

**FEMALE PERPETUATED INTIMATE PARTNER VIOLENCE AND
PSYCHOLOGICAL EFFECT AMONG MALE COUNTERPARTS IN
RUKUNGIRI MUNICIPALITY, UGANDA**

ADRINE NATURINDA

RM16M03/504

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER
OF ARTS IN COUNSELING PSYCHOLOGY OF UGANDA CHRISTIAN UNIVERSITY**

June, 2025



**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

ABSTRACT

The study explored female-perpetuated intimate partner violence and its psychological effects on male counterparts in Rukungiri municipality, Uganda. The purpose of the study was to explore the most prevalent forms of female perpetrated intimate partner violence experienced by men, the psychological effects of intimate partner violence among male counterparts and the establishment of counseling and other interventions that have helped male victims to overcome the psychological effects of intimate partner violence. The research was conducted in three Divisions (Western, Eastern and Southern) in Rukungiri Municipality, southwestern Uganda. Interpretivist perspective research approach was adopted. The target population was 196 respondents including 180 men from household survey in the three divisions in Rukungiri Municipality, 10 members of the clergy, 4 police officers from 1 probation office and 1 legal expert were also included in the study making a total of 196 respondents. Convenient sampling was employed for household male respondents while Purposive sampling was used to select other participants. Respondents included 44 household males, 10 members of the clergy, 4 police officers, 1 probation officer and a legal expert. A qualitative research approach was used and Data was collected using face to face interviews and focus groups, with respondents purposively sampled. Results indicate that forms of intimate partner violence inflicted on men by their partners include: physical, sexual, emotional and economic violence. The study findings indicated that physical violence was the most prevalent among the forms of intimate partner violence inflicted on men by their partners. Furthermore, the psychological effects of intimate partner violence on men include depression, mental instability, anxiety, posttraumatic stress disorders, loss of self-esteem and suicide. However, there are several interventions that can help men affected by violence perpetrated by women including treatment and support for survivors, and counseling services. These interventions can enhance psychological wellbeing and also enable individuals to recognize warning signs of IPV. Finally the study recommends that more men who are facing intimate partner violence in their homes be encouraged to seek the services of the organizations and offices that have been designated to support them at the district, police and church. Finally, the study recommends an increase in champions for fighting intimate partner violence against men in the community

DECLARATION

I, NATURINDA ADRINE (RM16M03/504) do hereby declare that the research report titled

“Female Perpetuated Intimate Partner Violence and Psychological Effects among Male Counterparts in Rukungiri Municipality, Uganda” is entirely my original work and has never been presented to Uganda Christian University or to any other institution of learning for any award. Any help I received in while working on it is fully acknowledged and disclosed. I also declare that this research report was done by me as a partial fulfillment for the degree of Masters of Arts in Counseling and Psychology of Uganda Christian University.

NATURINDA ADRINE

RM16M03/504

Signed: 

Dated: 18th June 2025

APPROVAL

This is to verify that this report has been done by Naturinda Adrine (RM16M03/504) a Master of Arts in Counseling Psychology Student of Uganda Christian University. It has been done under my supervision and guidance. It is now ready for submission to the University with my approval.

Signed:

A handwritten signature in cursive script, reading "Gooreka Okahaabwa".

GOOREKA OKAHAABWA, PSY.D (University Supervisor)

Dated:18.06.2025

DEDICATION

This research report is dedicated to my lovely parents Mr. & Mrs. Friday William, my daughter Kirabo and my siblings Gideon, Phoniah, Honest, Daphine, and Precious who gave me their support tirelessly in all aspects. May the Lord bless you abundantly!

ACKNOWLEDGEMENT

I thank the almighty God for keeping me alive and giving me the strength and courage to go through this course successfully. I am really grateful to God.

I am thankful for the work done by my supervisor Dr. Gooreka Okahaabwa . Thank you for all your assistance that is; guidance, knowledge, advice, and time you accorded to me towards the completion of this dissertation.

My heartfelt gratitude goes to my Lecturers at Uganda Christian University and my family members for their support throughout this course.

I am also grateful to participants who were from Kiyaga, Kakabada, Kagyera and Kakyeeke in Rukungiri Municipality.

Finally, I highly appreciate my friends and course mates for the support and encouragement they gave me and my daughter, thanks for supporting me tirelessly.

LIST OF ABBREVIATIONS AND ACRONYMS

BIP:	Bilateralism in Intellectual Property
CBT:	Cognitive Behavioral Therapy
CDC:	Centre for Disease Control
CDCP:	Centers for Disease Control and Prevention
CPS:	Child Protection Services
FMPV:	Female-to-Male Partner Violence
IPV:	Intimate Partner Violence
MSM:	Men who have Sex with Men
NCADV:	National Statistics Domestic Violence Factsheet
NICE:	National Institute for Health and Care Excellence
SIPV:	Sexual Intimate Partner Violence
UCA:	Uganda Counseling Association
WHO:	World Health Organization

TABLE OF CONTENTS

ABSTRACT	ii
DECLARATION	iii
APPROVAL	iv
DEDICATION.....	v
ACKNOWLEDGEMENT.....	vi
LIST OF ABBREVIATIONS AND ACRONYMS	vii
TABLE OF CONTENTS	viii
LIST OF TABLES	xii
TABLE OF FIGURES	xiii
CHAPTER ONE.....	1
INTRODUCTION	1
1.1 Introduction	1
1.2 Background of the Study	1
1.3 Statement of the problem	5
1.4 General objective.....	7
1.5 Specific Objectives	7
1.6 Research Questions.....	7
1.7 Scope.....	8
1.7.1 Subject scope.....	8
1.7.2 Geographical scope.....	8
1.7.3 Time scope	9
1.8 Justification	9

1.9 Significance of the Study	10
1.10 Theoretical framework.....	12
1.11 Conceptual frame work.....	14
CHAPTER TWO	16
LITERATURE REVIEW	16
2.1 Introduction	16
2.2 Female Perpetuated Intimate Partner Violence	16
2.3 Prevalent forms of Intimate Partner Violence.....	19
2.2 Psychological Effects of Intimate Partner Violence	21
2.5 Counseling Strategies for Intimate Partner Violence	29
CHAPTER THREE.....	35
METHODOLOGY	35
3.1 Introduction	35
3.2 Research design	35
3.3 Area of study	36
3.4 Population of study.....	36
3.5 Sampling procedure.....	37
3.6 Sampling size determination	37
3.7 Methods of data collection.....	39
3.8 Procedure for data collection	40
3.9 Data quality control, validity and reliability	40
3.10 Ethical considerations	40
3.11 Limitations of the study	41

