THE CATHOLIC UNIVERSITY OF EASTERN AFRICA FACULTY OF ARTS AND SOCIAL SCIENCES DEPARTMENT OF SOCIAL SCIENCES AND DEVELOPMENT STUDIES

DOMESTIC VIOLENCE AND WOMEN'S PSYCHOLOGICAL WELLBEING IN SELECTED SAFE SHELTERS IN NAIROBI COUNTY, KENYA

MERCY WANJIRU NGUGI

REGISTRATION NUMBER: 1043246

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NAIROBI KENYA

AUGUST, 2026

DECLARATION

This research project is my original work. It has not been presented in any other university or institution of higher education for any credit. All work sources from other scholars and sources have been duly cited and acknowledged in this document.

Name: Mercy Wanjiru Ngugi **Admission Number: 1043246**

Signature: ..... **Date:** 7/10/2026

RECOMMENDATION BY THE SUPERVISORS

This research proposal is submitted for examination with our approval as the duly appointed university supervisors.

1st Supervisor: Dr. Mary Mutisya,

Signature: ..... **Date:** 7/10/2026

2nd Supervisor: Dr. Wilkister Shanyisa

Signature: ..... **Date:** 7/10/2026

ENDORSED BY

Head, Department of Social Sciences & Development Studies

This work was accomplished under the auspices of the department and has passed all the required stages with the approval of the Directorate of Research, Innovation and Graduate Training.

Name:

Signed .....

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
HEAD OF DEPARTMENT
08 OCT 2026
SOCIAL SCIENCES AND DEVELOPMENT STUDIES
P. O. Box 62157 - 00200, NAIROBI

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DEDICATION

I dedicate this research project to my family, whose unwavering love, encouragement, and sacrifices have been a constant source of strength throughout my academic journey. I also dedicate this work to my lecturers and mentors, whose guidance, wisdom, and support have inspired my pursuit of knowledge and professional growth. Above all, I thank God for His grace, strength, and faithfulness, which made the completion of this study possible.

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To all who contributed directly or indirectly to this project, I remain truly grateful.

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ABSTRACT

This study examined the relationship between domestic violence and the psychological wellbeing of women residing in selected safe shelters in Nairobi County. Although Kenya has a legislative framework and policy to address domestic violence, it continues to be a major public health and human rights issue that harms women's mental health and autonomy, as well as women's social functioning. The approach used for the study was mixed methods, whereby the quantitative survey and qualitative interview were conducted simultaneously to present a holistic picture of the survivors' experiences. The target population included 200 women living in targeted safe shelters in Nairobi County who had separated from abusive relationships. The population was small and compact, allowing a Census-Based approach, which aimed to make the results more representative and reliable, particularly in maximizing the participation of eligible subjects. Quantitative data was used to measure various aspects of psychological wellbeing such as autonomy, self-acceptance, interpersonal relationship, and personal growth, whereas qualitative data was used to capture coping strategies, resilience, and obstacles to recovery. The findings indicated that emotional and psychological violence was the most common type of violence followed by physical and economic violence which were often in a cyclic pattern. Economic dependence had a significant negative effect on psychological wellbeing, while economic empowerment and income generating activities had a positive impact on wellbeing and psychological resilience and recovery. The patriarchal norms were established as harmful in terms of perpetuating violence, discouraging reporting, and causing psychological distress. While survivors used positive coping behaviors like counseling, social support and faith-based practices, they also used negative coping behaviors such as isolation and reconnecting with their abusive partner. Access through safe shelters and counselling greatly contributed to psychological wellbeing and emotional stability. The study found that domestic violence significantly affects the psychological health and wellbeing of women and that there is a need for integrated economic, psychosocial and community-based interventions that helped women to recover sustainably from the experience of domestic violence. It suggests the need for improved legal enforcement, women's economic empowerment, increased access to safe shelters and counselling, and improved community and faith-based responses to domestic violence. The study advances the existing body of knowledge by providing evidence that socio-economic and cultural factors impact on survivors' psychological well-being and recovery from domestic violence.

ACRONYMS AND ABBREVIATIONS

CUEA – Catholic University of Eastern Africa

DV – Domestic Violence

GBV – Gender-Based Violence

IPV – Intimate Partner Violence

KDHS – Kenya Demographic and Health Survey

MSW – Master of Social Work

NACOSTI – National Commission for Science, Technology and Innovation

NGO – Non-Governmental Organization

PTSD – Post-Traumatic Stress Disorder

SPSS – Statistical Package for the Social Sciences

UN – United Nations

UNODC – United Nations Office on Drugs and Crime

WHO – World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Domestic violence is a widespread global issue that is not bound by cultural, religious, social or economic context. It is a pattern of harmful behaviors that can be physical, sexual, psychological, emotional, verbal, and financial aimed at dominating or controlling another person in an intimate or family relationship (Black et al., 2010; Cui et al., 2013; Kimber et al., 2017). Domestic violence is also defined as gender-based violence by the World Health Organization (WHO, 2013), and it is not only manifested physically, but also in threats, coercion, and arbitrary deprivation of liberty. These acts can be carried out in private areas (home) and in public areas, and the consequences of these actions are substantial, affecting the survivor physically, sexually, and psychologically. While men and boys may also be affected by violence, the burden of violence falls most heavily on women, and intimate partner violence is the most prevalent type (Naz et al., 2018).

Domestic violence is acknowledged on a global scale as a significant public health issue, as well as a violation of basic human rights. According to the World Health Organization (2021) almost a third of women worldwide, about 30%, experience either physical or sexual violence from an intimate partner or non-partner at some stage of their lives. The statistics reveal the scale of the tasks, particularly with regard to SDG 5 which seeks to end all violence against women and girls. The severity of the situation is also indicated by the data from the United Nations Office on Drugs and Crime (UNODC, 2022), which shows that in 2021 alone, 48,800 women lost their lives to their intimate partners or members of their families. This is the equivalent of one woman being murdered every 11 minutes from direct domestic violence. The "invisible" wounds of abuse that occur are also fatal and may result in long-term mental, emotional and social damage. Survivors

often suffer from depression, anxiety, PTSD, and substance abuse. Prevalence of suicidal thoughts and suicidal attempts is high among the survivors, highlighting how including this issue in the solution is crucial (Vicard et al., 2022; Zark et al., 2024).

Additionally, domestic violence has a wider impact than the immediate victim, reaching the family, community, and society. Witnessing domestic abuse can have devastating impacts on children, including high risks of childhood behaviors that may hinder education and result in trauma that can become a pattern for life. The process of intergenerational transmission of violence has a deep impact on social cohesion and development. Domestic violence is a huge burden on health and social services, judicial systems, and economic loss to the society in terms of absenteeism, long-term health costs, and productivity losses (WHO, 2021).

Domestic violence is alarmingly high even in high-income areas like Europe, North America, Australia, where social support systems are comparatively strong. Studies have shown that survivors who access care often have complex medical problems such as chronic pain, reproductive health issues, psychosomatic symptoms, and increased risk for sexually transmitted infection (STIs) (Vicard, et al., 2022). In contexts where gender equality frameworks are developed at the tertiary level, more than 86% of women in tertiary institutions in Australia have suffered some type of abuse from intimate partner as reported by a recent study (Zark et al., 2024). At a global level, domestic violence should therefore not only be seen as a problem of the individual and/or of the family, but as a problem with a social and structural dimension. It violates the enjoyment of human rights, challenges gender equality, threatens social cohesion and continuity, and contributes to cycles of trauma and poverty. Domestic violence is a risk factor and an effect of gender inequality, showing the importance of multisectoral strategies, combining legal measures, psychosocial support, community education and global policy advocacy.

Domestic violence disproportionately affects women in Africa and is deeply entrenched in discriminatory cultural norms, socio-economic inequalities and traditional practices that continue to perpetuate violence against women and girls. The study revealed high physical abuse of women in SSA (30.5%), sexual abuse (12.6%) and emotional abuse (30.2%) (Mossie, 2023). These frightening statistics highlight an underlying trend that reflects the link between domestic violence and overall gender inequality, poverty and limited social protection coverage.

According to the UN Office on Drugs and Crime (2022), at least 22 thousand cases of femicide in Africa in 2021. The figure was greater than Asia, although the numbers of people in Asia are much higher. These trends indicate structural issues because of the existence of social structures where Africans are economically dependent on their partners, have limited access to justice, weak institutional frameworks and limited social support systems which lead to high prevalence and low reporting of cases of violence (Mshweshwe, 2020; Sardinha, 2018). In many communities, wife battering remains viewed as an acceptable discipline, which is encouraging the normalization of wife abuse and preventing survivors from taking action. In many communities, battering is considered to be a legitimate form of discipline, which contributes to the normalization of abuse and discourages survivors from seeking assistance.

African women who encounter domestic violence often face many simultaneous and intersecting oppressions. These include stigmatization undergone by people who have lost their lives due to GBBP, victim-blaming attitudes, assuming responsibility for the victim rather than the perpetrator, and inadequate redress mechanisms. In Nigeria, a study found that 39.9 per cent of respondents, women indicated that they had been subject to sexual abuse, but that only one-third reported seeking help from law enforcement agencies (Ajayi et al., 2023). These low rates of reporting are

reflective of the systemic issues in legal and policing systems, as well as survivors' fear of reprisal, additional humiliation, or loss of economic support.

Patriarchal norms and cultural acceptance of violence have also led to intergenerational transmission of violence. Exposure to family violence in childhood can lead children to believe that violence is a part of family life. This exposure contributes to boys being perpetrators in adulthood and to women experiencing abuse as a natural consequence of being married or in an intimate partner relationship. The National Gender and Equality Commission (2017) reports that the intergenerational transmission of violence threatens the sustained development, social justice, and gender equality of African societies.

From the African regional context, it is therefore clear that domestic violence is not only a problem of the individual or the household but a symptom of a problem in the social structures, too, and as such should be urgently addressed. The interaction between poverty, cultural traditions, gender inequity and weak institutions, however, demands multiple interventions such as legislation, community and grass-roots advocacy, and information and empowerment for women. By challenging cultural norms and norms of thinking, and by reinforcing institutions to stop cycles of violence, beating and violence in Africa should be addressed at its core.

Domestic abuse continues to be a major challenge to people, particularly women and girls' life in Kenya. Despite the increasing awareness and the enactment of the laws and policies, many communities are still witnesses of large scale and entrenched domestic violence, including intimate partner violence. The survey data from the Kenya Demographic and Health Survey (KDHS, 2022) show that 27 percent of the men and 34 percent of the women reported to be physically beaten since their 15th birthday. The statistics indicate that both males and females are targeted and

affected, but females are more likely to be vulnerable and experience a range of multiple intensities of experiences of intimate and family violence.

The KDHS also highlights significant geographical differences in the country in relation to domestic violence prevalence. The counties with the highest reported cases are Bungoma, Murang'a, Homabay, and Migori, with more than half the women aged 15-49 reporting they have experienced IPV. These statistics reflect the impact of socio-economic inequalities, cultural beliefs, and entrenched gender norms, which create a culture in some places that allows for violence to persist. The findings indicate that the high rates of domestic violence in Kenya are attributed to an array of factors, including high levels of poverty, child abuse, polygamous family practices, low levels of education, and deep-rooted patriarchal norms that promote the understanding of wife beating as a form of correction, otherwise known as bayanho (Morris et al., 2022).

Vulnerability is also determined by age and marital status. According to KDHS (2022), older women (aged 45-49 years) experienced domestic violence at a higher rate of 42 per cent, compared with 20 per cent for younger women (aged 15-19 years). This pattern indicates that domestic violence does not just happen with young couples, but is a constant problem throughout the life cycle. Married women are far more likely to be abused than unmarried women, and some of this is associated with problems of marital power and economic dependency. On the other hand, women who have been exposed to abuse also have a greater likelihood of being uneducated and lack economic security, further emphasizing the importance of household empowerment and economic security in preventing abuse.

Although Kenya has a strong legal framework in place for the protection of survivors of domestic violence, such as the Protection Against Domestic Violence Act, 2015, the Sexual Offences Act,

2006, and the Constitution of Kenya, 2010, many survivors still encounter high hurdles to accessing justice and support. Many do not report incidents of violence due to fear of the stigma attached, financial insecurity, community pressure to preserve the unity of the family, and distrust of the justice system. Post-victims may be subjected to additional victimization in court and medical systems as cases may be demeaned, delayed, or mishandled. According to a report from the National Gender and Equality Commission (2017), access to the new legal protections is uneven, especially in rural and marginalized communities where society and citizens' knowledge of rights and access to services is restricted.

Moreover, the prevalence of domestic violence in Kenya has extensive public health, social stability, and national development implications. Over time, the survivors may suffer from long-term psychological distress, reduced productivity, and poor health, and the children exposed to domestic violence may have negative health, emotional, and relationship effects in the future, as well as education issues. Combating domestic violence in Kenya needs to be dealt with in a multi-pronged manner; law enforcement and judicial responses must be enhanced, but, importantly, community-based prevention efforts, economic empowerment, and education about changing harmful cultural norms and advancing gender equality must all be promoted.

The issue of domestic violence in Nairobi County mirrors the national and international trends, and the issue is more pronounced in the informal settlements. Poor economic performance, food insecurity, unemployment, low incomes, and the provision of poor social services characterize these settlements. In these vulnerable systems, the vulnerability to domestic violence can be exacerbated by an unaddressed and compounded risk of substance abuse, limited health care access, and poor community support systems. Njuki et al. (2023) discovered that women identified in the slums of Nairobi reported extremely high rates of abuse, with 93.9 percent experiencing

verbal abuse, 92.5 percent experiencing physical abuse, and 88.5 percent experiencing sexual abuse. The data show harsh realities of women having lived through several forms of violence in economically marginalized areas of the city where there is lack of access to legal and social redress. Ringwald et al. (2022) also pointed out that emotional abuse was more commonly reported by men while physical and sexual abuse were more highly reported among women. This aspect of the abuse points to unwritten and powerful cultural values and norms that give preference to men and ignore or deprioritize women's accounts of abuse. In many cases women who speak up or report abuse experience stigma and victim-blaming, or even threats of further violence, which contributes to a culture of silence.

To respond to these troubling realities, safe shelters have emerged in Nairobi County as extremely crucial places that offer first aid protection against abuse. These shelters are meant to provide services including temporary shelter, medical, legal, counselling and social assistance. They also establish rehabilitations and empowerment avenues as all their skills training and livelihoods are organised to support them build their lives. Although critical to their function, shelters face multiple obstacles. They are faced with major limitation on their resources, as their housing and finances cannot meet the additional demand for services. In addition, people in such shelters might face rejection by their own families or by their own families' houses part of the shelters because there exists a taboo against fleeing home or family house to many communities. This cultural stigma might find them feeling isolated or ostracized, increasing the trauma they have endured.

For women, shelter life often entails a great deal of psychological distress. Survivors have been found to experience a number of psychological states, such as death-related feelings of hopelessness, guilt, shame, depression and post-traumatic stress (Avanci,2013). The psychological trauma can persist well beyond the physical abuse, and the victim might find that the feelings

engendered by betrayal, fear, and social isolation continue to plague them. There are also safe shelters, but they manifest themselves on the quiet during that same time as places of healing and recovery. They help to support survivors' recollection of safety, building self-esteem, and coping skills that may help to foster ongoing wellbeing and resilience.

Domestic violence being linked to psychological wellbeing is particularly relevant to the safe shelters in Nairobi. According to the criteria of Ryff (1989), psychological wellbeing is manifested in six aspects: self-acceptance, positive relationships, autonomy, purpose in life, personal growth and environmental mastery. In cases where domestic violence has occurred, woman may have low self-acceptance, broken relationships and limited autonomy. Over time, exposure to abuse weakens their sense of hope, meaning, and purpose for a positive future, and many no longer know how to see a positive future. This decline in wellbeing has been widely reported as anxiety, depression, ideation of suicide and negative coping mechanisms (such as substance misuse) (Fowler, 2005; Matud et al., 2022).

In contrast, there is evidence that survivors who are supported by robust social networks and safe environments, including shelters, are more resilient and have healthier coping. Counselling, mentorship, and skill development in shelters have been proven to help survivors gradually rebuild themselves and participate in their own lives during recovery. This underscores the importance of safe shelters as not only a place of protection, but also as a space where survivors start to process in a positive way and begin reintegrating into their society.

Therefore, assessing the psychological well-being of women in safe shelters in Nairobi County is both timely and justifiable. It addresses a significant gap in the national discourse on domestic violence in Kenya and offers hints at the lived experience of the victims at grassroots level. Additionally, it offers evidence to influence public policies, reinforce interventions and contribute

to advocacy to further the end of gender-based violence. This research highlights the significance of the link between domestic violence and psychological wellness and allows greater understanding of how services and strategies can be more comprehensive and trauma-informed to help heal and empower survivors and communities.

1.2 Statement of the Problem

Despite the abundant laws, domestic violence policy and international conventions to protect women from violence and its mental health implications, domestic violence continues to be a troubling issue around the world. Progress has been made in areas like economic empowerment, removing harmful cultural practices and interventions by the private and public sectors, but the elimination of violence against women remains elusive. According to the World Health Organization (2021), almost one in every three females experiences sexual or physical violence at some point in their lives. In Africa, women are more likely to be the victims of intimate partner violence (IPV) than any other gender, with exceptionally high prevalence rates worldwide compared to other regions (Kifle et al, 2024).

Domestic violence is still a serious issue in Kenya. Data from the Kenya Demographic and Health Survey (2022) shows that one in three female Kenyans and just under one fourth of males aged between fifteen (15) and forty-nine (49) years old have had at least one episode of physical violence in their lives. The Nairobi County reported a total of 2088 cases of domestic violence against women by intimate partners, which are likely higher figures since there is underreporting. Educational lag, parental violence in childhood, patriarchy in family structures, dependency on drugs, dependence on alcohol, poor social supports, and low income continue to be responsible factors for perpetuating domestic violence.

Domestic violence has mental health impacts, including depression, anxiety, suicidal thoughts, and Post Traumatic Stress Disorder, as well as physical effects, and can have lasting effects on survivors. Such adverse effects impact not only the dignity and wellbeing of those who have suffered trauma, but also lead to substantial social and economic impacts, such as health care costs, loss of productivity and intergenerational trauma. There are laws related to preventing gender-based violence in the country, for example, the Protection Against Domestic Violence Act (2015), and policies related to gender also exist, but there is uneven implementation, stigmatization, lack of access to resources, and institutional barriers for gender survivors seeking and accessing gender justice.

Safe shelters in Nairobi County have proven to be very important places that provide temporary solace, counseling and psychosocial services to women leaving the safety of their abusive homes. There is however limited research in Kenya in examining psychological wellbeing of women within these shelters and the level of recovery, resilience and empowerment that comes with shelter-based interventions. While many existing studies have examined prevalence rates, socio-cultural factors and health impacts of domestic violence, there remains limited research examining the overlap between safe shelter needs and survivors' mental health outcomes.

The study is thus motivated by the desire to address this gap as most women in safe shelters in Nairobi County do not have psychological wellbeing obviously connected to domestic violence. It aims to produce evidence for a practical framework for improving survivors' psycho-social health outcomes that can feed into the policy, practice and advocacy work for the prevention of domestic violence and support a whole of person approach to survivors healing.

1.3 Objectives of the Study

The study was be guided by the following objectives:

i. To assess the prevalence of Domestic violence among female survivors in the select Domestic violence safe houses in Nairobi County.
ii. To investigate the impact of women safes on women survivors' psychological well-being in relation to their economic status in selected safe shelters in Nairobi County.
iii. To assess the role of patriarchal norms in shaping women survivors' psychological well-being in selected safe shelters in Nairobi County.
iv. Evaluate the effectiveness of coping strategies on psychological wellbeing of female survivors and their impact in selected safe shelters in Nairobi County.

1.4 Research Questions

The study aimed to address the following questions:

i. How many woman survivors of domestic violence experience domestic violence in selected Safe shelters in Nairobi County?
ii. How are the economic status of women survivors affecting their psychological status in selected safe shelters in Nairobi County?
iii. How has patriarchy influenced women survivors' psychological wellbeing in selected safe shelters of Nairobi County?
iv. How effective are the coping mechanisms adopted by women survivors in promoting psychological well-being in selected safe shelters in Nairobi County?

1.5 Justification of the Study

Domestic violence is one of the most significant social and public health problems in the world and is present in every community, regardless of social class, religion, or race, and level of education. The situation is particularly poor in Kenya. The Kenya Demographic and Health Survey (KDHS, 2022) indicated that the prevalence of physical violence against women in Nairobi County

was the highest. The findings further highlight the need to take proactive action toward addressing GBV, especially in cities which are characterized by socio-economic stress, cultural expectations, and patriarchal structures that intersect to shape environments that support abuse.

