Johns Hopkins University | Center for Global Women's Health and Gender Equity
Center for Global Women's Health & Gender Equity
Evidence Accelerator Brief Series

Help-Seeking and Professional Working Status among Survivors of Intimate Partner Violence in Kenya: A Comparative Study

Abigael Malelu-Gitau
PhD Student, Kenyatta University
Executive Director, Scars of Resilience

JHU Faculty Mentor: Anaise Williams, PhD

Gender/GBV Evidence Accelerator Fellowship Program
Johns Hopkins Center for Global Women's Health & Gender Equity

Why This Matters

- Intimate partner violence (IPV), the most prevalent form of gender-based violence (GBV) globally, affects 1 in 4 women.[1,2,3] IPV is defined as assaultive and/or coercive behavior by a current or former spouse or intimate partner that results in physical, sexual, or psychological harm.[4]
- Fewer than 40% of women globally seek help for IPV.[5] When women do seek help, they most often rely on informal supports such as family or friends.[5]
- Socio-cultural barriers, such as fear, shame, stigma, and lack of awareness, discourage open conversations about IPV and hinder women's ability to seek formal help.
- Help-seeking barriers may be uniquely experienced by working women. Societal expectations of competence and professional status intersect with traditional gender roles, potentially limiting agency in abusive situations, including help-seeking.[6, 7] A balance between professional identity and personal challenges leaves women in precarious positions.[8]
- In contexts such as Kenya, this tension becomes particularly pronounced. While women's participation in the formal workforce is steadily increasing, traditional gender norms remain deeply entrenched, continuing to shape household dynamics and expectations.[9, 10]
- Over 40% of women in Kenya have experienced any IPV during their lives, with 28% reporting previously experiencing physical IPV.[9]
- While research on workplace GBV and GBV support policies in Kenya exist given IPV's high prevalence, differences in help-seeking between professional and non-professional women survivors of physical IPV remain underexplored.

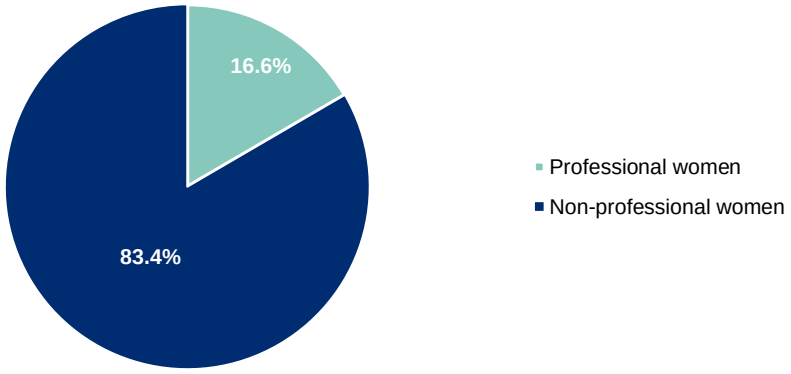
Key Findings

Physical IPV[1] is prevalent among currently partnered working women in Kenya, with nearly 1 in 5 (18%) reporting an experience of physical IPV in the past year. Among women who experienced physical IPV in the past year, 62.1% experienced severe[2] violence (with or without less severe violence).

The prevalence of past-year physical IPV differed by professional status[3]. Approximately 11% of professional working women experienced physical IPV, this moved up to 20.9% among non-professional working women.

When looking specifically at working partnered women who experienced physical IPV in the past year, approximately 1 in 6 were working in a professional setting in Kenya.

Figure 1: Professional status among working partnered women ages 25-49 who have experienced physical IPV in the past year, weighted (n=1,044)



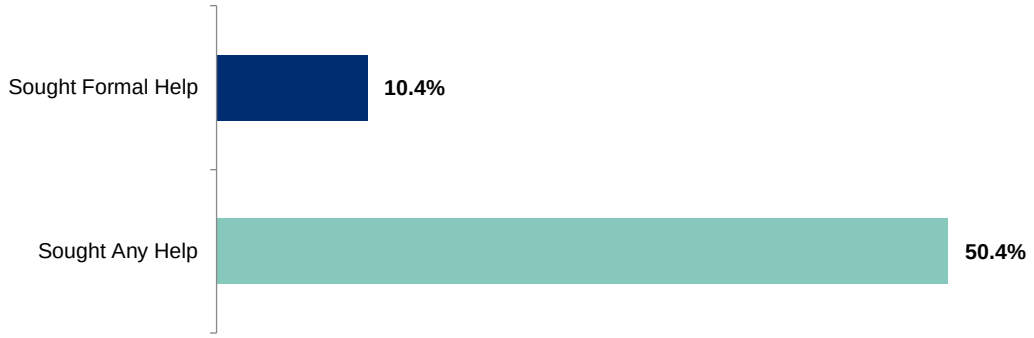
IPV-related help-seeking was uncommon among working women, particularly from formal sources. Only about half of women who experienced past-year physical IPV sought help from any source, and only 1 in 10 sought formal help, such as from police, lawyers, or medical professionals.