CHAPTER FOUR.....	42
PRESENTATION AND ANALYSIS OF RESULTS	42
4.1 Introduction	42
4.2 Response rate.....	42
4.3 Findings on demographic characteristics of respondents	43
4.3.1 Age of respondents	43
4.3.2 Marital status of respondents.....	44
4.3.3 Education Levels of respondents	45
4.3.4 Employment status of respondents	45
4.4 Forms of female perpetuated intimate partner violence experienced by men	46
4.5 Understanding of intimate partner violence	52
4.6 Prevalence of the different forms of IPV against men perpetuated by women.....	53
4.7 Psychological effects of IPV among male counterparts in Rukungiri Municipality	55
4.8 Psychological effect of IPV against men perpetuated by women from observation	57
4.9 Psychological effect of IPV against men perpetuated by women from experienced	59
4.10 Counseling and other interventions to help male victims to overcome the psychological effects of intimate partner violence	62
4.6.2 How counseling has helped male victims to overcome psychological effects of IPV	64
CHAPTER FIVE	68
DISCUSSION OF FINDINGS	68
5.1 Introduction	68

5.2 Forms of female perpetuated intimate partner violence experienced by men	68
5.3 Psychological effects of IPV among male counterparts in Rukungiri Municipality .	69
5.4 Counseling and other interventions that have helped male victims to overcome the psychological effects of intimate partner violence	71
CHAPTER SIX.....	73
CONCLUSION AND RECOMMENDATIONS	73
6.1 Introduction	73
6.2 Conclusions	73
6.2.1 Most prevalent forms of female perpetuated intimate partner violence experienced by men	73
6.2.2 Psychological effects of intimate partner violence among male counterparts ...	74
6.2.3 Interventions that have helped male victims to overcome the psychological effects of intimate partner violence	74
6.3 Recommendations	75
6.4 Recommendations for further research.....	77
References	79
Appendix A: Semi structured interview guide.....	81
Section A: Bio Data.....	81
Section C: Psychological effects on male counterparts.....	82
Section D: Counseling and other interventions that have helped male victims to overcome the psychological effects of intimate partner violence	82

LIST OF TABLES

Table 2: Population and sample size	38
Table 3: Population and sample size distribution	39
Table 5:Repondents' age	43
Table 6 Marital status of repondents	44
Table 7:Educational status of repondents.....	45
Table 8: Employment status of repondents	46
Table 9:Prevalence of the different forms of IPV against men perpetuated by women	54
Table 10 Prevalence of the different forms of IPV against men perpetuated by women ...	55

TABLE OF FIGURES

Figure 1: Conceptual framework on intimate partner violence and psychological effects .14

Figure 2 Forms of female perpetuated intimate partner violence experienced by men47

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The research's focus examined psychological impact of intimate partner violence (IPV) on male partners in Rukungiri Municipality. In this chapter, an overview of the study is introduced, including the background of the study, problem statement, general objective, specific objectives, research questions, significance, justification, theoretical framework, and conceptual framework.

1.2 Background of the Study

IPV refers as any form of behavior occurring within an intimate relationship that inflicts pain of harm physically, psychologically, or sexually on the individuals involved (WHO, 2012). This type of violence cuts across all socioeconomic, religious, and cultural groups, as stated by the World Health Organization (WHO). While the term "domestic violence" is often used to describe IPV, it can also encompass abuse towards children, elders, or any member of the household. Intimate Partner Violence encompasses physical and sexual violence, stalking, and psychological aggression, including coercive tactics, perpetrated by a current or former intimate partner such as a spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner (CDC, 2006).

Male victims of IPV often experience emotional states of shame and are confused about their next course of action, According to the National Statistics Domestic Violence Factsheet (2006) cited by Fink (2006), in the United States 7.6% of males have been affected by intimate

partner violence. The study also revealed that of 14 men 1 had been physically battered by their current or former partner during the time they have been together. Additionally, NCADV reported that 835,000 men experience abuse from their wives, spouses, or partners each year. The problem arises from the fact that male victims feel unable to address the issue, believing that no one will listen to them and that seeking help will not resolve their issues. Male victims often remain quiet about domestic violence episodes and cases, choosing not to interact with authorities due to considering it a personal matter they can handle themselves. They fear not being taken seriously, as societal stigma suggests that domestic violence is for women only, not men (Neeley-Bertrand, 2010). The cost of treatment for male victims of domestic violence typically ranges around \$400 (Schneider, 2005). The Center for Disease Control and Prevention conducted a study revealing that women were the first to initiate violence in most incidents, with the perpetrator being female approximately 70% of the time (Chan, 2009).

The focus on domestic violence predominantly revolves around providing shelters and support for women, while options for men, particularly gay men, remain limited. The Gay Men's Domestic Violence Project (n.d.) reports among four gay men, one has gone through an exact form of domestic violence in their lifetime. Greenwood (2002) states that rates of abuse among gay or bisexual men by their partners stand at 40%. Emotional, physical, and psychological are common forms of abuse experienced by male victims. Men have a habit of staying in abusive relationships for same reasons to women, including guilty, concern for children that are tangled, and some were depending on the abuser. Unfortunately, male sufferings from intimate partner violence are often not recognized as people victimized by law enforcement agencies, the judicial system, and organizations are put in place to help IPV victims. Society largely sees intimate

partner violence as an offence committed by males to females. During 2009, the U.S. Department of Justice stated that 117,210 men were physically battered by their spouses, with females being the primary perpetrators, accounting for 18% of all IPV victims that year (Truman & Rand, 2010). Hines and Douglas (2011) argue that IPV should be recognized as a human problem rather than a gender-specific issue.

Numerous studies have demonstrated the detrimental effects of intimate partner violence (IPV) on the physical and mental health of both female and male victims (e.g., Campbell, Sullivan, & Davison, 1995; Hines & Douglas, 2011; Merrill & Wolfe, 2000). However, research on the effects of IPV has primarily focused on samples of women, with limited exploration of male victims, particularly those seeking shelter (Hines, Brown, & Dunning, 2007). It is crucial to further investigate male experiences of IPV to broaden understanding and challenge the reluctance to acknowledge and comprehend victimization beyond the traditional focus on women and children within academia and society at large (Chaudhuri, 2012; Randle & Graham, 2011).

