

Series 2 – Social Pillar: Gender, Youth and Vulnerable Groups

COVID-19 and Domestic Violence against Men in Kenya: Issues and Policy Directions

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Key Messages

Men are experiencing higher levels of controlling behaviours from women, and higher levels of violence perpetrated by women since the onset of COVID-19 in Kenya.

Obstacles to disclosure and access to services are exacerbated by the fact that access to and supply of support services has been disrupted by the restrictions imposed to reduce the spread of the COVID-19 pandemic.

There is an urgent need to improve policy responses and to make essential services accessible and open to all abused men in need of support and help during COVID-19.

Context

Since the outbreak of COVID-19 in Wuhan, China in December 2019, multiple media outlets around the world have reported an increase in the rates of domestic violence (DV). In part, this is the result of the stringent measures imposed by governments to reduce the spread of this deadly disease. Factors associated with DV have been exacerbated by the effects of restricted movements, increased time spent at home, financial hardships, increased parental stress, and rising unemployment linked to COVID-19. DV is defined in Kenya's Protection Against Domestic Violence (PADV) Act 2015, as 'any form of violence against a person, or threat of violence or of imminent danger to that person, by any other person with whom that person is, or has been, in a domestic relationship'. DV can manifest socially, psychologically, physically, sexually, emotionally, and financially (Obegi et al, 2017; Mangare et al, 2018). While DV affects both genders, more is known about male-perpetrated than female-perpetrated DV, and it is not clear whether what is known about male violence also holds true for female violence.

Preliminary and anecdotal evidence suggest that domestic violence against men (DVAM) in Kenya has been on the increase in recent times (MAWE, 2017). While the true levels remain unknown, recent media reports show a significant increase in DVAM since the onset of the COVID-19 pandemic. Notable is the much-publicized case of police constables John Ogweni and Peter Ndwiga Njiru who were shot by their colleague, Caroline Chemutai, an alleged mutual intimate partner (Daily Nation, 6 July 2021). However, it is widely accepted that DVAM is more common than the number of incidents reflected in the media and other official records. This is because DVAM is a hidden problem and abused men, for reasons of fear, embarrassment, stereotypes around masculinity, cultural expectations and beliefs of male superiority, fear of stigma, and ridicule, never speak out or seek help (Gathogo, 2015). However, available evidence suggests that DVAM is a widespread problem (Mwanyuli, 2017; Kigaya, 2021) that has begun to emerge from its closet of secrecy, especially during COVID-19 and stay-at-home orders.

While DVAM has come to the limelight, relatively little is known about it in Kenya, especially within the context of the ongoing COVID-19 pandemic. The absence of information and statistical data on DVAM in Kenya appears to pervade all sectors and agencies (Mutahi, 2017). Many data collection and research efforts, however, have been disrupted by the containment measures imposed to flatten the curve of COVID-19 infections. There is, therefore, an urgent need for immediate and consistent action. This brief relied on evidence from a previous study and various secondary sources. Such evidence is key to help develop effective strategies to prevent violence and assist victims.

Study Approach and Results

This brief draws upon two sources of materials. First, a qualitative study was carried out in Mathira East Sub-County in Nyeri County of Kenya in March 2017. The objective of the study was to identify the nature, causes, consequences, and survivors' responses to DVAM. Qualitative anthropological research techniques featuring case narrative, in depth interviews, and key informant interviews were used to gather empirical data from 15 purposively sampled men who had experienced DV from their current or previous intimate partners. Second, this brief is based on current data from secondary sources including newspapers, social media, journal articles, blogs, web sites, government, and other reports.

The study established that DVAM is a serious social problem that occurs with impunity behind closed doors and in secret. The men in our sample reported that they experienced episodes of physical abuse including being grabbed or punished in a manner that hurt, beaten with an object, kicked, bitten, and forced into a sexual activity when they did not want. This is confirmed by the Kenya Demographic Health Survey (KDHS, 2014) which showed that 44% of men aged 15-49 and 45% of women had been physically abused since age 15 while 12% of men and 20% of women had experienced physical violence within the 12 months prior to the survey. Most men in our study had also experienced psychological violence in the form of insults, humiliation, limiting contact with family and friends, denied sex, demanding to know where he was and with who, controlling family income and

demanding to have access to his mobile phone. This is consistent with findings by Maendeleo ya Wanaume (MAWE) in their study of DVAM in ten Kenyan counties. Combinations of these factors may be similar to the effects of COVID-19 on men exposed to DV.

The research also found that most of the factors associated with victimization were also associated with perpetration. These included desire to dominate, peer pressure, anger and frustration, alcoholism and drug use, suspicion of marital infidelity, unemployment and poverty, desire to control use of mobile phone and resources, low education levels, financial hardships, and poor mental health. Many of these factors have been exacerbated by the COVID-19-induced restrictions and increased men's vulnerability to DV. Emerging evidence suggest that restricted mobility; excessive alcohol and drug use; confinement of victims and their abusers in the home; men's inability to provide for their families; rising unemployment; loss of income; mental stress; family conflicts and associated stress and, changes in the social and economic circumstances during the COVID-19 may have sparked an increase of DVAM in Kenya.