Intimate Partner Violence (IPV) disproportionately impacts women and is seen to have a lasting detrimental impact on their psychological wellbeing. People who survive are at greater risk for depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health issues. Domestic violence can also lead to feelings of shame, embarrassment, and fear of appearing "crazy," being judged or retaliated against by partners or society. Thus, many women opt to keep quiet rather than seek assistance and continue to endure their suffering, reducing access to much-needed psychosocial and medical assistance to them.

This study is justified on several grounds. First, it looks at the financial status of women in safe shelters, and how such financial insecurities affect mental and emotional health. Empirical evidence contextualized in the safe shelter experience of Nairobi is limited, as vulnerability to the economy has been recognized as a potential factor both in the drivers of abuse and to reduce outcomes of healing and recovery.

Second, assessment of the impact of patriarchy on gender relations and their role in violence cycles was conducted. Expanding knowledge of the mechanisms to perpetuate abuse within cultural and social contexts is a key component in implementing effective and culturally relevant interventions.

Thirdly, the study examined coping strategies employed by the survivors in a constructive and maladaptive manner. The study helps contribute to understanding how these mechanisms engage women's psychological health and contribute to the understanding of pathways to resilience and recovery from an abusive context.

Finally and more importantly, the research suggests information on how to improve the psychological wellbeing of DHS survivors. Furthermore, this study is more holistic, providing recommendations for interventions that can be utilized to empower women, strengthen their resilience, and inform policy and program recommendations for safe houses in Nairobi County.

By examining these areas, the study adds meaning and insight within the context of psychology, gender studies and social work. It was also be helpful for policymakers, non-governmental organizations (NGOs) and community leaders who play a significant role in assisting survivors, including faith-based groups. Finally, the findings seek to challenge the cycle of silence and stigma, to empower women to recover their dignity, wellbeing and agency.

1.6 Significance of the Study

GBV is not limited to any community, county, or country, but is present globally and has wide implications for individuals, families, and societies. This study is significant because it can inform knowledge regarding the psychological and socio-cultural issues connected to domestic violence that affects women in safe shelters in Nairobi County.

The results of this study were helpful for giving women survivors a better understanding of the psychological effects of alcohol abuse. This understanding offers them confidence to make choices if they want to make choices about violence, to reduce the shame and find appropriate assistance. The research is focused on coping and problem-solving styles that can offer opportunities of resiliency and recovery for survivors.

The results of this study gave women survivors insight into the psychological effects of abuse. This awareness helps them to make decisions when confronted with violence, diminishes the stigma and helps them to seek the required help. The results of the study explore strategies that

survivors should consider using to build resilience and instigate recovery paths and processes by analyzing coping mechanisms and help-seeking behaviors.

The study gives insightful evidence-based information at the policy level to support the government in enhancing policies and strategies to tackle domestic violence. These results have important implications for intervention that is supportive of and centered around survivors and for expanding women's access to psychosocial support services and protection of women's rights. This is in line with a national law and international treaties to eliminate violence against women.

The study is also pertinent to the family and community level. Parents and guardians are increasingly educated about the impact of domestic violence on women and children as well as the secondary impact of children witnessing violence on their mothers. This awareness can foster a peaceful relationship with people of similar ages and generations within the family and prevent the intergenerational transmission of peaceful violence.

In addition, findings from this study are valuable to non-governmental organizations (NGOs), and faith and community-based organizations that offer direct assistance to survivors. These findings can help in designing a program and processes that are culturally and contextually relevant to making care more optimal for the survivor who would otherwise receive sub-optimal or no care.

The study fills in a gap in research on the link between domestic violence and coping strategies and psychological wellbeing of women in the available safe shelters in Nairobi County, with respect to contribution to academic knowledge. It can also serve as a base for further research on related topics like child effects on domestic violence or inter-county or inter-region comparisons.

Overall, the study's contribution is practical, policy, and social in relation to assisting survivors in the area of well-being and meaningful practice, policy, and study information for practitioners, policy makers, and academics working in the field to eradicate gender-based violence.

1.7 Scope and Delimitation of the Study

1.7.1 Scope of the Study

The study seeks to examine the link between the issue of domestic violence and the psychological well-being of women who reside in safe houses in Nairobi County. Emphasis was placed on the importance of economic status, patriarchal norms, coping strategies and how people seek help on the psychological reactions of the survivors. This study is inspired by and dedicated to women who have decided to escape to a safe place and find sanctuary and rehab, through the lens of their experience of living in safe shelters. This helps them to reflect on their experience and their issues in these official support mechanisms.

Nairobi County is a good geographical location for the study as there is a high prevalence of GBV in the area. The National Kenya Demographic and Health Survey (KDHS, 2022) shows that a total of 16,926 women reported having experienced physical violence nationally, with a total of 2,088 women from Nairobi County reporting such experience. The rich landscape of the county and its socio-economic differences are important factors within which to explore the nexus between domestic violence and women's psychological wellbeing, specifically in the safe space of the shelter where a survivor searches for both safety and healing.

The study is therefore focused at women in sampled safe shelters in Nairobi County. It explores the impact of culture and economy, coping and patterns of help-seeking, and offers suggestions for enhancing resilience and healing and overall recovery.

1.7.2 Delimitation of the Study

The study design comprised mixed methods that included qualitative and quantitative methods. The design choice aims to produce a picture of the problem with patterns of measurement and stories of lived experience. This study adopted convergent-parallel mixed methods using both

qualitative and quantitative data. Qualitative data are used to gain depth of understanding regarding the relationship between domestic violence and the psychological well-being of the victims, and the way these data guided the development of coping strategies adopted by women and the benefits of safe shelter for healing from domestic violence.

The study was focused on women survivors of domestic violence at the time of the study, physically taking care of themselves in safe shelters in Nairobi County. The study incorporates both women living with their perpetrators and those who are not part of the shelter system. Despite this, the results are not necessarily applicable to the general population; they can be used to better understand the in-depth needs of individuals in transition to protection and recovery.

The investigation followed four objectives, including exploring the effects of economic status, examining ways of coping, exploring the role of patriarchal norms, and suggesting ways of coping that can strengthen the mental health of survivors. These goals serve to focus the study and make it achievable with respect to the data collection and data analysis procedures.

1.8 Limitations of the Study

As with all social science research involving human participants, this research study had limitations that may have affected the findings. First, the study was a census design where all 200 women living in the 11 selected safe shelters and rescue centers in Nairobi County were invited to participate, but only 133 managed to respond to the study. This discrepancy between the targeted and actual participants was caused mainly by voluntary participation and the sensitive situation of the study group. However, for some eligible participants, the process of participation was overwhelming due to emotional distress, active counselling, leaving shelters since the data collection, and unwillingness to recall or dissolve traumatic memories. The reply rate was judged

to be sufficiently high to allow meaningful analysis of the responses, but the views of those who did not complete the letters could have differed from the views of the respondents.

Secondly, most of the data for the study were derived from self-report, such as in questionnaires and interviews. However, because of fear, shame, stigma and concerns about confidentiality, some participants may have been reluctant to give full details of domestic violence issues they have due to the ethical safeguards put in place. Other respondents might have had trouble recalling or describing some experiences because they were embarrassed, trying to remember painful memories, or wished to portray themselves a certain way to get a better grade. Studies in which the experience is sensitive and specific and may lead to response bias are common for such restrictions.

Another limitation is the scope of the study. The study specifically targeted female and girl beneficiaries in safe shelters and rescue centers in Nairobi County only. The findings may not be fully representative of the experiences of women who are victims of domestic violence who were unable or unwilling to participate in institutional support services, women living in the community where there were no shelter services for domestic violence, or survivors living in counties other than the counties represented by these participants. Therefore, the findings of this study may not be necessarily applied to other populations.

Furthermore, the emotional and psychological status of some participants at the time of data collection could affect the information depth and quality of their data. For some participants, recounting experiences of domestic violence may be re-traumatizing, or cause distress, and therefore impact on the likelihood of detailed responses being offered to questions. In an attempt to overcome this restriction, the researcher approached the interview with empathy, his subjects with sensitivity, ensured their voluntary participation, respected confidentiality and anonymity,

and consulted with trained professional counsellors at the shelters he studied to render psychosocial assistance as required.

To improve credibility and trustworthiness of the study several strategies were employed despite these limitations. The implementation of the census method, the questionnaires, the semi-structured interviews, methodological triangulation and the application of strict ethical procedures ensured the quality of the data collected. In addition, the data collected from all 133 respondents (66.5 per cent response) were adequate to answer the study questions and come to meaningful answers. The results of this study therefore also contribute significantly to the understanding of the role of safe shelters in ensuring the psychosocial health of domestic violence survivors and may be relevant for building policies, professional practice and future research on GBV and psychosocial support.

1.9 Conceptual Framework

In social research, a conceptual framework is defined as a systematic representation that shows the assumed relationship between various concepts, factors, or variables in particular research. It is basically the researcher's map or model which helps to direct the entire investigation, because it reveals the assumed relationships between independent variables (influencing variables) and dependent variables (stated goals or expected results). Sometimes moderating or intervening variables are added as well, since these can increase, decrease or change the relationship between main variables (Miles & Huberman, 1994; Maxwell, 2013).

A conceptual framework is generally more practical than a theoretical framework as it does not need to rely on any existing theory. It is created by combining theory, previous studies, and the researcher's practical knowledge of the problem being addressed in the study. According to Ravitch and Riggan (2017), a conceptual framework illustrates logic of how they may influence

and suggest the "how" of how they are expected to provide pathways to research goals. This not only allows it to be used as an explanation tool but also as a guide for the collection, analysis, and interpretation of data.

A well-developed conceptual framework has a number of features. First, it is obtained from the previous literature and context and the study is grounded in previous literature and the context in which it is situated (Creswell & Creswell, 2018). Second, it establishes relationships by making explicit, the presumed cause-and-effect relationships among variables. Third, it acts as a practical guide to the study as it guides the objective formulation, research questions, and methodological decisions made in the study (Adom, Hussein et. al., 2018). Fourth, it is visual, descriptive, and is often graphically depicted as a diagram along with some narration to explain the sequence of influence. Finally, it is flexible and context-specific, rather than serving as a theoretical model (Anfara & Mertz, 2014).

The conceptual framework is very instrumental in the context of this proposed study on domestic violence and the psychological wellbeing of women in safe shelters in Nairobi County. It pinpoints the independent variables such as women's economic status, patriarchy, coping mechanisms, and help-seeking behaviors. Psychological wellbeing, measured in terms of dimensions of self-acceptance, autonomy, personal growth and positive relations with others, is the dependent variable. Intervening variables like psychosocial support services and legal-policy provisions also are recognized and might influence the effects of the independent variables on the dependent variable. The framework creates a logical structure that clarifies the focus of the study as well as the arguments on why and how there are relationships between the variables.

This study is built on the assumption that there are so many social-economic and cultural factors influencing women's psychological health. Economic status, patriarchal norms, coping

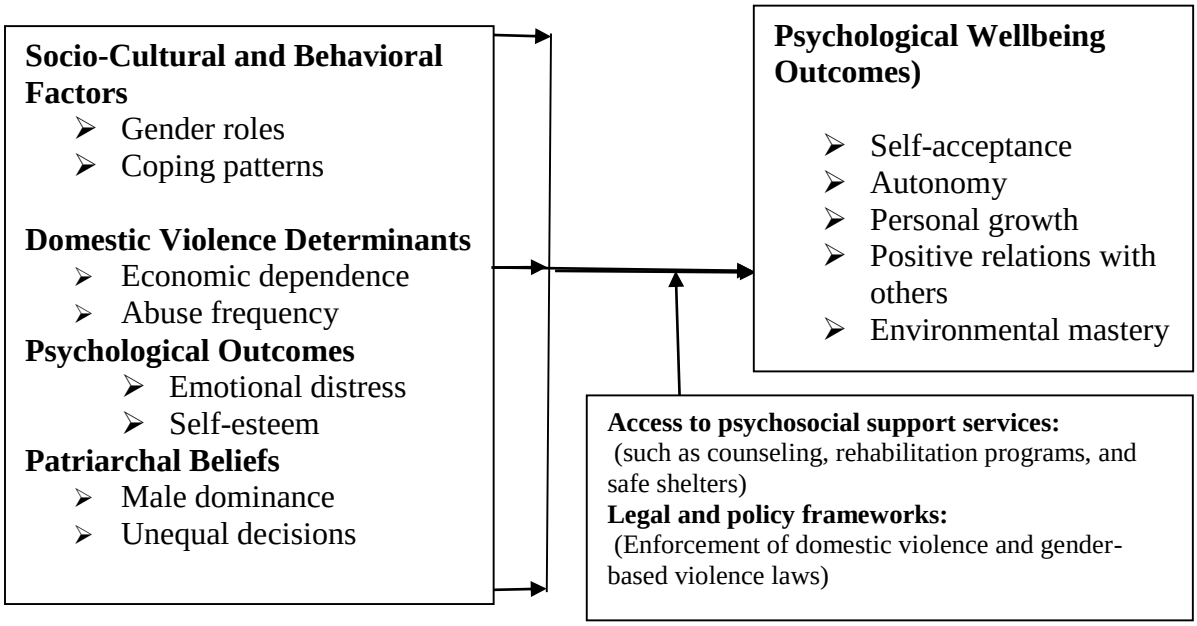
mechanisms and help-seeking behaviors are derived from the independent variables of the study objectives. The variables are expected to affect the dependent variable of women's psychological wellbeing in safe shelters in Nairobi County.

In the context of this study, psychological wellbeing is defined in terms of the six outcomes of the multidimensional model of psychological wellbeing proposed by Ryff (1989): self-acceptance, autonomy, personal growth, purpose in life, environmental mastery, and positive relations with others. Having access to empowering economic resources, coping mechanisms, less restrictive atmosphere attached to patriarchy, and helpful avenues for seeking support are all factors that can contribute to positive psychological outcomes among survivors of domestic violence, including increased resilience, restored feelings of dignity, and improved wellbeing.

Access to psychosocial support services and functional legal and policy frameworks are also included as intervening variables. These intervening variables can have a positive or negative influence on the relationship between the independent and dependent variables. For instance, a woman with a strong economic status may be still suffering from her wellbeing in the absence of psychosocial support or if the law does not provide protection from further abuse. On the other hand, having adequate legal protections and support networks can deliver positive wellbeing outcomes for the even the lower earned households.

Figure 1.1 Conceptual Framework

INDEPENDENT VARIABLE INTERVENING VARIABLE DEPENDENT VARIABLE



Author, 2026

The conceptual development of this study shows a relationship between independent and intervening variables as well as dependent variables in the study of psychological well-being of women survivors of domestic violence within the safe shelters in Nairobi County.

Independent Variables

This study focuses on four independent variables. Financial independence is a critical determinant of women's autonomy and self-acceptance, empowering survivors to take own decisions and control their lives. Patriarchal norms include structures within society and culture that may be inhibiting personal development, limiting autonomy, and encouraging dependency in women. Coping mechanisms, such as spiritual support, comfortable with others, or seeking professional counseling help explain survivor adjustment and recovery. Help-seeking behaviors

involve the proactive steps that women take to seek safety and support, and in turn directly impact their resilience and capacity to recover.

Intervening-Variables

There are two intermediary variables between the independent variable and dependent variable. Coping systems and help-seeking behaviors are strengthened with the availability of psychosocial support services such as counselling, rehabilitation and safe shelter services. The effectiveness and application of legal and policy frameworks, such as domestic violence laws and gender-based violence policies, also offer structural protection, allowing survivors to access justice and protection, which further fosters positive psychological outcomes.

Dependent Variables (Psychological Wellbeing Outcomes)

Psychological well-being was used as the dependent variable and was quantified on the basis of certain dimensions. Self-acceptance is the reacquisition of confidence and self-worth by Survivors. Autonomy reflects their ability to make self-decisions around life. Personal growth is the process of building up again and aiming for a positive purpose following abuse. Positive relationships with others reveal their ability to develop and maintain healthy interpersonal relationships, and environmental mastery indicates their ability to manage life within safe, supportive environments.

Interlinkages

The relationships among variables depict a dynamic process. Economic conditions and coping responses of women directly affect the psychological factors related to women's autonomy and self-acceptance. Nonetheless, if left unchallenged by enabling actions, entrenched norms of patriarchy can persist to restrict individual development and wellbeing. Intervening variables are very influential intermediaries that reinforce the positive pathways. For instance, psychosocial support enables survivors to recover, to rebuild healthy relationships and to ensure justice by

coherent legal and policy approaches provide improved effectiveness to help-seeking behaviors. These are interwoven and combine to create a sense of resilience, healing, and sustainable psychological well-being in those who were victim to domestic violence.

1.10 Operational Definition of Variables

For the purpose of clarity and precision the following operational definitions are used in this study. The definitions were informed by literature search, convention and the realities of doing the study in Nairobi County, and influenced the measurement and interpretation of variables in the study.

Domestic Violence-Domestic violence is a form of abuse perpetrated by an intimate partner, non-intimate partner or family member of the victim. It encompasses physical, mental, emotional, sexual and economic abuse aimed at exercising control and power over a person. Domestic violence is viewed as a major factor in women's psychological wellbeing at safe shelters in this study.

Violence- Violence is defined as any behavior directed at another individual or group which is abusive, threatening or harmful, either physically, economically, sexually, psychologically or verbally. It can be force or coercion and causes injury, trauma, or deprivation of basic rights.

Gender Based Violence (GBV)- Gender Based Violence is defined as any act of aggression, harm, harassment or abuse that occurs against a person, specifically against women and girls, as a result of socially defined gender roles. It includes acts of physical, sexual, or psychological harm, coercion, intimidation or arbitrary deprivation of liberty in public or private life. In this study GBV is understood as a wider arena of domestic violence (UN, 1993; WHO, 2021).

Psychological Wellbeing- Psychological well-being is the positive mental health that assists individuals in functioning and quality of life (Edwards, 2005). In this study, it was assessed using

indicators of self-acceptance, autonomy, personal growth, positive interactions with others and environmental mastery, consistent with Ryff's framework of psychological wellbeing.

Psychological Violence- Psychological violence is defined as a set of behavioral patterns seeking to humiliate, intimidate, or dominate another person. This can involve threats of abuse and abandonment, being separated from siblings, threats about child custody, verbal abuse, manipulation and damage to property. It can lead to long-term psychological distress, lowered self-esteem, and other effects.

Physical Violence- Physical violence involves deliberate act(s) or actions involving physical violence which pose a risk of causing harm or injury to others. This can be the use of hitting, slapping, pushing, burning, or hitting with objects. It is one of the most evident forms of domestic violence and can have short and long-term impacts on the physical and mental health of a survivor.

Sexual Violence- Sexual violence is characterized as any act of sexual behavior engaged in by one person on another that the other person does not want to be carried out. It encompasses rape, forcing someone to perform sexual acts on him, forcing him to engage in degrading sexual practices, or any other sexual assault in a consensual or non-consensual intimate or otherwise sexual relationship. Within this study, sexual violence is defined as a traumatic event and factor affecting survivors' psychological health.

Victim / Survivor- Any person who experiences physical, emotional, psychological or economic harm as a consequence of domestic violence. The word “survivor” is used in this study to draw attention to shared resilience, agency, and the potential for healing and empowerment among women living in safe shelters.

Intimate Partner- Two people in a romantic or sexual relationship, usually opposite sex in the Kenyan context. These may consist of married couples, cohabiting couples or persons in a

romantic relationship. Intimate partners in this study are identified as being the main perpetrators of domestic violence against women.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter is a critical review of the existing literature that may constitute a basis for the psychological wellbeing of women survivors of domestic violence in selected safe shelters in Nairobi County. The review has four key objectives. The first goal is to explore the link between women's economic status and psychological well-being. The second is to understand how the experience and outcomes for survivors are defined and formed by patriarchal norms. The third is to investigate coping strategies of female survivors and explore the effects of these coping strategies on their health. The fourth goal was to look for ways to improve the psychological wellbeing of survivors in safe shelters and recommend them.

To achieve each of these aims, the chapter takes a theoretical approach and benefits from empirical studies that have been conducted in international, regional, and local settings. The purpose of this review is to reveal how individual factors, culture and institutions would affect the psychological experience of the victim of domestic violence. The chapter provides foundation for the study through different perspectives and explains the gaps that this study is to fill.