Intimate Partner Violence is a prevalent issue in communities worldwide, transcending religion, class, race, age, and national boundaries. Many researchers, including academics and various organizations, have conducted extensive studies on this phenomenon. However, the emphasis in these studies has primarily been on violence against women perpetrated by men. According to Kambarami (2006), patriarchy plays a significant role in violence against women globally, including in Zimbabwe. Patriarchy is a socially constructed system perpetuated by men in positions of power and authority (Kambarami, 2006). Within this system, men and women are socialized into gendered roles through institutions such as family and education, with men assuming the role of breadwinners and women being socialized as caregivers. Women's

organizations and activists view patriarchy as the root cause of women's subordination, discrimination, and abuse in societies where it exists (Musasa Project; Girl-child Network; WCoZ).

Recent data from World Health Organisation showed that 33% of ever-married women in Sub-Saharan Africa have survived either emotional, physical or sexual abuse, coming to the third-highest rate of lifetime IPV all over the world (WHO, 2021). Findings from a study conducted in Northern Nigeria by Ameh et al., (2012) concluded that more than half (55%) of the men had ever experienced violence at home among whom (82.4%) had been abused verbally and emotionally.

The study findings from Kibrilew et al., (2025) reported that Intimate Partner Violence remains alarmingly high in East Africa, driven by gender norms, economic vulnerabilities, and weak institutional support. For instance, in Kenya, findings from a survey conducted by Obegi et al., (2017) indicated that there was increased occurrence of female Perpetrated violence in many forms ranging from Physical, sexual and psychological. In Uganda, the study conducted by Nalubega, (2023) investigated intimate partner violence (IPV) among police spouses in Uganda, findings revealed extremely high rates of IPV in Nsambya and Masindi police barracks, negatively affecting the efficacy of officers also according to the Uganda police annual crime report conducted recorded high cases of males who were victimised in intimate relationships, (Uganda Police Force, 2020).

According to the most recent Ugandan Demographic and Health Survey (2020), 55% of ever-married men aged 18-49 have experienced physical and/or sexual violence from their

current spouse or partner. However, the health sector has not placed significant emphasis on addressing intimate partner violence. The inclusion of IPV in health policy documents began with the second Health Sector Strategic Plan (HSSP II), which aimed to develop and disseminate an integrated strategy to tackle IPV. The plan includes compiling and analyzing available information to determine the prevalence of IPV in Uganda, formulating strategic interventions within the health sector, raising awareness about IPV among healthcare workers, supporting agencies and organizations working to address IPV, and fostering partnerships with other sectors to address IPV (MOH, 2006). Despite these intentions, progress on this issue has been limited. Therefore, this study focuses on female-perpetrated intimate partner violence against male counterparts, aiming to provide lasting solutions to help male victims overcome the psychological effects of this phenomenon.

1.3 Statement of the problem

According to the Domestic Violence Act Cap. 123, man and woman are ment to heve equal rights and live together in hermony therefore the essence of adopting the law on domestic violence is to enhance equitable resolution of domestic-related conflicts and cater to the needs of men and women. However, despite the promising nature of the law relating to domestic violence, there seem to be several challenges that hinder its effectiveness.

Intimate Partner Violence (IPV) is a widespread global issue that affects many communities worldwide (WHO, 2012). However, the focus on IPV has primarily centered on women, leaving limited options and support for men. In Africa, there is evidence of domestic violence against men, with individuals from different age groups, social backgrounds, and

professions falling victim to various forms of abuse perpetrated by women within their households (Kwagala, Wandera, Ndugga, & Kabagenyi, 2013). Men experience physical, verbal, psychological, emotional, and sexual maltreatment from their intimate partners. Greenwood (2002) highlights emotional, physical, plus psychological violence as the numerous forms of violence experienced by men.

Intimate Partner Violence against males and its psychological impact have not received the same level of attention as abuse against women. While news of violence and crimes against women and girls is extensively reported in the media, there is a growing number of men and boys silently enduring physical and psychological violence from their partners and families in Uganda. For instance, statistics from The Uganda Police Force Crime Report (2019) revealed that out of the 360 people killed in domestic violence incidents, 183 were men and 177 were women. These figures indicate that men are increasingly facing intimate partner violence, which can have longlasting psychological effects on their lives if not effectively addressed.

Moreover, research on domestic violence primarily focuses on women being abused by men, while studies investigating abuse perpetrated by women against men are scarce, if they exist at all (Mukasa, 2009). The lack of research on the nature of abuse inflicted by women on men specifically within Rukungiri Municipality, Uganda, has prompted the need for this study. The objective of this study is to provide recommendations for consideration by relevant gender-focused organizations and policymakers in the government to address this issue effectively.

1.4 General objective

The general objective of the study was to investigate the forms of female perpetrated intimate partner violence and its psychological effect on male counterparts in Rukungiri Municipality.

1.5 Specific Objectives

The specific objectives of this study were:

- i. To explore the most prevalent forms of female perpetrated intimate partner violence experienced by men in Rukungiri municipality
- ii. To investigate the psychological effects of intimate partner violence among male counterparts in Rukungiri Municipality
- iii. To establish the interventions including counseling that have helped male victims to overcome the psychological effects of intimate partner violence

1.6 Research Questions

The study aimed at answering the following questions:

- i. What are the most prevalent forms of female perpetrated intimate partner violence experienced by men in Rukungiri municipality?
- ii. What are the psychological effects of intimate partner violence among male counterparts in Rukungiri Municipality?
- iii. What forms of counseling and other interventions have helped men to overcome the psychological effects of intimate partner violence?

1.7 Scope

1.7.1 Subject scope

This study was limited to; the nature, the psychological effects and the counseling strategies that would help male victims to overcome the psychological effects related to intimate partner violence.

