reported fear of opening up to their employer as these would risk loss of their jobs and being laughed at by other employees. One respondent had some amicable suggestion on what male victims needs to do to overcome their suffering and avoid losing their employment:

*“... I had lost interest with my job. My hard earning did not save me from her beatings. My neighbors’ always witnessed my beatings as we were living in a residential area. I had stopped talking and interacting with them. I had suffered for months. I never opened up to anyone, which is not right. My employer never knew why I was always absent at work. We men should not fear opening up our sufferings. Let us share and take up help offered to us by witnesses. Stopping to talk to our neighbors’ or workmates only worsens our situation and leaves us more vulnerable to our abusive wives. People around you need to understand what you are going through at home to reflect on your present behavior and performance at your place of work. Otherwise one stands a ground of losing the jobs they already have and getting more problems....” (P3, 44 years old, Outspan alcohol rehabilitation centre)*

*Theme 4: Role of masculinity-focused police and government interventions in gender-based violence reporting, protection and prevention and attainment of social justices.*

This theme had 3 sub-themes as discussed below;

*Sub-themes1: Police officers were pointed as barriers to reporting of DVAM cases, but a hindrance to criminal justices under gender-based violence law and legal frameworks in Kenya.*

Eight participants confessed reporting to the police was not an option, because the police officers tend to intimidated them more. Police officers were perceived to ridicule them, with only one option to keep it to themselves. Four (4) of abused men took the advice given to them but did not report their victimization to the police due to fear of losing custody of their children. In most instances, police officers were reported to ask for bribers (corruption) before they can record statements for Due Process before the law. It is for this police officers unprofessional behavior in dealing with DVAM that were pointed to discourage male victims from reporting such cases. Some respondents unearthed:

*“..I did not report to the police because they would need some money to record my case, to arrest my wife, and to hear my case..... Reporting my case to the police means expecting intimidation from them. As a man I am not supposed to be beaten by a woman”(P14, 32 years old, Karia Health Centre).*

Another respondent added:

*“ I saw there was no need to report her, yet I was on the wrong. Furthermore, it is shameful for a man to report to anyone about his beatings by his wife. But if I was to report where else was I to report? The police would not listen to me even if she was on the wrong” (P10, 30 years old, Nyeri Provincial hospital).*

*Sub-theme 2: Societal responses to DVAM were also reported to be biased.* This section had two aspects of male victims and witnesses as perceived challenges for reporting cases of DVAM. The context under which DVAM occurred was out of questions among these participants. Fifteen (15) of male victims confirmed that even if there were witnesses, reporting their cases to any enforcement officers was not the way to go probably because DV was considered as a private affair at the households but not for the public domain (society) to know about it. As socio-cultural practices/taboo attached to it were pointed to have hindered witnesses from reporting these cases to the police. Some respondents enlightened:

*“ ..it is not appropriate for friends, neighbors, children or anyone else to report domestic violence, because DV is a private affair between couples...”(P1, 28 years old, Out Span Alcohol Rehabilitation Centre).*

*“Witnesses generally do not intervene in couple conflicts for fear of being victimized (taking side) by either of the couple...”(P8, 26 years old, Nyeri Town).*

Eleven (11) male victims expressed negative perceptions in reporting their beatings to any one not even the authorities in the region because they perceived that no one would listen to them. This is because the societal norms and concepts do not consider married man can be victimized by their wives. In addition, government agencies were pointed as necessary tool for enhancing reporting in the regions, which were not easily available to male victims of DV at the region. While those agencies which were in place were exclusively for alcoholics rehabilitation, and a few of the victims and witnesses were aware of them.

Seven (7) of the witnesses of the abused men were reported to have taken action to stop the male beating. These were majorly the in-laws, neighbors and community/village elders who called the police to stop couple fight. But police response resulted to the arrest of the man. This shows that most members of the society were more aware of the government interventions to stop the fights following incidence of DVAM in the households. Others were aware of men's routine habits of consuming excessive alcohol and abusing other drugs, who would have benefitted from any available support services to change mans' alcoholic behavior. One respondent clarified:

*“ My neighbours called the police and village elders. I was arrested and taken to Kari centre in Karia for alcohol rehabilitation.....”(P15, 28 years old, Kari Health Centre).*

Another respondent supported this by:

*“My mother in-law called the police and I was arrested. .... The police did not take me to the station (police) but to the Nyeri General provincial hospital and later to alcohol rehabilitation centre.....”(P10, 30 years, Othaya Alcohol rehabilitation centre).*