2.2 Theoretical Framework

2.2.1 Ecological Systems Theory

The study is grounded in the Ecological Systems Theory, created by Bronfenbrenner (1979) that offers a detailed blueprint of the various concentric circles that affect one's development or wellbeing. The theory is grounded in the concept that people are not alone, but are also influenced by the experience of dynamic social contexts both within and beyond their own social contexts. These include microsystems involving the personal and family relationships, mesosystems

involving the linkages between family, peers, and community institutions, exo-systems comprising the external structures like workplaces, neighborhood settings, and social institutions, and macrosystems referring to cultural norms, societal values, and national policies (Bronfenbrenner, 1979).

For women affected by domestic violence, the microsystem could be the person who was abused, their children, and those relatives who have a primary influence on the affected individual's psychological well-being. The mesosystem includes survivors and support systems like friends, extended families, religious systems, and safe shelters. The exo-system is the broader social environment which influences conditions in the survivor's home and community, including their ability to cope, indirectly. Finally, the macrosystem encompasses the social norms and gender ideologies, as well as social laws that shape the attitudes and actions related to domestic violence in society (Gitterman & Germain, 2008).

The ecological systems approach was especially helpful in elucidating the many factors that promote or impede survivors' psychological well-being. Individual interventions can include improving coping mechanisms, promoting self-esteem, and resilience. Interventions include the restoration of positive relationships and communication with the family and group. In the community and institutional context, the emphasis is on issuing laws, offering psychosocial support, and eliminating undesirable cultural practices. At the societal level, several strategies could be implemented, such as the dismantling of patriarchy, identification of gender disparities, and the implementation of more legislation that safeguards survivors of violence (Neal & Neal, 2013; Gitterman & Germain, 2008).

Consequently, when applied to this study, the ecological systems theory shows that any situation that women in Nairobi County have encountered individually cannot be the only explanation for

their good psychological state. Instead, it is the outcome of an ongoing process of interaction among personal resilience, family and community relationships, economic systems, patriarchy and law and institutional effectiveness. The theory emphasizes the need for comprehensive multidirectional interventions to promote empowerment of individual survivors, transform harmful cultural values and norms, and boost institutional efforts to address GBV.

2.3 Prevalence and Patterns of Domestic Violence among Women in Safe Shelters

Domestic violence (DV) is a worldwide issue that impacts the health and well-being of people, regardless of socio-economic, cultural, and geographical factors. Women suffer disproportionately, with abuse occurring in ways related to finances, physical and sexual, and psychological abuse. Women who enter safe shelters have been found to be at risk of being victims of repeated, severe, and multidimensional forms of abuse consistently in the research literature (Devries et al., 2014; WHO, 2013). The prevalence and pervasiveness of IPV are well documented, with the current estimates for women who experience IPV at some point in their lives being around 33% of the global population (Heise, 2011; Black et al., 2010).

Domestic violence is a phenomenon that is pronounced in sub-Saharan Africa, despite the fact that conflicting issues like engrained cultural norms, economy dependency and rigid social structures increase the vulnerability of being accused of domestic violence (Stiller, Ampofo, & Essel, 2022; Muleneh, Worku, & Bekele, 2021). Empirical evidence in Kenya showed that women living in safe shelters reported multiple overlapping forms of violence, with psychological violence being especially reported, including verbal violence, intimidation, isolation, and controlling behaviours (Okoth, Mwangi, & Wanjiru, 2022; Mellar, Otieno, & Kamau, 2024). The patterns demonstrate the systemic nature of domestic violence, such as the normalization of gender inequality and structures and norms of a patriarchal system.

Additional research has revealed that women who are sheltered may encounter additional victimization, as well as abuse from their intimate partner and/or extended families/caregivers (Wright, Johnson & Lee, 2022). The psychological impact of abuse is significant and long-lasting, resulting in anxiety, depression, post-traumatic stress disorder (PTSD) and loss of self-efficacy (Gomez, Pérez & Castillo, 2023). The results strongly indicate a need to study both the prevalence rates of abuse and the dynamics of abuse and to use this knowledge to guide specific intervention efforts, create a policy and advocate for prevention of further harm.

Safe shelter is also a key space particularly for the protection and record-keeping of violence and abuse. They provide valuable knowledge and information on survivors' experiences which can guide researchers and policy makers to detect patterns of violence. These manifest as physical violence, sexual pressure, emotional manipulation, financial exploitation, isolation from friends, family, and communities and often victims have psychological impacts from the exposure to multiple forms of APIVI (Adams et al, 2008; Boateng, Aidoo & Mensah, 2024). The patterns thus play a central role not only in the creation of effective social and therapeutic resources more effectively but also in the documents of law, social policies and public health programs to reduce domestic violence.

Overall, the literature highlights that the conditions and extent of domestic violence among women in safe shelters are complex and influenced by their experiences, social relations, and culture. The need to recognize and systematically study such patterns is essential for research, policy development, and actual action on the ground, supporting and protecting survivors as is appropriate and useful, and creating contextually relevant, evidence-informed strategies for prevention and recovery.

2.4 Economic Status and Its Impact on Women Survivors' Psychological Wellbeing

The economic position of women is an important factor in discovering their psychological well-being, their buffers against crisis and their ability to deal with the effects of domestic violence. The literature repeatedly shows that such economic empowerment includes increased self-esteem, improved autonomy, lower vulnerability to intimate partner violence (IPV), fewer negative mental health outcomes, and access to income, employment, property, or financial services for women and girls, while financial dependency is strongly linked to negative mental health outcomes and IPV (Christy, Ssentongo, & Baig, 2022; Talamonti, Crea, & Velotti, 2024). Financial independence empowers women to make decisions in households, to access healthcare services, as well as legal and psychosocial services, which all have a positive impact on their psychological well-being.

Economic empowerment can empower women's bargaining power, which leads to the reduction of dependency on abusive spouses and to survivors' action toward safety and recovery (Dabaghi, Salari, & Mohammadi, 2023). Essential psychosocial measures, such as counselling, legal aid, and provision of safe shelter, are more easily available for women who have greater near-term financial stability, fostering their resilience and future psychological well-being, which is critical following a crisis (Masih, Ahmad, & Khan, 2024). Furthermore, people have a sense of control when they become economically independent; this can help offset the helplessness they may have suffered.

However, studies suggest that economic security does not completely protect women from abuse or its psychological repercussions. Intimate partner violence is found in all socio-economic groups and women in higher income groups could face specific challenges when accessing help. Social stigma, upholding the reputation, and the anxiety about financial burden and social consequences in divorce proceedings may exacerbate loneliness and psychological distress (Johnson, Leone, &

Xu, 2022). However, in these cases economic empowerment does not necessarily lead to safety and wellbeing, and it shows how financial resources, cultural beliefs and expectations and societal norms intersect.

Economically dependent women, on the other hand, are at risk of being abused longer. Relationships of violence, primarily when children are living in them, and exacerbated when cultural norms have bound women to a position of subservient women, are constraints on access to support services or care, and can lead to a vicious circle of emotional agony, low self-esteem and chronic stress (Adu, 2023). In these situations, women's financial insecurity puts them in difficult situations, with reduced freedom of choice and access to recovery services and legal remedies.

Comparative research in various settings highlights the complex relationship between socioeconomic conditions and risk for abuse. For instance, German and Indian studies have shown that female empowerment can lead to backlash from their partners, including controlling behaviours or psychological abuse, when women assert themselves financially against deeply entrenched gender norms (Jud, Fegert, & Kölch, 2023; Dhanaraj, Mahambare, & Munshi, 2023). In addition, research from Turkey and China shows that joining the labour market does not automatically lead to a decrease of domestic violence cases, but in certain instances can cause an increase of tension within the households, stemming from fears of and resistance to the prospect of gender norms changing (Tekkas, Chatzifotiou, & Tsitsika, 2021; Li, Wang, & Zhou, 2023).

Women's economic empowerment through formal employment, entrepreneurship, control over property and credit is a mitigating factor that increases their bargaining power and decreases their dependence on the abusive partner (Dabaghi et al., 2023). Women who are empowered are more likely to be able to escape abusive relationships and are able to attain safety for themselves and

their children. Additionally, finances enable access to recovery and resilience resources, like counseling, legal assistance and safe housing, which is key to recovery and resilience (Masih et al. 2024).

However, studies also have shown that women's economic well-being is not fully protective. Studies show that IPV impacts and disadvantaged women as well as women from all socio-economic backgrounds. In addition, women in higher income brackets could face different barriers to help-seeking ranging from societal stigma to support for a socially acceptable reputation given within a family through fear of financial loss in divorce proceedings, which may further deepen psychological distress and feelings of isolation (Johnson et al., 2022). In such situations, economic empowerment can have multiple intersections with cultural and social expectations, rather than having a clear direct link to safety or wellbeing.

However, economically dependent women are at risk of experiencing a greater amount of abuse over long periods of time. For women, violence may be a result of dependency, especially in the case of having children with a couple, forcing women to stay in violent relationships with their partners or making women feel they have to take care of the couple and let the man do everything else while stressing women's submission and the man's role as the provider (Adu, 2023). Women's lack of economic autonomy limits their access to external support, which in turn causes a cycle of psychological turmoil, a lack of self-esteem, and is a source of chronic stress.

These complexities are further demonstrated by comparative studies in different contexts. In Germany and India, it has been found that after women start earning money for their families, they may experience either controlling behaviors from their partner or psychological abuse (Jud et al., 2023; Dhanaraj et al., 2023). Likewise, research in Turkey and China points to the fact that women's involvement in the labor market does not necessarily decrease their attacks on violence,

as it can actually intensify household conflicts due to longstanding patriarchal norms (Tekkas et al., 2021; Li et al., 2023). This literature consulted show that there is two-way nature of economic empowerment. Furthermore, it may provide facilitating conditions to enhanced psychological well-being, resilience, and reduced risk of abuse, but may also trigger controlling or retaliatory behavior when patriarchal norms are strong. So the relationship between the economic status of women and their psychological well-being is dynamic and situational one. Interventions should not be limited to economic empowerment and should recognize and tackle socio-cultural issues to promote equality and access to protective services among women.

2.5 Influence of Patriarchal Norms on Women Survivors' Mental Health

Patriarchy, which is a social structure and system that favors men over women, has become one of the most common social systems that shapes the psychological well-being of females in society. It functions on the basis of unequal power relations, limited gender roles and cultural norms, which devalue the status of women. Intimate partner violence (IPV) and gender inequality are often entrenched in such patriarchal systems, where violence is sometimes portrayed as a socially acceptable or disciplinary act (Setyorini et al., 2024).

Women in a patriarchal context has been exposed to chronic stressors which are disproportionate to the mental health of women. These are such as systematic discrimination, low status, lack of choices in education, job opportunities, and conformity to subservient gender roles among others. Being born in these situations may lead to a higher susceptibility of depression, anxiety, low self-confidence and mental health related issues, and restrict possibilities for personal development and self-actualization (Muleneh, Worku, & Bekele, 2021; Mossie, Alemu, & Belay, 2023). However, despite having very progressive gender equality policies, deeply entrenched patriarchal attitudes

affect social behaviors, which in turn influences the enforcement of women's rights and the lesser benefit that women's rights provide protection (Ganira et al., 2024; Julius, 2025).

In a patriarchal culture domestically, including in cultures around the world, domestic violence is frequently normalized and survivors silenced. Stigma, fear of social rejection, or cultural obligations of loyalty toward family structures can create barriers for women to come forward with reported abuse. Adverse psychological outcomes like post-traumatic stress disorder, hopelessness, and suicidal ideation are associated with this silencing (Toplu et al., 2022; Gomez et al., 2023). The attitude of "spouse responsibility" in patriarchal society further undermines the self-worth of the victim and feeds into cycles of violence, at times pointing fingers at the survivor for the violence they suffer.

Patriarchal norms in sub-Saharan Africa are intertwined with poverty and polygamy, and norms and physical, emotional and sexual violence (PEV) against women is common. Women are low on financial and social resources and their cultural expectations of their obedience restrict their choice of action if they are abused, leaving them isolated and unable to seek assistance from outside. These are not only contributing to the incidents that result in victimization, but they are also exacerbating the victim's psychological trauma (Darteh et al., 2021; Stiller et al., 2022).

These resentments are more acute in Kenya. Although the constitution provided for equality, and comprehensive policies on the prevention of gender-based violence have been put in place in both rural and urban communities, there are entrenched and entrenched patriarchal norms. In Nairobi and Western Kenya, cultural beliefs, economic hardships and the passing down of family violence from generation to generation maintain men's dominance and control over women. Barriers to access justice and social support often pose further psychological risks to survivors, while also

hindering their capacity to receive assistance and advocate for their rights. (Okoth et al., 2022; Mellar et al., 2024).

Moreover, patriarchal norms are understood as structural impediments to gender equality and as important factors impacting the psychological wellbeing of women who were victims of domestic violence. Safe mental health care of the women is the key focus of the shelter-based interventions that are needed to disrupt the negative cultural aspects within the shelter and beyond, to support women's gender arrangements, and to strengthen women's ability to protect themselves.

2.6 Coping Mechanisms and Their Effectiveness in Promoting Psychological Wellbeing among Women Survivors

Coping mechanisms are strategies that women who have been experiencing domestic violence use to cope with the stress, trauma and emotional load of their abuse. These approaches are also culturally and religiously influenced, as well as dependent on individual and socioeconomic status, and on social context. Overall, coping strategies can be considered adaptive or maladaptive. Social support, spirituality, counseling, support groups, education and engagement in economic activities, are all shown to enhance resilience in the face of a variety of challenging situations, self-efficacy and psychological wellbeing, respectively (Boateng et al., 2024; Balaji et al., 2023). However, attempting to cope through personal conflict, drug and alcohol abuse, believing everything is their fault, withdrawal, suicidal ideation, or further drug use can initially bring relief to mental suffering, ultimately perpetuate an ongoing trial of suffering and vulnerability.

Research in Asia highlights the influence of cultural and family factors on coping responses. In Bangladesh, there is a strong family obligation to keep the family together as well as some financial dependence on and disapproval from society, which forces women to remain in abusive relationships. While these may seem sensible coping mechanisms, they can also perpetuate

vulnerability and psychological or emotional harm (Akter et al., 2022). Similarly, in China survivors may engage in silence, passive acceptance, and even suicidal thoughts all due to the complex mechanisms of cultural expectation and mental outcome of the individual (Hou et al., 2022). The results suggest that coping is not only a personal decision, but is connected to a larger social and cultural context.

Coping practices in the African context can be interwoven with the religion and community norms. Faith-based organizations often offer an important source of emotional and social support in East Africa, including through prayer and participation in church groups. However, the impact of religious coping might be restricted in certain contexts and when religious leaders oppress and blame women for staying in abusive marriages for the perceived purpose of family stability (Muthangya, 2023; Chadambuka et al., 2022). This faith-based responsibility has the potential to be an important source for maintaining emotional well-being and also it could be a barrier to the cessation of abuse.

Pragmatic coping behaviors, such as concerning for being safe and surviving are commonly developed by women, especially when living in Nairobi's slums. These strategies engage in initiating and managing relationships to help defuse conflict with partners, limit children's exposure to violence, and support property and informal peer and neighbor networks. However, the study demonstrates that sometimes informal (social) support networks can be more emotionally and practically available than formal care networks, which may be limited as a result of cost, stigma, or any other bureaucratic barriers (Wood et al., 2021; Renner & Whitney, 2022). These results underscore survivors' active role in finding their own ways of surviving as well as the need for the deficiencies of formal psychosocial support mechanisms.

In general, coping strategies have a significant impact on the psychological well-being of women survivors of domestic violence. Adaptive strategies support resiliency and recovery, while maladaptive strategies may augment and reinforce negative psychological effects and sustain cycles of abuse. Interventions should thus examine the structural and cultural factors such as poverty, patriarchal norms, and social stigma that constrain survivors' options, and strengthen adaptive coping skills. To ensure the overall mental health and wellbeing of women in safe shelters and other supportive spaces, culturally sensitive counselling services, community-based support and services, and faith-based services are all integral parts of programmes that address core issues of gender role stereotyping and harmful narratives.

2.6.1 Strategies to Enhance Women's Psychological Wellbeing

Research identified several strategies that make a significant contribution to improving the psychological wellbeing of women survivors of domestic violence. The most popular approach is economic empowerment. Employing women, providing them credit facilities and providing opportunities for them to become entrepreneurs, would put them better to be independent and free from dependence on abusive persons. In addition to lowering inequalities and strengthening their self-confidence and decision-making, economic empowerment also increases access to vital services such as legal services, health and psychosocial services (Li et al., 2023).

One key approach is the reinforcement and enforcement of laws and policies. Strong gender policies and child protection and anti-violence laws must be in place to support and protect survivors' rights. However, legislation is not effective if not supported by effective implementation mechanisms. Improving women's sense of security and working to decrease the culture of impunity surrounding gender-based violence (GBV) by ensuring accountability within law enforcement and judicial systems and raising awareness of survivors' rights (Gomez et al., 2023).

The psychosocial support and counseling role is also central in helping to redress the trauma that victimization experiences instill into the psyche of the victim of domestic violence. Increasing trauma-informed therapy, mental health related services and group counselling in safe shelters has been proven to evoke resilience, diminish symptoms of post-traumatic stress, and rebuild a sense of dignity amongst survivors. These interventions also support a collective healing process that allows women to share experiences and respond to each other through learning coping mechanisms (Wright et al., 2022).

In addition, the psychological well-being of women can also improve through community sensitization. Entrenched culture can be changed through protestation of the deeply embedded nature of traditional patriarchal gender roles, and by establishing community dialogue dialogues to catalyze conversations around the demand to change male gender norms that lead to abuse. Men and boys participate in such conversations, too, which can help to challenge gender stereotypes and the shift towards more positive gender relations (Muleneh et al., 2021). This process is not only for the survivors themselves, but has the potential to tackle the factors that underlie violence at the community level.

Moreover, an ecological systems theory-based philosophy posits the need for multi-level interventions with problems of a person, family, community and structure. This creates an enabling environment for survivors to heal and grow as a result of a family intervention and broader changes. Efforts focused on individual coping and also systemic inequalities can create a sustainable approach to promoting psychological health for women survivors of domestic violence.

Finally, it is stressed that in reality no intervention can exist in isolation—varying levels of intervention are at play. The various activities of economic empowerment, legal protection,

psychosocial support, community transformation and structural change must be integrated in one package with a focus on women's mental health and dignity to support sustainable change.

2.7 Empirical Review and Research Gaps

The empirical studies conducted around the world, regionally and locally have shown consistently strong links between gender and psychological wellbeing aspects, coping strategies, gender norms and economic empowerment of women. Research in Asia and Europe has focused on the financial empowerment as the protection from ICPV and strengthening resiliency. For example, women in stable situations with an income are more likely to turn to the legal system or move to safe places and thus less likely to suffer cumulative psychological consequences. However, researchers also warn that whilst economic gain is protective in many cases it can sometimes cause the partner to seek greater control, as he or she feels threatened by the woman's financial strength. This effect to both sides illustrates a dual nature of economic empowerment and its impact on wellbeing of survivors (Christy et al., 2022; Dabaghi et al., 2023).

Additionally, gender-specific studies in sub-Saharan nations have illustrated the deeply ingrained nature of patriarchy which perpetuates violence and exposes women to dependence. Researchers have established a link between cultural norms like bride price, polygyny and the acceptance of women's subservient and silenced roles to women's psychological suffering and its enduring impact through the life cycles of women (Muleneh et al, 2021; Darteh et al, 2021). Although there are legal and policy provisions, they are not always put into practice, including where cultural attitudes favour family population over personal protection. These inconsistencies shine a light on the "chasm between the law and life".

However, literature has mainly concentrated on the maladaptive coping mechanisms, which include isolation, substance use, and self-blame, and help this perseveration of mental health

representatives, regardless of the situation (Hou et al., 2022; Renner et al., 2022). Although several studies have noted the benefits of positive coping, like social support, prayer, and group counselling approaches, the research on the relationship between safe shelters and their specific impact on adopting adaptive coping is very limited. Evidence on the effectiveness of coping enhancement via provision of shelters is limited, particularly within Kenyan contexts where shelters play a role in psychosocial, legal and community support services.

Another major issue of concern is the policy-practice gap. The state has adopted groundbreaking policies and legislation, such as the Protection Against Domestic Violence Act and the Sexual Offences Act, but research has uncovered gaps in the way survivors are able to access justice, such as corruption, stigma, fear of retaliation and limited institutional capacity (Okoth et al., 2022; Ganira et al., 2024). There have been very few studies exploring the perception and lived experience of women living in urban safe shelters and how these protections manifest in their everyday lives.