1.7.2 Geographical scope

The research was done in Rukungiri Municipality, the main town in Rukungiri District located in the Western Region of Uganda and it is a site of the district headquarters. Rukungiri district is almost 68 kilometres (42 mi), by road transport, from Kabale town, the largest town in the Kigezi sub-region. This is almost 400 kilometres (250 mi), by road transport, from Kampala, the capital and largest city of Uganda. The coordinates of the town are 0°47'24.0"S, 29°55'30.0"E (Latitude:-0.7900; Longitude: 29.9250). Rukungiri town is a two-street town surrounded by several hills and valleys. Although most of the surrounding hills lost their natural shapes due to human activity like agriculture, the town located on the top of the hill. According 2014 National Population Census put the population at 36,509 (UBOS, 2014). In the Kigezi sub region of Uganda, where Rukungiri district is situated, the lifetime prevalence for IPV was reported at 59.9% compared to other sub regions like Acholi where IPV was reported at 57%, Busoga where IPV was reported at 56%, Buganda at 36% and Teso at 45% according to the 2016 Uganda DHS. This justified the need to use Rukungiri as a case due to the high prevalence of IPV in the area compared to other regions.

1.7.3 Time scope

This literature that formed the basis of the study was published between 2006 and 2016, and the research was carried between the months of February and March 2019.

1.8 Justification

This research aims to investigate the psychological effects of Female Perpetuated Intimate Partner Violence on male counterparts. Given that the prevalence rates of marital violence are high, most likely children are also affected by such violence (Fantuzzo, Mohr, Murshid & Murshid, 2015). When Children are exposed to parental violence, both visually and aurally, has the high risk to have psychological, cognitive, and behavioral effects during their adulthood (Murshid & Murshid, 2015). Existing literature is of suggestion that exposure of children to parental domestic violence affects children genders differently, male children externalizing their problems through aggression and hostility, while female children internalize their problems by showing symptoms of depression and anxiety (Murshid & Murshid, 2011). The psychological impact of IPV may be particularly challenging for men, as they mostly conceal their emotions and move on with their lives if nothing happened. This study seeks to examine how female IPV is perpetuated and its psychological effect on male counterparts. While there has been extensive research on shelter populations of battered women, male victims have not received the same level of comprehensive investigation (Hines, Brown, & Dunning, 2007). However, understanding men's experiences of IPV remains an essentially useful and underexplored matter (World Health Organization, 2005).

Men's rights and fathers' groups argue that men face legal, social, and psychological injustices (Gavanoas, Duryea, 2011). Husband battery, one of the most underreported crimes, is often experienced by men, making them the true victims of domestic violence (Kimmel & Durfee, 2011). Father's rights groups claim that men are victims of a legal system that systematically discriminates against them, while the violent behavior of their female partners is overlooked (Adams, Williams, Williams, Messner, Durfee, 2011).

Although it is acknowledged that some men experience Intimate Partner Violence, there is limited documented evidence to substantiate this claim. Therefore, it is crucial for humanitarian organizations, counselors, psychologists, therapists, and government policies to support men facing Intimate Partner Violence imposed to their partners. This study aims to add an understanding of men victimized by IPV in a unique manner.

Furthermore, this research will provide valuable insights into what male victimized by IPV have gone through. As counseling psychologists, it is useful for us to comprehend the experiences of male victims and their interactions with the services available for those who have suffered from intimate partner violence.

1.9 Significance of the Study.

The findings of this research and recommendations will be benefit policymakers, particularly the government, as they will provide insights into strategies for developing better policies to ensure that relevant laws and policies are in place to combat intimate partner violence against men and its psychological effects for victims.

Social workers and ngos

The study findings will also be useful to stakeholders involved in providing psychological and social support and counseling, as they will provide them with measures that can be taken to effectively address the problem of intimate partner violence in Rukungiri District.

Academicians

This research is of interest to academics and future researchers who will be conducting related research. This is because it will add on the literature already in existence, which will help other interested researchers develop related research questions on related issues such as the forms of female-perpetrated intimate partner violence and its psychological impact on male counterparts in Rukungiri Municipality and Uganda as a whole.

Gender activists

The study would be very significant in the sense that it will enlighten actors in the bid to implementing and strengthening the domestic violence act. Again the study will bring to the knowledge of female who take the law into their own hands and inflict violence acts on men to be careful of the repercussion of their actions on the life of their partners.

Policy makers

This study was intended to be used as a tool to influence policy makers who include both in government and non-governmental organizations to acknowledge that domestic violence affects men too.

I also hope that this study will form a basis for further research especially for persons who may be interested in this area of study.

This study shall be available for future reference pertaining to domestic violence against men

1.10 Theoretical framework

The Generational Theory of Abuse posits that individuals who experience or witness abuse during their childhood, whether male or female, are most expected to engage in abusive and violent relationships during adulthood. This theory suggests that how victims perceive themselves is crucial, as it influences their understanding of the world and their own sense of individuality. Moreover, according to this theory, individuals must make sense of others and behave accordingly, reinforcing their worldview (Stets, 1988). Intimate Partner Violence (IPV) is approached through three theoretical perspectives: the intra-individual or psychological, the social psychological, and the socio-cultural approaches. The biological aspects of violence are examined by the intraindividual approach, while the social learning theory is influenced by the social psychological approach. The role of the culture of violence is recognized by the socio-cultural approach (Stets, 1988). Intra-individual approach explores the response of individuals to aggressive behavior and how certain traits are displayed. The psychological social perspectives high spots that violence is acquired during the course of life, not just through personal experiences. The socio-cultural trait recognizes how violence is employed to provoke reactions and its impact on relationships. Masculinity significantly influences how people perceive someone's propensity for violence in social interactions (Younger, 2011). This theory is

applicable to the study as it explains the psychological, social and socio-cultural effects of IPV on individuals.

While feminist advocates argue that IPV is highly gendered and primarily a social problem affecting women, proponents of the Generational Theory contend that males can also experience domestic violence. It is suggested that even in cases where women exhibit violence caused by their intimate partners, the underlying causes may differ, with women having a higher likelihood of resorting to violence as a means of self-defense in reaction prior to previous abuse from their partners (Cascardi & Dina, 1995). Feminist researchers often gather data from samples of women who are at very high-risk of intimate partner violence, typically identified from the hospital reports, hospital reports, shelters of women, and police records. (Graham-Kevan & Archer, 2003). The sampling method tends to reflect on women that are mostly affected by violence.

