

Intimate Partner Violence in Men in Heterosexual Relationships: A Cross Sectional Study

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Abstract

Background: Intimate partner violence (IPV) among men is an experience that is very common among the men but is rarely reported by men. This underreporting has led to this research to understand how common IPV is and factors and challenges that have led to underreporting. **Aim:** To determine men's knowledge and experiences of IPV, factors responsible for IPV; types of IPV in men; whether men report IPV; and the implications of IPV in men. **Materials and Methods:** This study employed mixed research methods where a semi-structured questionnaire was used to collect quantitative data from 322 men who accessed healthcare at Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA) while a focus group discussion was conducted on 16 married men who resided in Abakaliki Urban, Ebonyi State, Nigeria. **Results:** The findings from this study have shown that the prevalence of IPV in men was 65.8%. Of the 212 participants who suffered IPV, emotional violence was the most common, 141 (66.5%). The majority of the men (57, 35.8%) did not report IPV. Regression analysis showed that men less than 40 years were more likely to suffer from IPV and wives who were skilled workers were five times more likely to violate their spouses. Findings from focused group discussion showed that men were aware that men experience IPV Poverty on the side of men and family/peer group influence were the key drivers of IPV in men; the common IPV in men are verbal abuse and denial of sex; the implications

of IPV in men range from engaging in illicit sex, drunkenness and staying out late at night. **Conclusion:** There is a high prevalence of IPV in men with emotional violence being the most common. Men are more likely to suffer from IPV when they are poor and the needs of the family are being catered to by their wives especially when the women are skilled workers.

Keywords

Men, Intimate Partner Violence, Experience, Heterosexual

1. Introduction

Gender based violence (GBV) according to The Inter-Agency Standing Committee (IASC) 2015 Guidelines for Integrating GBV Interventions in Humanitarian Action is defined as any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between females and males. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. (Inter-Agency Standing Committee, 2015).

Although GBV is the most prevalent and persistent social problem in women and girls globally (Perrin et al., 2019; Decker et al., 2015; Devries et al., 2013), but it is undeniable that men and boys are also victims (Mphatheni & Mlamla, 2022). Until recently, men are believed to be primarily perpetrators of violence against women. However, recent studies on men and GBV have broadened to include studying men as victims/survivors also (Peretz & Vidmar, 2021).

National statistics domestic violence fact sheet showed that approximately 1 in 4 men suffer one form of violence or the other (National Coalition Against Domestic Violence, 2024). A study by Malik and Nadda in India showed that 52.4% of men experienced gender-based violence. Out of 1000, males 51.5% experienced violence at the hands of their wives/intimate partners at least once in their lifetime and 10.5% in the last 12 months preceding the study (Malik & Nadda, 2019). It has also been found that there is a high prevalence of gender based violence in sub-Saharan Africa, more in women with little or no statistics for males (Mingude & Dejene, 2021; Oladepo et al., 2011).

Studies have shown that the factors affecting the prevalence of violence against men include but are not limited to low self-esteem, low education or income, young age, aggressive or delinquent behavior as a youth, heavy alcohol and drug use, depression and suicide attempts, and lack of nonviolent social problem-solving skills (Oladepo et al., 2011). These factors may vary depending on the cultural practices in a country or region (Oladepo et al., 2011). In spite of the above findings, there has been no report of cases of GBV in the GBV one-stop centers in the state, which is the reason for this study.

This study aims to determine the prevalence of IPV in men, the risk factors of

IPV in males and factors that influence men to report or not report cases of IPV.

2. Materials and Methods

2.1. Study Design

This study was a cross sectional study.

2.2. Study Background

Ebonyi State in the South-east part of Nigeria was created on October 1, 1996. It is situated in the Guinea Savannah vegetation belt of Nigeria. The majority of inhabitants are either employed, subsistence farmers or petty traders. Literacy level is low while poverty is prevalent among her population who are mainly Christians. The health care delivery in the state is in three levels, namely, primary, secondary and tertiary health institutions, as well as private sectors including mission hospitals.

Alex-Ekwueme Federal University Teaching Hospital Abakaliki (AE-FUTHA) where this study was carried out was established in December 2011 by the merger between the former Federal Medical Centre and the former Ebonyi State University Teaching Hospital. The hospital serves as a major referral centre in the state.