Furthermore, most of the current research activities are conducted at the context of either rural communities in Africa or urban context in Asia and Europe with minimal being at the context of Nairobi County, Kenya. Women in Nairobi are found in safe shelters from different socio-economic and cultural backgrounds such as those effected by family disintegration, migration and urban poverty. This diversity creates unique coping strategies and processes which have been underutilized in existing research.

This study is therefore aimed at filling these research gaps on the lived experiences of the women survivors in safe shelters in Nairobi County. It seeks to examine the interactions between economic status, patriarchal norms and coping mechanisms and their impact on their psychological wellbeing, as well as the extent to which their economic empowerment and recovery is facilitated

or impeded by policy and institutional mechanisms. The specific context of safe shelters in Nairobi provides contextually relevant findings that lead to specially targeted interventions for the mental health needs and lives of safe shelter survivors.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology discussed in this chapter is a study on domestic violence and psychological well-being of women in safe shelters in Nairobi County. The methodology offers a systematic approach to the fulfillment of the research goals. It highlights issues of research design, the target group, sampling, data collection procedures and methods of analysis, ethical considerations, and issues relating to the credibility, reliability, and integrity of findings. Qualitative and quantitative methods can offer a different kind of understanding of the lived experiences of women survivors, and they might also be used to produce empirical data for planning interventions as well as designing policies.

3.2 Research Design

The study was of a mixed methods approach, which comprised both qualitative and quantitative methods, to examine the complexity of domestic violence and its effects on psychological well-being. A mixed method is appropriate because domestic violence is a complex and multidimensional phenomenon that involves more than just quantitative data. The quantitative results would give the researchers measurable data on prevalence, trends and correlational information and findings, while the qualitative input and results would reveal the lived experience, coping and perceptions of the survivors in greater depth.

In this context, the quantitative research component is based on the descriptive survey research design. Cohen and Marion (2000) note that descriptive surveys provide data on a specified point in time and capture the current state of an existing population. According to Kerlinger (1978), in social research surveys are best because they can provide for the collection of accurate and

representative data on the attitudes, opinions, and experiences of people. The descriptive survey research methodology allowed this study to follow this through and uncover any patterns of domestic violence present among women in shelters and to document the psychological consequences they face.

The narrative and phenomenological approaches in the qualitative strand are appropriate for personal narrative and lived realities. This allowed the researcher to understand the unique nature of the way in which survivors deal with past events, cope, and seek assistance within the safe shelter environment. These two methodological approaches, both quantitative and qualitative, provide methodological triangulation that helps to deepen the validity and robustness of the results.

3.3 Target Population

The target population consists of the total number of people or elements that share the specific characteristics of a study and for which the researcher wants to make conclusions (Creswell & Creswell, 2018). This study included 200 women who were staying in safe shelters and rescue centres in Nairobi County and were targeted. These shelters offer temporary protection and holistic support services where survivors of gender-based violence (GBV), domestic violence (DV), human trafficking, sexual exploitation, child neglect, abandonment, and other instances of vulnerability are received. This study was conducted on the female inmates of these institutions, as they directly experienced the phenomena of this study and hence had first-hand information about the role of safe shelters in their psychological well-being.

In Nairobi County, 11 shelters were selected to have a large influence on the protection, rehabilitation, and reintegration of vulnerable women. These facilities put in place temporary housing but also provide integrated services such as psychosocial counselling, recovery, medical care and treatment, legal and NGO assistance, life skills support, educational programs, economic

empowerment, case management and family re-integration programs. These services are multi-disciplinary in approach allowing survivors to receive protection services as well as services to support long-term emotional, psychological, social and economic recovery. This made the shelters a suitable setting to look at the psychological effects of institutionalization on domestic violence survivors.

The chosen shelters provide space for a variety of beneficiaries, such as women survivors of domestic and sexual violence, victims of human trafficking, refugee women and refugee girls, as well as young mothers, abandoned children, street children and other vulnerable children in need of special treatment and protection. Beneficiaries vary with respect to age, background and various factors that brought the children to the foundation; however all these children share the same experiences of vulnerability that requires to provide psychosocial support and rehabilitations. This diversity allowed for such a wide spectrum of narratives and experience around how effective safe shelters have been in supporting healing, resilience and recovery for survivors.

Ethical issues played a pivotal part in identifying and presenting shelters that participated in the study as they were vulnerable populations living in protected facilities. Basic shelter services provided in Nairobi County tend to be quite secretive about its clients' and in some instances the exact sites of its shelter services. This confidentiality is important to protect the safety survival without further victimization, retaliation, stigmatization, or threats of security concerns, should such threats occur, arising from sharing an address. In keeping with national and international ethical rules relating to research participants who survived a violent incident, the specific names and locations of the shelters participating in this study are therefore not provided.

To uphold the principles of confidentiality, anonymity, privacy, and protection from harm, each participating institution was assigned a pseudonymous identifier ranging from Shelter A to Shelter

K. Using pseudonyms allowed the researcher to report the roles played by the participating institutions without making any individual shelter, or any individual shelter resident identifiable. This method ensured that the participant's confidentiality and safety came first, also without sacrificing transparency or credibility of the research outcomes.

The researcher was also able to collaborate with shelter managers, social workers, counsellors and programme coordinators who acted as gatekeepers in the recruitment process. They were only responsible for screening participants, explaining approach to those who were interested in responding, and organizing interview dates. To further protect the anonymity of the interviewees and respondents, interviews and questionnaires were not held in the shelters' residences. Participants were instead mobilized and invited to arrange and neutralize agreed-on venues with the shelter management and the researcher. Data collection procedures away from the shelters minimized the risk of identifying shelter locations, disrupted rehabilitation programmes and provided a comfortable and private environment in which participants could be open about their experiences without fear of coercion or identification. Importantly, the gatekeepers were not involved in the interviews, thus providing a sense of free choice and disincentivizing response bias.

Housing the target population was handled to distribute them throughout the eleven participating shelters based on the number of eligible women living in each shelter during the data collection period. The size of the shelters and how full they were, who was admitted and the type of shelter services provided varied, and this resulted in a non-standard distribution of respondents. Larger shelters provided more eligible participants than smaller shelters, and thereby were representative of the distribution of women living in shelters participating in the effort. The proportional

distribution increased the representativeness of the study by representing encounters at shelters with different sizes and operation qualities.

Table 3.1: Distribution of Target Population Across the Selected Safe Shelters

Safe Shelter (Pseudonym)	Number of Women
Shelter A	25
Shelter B	22
Shelter C	20
Shelter D	18
Shelter E	17
Shelter F	16
Shelter G	20
Shelter H	15
Shelter I	14
Shelter J	18
Shelter K	15
Total	**200**

Source: *Researcher (2026)*

Table 3.1 indicates that the target population included 200 Women spread across 11 safe shelters and rescue centers in Nairobi County. The differences in the number of eligible respondents from each shelter are attributable to differences in institutional capacity, shelter occupancy, the categories of beneficiaries accepted, and the admission policies adopted by the shelters. The study

engaged multiple shelters, representing a diversity of experiences and views of the importance of safe shelters for psychological wellbeing of those who have experienced domestic violence. This diversity helped ensure the representativeness and credibility of the study results, as well as giving no independent institution too much power.

The scope of the study was determined by the target population. With 200 eligible respondents in the total accessible population, the researcher assumed that it was reasonable to sample all the eligible women who were in the shelters whose homes were accessed. The study therefore did not rely on a statistical sampling formula to select only part of the population, but took a census (sosing) approach, in which all potentially qualified respondents are invited to participate in the research. The method of selection of the subjects and how many people were sampled have been detailed in the next section sample and sampling techniques.

3.4 Sample and Sampling Techniques

This section explains the procedures adopted in selecting the study population from the target population. It outlines the methods used in selecting the study sample and sample method used to recruit participants in the study. The section illustrates how the researcher ensured that the research participants chosen were appropriate to provide reliable and relevant data to meet the research goals.

3.4.1 Sample Size Determination

The study aimed to engage a cross-section of 200 women from the eleven safe shelters and rescue centers of Nairobi County as the target population. With a relatively small, clearly defined, and manageable accessible population, the study employed a census style, enticing all potential respondents to participate in the study. According to Creswell and Creswell (2018) a census is the option to use when the target population is small enough to include every member that is eligible.

This approach reduces sampling error, increases the representativeness and comprehensiveness of research findings, and improves the credibility of the results.

The use of a census was appropriate due to the characteristics of the study population and research goals. The experience of being a survivor in a safe shelter is different from that of any one person, and can only be replicated exactly by being with a survivor of violence. The researcher aimed to analyze the extent to which safe shelters facilitated survivors' recovery and resiliency as well as their general psychological health, for which all eligible residents were invited to participate. The census approach thus ensured that a wider spectrum of women's experiences would be recorded from women of various ages, backgrounds, durations of time spent in the shelter, and ways in which women received support, providing greater validity and richness to the results.

Although the goal was to reach all 200 eligible respondents, participation was voluntary as indicated by the ethical principles used in research with vulnerable group members. As a result, 133 women were able to participate successfully in the study, with a 66.5 per cent response rate. The gap between the targeted population and who participated grew out of some practical and ethical issues. Some eligible respondents refused to participate due to emotional upsets from recollections of negative experiences; some exited the shelters before the data collection was finalized or were unable to give informed consent during the period of the study.

Response rates of 60% or higher are generally satisfactory for social science research, and the data collected are suitable for significant statistical analysis and interpretation (Babbie, 2021). Based on this, the respondents obtained were considered to be sufficient enough for the objectives of this study to be achieved and reliable and valid levels were maintained.

Table 3.2: Target Population and Actual Participants

Category	Number
Target Population	200
Population Targeted through Census	200
Actual Participants	133
Response Rate	66.5%

Source: Researcher (2026)

Table 3.2 shows that the study adopted a census approach by inviting all **200 eligible women** residing in the selected safe shelters and rescue centers to participate in the study. However, owing to the voluntary nature of participation and the sensitive circumstances surrounding the respondents, 133 participants completed the study. The resulting response rate of 66.5 percent was considered satisfactory for social science research and provided sufficient information for both quantitative and qualitative analyses. By providing every eligible respondent with an equal opportunity to participate, the census approach enhanced the representativeness of the study and strengthened the credibility and trustworthiness of the findings.

3.4.2 Sampling Techniques

Participants were recruited using a purposive sampling technique as well as the census approach. The techniques were deemed appropriate because they were necessary to gain information from a special population within which there was a particular experience that was relevant to the problem in the study.

The first stage was used to identify the study sites using a purposive sampling technique. The eleven safe shelters and rescue centers were purposely chosen as they offer protection, temporary shelter, psychosocial counselling, medical services, legal support, rehabilitation and reintegration

to women subjected to the effects of gender-based violence, domestic violence, human trafficking and sexual exploitation and other vulnerabilities. Institutions were considered as information rich environments and sources of relevant information for addressing the study's objectives.

After determining the study sites, the researcher used the census method, where all the eligible women in the selected shelters during the data collection period were invited to take part in the study. Participants were included with the use of predefined inclusion criteria: being a resident in one or more of the selected shelters, willing to participate in the project voluntarily, and capable of giving informed consent. Although all 200 eligible respondents were invited to participate, 133 women eventually participated in the study.

In addition, purposive sampling was used to find key informants, such as shelter managers, counsellors, social workers, programme coordinators, and other shelter staff who provide support to shelter clients. These participants were chosen for their professional expertise, hands-on experience with domestic violence victims, and connection with domestic violence survivors. Their perspectives gave institutional insights on the functioning of safe shelter, services provided, and what the safe shelters did for survivors' psychological health and recovery.

Purposive sampling and the census approach allowed the researcher to have complete information from the primary beneficiaries, among the professionals who provide shelter services. The census approach secured wide participation of those eligible survivors, while purposive sampling led to the inclusion of knowledgeable key informants with the ability to provide context and professional perspectives. The combination of these two methods enriched the quality of data collected, added to the triangulation of evidence, and increased the credibility of the findings from the study, dependability, and trustworthiness. The sampling procedures in this study together ensured the

study produced the overall picture of the role played by safe shelters in the psychological well being of domestic violence survivors in Nairobi County.

3.5 Tools of Data Collection

To select the participants, the study used a mixed method (purposive sampling and census). These methods seem to be suitable because the study aimed to acquire information from a special population with certain experiences related to the study problem.

Purposive sampling was employed to select the study sites in the first stage. The eleven safe shelters and rescue centers were intentionally chosen due to their ability to provide protection, temporary housing, psychosocial counselling, medical treatment, legal rights, rehabilitation and reintegration services to women who have faced violence in their household, gender-based violence and incidents of human trafficking and sexual exploitation. These institutions were seen as being rich in information, which they could provide relevant data to answer the study's ideas.

After obtaining the study sites, I used the census method and invited everyone who was eligible, which included both women who were in the shelters that participated in the study during the data collection period. Inclusion criteria were formulated beforehand and included being a resident of one of the predetermined shelters, volunteering with the activity without coercion, and the ability to provide informed consent. 200 women who met eligibility criteria were invited to participate, and 133 of them finally completed the study.

Purposive sampling was also used in this study to select key informants, namely shelter personnel (including shelter managers, counsellors, social workers, programme coordinators and other individuals directly engaged in providing support services in the shelters). The participants were chosen due to their professional knowledge, hands-on training and experience and their personal involvement with survivors of domestic violence. They offered insights that were helpful for

institutional perspectives on the provision of safe shelters, the psychosocial interventions provided, and how these interventions would benefit the psychological wellbeing and recovery of survivors. The purposive sampling method and the census approach allowed the researcher to have a detailed picture from both patients and those providing shelter services. The census approach allowed for a wide sample of eligible survivors whereas purposive sampling allowed for inclusion of key informants with knowledge and expertise who could provide contextual and professional perspective. Both the approaches contributed complementary strengths in improving data quality, triangulation of data and improved credibility, dependability and trustworthiness of the findings of the study. The aim of these sampling methods was to capture the effect of provision of safe shelters to mental health of victims of domestic violence in Nairobi County in a way that gave a see-through picture of the overall issue.

3.6 Data Analysis Procedures

Mixed-methods approach of data analysis was used for this study to gain a holistic perspective of the role played by safe shelters in the psychological wellbeing of the survivors who were women in the Nairobi County after being subjected to domestic violence. The linkages between quantitative and qualitative data helped to get a better understanding of both the number and depth of qualitative data related to the participants' living experiences, giving better context to the results obtained from the quantitative data.

Structured questionnaires were used to gather qualitative data which was found to be incomplete, inconsistent and inaccurate was first checked before it was coded and entered into a Statistical Package for the Social Sciences (SPSS), for analysis. Firstly data cleaning was done to identify and correct any incongruity in the data, coding error and any missed data prior to statistical analysis. Descriptive statistical techniques, including frequencies, percentages, mean, and standard

deviations, were employed to summarize the characteristics of the respondents and the study variables. The information received provides a general overview of the background information of the participants, their experience of domestic violence, the scope of support received, and indicates a psychological state in safe houses.

The relation among the variables of the study was analyzed through Inferential Statistical techniques. In particular, the associations among selected independent and psychological well-being variables among women living in safe shelters were measured using Pearson's correlation analyses. For categorical variables, the chi-square test of association was used to determine if any significant relationship existed between the categorical variables as appropriate. The results were reported as tables, charts, and narratives for each of the respective objectives of this study; the idiomatic reporting made it possible to interpret the results in relation to the objectives of this study.

The answers obtained from the open-ended questions in the questionnaire and semi-structured interviews were subdivided and identified using thematic analysis. The interview audios were transcribed word-for-word and read thoroughly to familiarize and make an accurate account of data. Transcripts were then read aloud several times to better understand the general message in the texts before codes were assigned to important statements and salient ideas. Firstly, codes were grouped into more generic categories and secondly, themes and sub-themes were developed. These themes were then supplemented by literature and the study objectives to explore the emotional responses, coping mechanisms and experiences of survivors, as well as their perspectives on the nature of the support they received in the safe shelter contexts.

In the interpretation stage both quantitative and qualitative data were pooled together by using methodological triangulation during data analysis. Comparing and contrasting evidence from

different data sets; synthesizing evidence from both sets to show evidence of convergence, complementarity and divergence. Quantitative findings had been integrated with the outcomes of storytelling or lived-experience as an enhancement to the finding of credibility, validity and trustworthiness of the study. Consequently, the mixed methods approach contributed to a comprehensive understanding of the role of safe shelters to support the psychological health of DV survivors and made evidence-based policy, practice, and research recommendations.

3.9 Limitations of the Study

As with any research project, there are potential limitations that could affect the findings of this research. First of all, self-reported data can be subject to bias and poor recall from the participants. Secondly, the study was conducted in registered safe shelter facilities in Nairobi County which may not be applicable to un-registered or other Counties. Thirdly, domestic violence is an emotional issue and victims may not feel comfortable talking about their experience.

To lessen the limitations, the researcher harnessed several data sources, maintained confidentiality and engaged survivors in a compassionate manner.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents a summary, interpretation, and discussion of the findings about the relationship between economic status, male norms, coping mechanisms and psychological well-being of clients who reside in safe shelters. The analysis guides the study towards the understanding of its goal and research question(s) to find out the relationship between the important variables studied, and the interpretation of the results it has obtained is meaningful.

The chapter is well structured and has sections pertaining to the different themes of the study. It has a demographic profile of the respondents and proceeds to delve into the experiences of domestic violence faced by the respondents. In addition, the impact of economic status, the impact of patriarchal norms, and the coping strategies of the respondents were reviewed, and how these three impact the psychological wellbeing of women.

The analysis uses a quantitative approach as well as a qualitative approach. For quantitative data collected via a structured questionnaire, descriptive data (frequencies, percentages, tables) are used to give a summary of findings in a clear and concise manner. Inferential analysis is applied in order to create relationships between variables and to support results wherever they would be useful.

On the other hand, the qualitative data gathered from the answers to the questions are analyzed thematically for the purpose of supplementing and augmenting the quantitative analysis. The narratives provide a greater depth of understanding of the participants' life experiences as it relates to cultural influences, coping responses, and psychological outcomes of domestic violence.

As a result of having the quantitative and qualitative results, the study gives a complete picture of the issues that were studied, making the study more valid. The results are analyzed using the

existing literature and theory, which allows the results to be placed in the context of current academic discussion.

Overall, this chapter offers a comprehensive and synthetic account of the results of the study, which then serves as the foundation for the subsequent chapters, the conclusions, and recommendations.

4.2 Response Rate

This study used a census approach whereby all 200 eligible women who were then living in the eleven safe shelters and rescue centers of Nairobi County were invited to participate in the study, as explained in Chapter Three. The census approach was chosen because the number of the target population is small and manageable, thus giving everyone a chance to participate.

All 200 eligible respondents were invited to take part, but it was done on a voluntary basis and with ethical guidelines for research on vulnerable populations. Some prospective participants were not accessible during the data collection period because they had either left shelters under reintegration schemes, gone to counselling or medical appointments, been moved, or refused participation due to the emotional nature of recalling the experience of DViS. As a result, 133 women who were able to participate in the study were met, corresponding to a 66.5 percent response rate.

The response rate achieved in this study is presented in Table 4.1.

Table 4.1: Response Rate

Category	Frequency	Percentage
Target Population	200	100.0%
Participants Invited (Census)	200	100.0%
Actual Participants	133	66.5%
Non-Response	**67**	**33.5%**

Source: *Researcher (2026)*

Table 4.1 shows that 133 females participated in this study out of 200 eligible women targeted during the census approach, whereas 67 females failed to participate in the study. The resulting response rate of 66.5% was viewed as satisfactory for the purposes of the study, especially with the delicate nature of the study sample and the moral reason that participation was always voluntary.

After collecting data, all the completed questionnaires and interview schedules were thoroughly reviewed for completeness, consistency, and accuracy. The data was cleaned to detect and correct records that lacked data, were inconsistent, or had errors in entry. A total of 133 responses were completed, and the information provided by these responses was adequate for analysis in both the quantitative and qualitative study phases. Furthermore, findings of the semi-structured interviews with key informants were also compared to the results of the questionnaire, which helped to give a more complete picture of the importance of safe shelter in supporting the psychological health of domestic violence survivors.