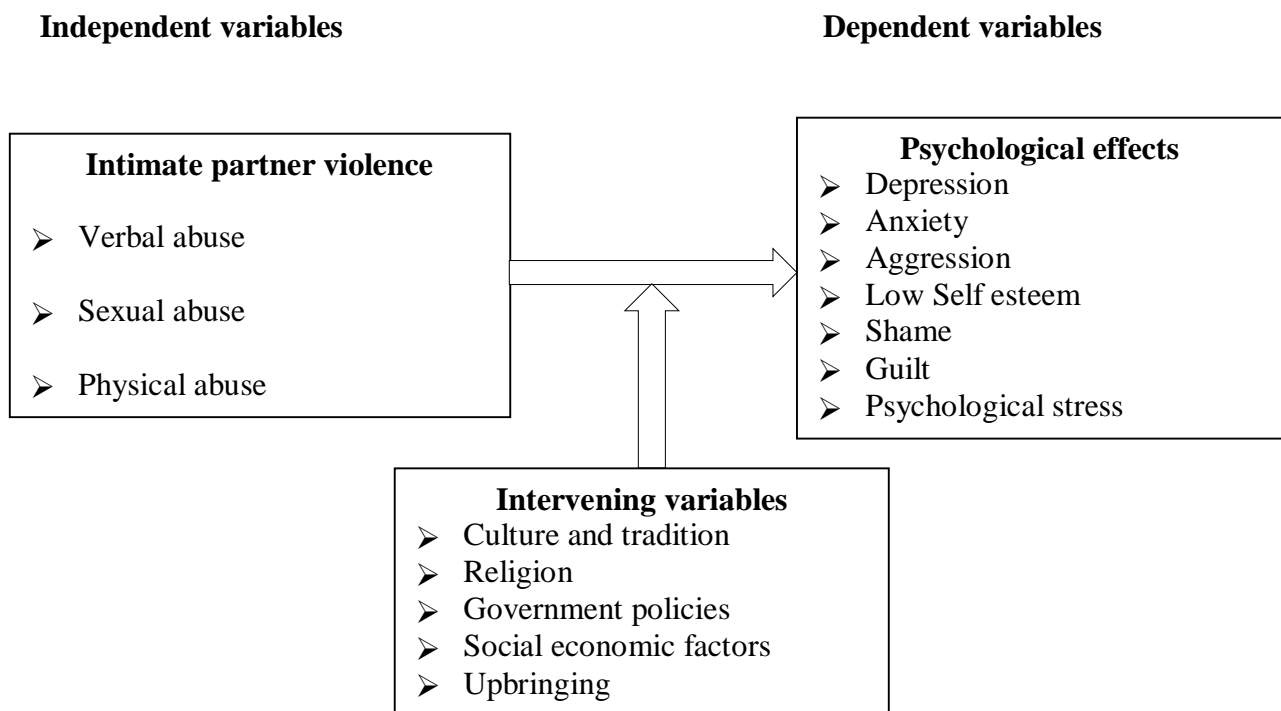
The family violence perspective asserts that male and female are equally likely perpetrate and experience IPV. A multitude of studies have provided evidence supporting this notion (Dutton, 2007; Graham & Archer, 2005). Theoretical frameworks supporting this perspective include Bandura's (1973) social learning theory, the Generational Theory, and the concept of intergenerational transmission of partner violence. The concept of intergenerational transmission proposes that violence is acquired by learning through modeling and imitation due to a lack of appropriate conflict management skills (Bell & Naugle, 2008). Individuals who witnessed parental violence or experienced child abuse during their upbringing are more likely to tolerate or accept violence within their families (Bell & Naugle, 2008; Lewis & Fremouw, 2001). Family violence researchers commonly use large national or community samples and often employ the Conflict Tactics Scale, a self-report tool that assesses occurrence and frequency of aggressive

behaviors, to evaluate intimate partner violence (IPV), (Melton & Belknap, 2003). Advocates of this perspective call for greater assistance for males victimized by intimate partner violence (IPV) and efforts to prevent violence committed by females against their intimate partners.

1.11 Conceptual frame work

The following figure shows the conceptual framework of female perpetuated Intimate Partner Violence and its psychological effects on male counterparts

Figure 1: Conceptual framework on intimate partner violence and psychological effects



Source: Developed based on Cognitive Behavior Theory (Vonk, Bordnick & Group, 2006).

The conceptual framework establishes a connection between intimate partner violence (IPV) and the psychological effects experienced by male victims as a result of abuse from their

female partners. Female-perpetrated IPV is considered an independent variable, encompassing various forms like verbal abuse, sexual abuse, physical abuse, and emotional abuse. Conversely, the psychological effects on male victims serve as the dependent variable, influenced by different forms of psychological abuse. Examples of psychological abuse include feelings of fear when making decisions without consulting their partner, limited involvement in leadership matters, and a loss of power and control. Several factors intervene between IPV and its psychological effects, including cultural and traditional influences, religious beliefs, government policies, socio-economic factors, and upbringing. These factors can have either beneficial or harmful effects on the psychological well-being of male partners. Ultimately, the outcome variable represents the end result of the combination of female-perpetrated IPV and the level of psychological well-being. This encompasses various outcomes such as depression, anxiety, aggression, and self-esteem issues, shame and guilt, and also psychological stress. Men who experience IPV perpetrated by their female partners are more likely to encounter the aforementioned outcomes. (Refer to Figure 1).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter, we will explore a comprehensive review of the relevant literature, focusing on three main sections. The first section examines female-perpetrated intimate partner violence (IPV) on victims of male. The second section explores the psychological effects experienced by male victims as a result of IPV. Lastly, we will discuss counseling strategies that can assist male victims in overcoming the psychological effects of IPV.

2.2 Female Perpetuated Intimate Partner Violence

According to Maboreke (2009), in predominantly patriarchal African societies, physical violence against men by women is often disregarded since men are often expected to be resilient and tough, capable of protecting and defending themselves at all times. Men who disclose that they are abused their intimate partners are over and over again seen as weak and lack strength, which clarifies why domestic violence is frequently studied and researched from the view of women victimized by men as perpetrators. National statistics from Nigeria, South Africa, Kenya, Zambia, and Tanzania show that Intimate Partner Violence against men is rampant in numerous societies (WHO, 2002). Deinye (2008) showed a research in Nigeria, examining the occurrence of intimate partner violence and also the socio-demographic traits of male victims, concluding that the prevalence rate is at 23% of intimate partner violence done to men among partners who are married. Similarly, a research conducted by Sonke Gender Justice in South Africa (2011)

stated that among 10 cases of domestic violence, 4 have male victims involved (WHO, 2002) which is an overall representative of intimate partner violence situation in South Africa.. While these studies highlight the dominance of intimate partner violence against men, they do not provide detailed insights into the perspectives and live experiences and of male victims.