[1] The Demographic and Health Surveys (DHS) measure physical IPV by asking respondents if their current or former spouse or intimate partner has done any of the following in the past year: push, shake, or throw something at; slap; twist arm or pull hair; punch with fist or with something that could hurt; kick, drag, or beat up; choke or burn on purpose; attack with a knife, gun, or other weapon.

[2] Less severe IPV includes being pushed, shaken, having something thrown at, or being slapped. Severe IPV, with or without less severe IPV, includes having an arm twisted or hair pulled, being punched with a fist or with something that could hurt, or being kicked, dragged, beat up, choked, burned or attacked with a knife, gun, or other weapon.

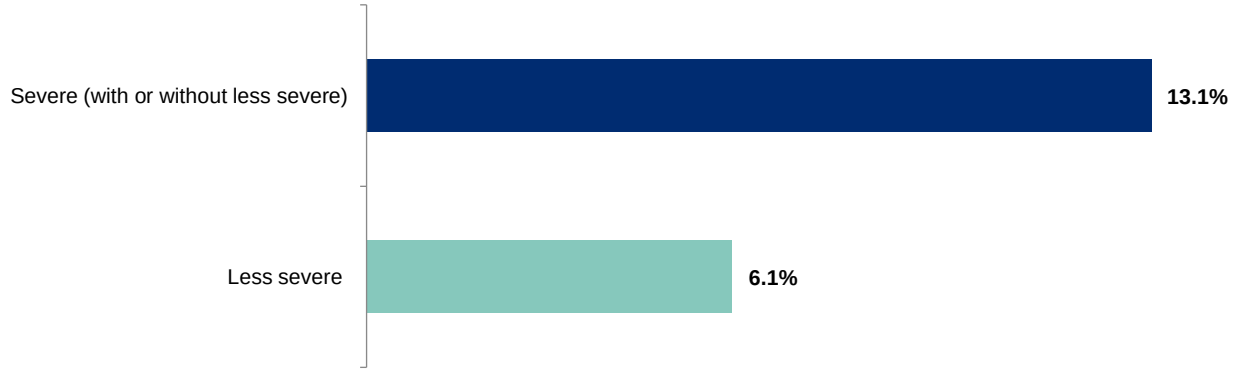
[3] Professional status is defined by the DHS and includes occupations such as armed forces, government workers, departmental managers, scientists, engineers, health professionals, lawyers, teachers, accountants, authors, business agents, and real estate agents.

Figure 2: Any and formal[4] help-seeking among working partnered women ages 25-49 who have experienced physical IPV in the past year, weighted (n=1,044)



Formal help-seeking differed by severity of physical IPV. Those who experienced severe physical IPV were more likely to seek formal help compared to those who experienced less severe physical IPV, at 13.1% and 6.1%, respectively.

Figure 3: Formal help-seeking by physical IPV severity, among working partnered women ages 25-49 who have experienced physical IPV in the past year, weighted (n=1,044)



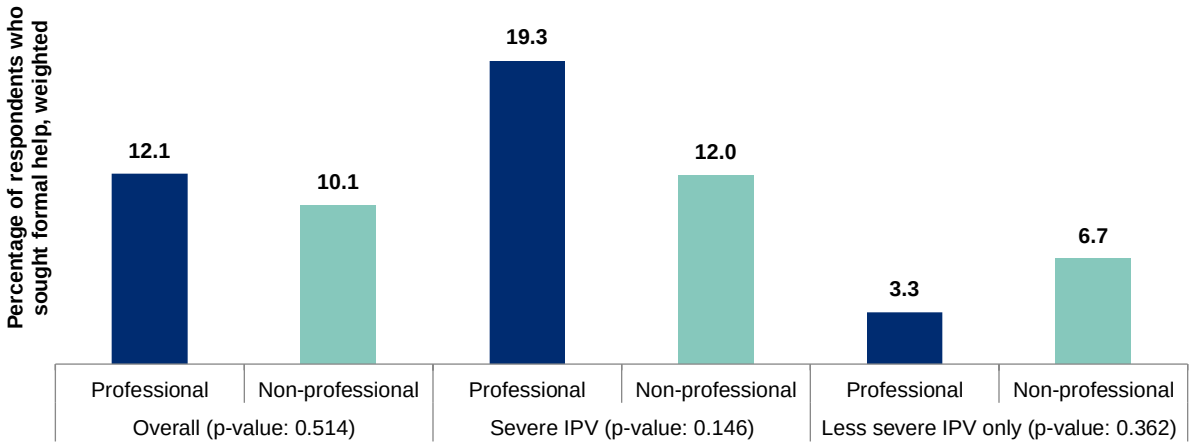
Formal help-seeking did not significantly differ between professional and non-professional working women, with 12.1% of professionals and 10.1% of non-professionals seeking formal help.

- Among women who experienced severe IPV, professional women were more likely to seek formal help compared to non-professional women (19% versus 12%, trending towards significance, p-value=0.146).

[4] Women who experienced past-year physical IPV were asked if and from whom they sought help. Any help-seeking was defined by whether they responded, "sought help from someone" as compared to "not help was sought." Formal help-seeking was defined as seeking help from a social service organization, the police, a religious leader, a lawyer, and/or a medical professional.