While not the entire readership, the percentages of eligible respondents is deemed to be acceptable for social science research involving vulnerable populations. With a response rate of 60 percent or higher, researchers can typically interpret the results of a study with confidence that meaningful

statistical analysis can be performed on the data (Babbie, 2021). Likewise, Creswell and Creswell (2018) note that it is more crucial for responses in census-based research studies to be accurate and representative than for them to be complete. The participants included respondents from all eleven participating safe shelters, and this better represented other various experiences in the participating institutions, increasing the representativeness, credibility, and trustworthiness of the study results.

In addition, there were several factors that led to the current satisfactory rate of items returned to the researcher. These included working with shelter managers and programme coordinators who worked to create access to eligible participants, maintaining strict ethical principles, ensuring confidentiality and anonymity, and using safe, neutral locations for data collection. These measures increased participants' confidence in the research process, helped to create a level of voluntary participation within the research, and allowed the respondents to open up and share their experiences. The information gathered, therefore, formed a solid informational platform for tackling the study aims and conclusions that can be drawn about the role played by safe shelters in the psychological care of domestic violence survivors in Nairobi County.

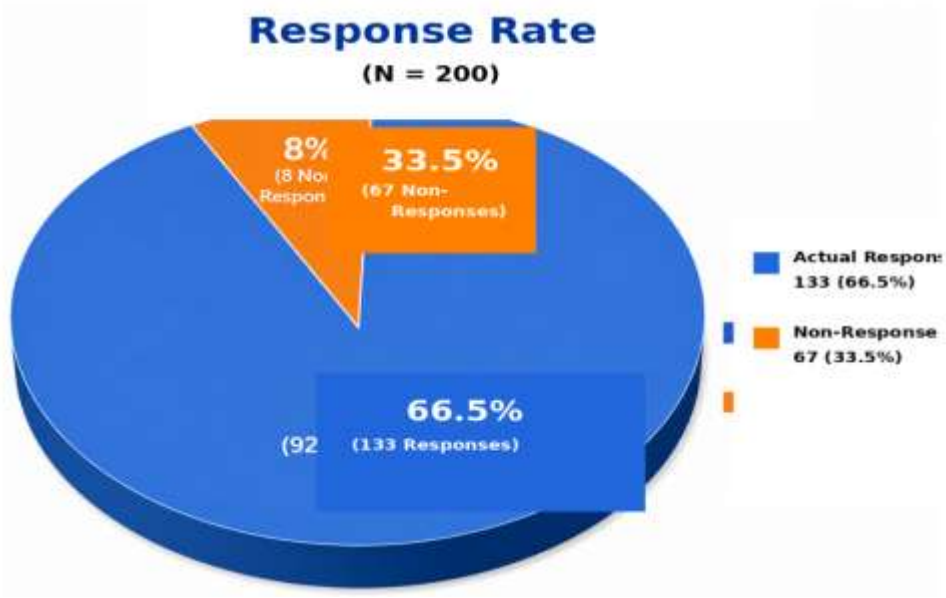


Figure 4. 1: Response Rate

Figure 4.1 shows the census response rate adopted in the study. As explained in Chapter Three, all 200 women residing in the eleven selected safe shelters and rescue centers in Nairobi County were invited for the study. In the total targeted population, the questionnaires were completed and returned by 133 of them (a 66.5% response rate), and 67 did not (a 33.5% non-response rate).

The target population for the study consisted of a substantial proportion, given the sensitive topic (domestic violence) and the vulnerability of the respondents. Non-response was primarily due to the voluntary enrollment, emotional trauma for some survivors, the current counselling and rehabilitation initiatives, participants relocating away from shelters during the data collection period, and other ethical and logistical issues. These are frequently encountered in research with vulnerable communities and were carefully considered to ensure that participants' rights and health are protected.

However, the response rate taken (66.5%) was acceptable in the context of social science research. Babbie (2021) indicated that a response rate of 60% or more provides sufficient data for

meaningful statistical analysis of the data and reliable interpretation of findings. Moreover, the respondents were selected from among all eleven safe shelters, thus reflecting a variety of experiences and perspectives on the role of safe shelter in supporting survivors' mental or emotional health responses to domestic violence. This, subsequently, allowed the results derived as a response to be viewed as fairly representative, and they helped to reduce the existence of non-response bias that could otherwise impact the study's goals.

4.3 Demographic Characteristics of Respondents

The results showed age differences among respondents.

This section describes the demographic data for those 133 respondents who were included in the study. The demographic information was deemed significant because it gave a profile of the participants and allowed an understanding of the socio-demographic features in relation to the study objectives. The variables analyzed were age, marital status, educational level, employment status, religion, and duration of stay in safe shelters. The characteristics offer information to the context surrounding the findings on the contribution of safe shelters to the psychological well-being of domestic violence survivors.

4.3.1 Age of Respondents

Table 4.1 Age Distribution of Respondents

The respondents were required to specify their age, which was divided into four age bands. The age variable was deemed significant because the experiences of domestic violence and impacts on one's psyche could differ from one stage of adulthood to another. The older generations were less likely to be respondents, as shown in Table 4. 2.

Table 4.2: Age Distribution of Respondents (N = 133)

Age Category	Frequency	Percentage (%)
18–25 years	**13**	**9.8**
26–35 years	**67**	**50.4**
36–45 years	**40**	**30.1**
46–55 years	**13**	**9.8**
Total	**133**	**100.0**

Source: Field Data (2026)

As shown in Table 4.2, the respondents were spread out among various ages, suggesting that domestic violence is occurring among women in all adult age groups. The age group 26-35 had the largest percentage with 58, and 36-45 years had the next highest number with 57, with few people in the other age categories being 18-25 and 46-55 years. The trend in this distribution indicates that domestic violence tends to be more common among women between the ages of 25 and 44, who are most likely to have the highest responsibilities in their families, marriages and finances.

These results are consistent with previous studies that have suggested that early and middle adulthood represents a time of heightened risk of IPV for women in relation to their husbands or boyfriends, including economic dependence, childcare duties and unequal gender power relations of the marital dyad. The participation of respondents across all age groups further illustrates that domestic violence is a significant social problem affecting women across all ages but appears to be more common among women in their key family forming and reproductive age group.

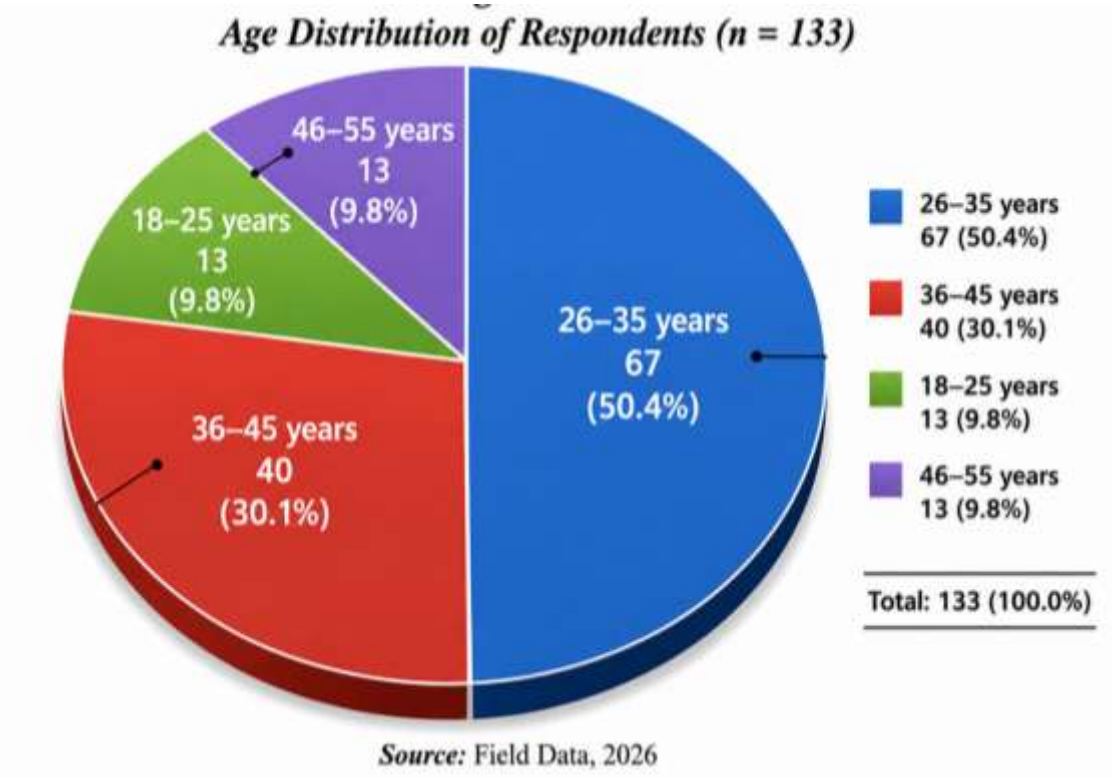


Figure 4.2: Age Distribution of Respondents

The findings indicate that the largest proportion of the respondents, 67 (50.4%), were aged between 26 and 35 years. This was followed by 40 respondents (30.1%) who were aged between 36 and 45 years. By contrast, 13 (9.8%) respondents were aged 18 to 25 years, and another 13 (9.8%) were aged 46 to 55 years.

Results indicate that most respondents were between the ages of 26 and 35, indicating that domestic violence is more prevalent in the household among women in their productive and reproductive age and those who are going through their family-building phase. Most women at this age are married or in sexual relationships and have families to take care of, along with household and economic duties. This can make them more vulnerable to domestic violence caused by financial issues, unequal power dynamics, gender-related discrimination, and other household disputes.

Likewise, the high percentage of respondents aged 36–45 years old shows that domestic violence persists in the post-teenage age range and affects women throughout middle adult years. The additional responsibilities of childcare, work, caretaking, and domestic duties that fall on the shoulders of women in these age groups can have a negative impact on intimate relationships and the risk of domestic violence.

The low percentages of those aged 18—25 years and 46—55 years does not indicate the lack of a domestic violence problem among them. Instead, the results indicate that domestically violent incidents impact on women at every level of their adulthood, more so amongst women in the productive years of marriage and family life. This underlines the importance of there being intervention programmes which cater to the needs of survivors from different classes and ages and which priorities women in their reproductive and economically productive age group.

The findings of this study are consistent with previous research which found that women are more vulnerable to experiencing IPV in early and middle adulthood due to their greater likelihood of having entered long-term relationships, being married and having family responsibilities. The results also provide further support for the current Ecological Systems Theory hypothesis that individual experiences of violence are shaped by factors within a family, relationship, community and broader society context. The high prevalence of multiple stressors, such as economic dependency, patriarchal gender norms, family and domestic responsibilities, social norms, and psychosocial expectations, is likely to be associated with a higher risk of domestic violence and poorer psychological health among women at all ages.

4.3.2 Marital Status

The different experiences of domestic violence were important demographic characteristics, and marital status was included because this often takes place in intimate and family relationships. For

this reason, the respondents were requested to specify their marital status. The findings are presented in Table 4.3.

Table 4.3: Marital Status of Respondents (N = 133)

Marital Status	Frequency	Percentage (%)
Single	40	30.1
Married	60	45.1
Separated	20	15.0
Divorced	7	5.3
Widowed	6	4.5
Total	**133**	**100.0**

Source: Field Data (2026)

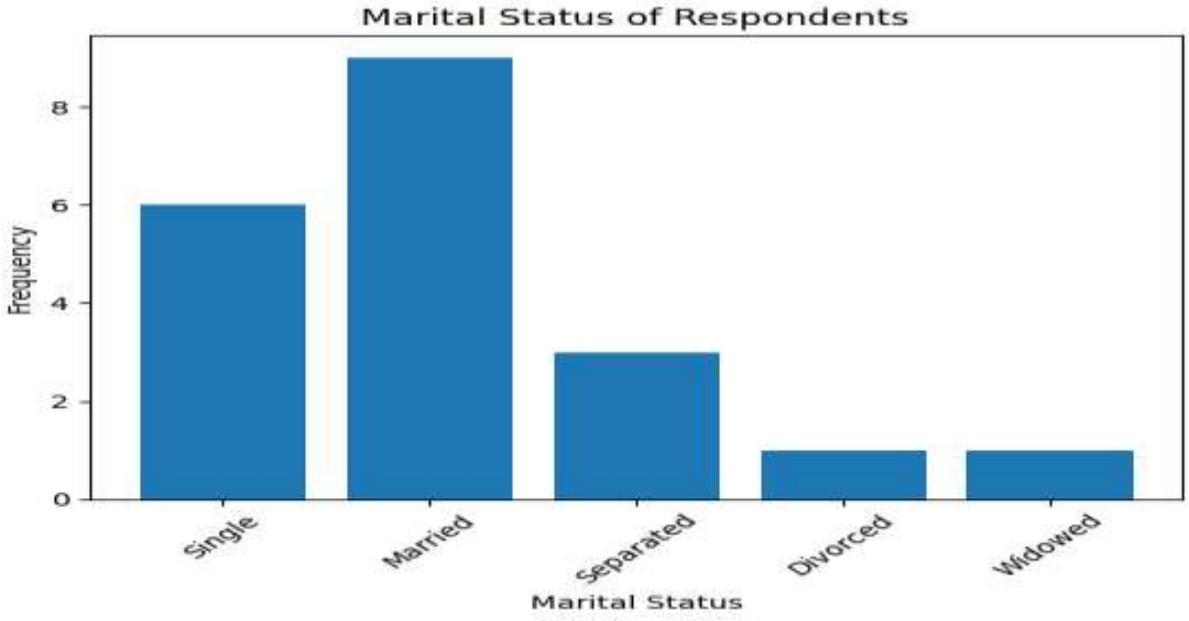
Table 4.3 shows that the majority of the respondents were married, 60 (45.1%), and 40 (30.1%) were single. Further, 20 respondents (15.0%) were separated, 7 respondents (5.3%) were divorced and 6 respondents (4.5%) were widowed.

The married respondents were more numerous, indicating that married women face a higher risk of domestic violence. Relationships between partners are frequently characterized by long-term cohabitation, financial interdependence, parenting roles, and a unequal relationship in the household that can all heighten the likelihood of conflict and increase the exposure of women to domestic violence. The results therefore further support the hypothesis that IPV is still one of the most prevalent gender-based violence perpetrated against women in and around the family.

This relatively high proportion of separated individuals also suggests that domestic violence can impact marital stability and relationship dissolution. Separation may result from extended experiences of physical, emotional, psychological, or economic abuse, including when survivors

find safety and protection in legal or social avenues, such as through safe shelters. Divorced and widowed respondents made up smaller percentages of the study population but their participation reflects the fact that the impact of domestic violence may last beyond the life of an abusive relationship and may persist to have negative consequences on the psychological health of women post-relationships.

The results support other research conducted in the past, which found that IPV is more likely to occur within marriages and cohabiting relationships, due to differential power between women and men, economic reliance, the influence of cultural norms focused on male privilege, and the dynamics of family pressures. The results also validate the Ecological Systems theory that suggests that violence inflicted on women is a product of relationships that happen in intimate partnerships, families, communities, and the social context. Support to survivors and structural and relational considerations to prevent domestic violence must therefore not only focus on structural and relational factors that enable domestic violence to occur, but must also be directed towards the individual.



The bar chart indicates that the majority of respondents were married, with a lesser proportion identified as single. There were fewer separated, divorced or widowed individuals.

4.3.3 Education Level

Education level was included because it impacts upon levels of awareness about rights, access to information, employment, economic independence, and informed choices around personal safety and well-being. Respondents were therefore asked to specify the highest level of education that they have reached. The findings are presented in **Table 4.4**.

Table 4.4: Education Level of Respondents (N = 133)

Education Level	Frequency	Percentage (%)
Primary	47	35.3
Secondary	66	49.6
College/University	20	15.0
Total	**133**	**100.0**

Source: Field Data (2026)

Table 4.4 shows that Secondary education was the highest level of education attained with nearly half of the respondents (66,49.6%) having received secondary education. The next group of people who had finished with primary education were 47 respondents (35.3%) and those who had finished with college or university education were 20 respondents (15.0%).

The high number of respondents who had completed secondary education indicates that a large proportion of safe shelter residents have obtained some secondary-level education, but not necessarily tertiary education. While literacy and life skills acquired in secondary education are important, it is not necessarily equated with employment or self-sustaining livelihoods. As a result,

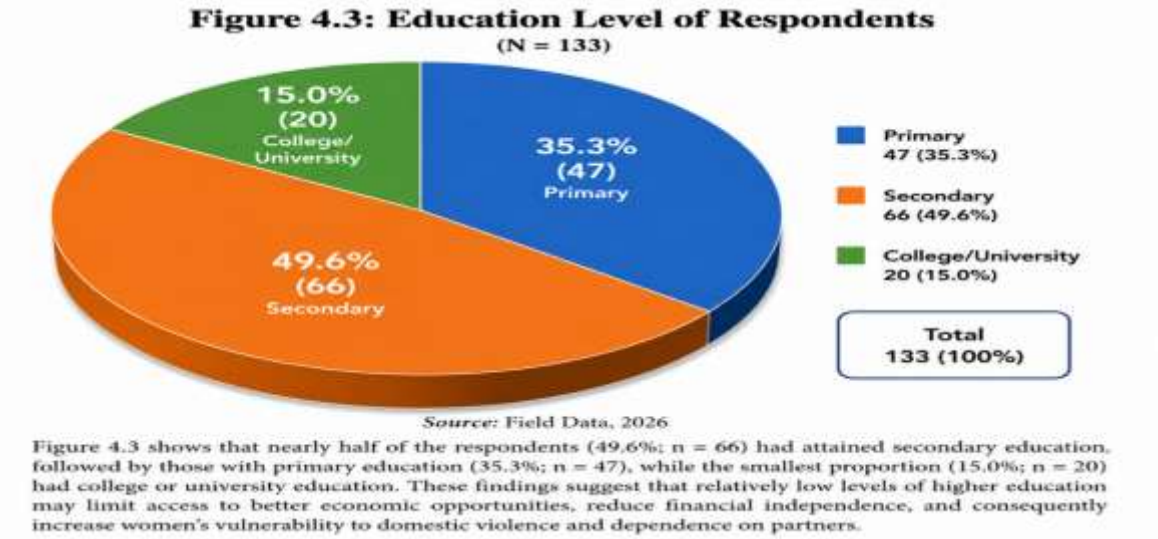
many women may remain in a victimized position in the economy, an association which has been well documented with a greater risk of domestic violence and reduced ability to exit abusive relationships.

The relatively high percentage of respondents who were educated only to the primary level also points to the difficulties educating some survivors. Low levels of education could also impact the employment opportunities available, access to regular working income, and knowledge of the law and services offered to them. These factors may make domestic violence difficult for women to get out of, and make women more dependent on an abusive partner.

The relatively low percent of those who were from college or university indicates, however, that domestic violence impacts women in a wide range of education levels. Educational attainment could help increase employment opportunities and economic independence as well as knowledge of available support services, which eliminates the risk of becoming a victim of domestic violence. Social inequities, including unequal power between the sexes, patriarchal social norms, and coercive control, can continue to make women, regardless of their level of education, vulnerable to abuse.

The results are consistent with prior published research, which suggests that education can improve the power of women, their capacity to make decisions, and their economic situation, limiting vulnerabilities to abuse. While education is important, it is not the only factor that helps prevent domestic violence, as factors such as cultural beliefs, societal norms, relationship dynamics, and structural inequalities also have an impact on domestic violence. These results thus highlight the importance of integrated interventions, such as providing education and empowerment along with economic support, legal protection, psychosocial services, and having community-based programmes to address social determinants of domestic violence.

Figure 4.3: Education Level of Respondents



4.3.4 Duration of Stay in Safe Shelters

The duration most respondents had spent in the shelter ranged from less than three months to more than one year. The results show shelters offer both emergency services and rehabilitative services.

4.4 Experiences of Domestic Violence

4.4.1 Types of Violence Experienced

Respondents reported experiencing multiple forms of violence.

Table 4.4 Types of Violence Experienced

Type of Violence	Observation
Physical Violence	Common
Emotional/Psychological Violence	Highly common
Sexual Violence	Reported by several respondents
Economic Abuse	Frequently reported

Source: Researcher, 2026

The majority of respondents (84%) said they had faced several different and multiple types of violence, such as emotional/psychological, physical, sexual, and economic abuse. The results indicate psychological and emotional violence as the most frequent, closely followed by physical violence, and were also commonly reported, as was economic abuse. These forms of abuse did not happen in isolation, with many survivors identifying that they experienced them all at once, which underscored the force and complexity of domestic abuse.