In some African countries, men do experience physical partner abuse; however, due to variations in the definitions and various forms of abuse examined like physical, sexual, psychological, or verbal, cross-national contrasts are challenging to analyze. Furthermore, when comparing violence perpetrated by both genders, comparisons of the sexual roles are made directly to bring out conclusive results because studies tend to highlight the cruelty of intimate partner violence committed by both genders. Nevertheless, it is a significant reminder that while homicide is not rampant, the pattern of females being more frequently victimized by their partners than men reflects the basis of gender inequalities using severe and harmful violence (Stöckl et al., 2013). For example, in United States, reports show that wives are ten times more likely to be between more than men by their spouses (Tjaden & Thoennes, 2000). Same forms have been recognized in studies conducted in American on intimate partner violence management, where male and female reported similar rates of slaps and hits but a lot of violence was excessively done by men (Cantos, Neidig, & O'Leary, 1994). A lot of domestic violence tends not to be balanced according to gender, as evidenced by a South African study that found 14% of young women experiencing severe violence compared to 2%-4% of young male adults (WHO, 2013).

Research reports limited data on intimate partner violence committed by women, which imply its presence in Africa. For instance, in Nyeri region of Kenya, cases reported journalists

showed that husbands go through a lot of domestic violence and abuse inflicted by their wives, by often criticizing their husbands' drinking habits or employment failures, attributing the violence to the husbands' failure to fulfill traditional male gender starring roles in marriage.

While wives of Africa could exhibit both physical and psychological aggression towards their husbands, Esquivel-Santoveña, Lambert, and Hamel(2013) reveals a significant lack of power and resources to alter the interpretation of physical abuse. Some men experience distress following assaults by their wives, but men victimized by violence are not cared about due to various cultural practices that are oppressive. In comparisons between men and women, females that act aggressively tend to be disliked by the community members, and their oppression is often not considered (Uthman et al., 2009). Poverty and gender inequality together trap African women in constantly abusive relationships yet men in African have the ability to leave such situations.

The topic of gender differences in IPV perpetration rates has sparked lengthy and contentious debates (Dobash & Dobash, 2004; Hester, 2013). Female-perpetrated abuse of men has been particularly controversial since empirical research on IPV began (Hines et al., 2007). The controversy arises partly from conventional theories that attribute IPV to patriarchal society and men who use violence to keep control over their wives in intimate relationships (Johnson, 1995; Hines & Douglas, 2010). Inconsistent findings regarding the prevalence of female-perpetrated abuse against males have fueled debates on its existence, with conflicting results often reflecting variations in research methodologies, sampling methods, and data collection instruments (Archer, 2000, 2002; Kimmel, 2002). Some studies indicate that there is less gender differences among the perpetrators of IPV, while others overwhelmingly identify men as the perpetrators of Intimate Partner Violence to their partners (Dobash & Dobash, 2004).

The notion of gender based violence revolves around issues of control and power. The Duluth Model recognizes the sequence of domestic violence, which is perpetuated through abuses such as economic, emotional, and isolation abuses (Domestic Abuse Intervention Project, n.d.). The sequence of violence consists of six stages: abuse, guilt, excuses, normal behavior, fantasy and planning, and set-up according to Smith & Segal, 2010.

2.3 Prevalent forms of Intimate Partner Violence

Physical abuse

In physical abuse, physical force is used to apply authority over an intimate partner, like use of pushes, shoves, slaps, bites, punches, chokes, throwing objects, or using weapons (Rohrbaugh, 2006). It encompasses actions that cause injury or put the victim at risk of harm. Female genital mutilation is also considered a form of physical abuse. Obi and Ozumba (2017) conducted a study and found that 83% of their respondents reported experiencing physical abuse. Initially, physical abuse may start with less severe acts like pushing, but it tends to escalate in intensity over time. Abusers usually target body areas that are covered by clothes to hide the wounds from being seen by the public. Actions of physical abuse are; restraining, shaking, biting, punching, kicking, throwing objects, sustained beating, planned abuse that lead to miscarriage, use of weapons, strangling, and homicide (Fawole, 2018).

According to a study by Hines and Douglas (2010), false accusations of physical abuse were prevalent. About 67.2% of males were accused wrongly of abusing females physically, while almost 49% of females falsely accused men of physically abusing children in families. Moreover, around 15% of males were falsely accused of sexually abusing the children.

Restraining orders were obtained by approximately 39% of men based on wrong information provided by women.

When examining physical aggression, research persistently show that women report themselves as perpetrators of physical violence at similar rates to men, and in some cases, even higher rates. For instance, the National Family Violence Survey conducted by Straus and Gelles (2009), which included a nationally representative sample of 6,002 males and females, revealed that 12.4% of women reported themselves practicing violence against their husbands compared to 11.6% of husbands who reported themselves practicing violence against their wives. Additionally, 4.8% of wives were reported using a lot of violence against their husbands, while 3.4% of husbands reported using severe violence on their wives (Straus & Gelles, 2009). Same results have been witnessed in research with college samples, where rates of physical aggression were found to be similar between men and women (Cercone, Beach, & Arias, 2015), or even higher for women (Straus, 2014).

Emotional Abuse

Emotional abuse refers to actions that undermine a person's self-confidence and self-esteem (Polsky & Markowitz, 2004). It includes inflicting emotional and trauma stress on the victim through coercive tactics. Name-calling, humiliation, manipulation, and diminishing one's self-worth are common behaviors associated with emotional abuse. Verbal assaults are very prevalent type of emotional abuse, where abusers insult, demean, and instill self-doubt in their victims (University of Michigan Health System, 2007).