2.3. Study Population

Participants in this study were males from 18 years and above at SOPC and GOPC of Alex- Ekwueme Federal University Teaching Hospital Abakaliki who met the inclusion criteria and consented to the study.

2.4. Study Duration

This study lasted for one month.

2.5. Inclusion Criteria

- Men that have been in a relationship.
- Men \geq 18 years.
- Men that consented to the study.

2.6. Exclusion Criteria

- Those with a background of psychiatric illness.
- Those on antipsychotic medications.

2.7. Sample Size Determination

The sample size was calculated using the formula for a clinical cross sectional study by Charan and Biswas (Charan & Biswas, 2013) at a power of 80% and 5% significance. $Z_{1-\alpha/2}^2 P(1-P)/d^2$, $Z_{1-\alpha/2}$ = standard normal variate 1.96, p = expected proportion in population based on previous studies, d = absolute error or precision, $N = 322$.

2.8. Informed Consent

A signed consent was obtained from each participant before recruitment into the study. The study objectives, procedure and full implications of participation were discussed with the participants before consent was obtained. The participants were made to understand that declining participation even at the middle of the study, will have no consequences for receiving adequate care for those who are patients.

2.9. Recruitment

Participants were recruited at the SOPC and GOPC following consent. Simple random sampling was used to recruit participants.

2.10. The Questionnaire

The questionnaire was in English Language, however, any participant that did not understand English had his questionnaire administered in his native language. The questionnaire had three parts, including; socio-demographic data, assessment of causes of intimate partner violence, IPV types being experience, what is considered IPV and whether or not there were reports of cases of IPV in males.

2.11. Study Procedure

All male patients above the age of 18 years who were registered in the clinic's Electronic Medical Record (EMR) were assessed for eligibility. The average male attendance was 50. A set of 25 computer generated random numbers out of the 50 were used to recruit the participants. The males on the EMR were identified and sequentially numbered and the numbers which corresponded to the randomly generated numbers were selected. Once the random sample was selected, it was cross-checked against inclusion/exclusion criteria. The purpose, risks, and benefits were explained to the participant and thereafter, they were provided an informed consent document. After obtaining an informed consent, the self-administered, author developed questionnaire was given to the participants to fill. Clarification was made on the questions that the participants did not understand. Filled questionnaires were collected and quickly checked if it was properly filled, this eliminated missing data. Information was got from the participants in a private room and confidentiality was ensured. Patient who suffered IPV were referred to GBV centre in the facility (AEFUTHA).

2.12. Validity

A pilot study was conducted to pretest the questionnaire before carrying out the study.

2.13. Outcome Measures

Primary outcome measures are prevalence of lifetime intimate partner violence in men. Secondary outcome measures are types of intimate partner violence, causes, proportion of men that report IPV and reasons for not reporting IPV in males.

2.14. Operational Definition of Terms

Physical IPV: Physical abuse involves the use of physical force against a partner that results in harm, injury, or potential injury. These include behaviors such as hitting, slapping, punching, kicking, choking, or using weapons.

Sexual IPV: Sexual abuse involves any sexual act or behavior imposed on a partner without their consent. This involves the use of force, coercion, or manipulation to engage in sexual acts.

Emotional/Psychological IPV: Emotional or psychological abuse involves tactics that undermine a partner's sense of self-worth, identity, or emotional well-being. It often includes manipulation, controlling behavior, constant belittling, threats of harm, isolating the partner from friends and family, or destroying a partner's personal belongings to instill fear.

Economic/IPV: Operational Definition: Economic abuse involves controlling or limiting a partner's access to financial resources, thus creating financial dependency and control. This can involve limiting or preventing the partner from working or accessing money, withholding money, controlling how the partner spends money and preventing them from having their own bank accounts.

Verbal IPV: Verbal abuse involves the use of language to demean, degrade, or control the partner. While similar to emotional abuse, verbal abuse focuses specifically on harmful words or language meant to hurt the partner as well as insults, yelling, name-calling, using derogatory terms, and threatening language.

2.15. Skilled Occupation

A skilled occupation requires specialized knowledge, training, education, or experience to perform the job effectively. Formal education, certification, or apprenticeship required, Specific technical or professional skills, higher level of responsibility, usually higher wages. Examples include Doctor, Engineer, Electrician, Teacher.