Respondent narratives confirm these findings, showing different varieties of violence coming together in intimate relationships. As one of the respondents, known as Karimi, recounted her own painful ordeal of physical violence, stating:

"I remember one evening when my husband came home drunk and started beating me severely. I was so terrified that I had to run away and find somewhere else to sleep that night. I cried the whole night in pain, and even though the neighbors were aware of what was happening, they were too afraid to come and rescue me."

This account not only comprises physical violence, but also emotional stress and community silence around abuse.

In response to emotional and psychological violence, another respondent, K. Mukami, shared how her life presented itself:

"I was always being controlled and insulted. I was not allowed to go to work, and my husband used to beat me and stop me from calling elders to intervene when we had problems."

This statement points to psychological abuse that includes dimensions of emotional control, freedom, and social isolation.

The stories all showed that domestic violence has many dimensions and generally happens in several layers that reinforce each other. This is in line with the previous research that has found that domestic violence does not usually happen in isolation but in the form of continuous and interrelated types of abuse.

4.4.2 Frequency of Violence

Most of the participants indicated that they encountered violence regularly or very regularly before they found the safe shelters.

These results suggest that most survivors experienced long-term victimization prior to the decision to seek help. The findings have indicated that abuse does not always happen once and is never a single act, but rather is a recurring occurrence over a period of time. Prolonged exposure can be attributed to many overlapping issues, such as fear of retaliation, economic cost of separating from the aggressor, cultural norms that discourage separation, or inadequate or unavailable supports. The results thus underscore the perpetuating and self-perpetuating nature of violence in intimate and domestic relationships, whereby its victims can come to feel that it forms part of everyday life until it finally becomes intolerable or potentially life-threatening.

Most respondents reported that they avoided getting to safe shelters because they were being beaten or physically harmed often or very often. This indicated a lived history of chronic and repetitive abuse experiences prior to seeking assistance.

Respondents' own accounts confirm these findings and highlight the long-term effects of violence. One participant explained:

The violence was not a one-time thing; it was something I had to deal with most days and never knew when it would begin."

Another respondent added:

"It became a way of life and I thought things would improve; but it continued and continued."

These stories highlight the repetitive and progressive nature of domestic violence, involving repeated acts over time with increasing severity. The results indicate that other factors, including intolerance of retaliation, economic reliance, cultural norms emphasizing endurance in marriage, and inadequate access to support services, are associated with high levels of prolonged exposure.

Overall, the findings indicate that domestic violence is not only common but also a practice that becomes less shocking over time and is tolerated by male victims until it becomes severe or life-threatening.

4.4.3 Relationship with Perpetrator

The study found that a large number of perpetrators are spousal partners or intimate partners of the respondents.

The finding suggests that domestic violence is largely a feature of intimate relationships, pointing to the impression that the home may be a safe haven and it can be a site of primary violence.

The study found that most perpetrators were respondents' spouses or intimate partners. This supports the notion that domestic violence is most frequently found in the context of intimate relationships, and echoes the assumption that the household is a safe haven, but can also be one of the most important sites of abuse.

This reality is shown in the respondent stories. One participant stated:

"The person who was supposed to protect me was the one hurting me every day. It was my husband, so I had nowhere to go."

Another respondent recounted: *"He was my husband, and he beat me and expected me to stay since he claimed I belonged to him."*

The accounts show the inherent inequality of intimate relationships, with the power and control dynamics often leaving victims unable to extricate themselves from abusive relationships.

It highlights the importance of power in family and intimate relationships – situations in which power, control, and dependency may merge. The results thus highlight the intimacy between domestic-oriented forms of power and the power in relationships, and within the household. This highlights the importance of working not only with the individual but also with the dynamics of control and dependency in intimate partnerships.

4.5 Economic Status and Psychological Wellbeing

While the main issue of this chapter has been patriarchal norms and coping strategies, the thematic results relating to gender roles, education, and dependency do strongly support the ongoing work in this area regarding economic vulnerability among women survivors of domestic violence. The results indicated that gender-based division of labor in households constrains girls' access to school and future prospects, since domestic work tends to take precedence over school attendance. This resonates with global scholarship, which asserts that structural gender inequity leads to an overall economic disempowerment and creates cycles of dependency and vulnerability in the longer term (Boateng, Aidoo & Mensah, 2024).

Such patterns were also demonstrated in the lived experiences of the respondents, indicating the impact of early gender norms on their life paths. One participant spoke of how domestic obligations impacted her schooling:

“I was always expected to stay at home and help with chores while my brothers went to school. Even when I wanted to continue studying, there was no support for me.”

Another respondent pointed out that an early economic omission also helped to increase subsequent vulnerability in marriage:

"Because I did not get education or a job, I had no choice but to depend on my husband. That is how I ended up staying even when things became violent."

These narratives illustrate the way economic vulnerability is fostered not only by the financial reliance of adults but is also entrenched in experiences of learning and adaptation in childhood, impacting access to education, skills, and independence in the future.

On the other hand, the study adds to the body of knowledge by demonstrating that economic vulnerability is not just defined by a lack of income or unemployment. Instead, it has been a process that can be traced back to cumulative effects of inequalities in socialization, education, or social structural disadvantage from infancy and childhood. These early experiences were shown to have a profound impact on psychological wellbeing in adulthood, particularly on feelings of low self-worth, dependence, and high tolerance for abuse within relationships.

This discovery is significant because it extends a narrow definition of 'economic abuse in relationships' to a broader life-course definition more relevant to the way economic abuse is experienced. It indicates how vulnerable it begins to load before one enters an abusive union, and is nurtured by cultural norms that prioritize boys' education and restrict girls' opportunities.

Financial Independence

The majority of all respondents said they felt financially independent when they joined the shelter. This finding suggests that safe shelter programs play an important role in promoting economic empowerment among survivors. Access to shelter-based support systems, such as livelihood training and/or monetary support, contributes to greater autonomy and less reliance on a cash nexus

based on abuse. Having financial independence had positive impacts on self-esteem, decision-making ability, and lessened vulnerability to return to an abusive environment.

Economic Dependence and Mental Health

Many respondents agreed that being an economically dependent partner had had a negative impact on mental health.

Economic dependence was a major factor that was associated with psychological distress. Those women who had only abusive partners had all felt helpless, fearful, anxious and depressed. This dependency can keep victims of abuse tied to an abusive relationship, since they may not be able to afford to leave or relocate. The results confirm that emotional and psychological instability is closely correlated with economic vulnerability.

Access to Financial Support Services

The majority of respondents felt that financial support services positively contributed to their psychological well-being.

The results show the important part that financial support services offered either within or through safe shelters have on psychological recovery. This assistance alleviates the immediate financial burden, enabling the survivors to concentrate on grieving their loss and rebuilding their lives. Moreover, having the chance to access financial support bolsters their own belief and gives them a sense of control over their destiny, important elements in long-term recovery.

Income-Generating Activities and Resilience

Most participants gave positive responses to the statement of how participation in the income-generating activities had bolstered their resilience.

Income-generating activities were found to be a key component of empowerment and recovery. Participating in the work gives not only financial security, but it also brings purpose, identity, and

self-worth to our lives. These activities promote resilience by helping survivors learn to better cope and build an independent life following abuse.

4.6 Influence of Patriarchal Norms on Psychological Wellbeing

Cultural Beliefs and Violence

The results of this study strongly support the previously published literature that patriarchal norms continue to play a key role in women's negative psychological states and violence. This is consistent with what was stated in chapter two (Muleneh et al., 2021; Darteh et al., 2021) that it is very evident that gender inequality has deep roots in cultural systems that reinforce male dominance and female subordination as normalcy.

First, the study validates cultural perceptions which reinforce gender-disempowering power dynamics in households. One of the respondents who has been contacted under the name of Mwende shared this cultural expectation as part of the dynamics in the home, saying:

"My husband comes from a community where men are never questioned. He came home drunk and started asking for food. That evening we had no food ready, and he said it is the right of the head of the house to eat first."

This confirms that patriarchal norms are not merely cultural concepts, but can be invoked as a justification for authority, entitlement, and control in their intimate relationship. This is in line with the assertion by Muleneh et al. (2021) that cultural systems also tend to support this masculine authority as natural and unquestioned, contributing to the subordination of women.

Additionally, the results reveal that intimate and community relationships often accept, obscure or find an excuse for violence. One respondent named Karimi related her personal experience with physical violence like this:

"I remember one evening when my husband came home drunk and started beating me severely. I was so terrified that I had to run away and find somewhere else to sleep that night. I cried the whole night in pain, and even though the neighbors were aware of what was happening, they were too afraid to come and rescue me."

Being physically violent is not something you can stand up against, and the silence in society is magnified as illustrated in this story. Across the literature, neighbors' hesitation to intercede illustrates the normalization or tolerance of violence in community settings (Darteh et al., 2021).

Thirdly, the results of the study show that women are socialized to accept abuse and not complain about it because of the norms of marriage, family and the preservation of that marriage. One of the respondents, K. Mukami, remarked:

"I have always been prevented from going to work, and my husband used to beat me and stop me from calling the elders to intervene and resolve our problems."

The theme of control, in the form of regulating mobility, communications and economic independence, acts as a tool of domination, accentuating dependency and reducing the prospects of escaping. It also aligns with the wider literature that highlights the notion of economic restriction and social isolation as important factors that perpetuate domestic violence.

Reporting Abuse

Cultural and religious beliefs were cited by many respondents as a reason for not reporting abuse. The results of these studies indicated that the use of culturally appropriate and acceptable forms of help-seeking is a significant barrier due to deeply rooted cultural and religious beliefs. In a culture that stresses togetherness, strength in a marriage, and the respect of men, it can push women to be silent. Consequently, victims can either only report the abuse later or not report it at all, leaving them more likely to suffer more occurrences of abuse or to suffer more emotionally.

Patriarchal Norms and Mental Health

Most respondents agreed that: Cultural expectations increased stress and anxiety, Societal norms pressured them to remain in abusive relationships, and Patriarchal attitudes limited access to support.

The results show patriarchal systems have significant consequences for psychological well-being as they support abusive systems and block access to support. These norms not only de-nominalize violence, but they also contribute to internal beliefs that limit women's perceived choices for "getting away" or "getting better." As a result, survivors suffer from an increase in stress, anxiety, and emotional fatigue caused by the abuse, as well as social pressures that impact everyone around them.

4.7 Coping Mechanisms Used by Respondents

This study identified a variety of coping mechanisms being used among those who survived their trauma experience, broadly classified as adaptive or maladaptive. Common reported coping strategies were obtaining emotional support from friends and family, obtaining practical support from friends and family, and receiving counseling and therapeutic services. The results found in the study are consistent with the literature reviewed, which indicated that the adaptive coping factors that facilitate resilience and psychological recovery were social support, spirituality, and counselling (Balaji, Kumar, & Rani, 2023; Boateng, Aidoo, & Mensah, 2024).

Social support proved to be one of the key forms of emotional relief in the present study. The themes emerging from the responses highlighted how important it was to have someone they knew share their experiences and support them in becoming more at ease emotionally and feeling more connected. One respondent said:

“Before, I felt all by myself but when I started talking to my sister and a close friend, I felt lighter because someone finally understood what I was going through.”

Faith-based coping was also a constant source of strength and endurance. During times of fright and emotional collapse, many took to praying as a means to "survive. Prayer was a kind of "survival tool" that many participants said they used when they were feeling frightened and in an emotionally low state. One respondent noted:

“At times I felt like giving up, but I would pray and ask God to give me strength. That is what kept me going even when everything felt impossible.”

The results are aligned with East African studies that found religious coping to be an integrated part of women's survival strategies and provide them with hope, meaning, and emotional support (Muthangya, 2023; Chadambuka, Ndlovu, & Chikodzi, 2022). Although religion can promote endurance in a destructive relationship, as mentioned in the literature, when framed in a patriarchal ideology.

Counselling services were another prominent finding as a helpful coping strategy. Counselling was identified by respondents as a tool that enabled them to deal with traumatic experiences and trauma-related emotions, to increase self-esteem and do so more positively. One participant explained:

“Counseling helped me understand that what I went through was not normal. It gave me courage to start rebuilding my life and thinking differently about myself.”

This is consistent with the literature that offers a strong focus on the importance of integrated psychosocial interventions for recovery and resilience building, especially for survivors.

Maladaptive coping style, however, was also identified in the study, but was less commonly reported. These involved isolation and withdrawal, reversion to abusive partners, and substance

use. The results are in line with the international literature that reveals that maladaptive coping mechanisms often temporarily alleviate emotional distress symptoms whilst exacerbating them in the long term and perpetuating cycles of abuse (Hou, Li, & Zhang, 2022; Akter, Rahman, & Chowdhury, 2022).

As an example, one respondent compared withdrawal to a coping response, saying:

"I stopped speaking with people because I felt I let everyone know, I felt exhausted, embarrassed and as if no one cared about what happened."

Another respondent reflected on returning to the abusive partner due to emotional and economic pressure, saying:

"I went away but I didn't have a job, I didn't have something to do, but after a while, I came back because it was hard for me to survive by myself."

These experiences align with those reported in the literature that tend to repeat an experience of abuse even after the individual has made multiple attempts to leave.

These findings also align with research findings elsewhere in the Nairobi context, which suggest that informal systems of support and coping mechanisms of survival are needed to counter this system when there are fewer formal services or fewer services are desirable (Wood, Glass, & Decker, 2021; Renner & Whitney, 2022). The present study confirms this result and it points to the existence of informal strategies and ways of coping that are strongly rooted in one's religious beliefs and which are also an integral part of everyday life.

In general, the findings support the existing literature reporting that adaptive coping strategies, such as levels of social support, spirituality and counselling, contribute to the development of resilience and psychological well-being. The continued presence of sub-optimal coping, though, indicates continued structural and emotional susceptibilities among survivors. This study therefore

contributes to the existing body of evidence on the nuances of coping, not just economic factors and cultural norms, but now, with the presence of psychosocial support systems, in the context of safe shelters in Nairobi.

4.8 Psychological Wellbeing and Support Services

Psychological Wellbeing

Most of the respondents reported that psychological well-being had significantly improved in the safe shelters.

The findings suggest that safe shelter services are vital in the emotional healing and psychologizing of persons' lives. Along with safety, counseling, and social support, this organized environment decreases anxiety and increases emotional control. In general, shelters provide a healing environment that can help survivors to reclaim a sense of safety and identity.

Counseling Services

A high proportion of respondents stated that they had received counselling and that this was effective or very effective. The results point to the key importance of counselling services in trauma response. Professional psychosocial support allows survivors the opportunity to overcome traumatic situations, to learn new ways to cope, and to build a new self-image. Counseling can also help heal the emotional wounds caused by abuse, which can aid in the overall psychological healing and resilience.

4.9 Thematic Analysis of Interview Findings

The qualitative interviews captured a greater depth of understanding of the experiences of women in a safe shelter. Three major themes arose, each embodying a way in which socio-cultural structures impact the gender dynamics and the psychological and developmental outcomes. These

themes also provide contextually specific evidence from safe shelters, which is underrepresented in the empirical literature.

Theme 1: Male Dominance in Family Structures

Families were consistently portrayed as very patriarchal in which fathers and husbands were seen as absolute authorities in the family and therefore the decision makers. The control of decision-making processes concerning finance, education, mobility, and overall family life was mostly reported to be in the hands of men with little or no meaningful involvement of women and girls.

These results are indicative of an entrenched patriarchy that forms the basis for imbalanced power dynamics in the family. They suppress women's freedom of action, their dependency, silence, and obedience, which leads to emotional distress and a decrease in women's psychological well-being.

These experiences were well represented in the stories and comments that came out of the responses. One participant explained:

"My father was the one who decided everything in the house. We were not allowed to question anything, even when it affected our education or daily life."

Another of the respondents had a similar experience and said:

"In my marriage, my husband made all the decisions. Even when I wanted to speak, I had no voice because everything had to go through him."

These unedited stories convey a sense of male power that is not only institutional but lived day, every day in the family. Silencing of women's voices was consistently associated with the feelings of fear, powerlessness, and sadness.

The results also indicate that similar negative perceptions of authority, autonomy and self-worth exist when a safe shelter is available but not at own home. For some, the effort required to end these patterns of control was significant emotionally and psychologically.

Most importantly, this study adds to the context by illustrating experiences of patriarchy among women in shelters as a psychological reality. This dimension has been minimally explored in some of the localized research on women's experiences, especially in urban Kenyan contexts where women's lived experiences are influenced by both traditional norms and contemporary socio-economic forces.

Theme 2: Gender-Based Role Allocation

Respondents also indicated that there is gender bias in the allocation of household tasks, with girls being allocated domestic work tasks, such as cooking, cleaning, and washing, while boys have greater opportunities to learn, play, and engage in other socio-cultural and outdoor activities. These were reported as being present in their homes and being the norm, with little engagement in discussion or negotiation.

These results reinforce entrenched gender stereotypes, with caregiving mainly associated with females and provider mainly associated with males. Such socialization was thought to restrict growth and self-expression from a young age, particularly in school. These early experiences affected how many of the respondents thought about themselves or their future possibilities, with many indicating a decrease in their confidence and future at this time.

The responses, narratives and oratory of the participants reflected lived experiences. One participant explained:

“My brothers studied or played and I was at home doing all the housework since I was young.”

Another respondent responded saying:

“I was always told that a girl’s place is in the kitchen. Even when I wanted to focus on school, I had to first finish all the chores before anything else.”

These narratives reveal that the allocation of roles by gender is not only a household phenomenon, but it also serves a great socialization function as well, transforming people into who they are, into what they are expected to become, or into what their lives were like. Her role as a mother could often hinder her from going to school, focusing, and studying, resulting in a limited educational experience and educational prospects.

The findings also indicated long-term impacts of this imbalance of responsibilities on the self-esteem, personal ambitions, and emotional condition of girls. Internalization of the family concept of woman's life as a space of the family was cited by many respondents as one way to minimize their vulnerability in adult relationships, as well as their acceptance of unequal power distribution in adult relationships.

Notably, the research findings in this study show that the process of early gender socialization not only has a long-term psychological impact, but it is not a neutral cultural activity. Despite being housed in safe homes, women frequently discussed how these early roles in the home had negatively reinforced the acceptance and sense of what was to be expected from interactions in the home.

The study is thus significant because the current literature tends to focus on gender inequality in general structural terms without considering the direct connection between the early allocation of household roles and psychological distress and vulnerability among women who are rescued in safe shelters. This study addresses it in the context of context-specific evidence that maps childhood gender socialization practices back to adult experiences of dependency, decreased agency, and psychosocial distress in the Kenyan urban context.

Theme 3: Impact on Education and Life Opportunities

The socio-economic and entrenched cultural norms were reportedly a significant factor in limiting girls' access to schooling and future life prospects. The main challenges identified were school fees, early marriage, teenage pregnancy, and household poverty. These challenges were repeatedly characterized as being interconnected and mutually reinforcing rather than separate challenges.

These barriers were articulated as being legitimate in patriarchal systems in which boys' education is given greater priority than girls' and where women's education is perceived to be irrelevant because women are expected to get married. One of the participants commented:

"My parents said there was no money for both of us, so my brother was sent to school and I stayed at home. They told me I would marry anyway, so education was not important for me."

Another Respondent made a similar report saying:

"I became pregnant while still in school, and after that I was forced to drop out. There was no support for me to continue my education, so I just stayed at home."

These stories illustrate the structural inequalities resulting from economic disadvantage but also the caps on aspirations because of deep-rooted gender norms in the system. This was highly significant, as it caused many students to drop out of school early, thus impacting their employment prospects and economic autonomy.

The results also showed that those educational opportunities that were lost further impacted participants' life trajectories. Many respondents shared how the education gap has left many of them financially dependent, entering into early relationships that were not stable, and not being able to leave abusive environments later in life. One of the respondents elaborated on this:

When I dropped out of school, I was not left with a source of income; therefore, I was left without sustenance and instead depended on my husband when it didn't go well.

These narratives document vulnerability that persists through the education system and into adulthood and indicate pathways to economic dependency and mental health issues.

Importantly, these results illustrate the possible increased educational inequality not only as a socio-economic phenomenon but also as a very gendered and psychological one. Participants reported regular feelings of regret, low self-esteem, and loss of self-confidence associated with this mode of denial of the learning, which affected their life decisions.

Overall, the study contributes to the literature in a meaningful manner by providing evidence of the impact of structural gender inequities on women's enduring disproportionate socio-economic deprivation and psychological disadvantage in the context of safe shelter. It draws from the previous learning to identify how educational deprivation can be an economic constraint and also a life-shaping experience with implications for identity, agency, and life outcomes that have a lasting and substantial impact.