The cycle of violence, as described by Smith and Segal (2010), begins with the existence of abuse that recurs. The abuser then experiences guilt, acknowledging their actions but worrying about the consequences. Excuses are made to justify the abuse, followed by a phase of normal behavior where the abuser tries to prevent the victim from leaving and promises improvement. The imagining and planning stage involves the abuser contemplating and planning future acts of violence. The set-up phase provides the perpetrator with pleasure as their plan takes shape, setting the phase for the violence act to occur. Research conducted in Shelby County, Tennessee between 1997 and 2001 reveals that female perpetrators were mostly use weapons in acts of violence compared to male abusers (Hines & Douglas, 2009). Herrera (2008) reveals that females have similar qualities to male abusers, including charm, control, emotional and physical abuse, isolation, and jealousy. Abusers display "charm" by presenting themselves as non-abusive, hiding their true nature. They seek "control" in various aspects of their lives, including work and interactions with others. Victims of emotional abuse experience constant demeaning and have low self-esteem. Jealousy is often expressed through accusations of infidelity (Herrera, 2008).

2.2 Psychological Effects of Intimate Partner Violence

In a study in the US by Hines and Douglas (2010) of 302 males who have gone through severe IPV from their wives and hunted help; 90.4% experienced a lot of physical violence, such as beatings up and punches; 54% sustained life-threatening physical violence. Reasons for staying in violent relationships included psychological investment in their families and respect for marriage vows and fear to be separated from their children. Research reveals that males victimized by IPV suffer the same health problems as those documented in the literature on female victims of IPV such as depression, Post Traumatic Stress Disorder and physical health

symptoms (Hines, Douglas, 2015; Hines, Brown & Dunning, 2007). The condition is also complicated by the fact that males are seen as having a macho image of robustness and physicality (Addis & Mahalik, 2003). This can be an obstacle for male victims looking for help both from their own perception of this norm as well as from society's stereotype image of the male gender. It is common with victims feeling embarrassed and humiliated by the very fact that they are being abused hence not reporting (Follingstad & Rogers, 2013). A further complication can be the attitudes of the helping professionals.

A study by Buller, Devries, Howard and Bacchus (2014) concluded that men having sex with men (MSM), who are victimized by IPV, are most likely to get involved in substance abuse, get depression, engage in unprotected anal sex and be HIV Positive. They highlighted the use of health care team of professionals who are aware of the problem of intimate partner violence for Men having Sex with Men and training of service providers to assess MSM for IPV. They advocated for the availability of effective services offered by health professionals to MSM experiencing or perpetrating Intimate Partner Violence.

Kimberg (2008) posits that most of the health-care writings, professional advice and national guidelines focus on women Partner Violence victims while there is very limited health-care research on men presenting with IPV. He states that there are fresh "pilot guidelines" (p. 2071) for addressing IPV men abusers and men perpetrators in the health-care setting and which were funded by the Family Violence Prevention Fund (FVPPF). However, Kimberg (2008) states that because of limited data these strategies do not represent standards of care but as an alternative can be used to share professional views with those who provide health-care to male patients presenting with IPV (Kimberg, 2008).

Hines and Douglas (2011) refer to research which suggests that in the many of cases when male victimized by IPV seek assistance and are turned away, mocked or expressed that they should do something to deserve it. This research highlights the importance of education for professionals, such as the Judicial System, therapists, medical professionals, researchers and law makers. These service providers must be made aware of the existence of men who are victimized by IPV and that they deserve the same care and attention as female victims. The Garda Inspectorate Report 2014 found that there were attitude problems towards domestic violence within the force. It found that complaints were treated as a waste of time. There were 11,000 domestic violence incidents reported and only 287 arrests were made. The report called for better training for the Garda to deal with domestic and sexual violence (McMahon, 2014)

Research indicates that domestic violence is a widespread issue globally with varying prevalence rates reported in different studies. Though the specific prevalence rates differ research consistently shows that it is a significant problem affecting many individuals worldwide. A study conducted by WHO across ten countries found that 15 % to 71 % of the women who had ever been in a relationship had experienced physical or sexual abuse at least once by their intimate partners (GarcíaMoréno, 2008). In the United States, almost 25% of women have been reported undergoing through at least a physical violence by an intimate partner during adulthood. Similarly, in Canada, about 32% of females have experienced physical violence at a time in their lives. In Finland, Piispa, (2006), various studies were conducted among wives living with their spouses at the time and it was seen from the records that 20 % of such wives experienced physical or sexual abuse or threat at some point in their ongoing relationships and 49 % experienced an abuse in their prior relationship. Limited research has been conducted to examine

the prevalence of intimate partner violence that men go through while living with their female partners and study outcomes are inconsistent.

A systematic review conducted by Desmarais, et al. (2012) did analysis of 249 articles and gave a report on prevalence rates on physical intimate partner violence among six English-speaking countries. The findings discovered that almost 23.1% of women and 19.3% of men experienced physical domestic violence in an intimate relationship at some point in their lives. Basing on findings of Heiskanen and Ruuskanen (2010), about 16% in Finnish men presently involved with their intimate partners or else had past intimate relationship had gone through sexual abuse, physical abuse or intimidations at one time by their present partners and 22 % had gone through abuse at least once by their former partners.

Psychological violence is not explored as much as physical abuse and sexual abuse, but recently, growing research attention has been directed to domestic violence focusing on the psychological aspects as well. Based on research conducted by Alhabib et al. (2012), the rates of psychological abuse experienced over a lifetime vary between 10 % and 50% across various regions. A research conducted by Carney and Barner (2012) shows the overall rates for psychological abuse reported cases across developed English-speaking nations can reach up to 80%. In accordance with the authors' opinions, 40 % of the women studied had faced verbal aggression or abuses in their current or previous relationships, 41 % had faced some kind of manipulative behavior and 7 % had already faced stalking. In the case of the men, the corresponding percentages were 32 % for verbal aggression, 43 % for coercive control and 2 % for stalking. Graham-Kevan (2007) also found that the general prevalence of psychological abuse was similar for men and women, even though there could be gender differences in types of

abuse. As per evidence to Outlaw (2009), both men and women suffer the same kind of verbal abuse in their relationships, while women are extremely susceptible to social and economic control by their partners.

Research by Carney and Barner, (2012) shows that; Though various forms of domestic violence lead to numerous significant results; various forms of abuse including psychological, physical and sexual abuse normally occur in both early life and adulthood. Results presented by Outlaw (2009) show that psychological violence is the most prevalent type of violence, being seen as a driving force behind other types of violence. A range of socio-economic elements that are also associated with an increased vulnerability to domestic violence are children being students, lack of employment and having a low income, struggling with substance abuse and coming from a troubled family background (Desmarais et al., 2012).