2.16. Unskilled Occupation

An unskilled occupation does not require special training or formal education. The skills needed can usually be learned quickly on the job. It is characterised by simple and routine tasks with short training period, lower wages such as cleaner, loader, Farm labourer, housekeeper.

2.17. Basic Education

This refers to the foundational levels of education typically aimed at building essential literacy and numeracy skills. Examples include Primary, secondary Education and vocational certifications.

2.18. Advanced Education

Advanced education refers to higher levels of learning, where individuals gain specialized knowledge in particular fields. It often leads to expertise in a specific

subject or profession. Undergraduate, Bachelor's degree, master's degree, doctoral degree, post-graduate certifications in specialized fields.

2.19. Statistical Analysis

Data was collated, tabulated and then statistically analysed using IBM SPSS version 23. Numerical variables were presented as mean and standard deviation (Mean \pm S. D), while categorical variables were presented as numbers and percentages. Chi-square test (χ^2) was used for association categorical variables. Regression analysis were done to take care of cofounding variables.

2.20. Ethical Considerations

Ethical clearance was sought and obtained from the Health Research and Ethics committee of Alex-Ekwueme Federal University Teaching Hospital, Abakaliki.

3. Results

A total of 322 questionnaires were distributed and focused group discussion (FGD) was carried out with 16 participants. Of these 322 questionnaires, 212 (65.8%) participants admitted to having suffered one form of IPV or the other. **Table 1** shows the socio-demographic characteristics of the participants. Eighty participants, 24.8% were aged between 21 - 30 years, 91 (28.3%) of the participants were civil servants, 309 (96%) were Christians, 306 (95%) were Igbos, 202 (62.7%) had a tertiary education and 173 (53.7%) had a normal BMI. **Table 2** showed that emotional violence was the most common violence experienced by the participants; 141 (66.5%), however, only 34 (10%) of participants reported IPV. In **Table 3**, participants who chose a combination of all forms of violence were the highest (192, 59.6%) while those who thought emotional violence and emotional and verbal violence combination were the least (2, 0.6%). **Table 4**: showed that 14 (41.2%) of the case of IPV in men was reported to the family while 57 (35.8%) did not report the case of IPV because they did not see it as a problem. **Table 5** is a Binary logistic regression analysis table that showed that participant's age, wife's occupation, wife's level of education, marital status, duration of marriage, number of children and BMI. Binary logistic regression showed that the participants aged < 40 years 5 times more likely to suffer IPV and wives who were skilled 5 times more likely to violate their spouses (odds ratio = 5.726; CI 2.648 - 12.381 and odds ratio = 5.530; CI = 1.071 - 28.563) respectively.

Table 1. Socio-demographic characteristics of participants.

	Frequency (322)	Percentage (%)
Age		
21 - 30	80	24.8
31 - 40	77	23.9
41 - 50	81	25.2

Continued

51 - 60	64	19.9
>60	20	6.2
Occupation		
Nurse	12	3.7
Doctor	33	10.2
Business	81	25.2
Student	28	8.7
Civil servant	91	28.3
Farmer	39	12.1
Artisan	34	10.6
Retired	4	1.2
Religion		
None	8	2.5
Christianity	309	96
Muslim	2	0.6
Traditional	3	0.9
Level of Education		
None	2	0.6
Primary	30	9.3
Secondary	88	27.3
Tertiary	202	62.7
Tribe		
Igbo	306	95
Yoruba	6	1.9
Others	10	3.1
BMI		
Normal	92	28.6
Overweight	173	53.7
Obese	57	17.7
Wife Education		
Primary	26	9.8
Secondary	82	31.2
Tertiary	155	58.9
Wife's Occupation		
Nurse	38	14.4
Doctor	6	2.3
Business	61	23.2
Student	10	3.8
Civil Servant	78	29.7
Farmer	16	6.1
Artisan	10	3.8
Housewife	30	11.4

Table 2. Proportion of men that have suffered and reported IPV and the various portions of IPV suffered.