4.10 Discussion of Findings According to Study Objectives

This section summarizes the study's findings within the context of its specific research purpose, and situates the findings within the existing scholarly research on psychological wellbeing in secure shelters for women.

Influence of Economic Status on Psychological Wellbeing

Study findings revealed that women residing in safe shelter were impacted by their living status and that economic factors were important to consider in terms of impact on their psychological well-being. Women who reported some financial support, income, or some income-generating activities demonstrated greater psychological resilience, emotional stability and confidence than the women who reported to be economically dependent on their partner or relative.

Financial independence, especially in simple terms was repeatedly emphasized as an essential to having a sense of self-esteem and being less emotional and thus less needy in financial terms. One participant explained:

"Once I began to sell the little items myself, I felt that I had some control of my life again and no longer had to rely on somebody hurting me."

Another Respondent commented:

"Not having my own money made me feel trapped. I had to endure everything because I had nowhere else to go."

These stories illustrate how economic empowerment can empower people to take action and to help reduce hopelessness and dependency, often associated with psychological distress experienced by people who have experienced abuse. Women, even with any small amount of financial resources, voiced a higher level of confidence in their decision-making, increased sense of self-esteem and increased control of their lives.

The findings confirmed the existing literature, which has demonstrated that economic independence is protective against psychological distress and the continued risk of being victimized. The research reviewed in Chapter Two suggests that women who have financial independence would be more likely to access safety, support, and rebuild their lives, leading to reduced mental health impacts in the long term (Boateng, Aidoo, & Mensah, 2024; Akter, Rahman, & Chowdhury, 2022).

The literature also cautions that economic empowerment can result in a lack of risk, but in other cases it can lead to controlled or violent responses on the part of the economic partner, who may believe that the absence of risk implies empowerment is a threat. The duality is seen in the present

research, as some of the respondents stated that their attempts to be self-supporting might cause more intrarelationship conflict.

Importantly, the findings draw on existing scholarship and build on current understanding of the impact of economic status not only as a lived reality, but one that is driven in particular by prior experiences, such as access to education and gender roles within the household. This further illustrates the gender socialization dimension of the study, and shows the importance of structural inequality, and also the multidimensional nature of sustainable economic vulnerability.

From the above findings, it is very evident that the study has supported the fact that economic status is significant among women in safe shelters' psychological wellbeing. It highlights how doom and gloom, fear, low self-esteem and constant vulnerability can be prolonged by financial dependency, and Financial empowerment brings emotional recovery and is the key to emotional resilience. This underscores the need for combined interventions responding to psychosocial needs and economic empowerment programmes, such as vocational training, income generation activities, and financial education, in safe shelter programming.

Influence of Patriarchal Norms on Psychological Wellbeing

The results also indicate a high level of the impact of patriarchy on the psychological health of women in safe shelters. The study showed that underlying culture in terms of cultural beliefs, norms, attitudes and expectations regarding the roles of women, women to be weaker, woman's tolerance for her suffering at the hands of her husband, woman's value on marriage and woman's value on family procreation had an influence towards delayed reporting of abuse, normalisation of violence, and lengthening time in the arms of the aggress.

The effect of social pressure to maintain marriage versus trying to break up the marriage was consistently reported to be a factor affecting the "why" people choose to stay in the abusive situation. One participant explained:

For many years I stayed for I was told that a good wife has to suffer and I felt that if I left, it would bring disgrace upon my family."

Another respondent said:

"My family was always telling me to be patient and keep holding on to my relationship even as the violence increased; I didn't feel that I could leave the relationship."

The stories illustrate how patriarchal rules can be enforced as external regulations but also be internalized as rules of conduct and rules of decision making, and delay reaching out for help. Some noted that they had experienced the abuse more than once but kept their mouths shut out of fear or shame of it; to be rejected by society; or guilt for bringing destruction upon the family.

The results are largely similar with the literature reviewed in Chapter Two that male-dominance is perpetuated in patriarchal systems while the submissiveness of women is highlighted, thereby maintaining the cycle of violence and silence, which is observed by Muleneh et al. (2021) and Dartec et al. (2021). Furthermore, the literature points to the fact that family expectations for commitment to the family supersede personal expectations of being safe and that the abuse isn't reported or that the victimated persons may continue to be victimized.

The present study additionally adds to this insight by emphasizing the psychological component of the internalisation of patriarchy. Aside from social pressure they stated that they experienced a lot of emotional conflict, fear, guilt and confusion when they were thinking about leaving abusive relationships. One respondent stated:

“I knew I was suffering, but I kept thinking maybe I am the problem. I felt guilty even when I was being hurt.”

From these experiences it becomes clear that the use of patriarchal norms is not only an issue that maintains men's underserved and diminished external existence, but is also an issue that affects their internal mental and emotional states, resulting in poor self-esteem, oppression and internal trauma, which creates stress.

The findings also resonated with the studies that emphasized connections between recurrent abuse by the patriarchal system and anxiety and depression symptoms and emotional exhaustion. This current research adds an important dimension because it illuminates how the norms transgress in Nairobi in safe shelter, once people have escaped from an abusive setting.

Influence of Coping Mechanisms on Psychological Wellbeing

The study also found that coping responses are critical to supporting women's psychological recovery and resilience in safe shelters. Emotional, social, and spiritual support for women led to a better psychological adjustment, no emotional distress, and a positive attitude towards recovery and future reintegration.

The significance of support systems to effectively manage trauma was consistently highlighted across the respondents. Family and peer support (where available) was frequently mentioned as an emotional foundation and reassurance. One participant explained:

“When I came here, my sister started visiting me and encouraging me. Talking to her made me feel like I was not alone anymore.”

Another Respondent emphasized the need of having peers in the shelter environment as they said:

“The other women here understand what I went through. We encourage each other, and that has helped me feel stronger every day.”

This aligns with published works that identified social support as one other adaptive coping mechanism, which aids the enhancement of resilience and reduction of psychological stress post a DVA incident (Boateng, Aidoo, & Mensah, 2024; Renner & Whitney, 2022). The literature also underscores that informal networks of support can provide urgent emotional caring and aid at times when formal networks are not available or lacking.

Also very important coping responses identified among respondents were use of faith-based coping. The key healing experiences that the participants shared were prayer, church fellowship and pastoral guidance. One respondent stated:

"There were times I felt like giving up, but prayer gave me strength. I believed God was helping me survive each day."

Another participant shared:

"Attending church and talking to the pastor gave me hope. It reminded me that my life was not over."

The outcomes from the study corroborate literature that suggest that religion can be a coping mechanism in times of crises, particularly in East African societies that prioritize emotion and meaning through religious ideologies (Muthangya, 2023; Chadambuka, Ndlovu, & Chikodzi, 2022). However, as stated in previous sections, certain religious beliefs can at times also put pressure on others to continue an abusive relationship.

Another important part of the psychological recovery was the provision of personal counselling services at safe shelters. Participants indicated that counselling was a part of the processing of the trauma together with understanding of what had happened, and assisted them in reconstructing their own self-esteem. One participant noted:

“Counselling allowed me to understand that my situation is abuse, it's not my fault, and that changed the way I think about myself.”

Another respondent explained:

“Through counseling, I learned how to control my emotions and stop blaming myself for everything that happened.”

The findings are aligned with the literature on purposeful psychosocial interventions for emotional healing processes, processing trauma, and building resilience in the aftermath of GBV survivors. Overall, these coping strategies had some positive effect on healing survivors' emotions, reducing their feelings of isolation, and enhancing recovery resilience among the survivors. The findings reinforced and complemented the previous study, finding that the coping is not the process per se but a crossover of social, spiritual, and professional support mechanisms that impact psychological wellbeing, in an interactive fashion.

The study also contributes existing knowledge as it offers a new understanding of the nature of these coping mechanisms in the context of safe shelter in Nairobi, where internal systems of structured activities are boosting both formal (counselling) and informal (peer, family, and faith groups) aspects of recovery. This reinforces the importance of building a multi-sector approach to caring for the mental health of women survivors that includes counselling, social support networks, and responsive spiritual counselling.

4.11 Chapter Summary

The findings of this investigation have been reported, analyzed, and discussed in this chapter in the context of its aims. The results of this study reveal that the relationship between economic status, patriarchy norms, and coping is complex and multidimensional that affects the psychological health of the women in safe houses.

The findings of the study showed that economic status was most important for wellbeing psychologically and that women with some economic empowerment were more resilient, emotionally stable and enjoyed higher self-esteem than were women with total economic dependency. Survivors' perceptions of the impact of economic independence on reducing the feelings of helplessness and increasing the sense of control.

The results also showed that psychological distress was significantly linked to patriarchy which perpetuates women's marginalization in intimate and family life, and which glorifies violence, which also contributes to delayed help-seeking. These deeply entrenched and socially learned beliefs have been established to perpetuate abuse cycles while conditioning or shaping the beliefs of the survivor, creating an emotional imbalance which can trigger feelings of anxiety, fear and distress.

The study also revealed a main role played by coping mechanisms in psychological recovery and resiliency. Emotional healing, lessening feelings of isolation and the building of resilience were identified as enhanced with adaptive coping ability, engaging in appropriate religious coping and counseling in a safe shelter setting. However, some survivors continued to exhibit issues with the withdrawal-reengagement cycle with an abusive partner, indicating maladaptive coping styles.

The results therefore suggest that provision of safe shelter and support services produce positive outcomes for psychological wellbeing, and that even though conditions outside of safe shelter and support are socio-economic and cultural factors, they are influential and continue to shape the lives of survivors. This reflects the need for multi-sectoral interventions to ensure immediate safety, counselling, and economic empowerment in the long term, and indicates a need to tackle negative norms of patriarchy. The next chapter reviews the findings, conclusions, and recommendations from the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the important results of the study, draws conclusions in line with the objectives of the study, and provides recommendations for policy, practice, faith-based engagement, and further investigation with regard to the study objectives. The study examined how the interrelationship between domestic violence, economic status, coping mechanisms, and psychological wellness of women attending safe shelters in Nairobi County is influenced by patriarchal norms.

5.2 Summary of the Findings

To ensure the findings were clear and aligned with the study objectives, several significant findings emerged in the study.

5.2.1 Prevalence and Nature of Domestic Violence

The study confirmed that domestic violence against women in the safe houses is normal, systematic, and widespread in the multi-dimensional context. Most of the respondents reported experiencing forms of violence in their relationships, including emotional, psychological, physical, and economic abuse.

Psychological and emotional abuse was predominantly present and was described by insults, intimidation, humiliation, threats, and manipulation. Violence of a physical nature was also common, and economic abuse manifested as financial control and limitation of access to resources. The recurring and repetitive nature of violence, sometimes followed by temporary reconciliation and therefore emotional confusion and longer exposure to violence, was one major finding. There was a prevalence of domestic violence, with most perpetrators being intimate partners.

The findings indicated that the prevalence of domestic violence in the Nairobi shelters is systemic, relational and continuing and is embedded in family power dynamics.

5.2.2 Economic Status and Psychological Wellbeing

The study demonstrated that the economic status of women is one of the significant determinants of psychological wellbeing if they make it to safe shelters. These findings reveal an evident distinction among women living in economic independence and those possessing some other means of support or some activity that generated income.

The women reported that being economically dependent was consistently linked to higher levels of anxiety, stress and emotional concerns. They reported feeling helpless, trapped, and powerless in situations that possibly could affect their ability to leave abusive relationships. One respondent commented:

"I had nowhere to go and no money of my own. That is why I stayed even when things were very bad."

Women who had access to financial support or were engaged in small income-generating activities noted a significantly better psychological outcome, in contrast. These included higher self-esteem, better emotional regulation, greater autonomy in decision-making, and greater self-resilience and self-recovery. One participant explained:

"When I began to do small business activity, I felt more confident and independent, it was a matter of making decisions for myself.

The findings of these research studies validate the dual role of economic empowerment. Beyond providing the financial support, it creates a strong psychological recovery bond by restoring dignity, boosts individual control, and offers the hope of tomorrow. The study therefore defined

economic empowerment as a key intervention area to improve women's wellbeing and long-term recovery in the context of safe shelter interventions.

5.2.3 Influence of Patriarchal Norms

The research revealed patriarchal norms as an important structural factor in domestic violence and a harsh psychosocial stressor on women in safe shelters. The study noted that these norms are evident at the community level at the household level, and are associated with attitudes, behaviors, and responses to abuse.

The findings indicate that concepts of male dominance and female subservient roles are embedded and accepted in cultural norms of the families. Although some respondents reported that women are usually socialized and that they are understood or accepted as the head of household, the reverse is equally found to be the case, with men aside as undeniable head of household which legitimizes the power differences. In her community, one responded, "A man is always at the head and when a person questions a man, that means that he disrespects the man."

Additionally, the study findings indicated that social norms and the risk of a family falling apart when the violence is reported are hindering women from reporting on violence. Many participants expressed the experience of violence and not seeking assistance as shaming or fundamentally unfulfilled staying married. One respondent explained:

"I was told to stay and work on my marriage. Even when things got worse, I felt I had no right to speak out."

In addition, the strict belief that marriage should never fall was determined to be an important factor in discouraging people from accepting support. These frequently compelled victims to endure abusive relationships for an extended period and thus open the door for emotional and

physical victimization. The stigma and social rejection were also interconnected and were a deterrent to seeking formal interventions such as reporting to the authorities and receiving shelter. Together, these factors led to survivors reporting for long periods of psychological distress, described as feelings of "anxiety, fear, emotional exhaustion, and lack of self-worth. The results show that patriarchal systems are enabling factors and are a source for sustaining violence, and that patriarchal systems are limiting the ways that women can intervene to access supports and work towards recovery.

In this research, patriarchal norms are observed as underlying causes of domestic violence and as a structural obstacle to accessing assistance and suffering psychologically from domestic violence. It highlights the importance of efforts to support the individual and reinforce broader socio-cultural norms that contribute to the marginalization and colonization of gender.

5.2.4 Coping Mechanisms and Psychological Recovery

The study confirmed that survivors of domestic violence who ironically reside in safe shelters are victims of trauma who cope adaptively and maladaptively, and these coping strategies play a significant role in their psychological recovery and overall wellbeing.

The results indicate that the adaptive coping strategies were most frequently used among survivors and were most important for strengthening survivors' resilience and emotional stability. These ranged from prayer, religious and spiritual help, counselling and psychosocial care, to emotional support of friends and family members and peers within the shelter environment. Many respondents identified times when prayer has been a source of strength and hope to them when they encountered emotions of distress. One participant noted:

“At my lowest moments, I would pray and feel like God was giving me strength to continue.”

Likewise, counseling within the safe shelters was found to be very successful in helping survivors deal with traumatic experiences, to restore self-esteem and feelings of control over emotions. One respondent explained:

“Counselling made me realize that I was not responsible for what had happened which gave me the strength to begin my healing.”

The other factors that were emphasized for recovery were emotional and social support from friends and family members. Financial burden was reported as a factor that decreased isolation and led to a greater sense of being listened to and supported when people could share their experience. One participant stated:

“When I told someone, I trusted, it made me feel less alone.”

Additionally, the study revealed maladaptive coping strategies, though they were a smaller number. These such as social withdrawal, isolating, going back to abusive partners and avoiding formal support systems. Stress coping strategies were often associated with fear, emotional fatigue, economic sufficiency and society pressure. One respondent commented saying:

“I stopped communicating with people because I didn't want to repeat myself and didn't feel good about my choices.”

Another respondent who had already tried and failed to break free from negative relationships said:

“I left, but I had no job or support, so I went back because I had nowhere else to go.”

These results point to the notion that poor coping tends to impede recovery and can extend the period of contact with negative environment, sustaining psychological vulnerability and pain.

Overall, the study illustrates that coping strategies are critically important in determining survivors' lasting psychological consequences in safe shelters. Being offered a chance to see coping skills, spiritual support and social groups positively affect recovery, which helps to build resilience and

emotional healing. On the other hand, maladaptive strategies make people more vulnerable and reduce recovery processes.

In this study, coping is not a passive response but an important aspect of psychological well-being that is influenced by the availability of support systems, socio-economic factors and culture. This underlines the need to build on the operational capacity of structured psychosocial service provision in safe shelters, and the need to work with the drivers of bad coping behaviors.

5.2.5 Role of Safe Shelters and Support Services

The study revealed that Safe Shelters can be transformative and integral if you really consider their part in psychological rehabilitation of the domestic violence victim, who is a woman. Safe shelters were found in the scope of this study to not only be protective spaces but also be a designed space where intentional emotional healing, stability, and recovery are provided.

Results indicated that those who were admitted into a safe shelter had significantly lower anxiety, fear, and depressive symptoms compared to those before admission. Many participants experienced notable emotional shifts and shifts in affect after transiting from an abusing to a safe and caring place. One respondent explained:

“Before coming here, I was always afraid and confused. Now I feel safe, and my mind is more at peace.”

Counselling services was one of the most effective elements in shelter based support that was identified. Participants identified several psychosocial outcomes that were positively supported by professional responses, such as processing traumatic issues, developing knowledge about abuse, and beginning to develop self-esteem. One participant stated:

Being able to talk about it with counselors, I realized that what I experienced was abuse, and I was able to begin to see myself differently and heal from inside.

Additionally, peer support in shelters was identified as a hugely healing force. Interacting with others who had similar experiences was important for many respondents as it helped to decrease feelings of isolation and foster a sense of understanding and caring. One respondent noted:

"When I talk to the other women here, I feel understood. We support each other because we have all gone through similar pain."

The study also revealed that the shelter provided a critical space for providing survivors with a safe and stable environment which helped to restore dignity, emotional stability and a sense of personal value. Women were given the opportunity to experience renewal of safety and to start to rebuild their lives in freedom without being constantly abused or intimidated.

The study shows that safe housing is not only a shelter from the elements, but is also a space for psychological healing and development of psychological resilience and social reintegration. Within the context of this research, shelters turn into intervention spaces required to address the psychosocial and long run requirements of the survivors, encompassing safeguards, counselling and peer support.

This highlights the need to further strengthen shelter systems through improved psychosocial services, counselor training and improved peer support programme to make sure that survivors can continue to recover and reintegrate into society.

5.3 Conclusions

The study's results led to the following conclusions.

First, the study indicates that in safe shelters, women's journey of domestic violence is severe, persistent and multi-faceted. It is primarily associated with intimate partner relations and expressed as a few interwoven forms of abuse. The effects of this long-term exposure to violence are

significant for the psychological well-being of survivors, who may experience anxiety and fear, emotional stress, and loss of self-esteem.

Second, economic status was found to be important to vulnerability as well as much for recovery. Women who are economically dependent stand to higher risks of continued abuse are psychologically more distressed due to a sense of helplessness and entrappedness. Economic empowerment, on the other hand, leads to greater resilience and self-sufficiency and positively contributes to emotional healing and wellbeing.

Thirdly, the study confirms that the male-dominated values continue to play a powerful structural and cultural role in perpetuation of domestic violence. These norms make the norm of "men in control" and tell victims to not highlight their experiences, putting signs of abuse on the shoulders of women to be "sacrificed" at all costs. As a result, exposure to violence for extended periods often continues and survivors subsequently hesitate to seek help and the psychological distress can worsen.

Fourthly, coping strategies are identified as an important dimension of the psychosocial consequences of disaster affecting the survivors. Coping mechanisms such as counselling, prayer and the use of social support are adaptive coping mechanisms that promote emotional healing and resilience and are beneficial to recovery. Unhealthy coping, such as withdrawal, avoidance, and the return to abuse also results in ongoing suffering and delays recovery.

Finally, the study validates the importance of safe houses as intervention rooms for women survivors of domestic violence. They offer structured psychosocial support and counseling, as well as peer support networks for emotional healing, re-establishment of dignity, and long-term psychological healing, in addition to physical protection.

5.4 Recommendations

5.4.1 Policy Recommendations

Based on the study finding that women's economic dependence and low coverage of social protection measures and accessibility of justice further aggravated women's vulnerabilities to violence, integrated policy recommendations for strengthening women's protection and empowering women survivors have been recommended.

Enforcement of the domestic violence law must be strengthened, including more expedient prosecution processes, improvements in reporting and the provision of better follow-up in the justice system. This would raise accountability of the perpetrators of violence and would decrease the possibility of prolonged exposure to violence.

Second, the study recommends further strengthening of national economic empowerment programs that specifically aim at the most vulnerable in position, particularly the victims of gender-based violence. These programmes should focus on one of these identified factors; financial dependence among women in abusive relationships.