*Sub-theme 3: Ignorance, lack of knowledge and awareness of support service for male victims of domestic violence were also pointed out:*

Some mentioned on how much government interventions and other organization availed and advocated for women victims of domestic violence leaving abused men rarely focused on. Majority (19) never looked at alcoholism as core cause of couple conflict in the region. One respondent disclosed:

*“ I don't know any non-governmental agencies or government organizations that help us (male victims of domestic violence). In Kenya women were more cared for by the government officers than we male victims of domestic violence. There are many organizations that .... Advocate for elimination of all forms of violence against women, and many more. Yet the same United Nations have no equal measures or support services for men. It is clear world organizations and Kenyan government assume that husbands beat their wives and not us (men)...”(P3, 44 years old, Out Span Alcohol Rehabilitation Centre)*

These statements were supported by another respondent:

*“ I have no idea where domestic violence agencies are located in this region. Even if they were there I would not seek help. Traditionally for a man to report that he has been beaten by a lady, no action will be taken but I will be considered a weak man and I will be ridiculed by the whole community. To some extent I will never be appointed in any position in the society” (P8, 26 years old, Nyeri Town Alcohol rehabilitation Centre).*

Majority of the participants (19) perceived there were support services for alcoholics in the area and any form of help offered by witnesses was not accepted easily. Seven (7) of men were forced to it up support services from alcoholic rehabilitation centres after their victimization had been reported to the police by the witness. Lifestyle routine practices, that had exposed most of the participants at risk of being victimized by their spouse in the family. Some respondents revealed:

*“I was forced by my neighbors' to seek help and I accepted assistance in this place ( Karia) rehabilitation center, because alcohol had taken control of my life and I did not care if I was to be victimized..... or not by my wife. .... The rehabilitation center helped me to regulate my drinking habits.....”(P15, 28 years old, Karia).*

Men's lived experience reveal the paradox of human nature that was enshrined to sex, sexuality and gender, that governed participants' pervasive trends of their experiences and social habits of their everyday life. Social construction of gender

roles prevailed throughout the men's lived experiences. Male characteristics in this study had similar life experiences whose members had become different kind of men who constitute the rest of the society as was perceived by the male participants. All male victims were subjected to physical and emotional violence that had disrupted their socio-cultural and emotional world of the individual male victim.

Male victims of DV whose processes of gendering and expectations of family responsibility were legitimated by the societal set of norms and values, but who failed were victimized at various levels in the society. Gender roles legitimated those in authority, organizes sexuality and emotional life in the household. Majority (19) participants legitimated their partners' beatings revealing they had failed as men in the provision of families need and wants as prescribed by the society. The study findings revealed that 15 participants out of 19 had been abused as they were unable to take up their gender roles as defined by social constructs. A socio-cultural norm that seemed to define social order and sexual orientations of women in the household in this study area.

Through participant verbatim quotations, sex roles to family structure concepts were identified with social processes that male victims were supposed to maintain gendered roles and social order similar to study by Risman (2018) that revealed gender differences and inequality in the family stratification. Hence, in a gender-stratified society (Rodriguez Mosquera, 2016) meant men roles were viewed of value to the family than what women did and failure caused disruption as revealed in this study findings. Unfortunately, participants (men) were viewed as a superior group of the family members, who should maintain their social responsibility and positions as a way of maintaining masculinity power and control over women, which was not the case in this study findings.

The finding of this study concurs with Ezebuilo, (2020), who found that male gender status is achieved through roles performance. Repetitious performance failures of participant were doing gender in line with social norms. Gender doing that was internalized by female perpetrators of male victims of DV as man (masculine) while women felt feminine. Gender doing that was portrayed by being a husband and a father, was embodied with significant gender doing role. Study participants who were believed to hold on gender norms and socio-cultural practices to maintain social relationships in the household. Male victim roles were mapped to normalize the essentials of gender category in the family relationship that had failed. Men were perceived by others specially society and spouse as irresponsible husband and father.

To large extent, men roles were culturally, socially, economically and historically defined in this study findings that created venues for male victimization in the household. Roles that were matter of social construct encroached into everyday gendered interactions and social expectations. That consistently created foundations in the family, wide division

of work processes in society, getting better paying jobs in organizations and institutions to support the family, which eventually strengthened gender norms and expectations for individuals by creating biases in this study finding. Husband roles and responsibilities that a given by society had created a common misconception to majority of these participants, that seemed unchanged irrespective of women's ability to provide for the family (Ezebuilo, 2020).