	Frequency (212)	Percentage
Emotional IPV	141	66.5%
Physical IPV	34	16.0%
Sexual IPV	28	13.2%
Economic IPV	9	4.2%
Number of Men That Ever Reported IPV	34	10.6%

Table 3. What participants consider as violence.

	Frequency	Percentage
Emotional, Physical, Sexual, Verbal	192	59.6
Physical	42	13.0
Emotional, Physical, Verbal	20	6.2
Emotional, Physical, Sexual	16	5.0
Physical, Verbal	10	3.1
Verbal	8	2.5
Physical, Sexual	8	2.5
Emotional, Physical	6	1.9
Emotional, Sexual	4	1.2
Emotional, Sexual, Verbal	4	1.2
Physical, Sexual, Verbal	4	1.2
Sexual, Verbal	4	1.2
Emotional	2	0.6
Emotional, Verbal	2	0.6

Table 4. Where IPV is reported and reason for not reporting.

	Frequency	Percentage
Where IPV Is Reported		
Family	14	41.2
Inlaws	12	35.3
Church	6	17.6
Friends	2	5.9
Reasons for Not Reporting		
Not a Problem	57	35.8
Settled	40	25.2
No Reason	35	22.0
Ego	18	11.3
My Fault	5	3.1
Nowhere to Report	4	2.5

Table 5. Binary logistic regression.

	B	P Value	Odds Ratio	95%CI Lower	95%CI Upper
Grouped age (<40 vs ≥40)	1.745	<0.001	5.726	2.648	12.381
Duration of Marriage (<15 vs ≥15)	-0.628	0.494	0.534	0.088	3.233
Marital Status (Single vs Married)	0.776	0.212	2.174	0.642	7.362
Wife's Occupation (Skilled vs Unskilled)	1.710	0.041	5.530	1.071	28.563
Level of Education (Basic vs Advanced)	0.466	0.513	1.594	0.395	6.428
Type of Marriage (Monogamy vs Polygamy)	1.469	0.212	4.347	0.433	43.640
Number of Children (<5 vs ≥5)	0.357	0.466	1.429	0.548	3.727
BMI (Not Obese vs Obese)	-0.745	0.037	0.475	0.236	0.955

3.1. Results of FGD. Theme 1: Men's Knowledge and Experiences of IPV

Men are in terrible conditions now. A married man who spent his hard earned money to marry a woman will be denied sex because he does not have money anymore. Whenever he approaches her at night, she will say "I am tired, how much do you have, I need to make my hair, nails, buy clothes". IPV is common in situations where a man marries an educated woman or a woman from a rich background, every little crisis, she move out of the husbands' house to her family house, abandoning the man to himself to suffer. Those female lawyers, doctors, professionals and the rest, it does not take them anything to take children away from their fathers.

3.2. Theme 2: Types of IPV in Men

Sometimes women beat their husbands and still accuse the man of beating her. Many men are being denied food. During family crisis, most men are not allowed to see their children and the children are often taken away from home. The worst is having an adulterous woman and a woman who reigns abuses at will.

Denial of sex is very common in many marriages and because of the premium placed on sex by men, women use denial of sex as a way of punishment on their spouses. Verbal abuse is another type of violence metted against men by their wives. They call you lazy and good for nothing, they also compare you with your well to do brother (s) and friend (s).

3.3. Theme 3: Factors Responsible for IPV

This can arise when the woman is from a wealthy home and hers is richer than her spouses'.

Lack of resources to provide for the family, especially when a man who had been doing well suddenly loses his job or have problems in their businesses. Women advertise wrong perception on social media and other women will want to practice.

A woman who is as economically empowered as her spouse is more likely to abuse her spouse. Also, when a woman feels that she is richer than her husband is more likely to abuse her husband. Bad company has destroyed many marriages. A lot of bad behaviors that women display were learnt from friends. Mother-in-laws, sisters-in-law and other members of your wives' families can influence her negatively.

3.4. Theme 4: Whether Men Report IPV

Men are afraid that people will laugh at them if they report that they are being beaten by their wives. The worst is that most if not all governmental and non-governmental organizations are focused on women but "nobody cares about men".

If you take your wife and her family to court because they took your children from you and deny you access to them, most judges will judge in their favor, they will ask you "can you cook, allow your children to stay with their mother", more so when they are still young.