- Among women who only experienced less severe IPV, there was no significant difference in formal help-seeking between professional and non-professional women (3.3 % versus 6.7%, p=0.362).

Figure 4: Formal help-seeking by professional status, overall and by physical IPV severity, among working partnered women ages 25-49 who have experienced physical IPV in the past year, weighted (n=1,044)



Action Steps

- Findings suggest that professional status does not significantly influence women's formal help-seeking for physical IPV. Barriers to help-seeking may similarly affect both professional and non-professional women. Further research on potential differences in drivers of help-seeking between professional and non-professional women is needed to inform interventions that respond to women's unique backgrounds.
- Given low formal help-seeking overall, there is a need to increase sensitization and awareness of available services by government and non-governmental organizations, especially in professional spaces and networks. Further, community outreach and public education programs are needed to challenge entrenched social norms and beliefs that discourage survivors from seeking help.
- Since less severe forms of IPV often escalate into severe incidents, targeted interventions that encourage women experiencing less severe physical IPV to seek help early are needed.
- Strategies to support help-seeking among working women include:
  - Adopting the power of storytelling from survivors of IPV to reinforce positive attitudes towards help-seeking.
  - Establishing one-stop centers and making them accessible for comprehensive survivor support.
  - Designing specialized programs within organizations and professional networks to address IPV in workplaces and encourage workplaces to develop policies that support help-seeking behavior among survivors of IPV, such as safe spaces in offices, paid

leave, and protection policies after disclosure.
- Leveraging technology, such as mobile applications (i.e., myPlanKenya[10]), to provide survivors with resources and guidance on formal help–seeking services, while ensuring confidentiality.

Methods

The study utilized data from the 2022 Kenya Demographic and Health Survey (KDHS) to investigate formal help-seeking behaviors among currently partnered working women aged 25-49 who experienced physical IPV in the past year. The selection resulted in a total sample population of 1,044 women, including 825 non-professional women and 219 professional women based on KDHS occupational classifications.

Women in the analytic sample were, on average, 35 years old. Most reside in rural areas (70.9%). Education levels are concentrated at the primary (59.1%) and secondary level (28.8%), while only 6.7% reported higher education. Wealth was skewed, with the majority of women in the middle (25.8%) and poorest (21.5%) categories.

Statistical analyses were conducted using Stata 18BE software. Bivariate analysis was used to examine associations of help-seeking with professional status, demographic factors, and IPV severity using the design-based F-statistic. The findings were presented in descriptive tables and visualized with charts to highlight trends and differences in help-seeking behaviors across professional and non-professional groups. DHS survey weighting was applied to all analysis.

Suggested citation:

Malelu-Gitau A, Williams A, Wood SN, Thomas, HL, Decker MR. Help-Seeking and Professional Working Status among Survivors of Intimate Partner Violence in Kenya: A Comparative Study. Johns Hopkins Center for Global Women's Health & Gender Equity and Kenyatta University. Baltimore, USA and Nairobi, Kenya.

The Evidence Accelerators Program is supported by generous funding from the David and Lucile Packard Foundation.

References

1. World Health Organization (2012) Understanding and addressing violence against women. World Health Organization, Geneva
2. World Health Organization. (2018). Violence Against Women. Prevalence Estimates,2018. WHO.
3. Adejimi, A., Fawole, O., Sekoni, O., & Kyriacou, D. (2015). Prevalence and Correlates of Intimate Partner Violence among Male Civil Servants in Ibadan, Nigeria. African Journal of Medicine and Medical Sciences, 43, 51–60.
4. Intimate Partner Violence. (2022). Retrieved September 2, 2023, from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence
5. UN Women. (2022). Statement: Call to Action- "UNiTE! Activism to End Violence against Women and Girls!" Retrieved from https://www.unwomen.org
6. Lempert, L. B. (1997). The Other Side of Help: Negative Effects in the Help-Seeking Processes of Abused Women. Qualitative Sociology, 20(2), 289–309. https://doi.org/10.1023/A:1024769920112
7. Kwesiga, E., et al. (2007). Exploring Literature on relationships between gender roles, intimate partner violence, occupational status, and organizational benefits. JInterpers Violence. Mar;22(3):312-

26.doi:10.1177/0886260506295381.PMID:
8. Slay, H., & Smith, D. (2011. (n.d.). Professional identity construction: Using narrative to understand the negotiation of professional and stigmatized cultural identities—Retrieved April 22, 2024, from https://journals.sagepub.com/doi/abs/10.1177/0018726710384290
9. Kenya National Bureau of Statistics (KNBS), Ministry of Health (MOH), and ICF. (2022). Kenya Demographic and Health Survey 2022. Nairobi, Kenya: KNBS, MoH, and ICF.
10. UN Women. (2023). Strategic Note Narrative (2023-2026). UNWomen. Nairobi, Kenya.
11. My Plan Kenya. (n.d.). myPlan Kenya. Retrieved January 6, 2025, from https://myplankenya.org/