Hence, male victims of DV were faced gender roles crisis that were not achieved in family environment which implicitly and explicitly categorized them as husbands and fathers and motivated poor societal response to their victimization. Findings similar to a study by Blackmore (2017), who revealed that sex and gender were structures that defined division of labor at home and in economic production. A culture, that seems to define social order and sexual orientations of women in this study area.

Gender was a major axis along alcoholism that increased oppression of men in the family and laxity in police and witness response. Gender order revealed mens' legal status, hierarchical overall of men, and their dominance in the family and society. Gender discrimination was engrained in male victim non-reporting of their victimization, witness and police response who viewed DVAM as private affair embedded in gender implications held to it. Findings that were similar with Ezebuilo (2020) study, that gender roles were men functional positions executed in the family. A social constructs that was core across time, context and culture of men in the family.

Responses that could only be altered by change of social and political institutions to accept DVAM do exist and needs gender neutrality and equality in the provision of support services and interventions to prevent and manage male victims of DV it was found in this study finding which were similar to findings by Risman study (2018). It was through this study finding, male victims of DV can get criminal justices in spite the stratified system of society where gender ranks men as powerful from other individuals from societal point of view, which denies they can suffer in the hands of wives. Otherwise, community and societal responses to male victimization was poor in this study finding.

In addition, drinking alcoholic sprees were pointed as umbrella under which men formed social grouping that did not help them to overcome their sufferings but instead increased their level of alcoholism increasing undoing gender and victimization. Majority 19 reported to have spent most of their time, away from their families and finances on alcohol addiction instead of catering for their roles. Lost quality time with male friends rather than be with their family that disrupted their heterosexual relationships. To some extent these drinking sprees portrayed reinforced gender identity that wife had no control over them, despite their repetitive victimization. This finding were in line with Kolbe and Büttner (2020) study who indicated number of abused men increased with increased risk factors such as alcohol abuse among heterosexual relationships.

Male victims of DV whose behavioral patterns, routine habits and preferences had been disrupted by drug addiction and alcoholic lifestyles, hence could not provide for their families. Lifestyles associated with drinking sprees, group norms and values that are organized around their daily activities and everyday life of alcohol had negatively disrupted their family responsibilities.

Furthermore, acceptance of stereotypes held at various levels of society about male victims of DV contribute to a belief that it is okay to victimize men who fail to provide for their families. It is these held misconceptions by society at various levels that men who do not meet their social roles expectations deserve some form of beatings to remind them of their responsibility. Yet, violence is a not a solution for men's financial inadequacy in the household. Better financial strategies would be of value that prevent family conflicts may require support of the entire family especially of men rather than DVAM.

Study findings that corroborated with Mutahi study in 2017 in Nyeri County that indicated men have fallen back to vicious cycles of alcohol drinking due to unemployment; While women, had risen up in the workforce and family roles through self-help groups and government empowerment programme. This findings also concurs with other studies findings that found, patterns of heavy alcohol drinking and contexts-specific, marijuana use and smoking were risky environment for intimate partner violence (Cunradi, Ponicki, Alter, Caetano, Mair, & Lee, 2020; Cunradi, Mair & Todd, 2015). But according to Were (2017) and Kanogo (1987) the occurrences of DVAM were symptoms of deeper historical and societal issues than mere social and economic factors that needed more investigation, contrary to this study finding.

This study finding were in agreement with Rayner-Thomas, Dixon, Fanslow and Tse (2016) study in New Zealand that found male victimization by their spouses led to employee absenteeism stress and fatigue that negatively affected work productivity in organisations, reducing countries per capital income. As male victims of DV reported to have reduced their frustrations in bars, while others took hard drugs to cope with their victimization (Njuguna, 2014). The study findings were similar with WHO (2006) who found that magnitude of interpersonal violence increased with increased levels and patterns of alcohol abuse and alcoholism across and between countries. These predisposed men to routine consumption of alcohol, making them suitable targets for DV and abuse specially, if the man's responsibilities were not fulfilled in the family. Yet, DV that occurs when men were drunk, victimization was likely to be justified and not reported.