A man can go and report his bad marital experiences to his wife's family, (mother-in-law or father) but it will be difficult for a man to say everything because he does not want wash his dirty linen in public. Often times, the inlaws will take sides with their daughters and even take her and the children away from you. "We may complain when there is violence against us but in a subtle way".

I have been hearing about GBV Taskforce, family Law Centre and other places that one can report violence. All the people that are working there are women. If you go there as a man, those women there will not allow you talk, they will blame you for all the problems. You will be ashamed of yourself and regret why you attempted to report.

3.5. Theme 5: The Implications of IPV in Men

Drunkenness and depression which has killed so many men in our society, keeping late night, Lack of sexual desire and love. The man can resort to many things so as to survive, maybe drugs and gambling. Denial of sex results in child's sexual harassment because when a man is unable to get sexual satisfaction from his wife, he begins to look around and he is willing and desperate to get it from any person around. Some also engage in masturbation as a result of lack of sex.

Intimate partner violence can lead to depression and high blood pressure and can lead to terrible health complications.

4. Discussion

The prevalence of IPV in males in a heterosexual relationship was 58.4%, which

was consistent with the findings in Uganda of a prevalence of 44%. It was found that the commonest IPV meted out on men was emotional violence followed by sexual and then physical violence. This is also similar to the findings by Gubi in Uganda (Gubi & Wandera, 2022). This was similar to a systematic review by Sana et al. that found violence against men as Emotional, Physical and sexual respectively (Rehman et al., 2023). This was in contrast to the findings by Ezenwoko et al. and Cho et al. who found that sexual violence and verbal abuse were the most common forms of violence against men (Ezenwoko et al., 2023; Cho et al., 2020). This contrasting finding could be because the finding was done during the Covid 19 lockdown where couples were together and idle for prolonged periods with an increased tendency for sexual intimacy. Also, IPV was commoner in married men than in single men. This was similar to the findings by Oseni et al. and Odemba et al. that found that IPV was more likely in married men than in the unmarried (Oseni et al., 2022; Odemba et al., 2025). Studies have shown that male victims of IPV were less likely to use formal services than their female counterparts (Odemba et al., 2025). This is similar to our findings from this study.

The study showed that the majority of the cases of IPV against men were reported to the men's family, then to the in-laws of her spouse, to the church and then to the friends of the family. This is due to the fact that the African society respects the role of the extended family in marriages and they also place a premium on the religious leaders. This finding is in contrast to the finding by Blanz and Jansch in Germany, which found that most of the reports were to the Police (Blanz & Jansch, 2025).

This study showed that most men do not report IPV because they do not view it as a problem worth reporting, others feel it can be settled, and some have no reason for not reporting. Ego in men plays a role in men not reporting IPV. Some men see it as their fault which is why there is violence against them. A few others have no idea of who to report to. This finding may be due to the fact that men have not started considering IPV against them a problem. This is in contrast to the findings by Taylor et al. who found the commonest reason for not reporting is the men's ego (Taylor et al., 2022; Landa-Blanco & Mejía Sánchez, 2025). Binary logistic regression showed men aged 40 years and below were 5 times more likely to suffer IPV than men greater than 40 years, which was in contrast with the findings by Oseni et al. (Oseni et al., 2022). Also women who are skilled workers are 5 times more likely to inflict violence on men than women who are unskilled. It was that the odds of IPV by women against men were higher when they earned more as found by Amir-un-din et al. (Amir-Ud-Din et al., 2024).

Findings from the qualitative analysis were closely related to the findings from the quantitative analysis with responses from the qualitative analysis elucidating clearly what has been found from the quantitative analysis.

4.1. Conclusion

There is a high prevalence of IPV in men, yet it is underreported. Emotional vio-

lence is the most common form of IPV. Men are more likely to suffer from IPV when they are poor and the needs of the family are being catered to by their wives, especially when the women are skilled workers.

4.2. Limitations

This was a clinic-based study which makes generalizability difficult. There is also potential underreporting due to stigma, and the cross-sectional design (no causal inference), and add 1 - 2 recent peer-reviewed studies on male IPV measurement or help-seeking to better anchor the interpretation of barriers to reporting.

Conflicts of Interest

There is no conflict of interest.

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