In addition, further embedding of financial literacy education, capacity development in vocational skills, and entrepreneurship assistance in current Gender Based Violence (GBV) response and recovery mechanisms. This would not only enhance the survivors' functioning and economic self-sufficiency but also support their psychologic recovery through restoration of control and autonomy.

Finally, the study recommends strengthening survivor-friendly justice systems by removing formal, institutional and stigma-based barriers to reporting abuse. Supporting victims' needs would contribute towards giving a voice to victims and bolster overall justice system protections.

Generally, vulnerability and institutional inefficiencies identified in the findings of the study can aggravate effect of exposure to violence and affect negatively the psychological outcomes of the victims of violence.

5.4.2 Practice Recommendations

The findings highlight the need for services to provide safe shelter and counselling supports to improve psychological wellbeing and recovery for women who have experienced domestic violence, indicating a number of practice-focused interventions to assist survivors' recovery from domestic violence.

First, facilities for safe shelter need to be expanded and funded, ensuring that survivors have access to safe shelters in different geographical areas to access them. Improving shelter to allow rapid and safe access to crisis women, and provide structured support would allow more women in a crisis to receive protection when needed and get support when needed.

Secondly, the study suggests recruiting trained counselors, psychologists, and mental health officials in safe shelters. This would improve the quality of psycho-social support services and provide survivors with consistent, professional, and specialized care in response to trauma and emotional burden.

The study also suggests implementing trauma-informed care practices in all shelter services. This would allow for all aspects of service delivery to be trauma-informed, reducing the risk of re-traumatization and supporting survivors' healing journeys.

Another study recommendations are for improving peer support programs in shelters. These programs could strengthen the experience of shared healing, emotional solidarity, and resilience building among survivors through the provision of safe-space conversations, where hope and understanding are shared and the trauma upheld.

Lastly, on the social support level, there is a need for developing continuous psychosocial rehabilitation programs, supporting long-term recovery, reintegration into society, and sustained stability on an emotional level for survivors after they have left the shelter environments.

The recommendations in this study are supported by the study's findings, which indicate that a combination of structured shelter types, professional counseling services, and peer support systems is a crucial part of helping the emotional healing and psychological recovery of domestic violence survivors.

5.4.3 Religious and Community-Based Interventions

The study revealed that patriarchal norms and strong socio-cultural expectations play a significant role in sustaining domestic violence and are strong influences for seeking help, and this supports a set of community and inter-faith-based interventions geared towards shaping communities towards more protective norms, and reducing harmful ones.

The study first recommends for community sensitization programmes to address the issue of harmful gender norms, cultural beliefs and practices among its members, contributing to the normalization of violence and reinforcement of gender subordination. These programmes should address attitudes which perpetuate abuse and lead to its reporting and should impact on a culture of dignity, equality and non-violence.

Secondly is the need for active inclusion of men and boys in Gender equality education. This is essential for the promotion of positive masculinity, changing gender norms and helping to break the transmission of violence across generations within families and communities.

Moreover, the study calls for clearly stating an opposition to domestic violence in the religious institutions and their regular reinforcement of principles of dignity and participation, equality and security, and mutual support in the family. Religion plays an important role in influencing beliefs

and behaviors which can lead to reinforcing or challenging bad norms that create opportunities for abuse.

Moreover, the study calls for pastors' counsellors and faith-based psychosocial support schemes to be established. These measures should serve to heal the emotional trauma of abuse victims and, in fact, discourage tolerance or justification of abusive behavior on the pretense of cultural or religious aspects.

5.5 Recommendations for Further Research

Based on the study findings and gaps identified, future research is needed on several important aspects to further explore the experiences and process of recovery among survivors of domestic violence.

First, research is needed to investigate the psychological and economic consequences of leaving safe shelter environments for survivors in the long-term. Such research would have a great deal to offer in the field of sustainability recovery and reintegration into society, both outside of recovery/institutional environments.

Secondly, future studies should examine how male perpetrators perceive the situation in order to better determine the various influences, motives, and underlying causes behind the perpetration of domestic violence. This would help in the implementation of better prevention measures.

Comparative rural-urban studies are further recommended to evaluate the differences in the patterns of domestic violence, coping mechanisms, and availability of support services between geographical and socio-economic settings. This would help convey what vulnerabilities and strengths exist in the context in which they are applied.

In addition, a deeper understanding is needed as to how and why faith-based organizations can play a part in preventing violent home environments, as well as help survivors heal from the

trauma. Research studies of this kind might help clarify the strength they possess in terms of cultural attitudes and coping strategies, and what they might be doing to help or hurt the survivors. The knowledge gaps found in the present study revealed regions in need of additional study of long-term recovery processes, of perpetrator perspectives and of long-term difference in domestic violence contexts.

5.6 Contribution to Knowledge

This study makes several important contributions to existing knowledge in the field of domestic violence and psychological wellbeing among women in safe shelters.

First, it highlights the multidimensional, cyclical, and psychologically devastating experiences women undergo in safe houses in Nairobi, which can include multiple types of domestic violence in the same home and violence that can be experienced over time.

Secondly, the study validates that economic status is not only a financial variable but also is an important psychological variable that plays a significant impact on recovery, resilience, and emotional wellbeing of survivors.

Moreover, it proves that patriarchy is a firm structural barrier that may prevent the reporting and delay responses to victimization, and worsen the occurrence of psychological distress for the victims as a consequence of violence, further prolonging the effects of violence.

Lastly, the research underscores the centrality of safe shelters as psychosocial rehabilitation centers, where they serve a critical function as spaces for emotional healing and mitigation, counselling, peer interaction, and recovery.

Generally, the study contributes to the interdisciplinary study of economic, cultural, and psychological dynamics on the lived experiences and wellbeing of women survivors of domestic violence, specifically in safe shelters.

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Appendices

Appendix I: Letter of Introduction

Mercy Wanjiru Ngugi

Catholic University of Eastern Africa (CUEA)

P.O. Box 62157–00200

Nairobi, Kenya

Dear Sir/Madam,

RE: Academic Research Thesis

I am a postgraduate student at the Catholic University of Eastern Africa, pursuing a Master of Arts Degree in Social Work (MSW). In partial fulfillment of the requirements for this degree, I am conducting a research study entitled *"Domestic Violence and Psychological Wellbeing among Women: A Case of Selected Safe Shelters in Nairobi County."*

This research is purely for academic purposes and forms part of the requirements for my degree qualification. I kindly request your participation by completing the questionnaire that I provided. Your insights and experiences great value to this study. Please be assured that any information you provide is strictly confidential, only used for academic analysis.

Your cooperation and willingness to participate in this study are highly appreciated. I take this opportunity to thank you in advance for your time and for promptly returning the completed questionnaire.

Yours faithfully,

Mercy Wanjiru Ngugi

Registration Number: 1043246

Appendix II: Research Questionnaire

Instructions

This questionnaire is divided into five parts. Part A requires general information, while the other parts seek information on the research variables. Kindly do not write your name anywhere in this study. Please respond to questions by ticking [✓] against the appropriate option or writing your answer in the spaces provided. All information was kept strictly confidential and used only for academic purposes.

Part A: Background Information

1. Age

   a. 18–25 years [ ]

   b. 26–35 years [ ]

   c. 36–45 years [ ]

   d. 46–55 years [ ]

   e. 56 years and above [ ]

2. Marital Status

   a. Single [ ]

   b. Married [ ]

   c. Separated [ ]

   d. Divorced [ ]

   e. Widowed [ ]

3. Education Level

   a. No formal education [ ]

   b. Primary [ ]

c. Secondary [ ]

d. College/University [ ]

e. Other (specify) _____

4. Duration of stay in the safe shelter

a. Less than 3 months [ ]

b. 3–6 months [ ]

c. 6–12 months [ ]

d. Over 1 year [ ]

Part B: Experiences of Domestic Violence

1. **Types of violence experienced:** *(Tick all that apply)*
    - Physical violence [ ]
    - Emotional/Psychological violence [ ]
    - Sexual violence [ ]
    - Economic abuse [ ]
    - Other (specify) _____
2. **Frequency of violence before seeking shelter:**
    - Rarely [ ]
    - Occasionally [ ]
    - Frequently [ ]
    - Very frequently [ ]
3. **Relationship of the perpetrator to you:**
    - Spouse [ ]
    - Partner [ ]

- Family member [ ]
- Other (specify) _____

Section C: Economic Status and Its Impact on Psychological Wellbeing

Instructions: For each statement below, please indicate the extent to which you agree or disagree using the scale provided:

Scale:

1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

Statement	**1**	**2**	**3**	**4**	**5**
1. I feel financially independent since joining the shelter.	[ ]	[ ]	[ ]	[ ]	[ ]
2. My economic dependence on a partner negatively affected my mental health.	[ ]	[ ]	[ ]	[ ]	[ ]
3. Access to financial support services has improved my psychological wellbeing.	[ ]	[ ]	[ ]	[ ]	[ ]
4. Participation in employment or income-generating activities has increased my resilience.	[ ]	[ ]	[ ]	[ ]	[ ]

Section D: Influence of Patriarchal Norms on Mental Health

1. **Do you think cultural or family beliefs influenced the violence you experienced?**
   - Yes [ ] No [ ]

     If yes, please explain briefly: _____
2. **Have you ever been discouraged from reporting abuse due to cultural or religious beliefs?**
   - Yes [ ] No [ ]

3. **Impact of patriarchal norms on your mental health:** *(Likert scale 1–5)*

   1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

Statement	**1**	**2**	**3**	**4**	**5**
Cultural or family expectations increased my stress and anxiety.					
I felt pressured to stay in the abusive relationship because of societal norms.					
Patriarchal attitudes limited my access to support and resources.					

Section E: Coping Mechanisms

1. **Coping strategies used during or after experiencing violence:** *(Tick all that apply)*
   - Seeking support from friends/family [ ]
   - Prayer/faith-based support [ ]
   - Counseling/therapy [ ]
   - Isolation/withdrawal [ ]
   - Substance use [ ]
   - Returning to the perpetrator [ ]
   - Other (specify) _____
2. **Which of these strategies has been most helpful to you?**

Section F: Psychological Wellbeing and Support Services

1. **Since staying at the shelter, how would you describe your psychological wellbeing?**
   - Improved greatly [ ] Improved slightly [ ] No change [ ] Worsened [ ]

2. **Have you accessed counseling or psychosocial support in the shelter?**
    - Yes [ ] No [ ]

      If yes, how effective was it?
    - Very effective [ ] Effective [ ] Neutral [ ] Not effective [ ]
3. **What additional support would you recommend to improve the wellbeing of women in safe shelters?**

……..

Appendix III: Interview Guide

Patriarchal Beliefs and Their Effects

1. Male Dominance

i. Who is the head of your family?

ii. Are boys and girls treated the same at home? Explain.

iii. What duties are given to boys? What duties are given to girls?

iv. Do boys have more freedom than girls? Explain.

v. Have you ever missed an opportunity because you are a girl?

2. Decision-Making in the Family

i. Who makes important decisions in your home?

ii. Are girls allowed to give their opinions in family decisions?

iii. Are girls involved in decisions about their education or future?

iv. Have you ever been forced to accept a decision you did not agree with?

3. Effects of These Beliefs

i. How do these beliefs affect girls' education and life choices?

ii. Do these beliefs contribute to early relationships or teenage pregnancy? How?

iii. What can families or communities do to treat boys and girls equally?

Appendix IV: Time Frame

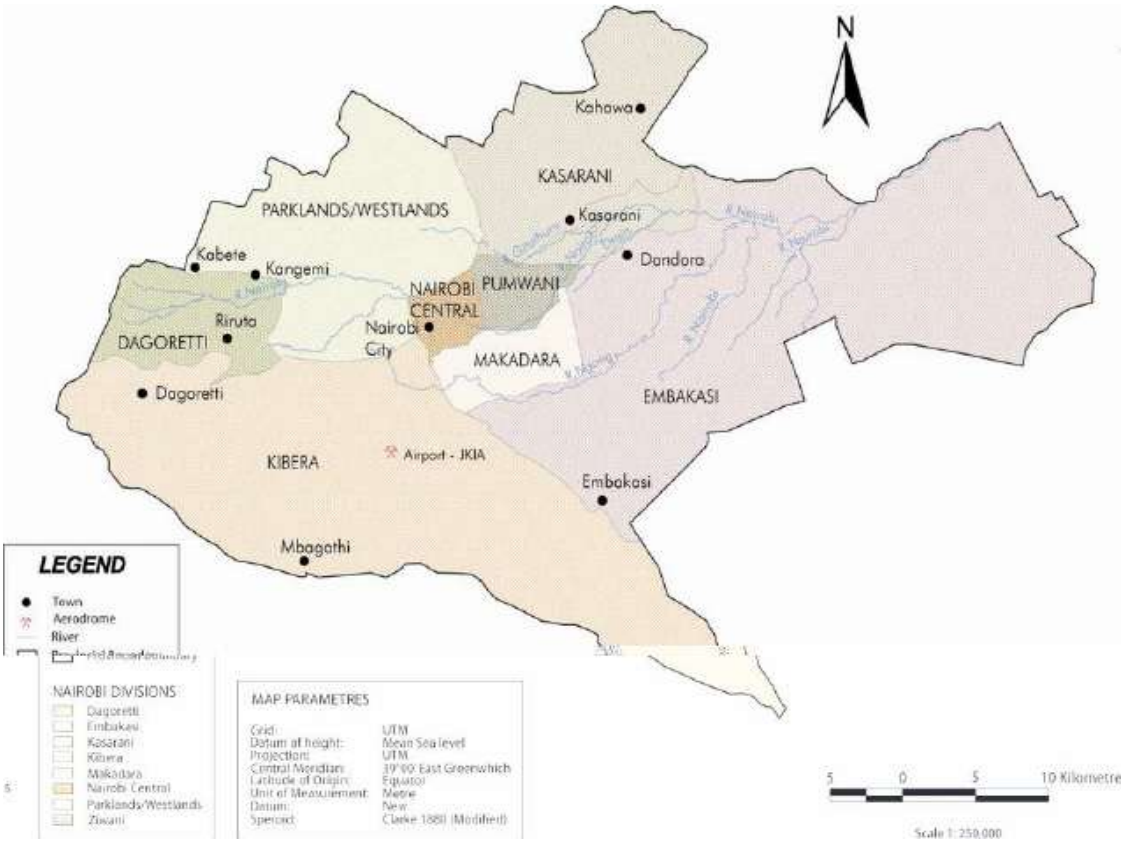
Phase	Description	September 2024- March 2025	April- October 2025	November- December 2025	January – March 2026
1	Concept				
2	Proposal Writing				
3	Data collection				
4	Data analysis and report writing				

Appendix V: Research Budget

The table below shows the researcher's projected budget.

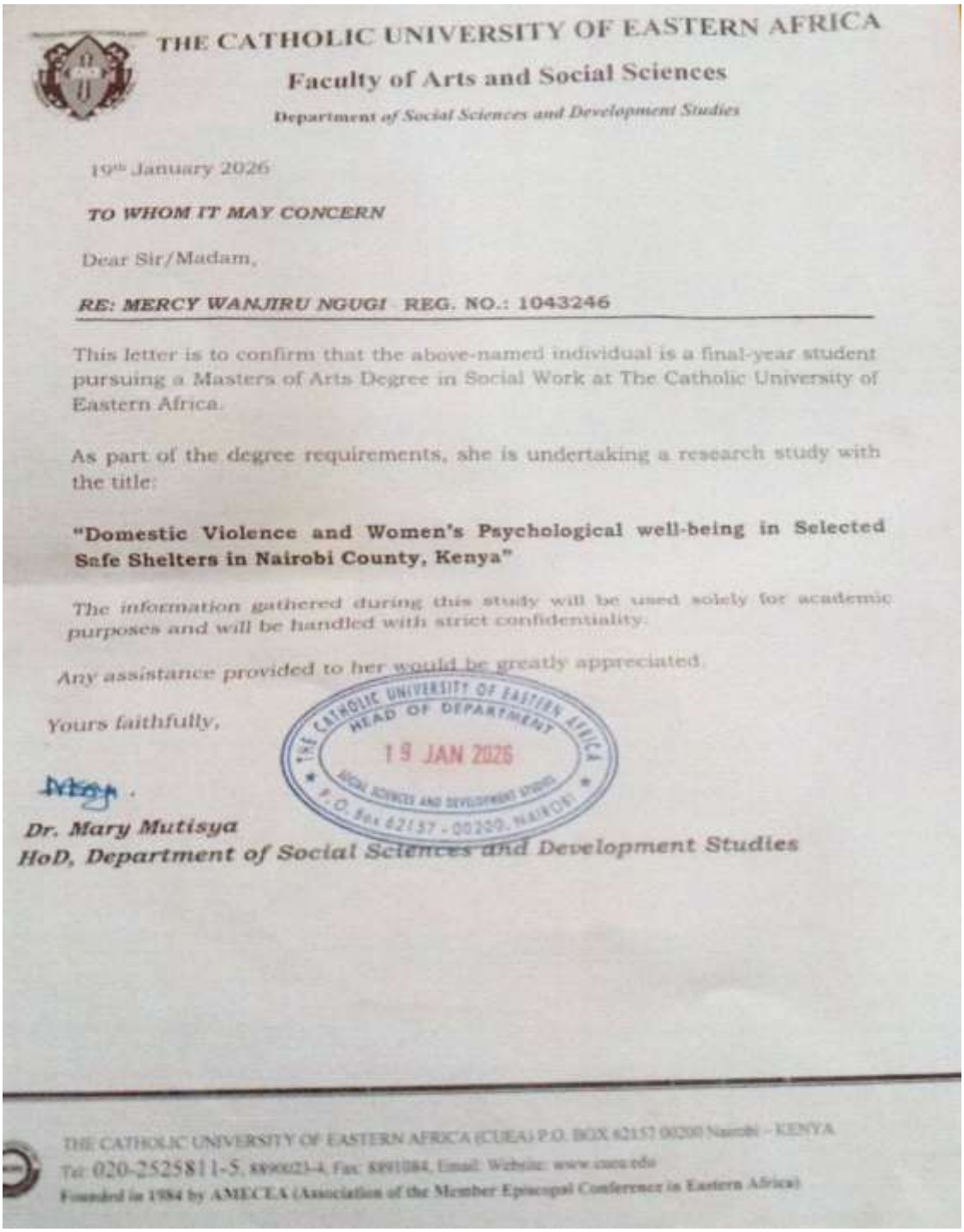
S/ No	Item	Amount
1	Travel expenses	5,000
2	Airtime	2,200
3	Printing and stationery	6.000
4	Research license	1.000
5	Contingency	5,000
6	Data analysis	16,000
	Total budget	**Kshs:33,200**

Appendix VI: The Map of Nairobi County



Masime, J. O., Wanjau, R., Murungi, J., & Onindo, C. (2013).

Appendix VII: CUEA APPROVAL LETTER



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Faculty of Arts and Social Sciences

Department of Social Sciences and Development Studies

19th January 2026

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: MERCY WANJIRU NGUGI REG. NO.: 1043246

This letter is to confirm that the above-named individual is a final-year student pursuing a Masters of Arts Degree in Social Work at The Catholic University of Eastern Africa.

As part of the degree requirements, she is undertaking a research study with the title:

"Domestic Violence and Women's Psychological well-being in Selected Safe Shelters in Nairobi County, Kenya"

The information gathered during this study will be used solely for academic purposes and will be handled with strict confidentiality.

Any assistance provided to her would be greatly appreciated.

Yours faithfully,

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA HEAD OF DEPARTMENT 19 JAN 2026 SOCIAL SCIENCES AND DEVELOPMENT STUDIES P.O. Box 62157 - 00200, NAIROBI

Dr. Mary Mutisya

HoD, Department of Social Sciences and Development Studies

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 62157 00200 Nairobi - KENYA

Tel: 020-2525811-5, 8890023-4, Fax: 8891084, Email: Website: www.cuea.edu

Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

Appendix VIII: NAOSTI APPROVAL

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR
SCIENCE,TECHNOLOGY & INNOVATI

Ref No: **786994**

Date of Issue: **05/March/**

RESEARCH LICENSE



This is to Certify that Ms.. MERCY WANJIRU NGUGI of Catholic University of Eastern Africa, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: DOMES VIOLENCE AND WOMEN'S PSYCHOLOGICAL WELLBEING IN SELECTED SAFE SHELTERS IN NAIROBI COUNT KENYA for the period ending : 05/March/2027.

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786994

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR
SCIENCE,TECHNOLOGY &
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