Male victims of DV reported lack of knowledge and awareness as obstacles in seeking support services and reporting their victimization. But patriarchal constructions associated with men as victims of DV at individual, family, community and at society at large prevailed in this study findings. Findings that contradicted Kenya Center for Rights Education and awareness (CREAW) on the legal and policy

framework on gender based violence Act (Kenya, 2019). A multi-sectoral rapid assessment that advocates for elimination of all gender based violence in Nyeri County, Kenya (2019), which in these study male victims' rights was violated. Despite equal rights and treatment before the law as stipulated in Kenya constitution of 2010 and as highlighted on bills of rights in Chapter 4, male victims in this study were discrimination against prompt police response, was exclusive of male victims. In spite Kenya being a signatory of several sub-regionals, regional and International organizations that do address all forms of DV, male victims of DV were not equally addressed with the same magnitude as of female victims of DV as was pointed in this study finding. Questioning how effective were these Act and deterrence laws in Kenya in protection and prevention of DVAM as pointed out by Isaboke (2016) in a similar study findings.

Most government law enforcers (police) and agencies that offer support services to victims of DV continue to hold on gendered notions that men cannot suffer in the hands of their counterparts, hence reporting it was not a core step for intervention by the victims and witness as shown in this study findings. These finding were contrary to National Gender and Equality commission (NGEC, 2019) Nyeri County, which advocates for swift action by the Kenya police service to prevent and investigate DVAM. Thus, implementation of Standard Operating procedures to warrant arrest of female perpetrators in this study finding lacked. Action to address reporting, prosecution, protection and prevention of male victims of DV were contrary to NGEC (2019).

Male lived experiences in the current study revealed that men suffered in silence and did not seek help when victimized by spouses in the household. Minority (6) were forced to take up the medical help while others (13) were reported to have received emergency support services from alcohol rehabilitation centers in the County. Study findings that were similar to Joseph-Edwards and Wallace (2021) study that pointed, men as victims of DV do suffer in silence, shame, live in seclusion and remain invisible to warrant government interventions. Contrary to study by Chalya, Massinde, Kihunrwa, Kayange, Hauli, Kapesa et al. (2015), that points the need to admitted traumatized male victims of DV for support and health care.

Despite the existence of global and regional protocols, laws and policies, reported prevalence and incidences of DVAM remained low in this study area. Under report that was deep rooted on masculinity of patriarchal family systems that a man cannot suffer in the hands of a women. An incidence of DV, that were not reported to the police by the witnesses and male victims. Masculinity accommodated violence against their life for prolonged period without reporting it, but was forced to take up help offered to them by witness. Study finding that agrees with Hlavka (2017) study that revealed masculinity as a social stigma to silence among victims of DV.

Police who were called by witnesses ended up arresting the male victims despite the fact that women were perpetrators,



which further subjected men to gender-stereotyped treatments as revealed in this study. Most (13) of the households witnesses as well as male victims were not aware and did not have access to information of violence support services for male victims of DV.

Victims were aware of incidences of their victimization, forms of abuse they suffered; and how these was associated with mans' gender roles in the family, joblessness, and patterns and levels of alcohol drinking, away from social constructs of patricidal society. Yet, documentation of these incidences remained inconsistently. There were no voluntary uptake of alcohol rehabilitative services by male victims of DV despite knowledge their gender doing was affected by their alcohol abuse. While advocacy against the vices in the households remained unknown as revealed in this study that corroborates with Dixon and Graham-Kevan (2011) findings on the need to understand the nature and ethology of DVAM and its implications for practice and policy implementation.

## VI. CONCLUSION

Domestic violence against men does exist despite in its small magnitude. Their lived experience and circumstances under which they were abused in this study finding, points to gaps in the implementation of gender-based violence policy by police and the society. More so negative societal perceptions in response to incidences of DVAM remain patriarchal to warrant government resources allocation to male victims of DV in the region.

Majority (19) of the men were physical and emotionally abused. Underreporting of incidences of DVAM was high, as 19 male victims and 3 witnesses were forced to report it. An evident that male gender remained a social construct linked to patriarchal responsibilities and practices that undermined the concept that DVAM exist in the region. A societal culture that had designated marital violence issues as private affairs, that can only be reported by the husband and wife to the police or not. Therefore, reporting cases of DVAM was considered as divulging personal details to the public which was against social-cultural norms. As a result, these men experienced victimization in their households in silence since they and their witnesses were governed by male gender construct not to report it.

## VII. RECOMMENDATIONS

There is need to equally implement gender-based violence laws and policy, to challenges the held societal perceptions on DVAM. An action that will see female perpetrators brought to due process of law.

There is need to advocate for change in gender doing and alcohol abuse lifestyle that exposure men to victimization and stigmatization at various levels in society.

Police and society response needs to be objective to facilitate reporting, protection and prevention of DVAM, Nyeri County, Kenya.

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