The study showed that DV abused men suffered physical consequences ranging from minor to severe injuries, and even death. In addition to physical injuries, the study revealed that the victimized men experienced serious psycho-social problems, including high levels of anxiety, depression, and stress from ever-present threat of attack. Abused men working from home reported that DV had disrupted their work, prevented them from seeking employment, caused them to resign and abandon their career and promotional opportunities during COVID-19. These consequences extend to family members and neighbours who attempt to intervene. Children and other family members run the risk of being injured or killed by the abuser if they become involved either by chance or try to protect their father. Beyond the personal costs, DVAM can in the long-run lead to stigmatization of the individual and his family, social isolation, and temporary economic and psychological dependence on others or support groups, and huge financial costs in terms of money spent on police and court services, health and welfare services including housing and food. These impacts are consistent with those suffered by violence against men during other crises including COVID-19 now.

The research revealed that the men in our sample did not seek any form of external intervention including legal redress for the violence experienced. However, it is likely that because people are confined at home during COVID-19 crisis, family members are likely to witness the violence, and therefore may compel the victimized men to speak out and or seek help. However, the situation may be complicated by the fact that COVID-19 has significantly impacted the provision of essential health, justice, policing and social services for victims of DV. As service providers become

overburdened and prioritise COVID-19 cases, urgent support, e.g., clinical management of injuries, psycho-social counselling for survivors have been disrupted and may not be available for the survivors of DV. Police and justice sectors are overwhelmed and shifted priorities towards enforcing social distancing, curfew, and responding to emergencies and crime that may increase because of the social and economic consequences of the pandemic.

Policy Recommendations

There are no policies in Kenya now that directly address domestic violence against men. Additionally, there are limited social, legal, advocacy, or shelter services dedicated specifically to victimized men especially during the current COVID-19 pandemic. There is also an urgent need not only to raise awareness on domestic violence against men, but also to develop strategies for outreach and support of men who are vulnerable during the COVID-19 crisis. Further, the research highlights several important policy directions.

Medium-Term

- Government needs to identify the specific needs of abused men with a view of providing appropriate support services and initiate programmes and policies to respond to these needs using technology-based interventions including SMS, social media, and online tools and networks to support the survivors especially during the time of COVID-19.
- Establish, where possible, helplines, counselling services, shelters and crisis centres operated by the state and NGOs and keep them open during the COVID-19 crisis while adhering to the necessary safety precautions.
- Ensure that victimized men have access to essential response services — such as case management, temporary shelter, urgent medical care, and other forms of support to meet their specific and unique needs.
- Establish protection programmes not only focused on the specific and unique needs and experiences of men but also ensure that men with meaningful opportunities to participate in leadership and making decisions regarding priority areas of intervention, in planning and delivery of support services, and in all areas of programme/policy design and implementation, to ensure that prevention, response, and coordination approaches are carried out in a way that is context-specific, sustainable, and adapted to the gendered dimensions of the COVID-19 pandemic.

- Government needs to enact policies and programmes not only to raise the level of awareness about the detrimental impacts of domestic violence against men but also to transform attitudes and behaviour which inhibit victimised men from speaking out, reporting, or seeking help.
- Government needs to promote targeted educational activities to increase people's ability to identify all forms of domestic violence, support those experiencing violence, and boost referral networks within the community through social media and other online channels.

Long-Term

- Government should prioritise and officially recognise domestic violence services as an essential and lifesaving component of the humanitarian response to COVID-19, including ensuring that necessary services remain open, and that adequate funding is provided to enable targeted, safe, appropriate, and high-quality interventions to take place.
- Government should ensure that domestic violence prevention, response and risk mitigation activities are included as a specific objective in all current and future funding appeals and response plans.
- In recognition of the gendered dimensions of COVID-19, all programming should be based on the findings of a Rapid Gender Analysis that includes data disaggregated by sex, age, and disability, to better understand the differential experiences of affected individuals and communities, and to guide gender-informed action in the short, medium, and long-term.
- Government needs to strengthen gender-based violence policy and improve institutional capacity and responsiveness. Closer collaboration between government agencies, NGOs, and other actors will help to reflect intersections.
- Service providers from health, psychosocial support, legal and security sectors need to be supported to better understand how gender influences men's experiences of domestic violence, and review programs to reflect specific needs and priorities of abused men.
- Create further synergies between violence against men and violence against women programming and policy efforts to ensure that the unique needs and experiences of both genders are appropriately addressed.
- Given the limited evidence that exists—both in terms of the scale and nature of DVAM there is a need to develop innovative approaches for research within in the context of COVID-19 to better understand the dimensions of violence against men in domestic settings.

Acknowledgement

This policy brief is an offshoot of a previous study by Sharon Mwanyuli, experiences of battered men seeking legal redress in Mathira East Sub-County which was research Master of Arts in Gender and Development Studies project, the University of Nairobi.

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The Judiciary of Kenya