Domestic Violence results into numerous deep-rooted impacts on holistic health and psychological well-being. Victims of physical and sexual forms of violence experience injuries and different bodily signs, such as head pains, backaches, digestive issues and reproductive health problems (Ellsberg et al., 2008). Intimate partner violence is also connected to psychological and mental disorders, with up to 60 % of victims of domestic violence having been reported to meet the criteria for a psychological and mental health diagnosis (Tirone & Ratigan, 2012). The most prevalent mental health outcomes of domestic violence are depression and posttraumatic stress disorder (PTSD), usually presenting as co morbid conditions (Nathanson et al., 2012). Moreover, those with domestic violence histories are highly anxious, suicidal and highly likely to be substance abuse victims in comparison to never-been-abused individuals (Nathanson et al., 2012).

These results on domestic violence's healthfulness and well-being impact have been extrapolated from intimate partner violence studies, yet research indicates that abuse during childhood has similar impact in adulthood as well. Domestic violence that one faces in childhood is linked with decreased physical wellbeing and satisfaction in life, self-esteem issues, depression, PTSD, psychotic phenomena, sleep problems, suicidal tendencies, drug addiction, eating disorders, loss of socioeconomic status and lower likelihood of secondary education completion (Woods et al., 2010).

Having suffered domestic violence during childhood continues to impact them even as an adult guarantees that domestic violence can have a long-lasting influence. Domestic violence's well-being consequences are not only linked with direct abuse but may persist for long even after the abuse has ceased - a phenomenon familiar in most experiments. (Woods et al., 2010). Most of these studies have utilized a prevalence period for abuse, which further shows that domestic violence results in severe and long-lasting abuse. Most studies conducted on intimate domestic violence have been multifunctional but not representative. Longitudinal studies by Lindhorst and Beadnell (2011) were able to establish the magnitude of the effects on well-being caused by domestic violence. According to their research, the women who have experienced severe physical abuse experience depression and anxious compared to their reference groups even 8 years after experiencing domestic violence. 13 years down the line, intimate partner violence effects become insignificant. No similar research has been conducted on psychological domestic violence.

However, research that has been carried out on psychological abuse shows; more studies show that psychological domestic violence can be more harmful than physical or sexual abuse

(Nathanson et al., 2012). When it comes to childhood domestic violence, the various types of abuse are not likely to vary as clearly with their impact on their well-being during adulthood, but the cooccurrence of numerous types of abuses as well as the brutality of abuse are connected with severe well-being impacts (Bellis et al., 2013). The concept that the gravity, extent and relevancy of abuse have emotional impact basing on the level and quantity of well-being indicators has expanded support also for an increase of adulthood domestic violence (Lindhorst & Beadnell, 2011). A number of studies on the outcomes of domestic violence have been done with only female samples, but increasingly more evidence from studies show male victimized by domestic violence have same well-being outcomes as well (Hines & Douglas, 2010; Reid et al., 2008). Nevertheless, studies that have been conducted show that women undergoing domestic violence sustain more injuries and harm, usually killed by their intimate partners and utilize health care and justice services more frequently than men (Krahé et al., 2005). The women have been reported to show psychosocial symptoms as a result of domestic violence, including fear of their partner, lower levels of personal control and elevated stress and depressive symptoms (Malloy et al., 2003). Women and men can differ in some research regarding the level of effects, but the effect of domestic violence can differ in terms of type and be qualitative. The results of Siltala et al (2014) indicate that the psychosocial well-being of women is less impacted by psychological abuse, whereas men are significantly affected by physical abuse. Reid et al. (2008) also said that out of the samples used, men who are physically abused experience a huge impact on mental well-being and are prone to high level depression than men who have also been physically abused if only the men are 55 years and above. Younger men subjected to domestic violence will have lower social well-being and emotions but no effect on global mental well-being or depression.

Research done by Kumar (2012) shows that men report alleged spousal violence happens privately, but are hardly reported in public. Violence done to men by women is a new style the author expects that violence against men by women will increase by changing power and aspects, economic independence, and total control over economy and resources. In this situation, having authority as men and women, husband and wife, and family is much useful in the society. Kumar (2012) again says that in general, it is expected that among 100 cases of domestic violence, almost 40 cases consist of violence against men. When men try to talk about problems, torture, struggle, and harassment they are experiencing in marriage and family, they are not listened to them instead they are laughed at. Many men feel ashamed to share situations of being beaten by their wives (Sarker, Dsouza & Dasgupta, 2007).

The World Health Organization (2012) identifies intimate partner violence (IPV) as a significant societal and public health concern, related to serious physical and psychological health problems (WHO, 2013b). though major survivors inclusive mortalities are women abused by men, the World Health Organization (2012) still recognises men as victims off Intimate Partner Violence and sexual violence, in both same-sex and heterosexual relationships. Extensive research show harmful effects of Intimate Partner Violence on the body and mental well-being of survivors of genders.

Survivors of intimate partner violence often show symptoms of shame, guilt and self-blame, while Intimate Partner Violence abusers might pretend be the ones perpetuated yet they are victimizing others in a violent and endanger their partners and families. Research and in depth analysis through monitoring male aggressors have confirmed that they habitually reject their violent behavior, decrease the harshness of their violent actions and the sound effects of

their violence, and place the blame of the violence on others. culprits of Intimate Partner Violence involve in scheming, controlling and disguise themselves as victimized which is disturbs health service professionals and care providers like law enforcers to gain insight on the amount of their violent actions (Kimberg, 2018).

2.5 Counseling Strategies for Intimate Partner Violence

Domestic violence programs offer individual and group counseling services to address the distressing effects experienced by survivors, such as depression, anxiety, posttraumatic stress symptoms, guilt, and shame. The primary goal of these interventions is to reduce distress and enhance survivors' selfesteem and overall well-being.

Intimate partner violence has a profound impact on millions of individuals, including adults and children, often leading to severe consequences like suicide, legal proceedings, participation of child welfare services, and the necessity for emergency shelter (Lila et al., 2010). People with a past history of IPV may experience physical and psychological symptoms, such as anxiety, depression, and other mental health disorders, alongside various safety, financial, and social challenges. Effective short-term interventions are essential to address these multifaceted issues and help survivors regain stability.

In Spain, the University of Valencia has implemented a contextual program that provides services to men and women who have been victims of intimate relationship violence. The program, situated within the ecological model, aims to reduce risk factors and enhance protective factors for intimate relationship violence against women while addressing individual, interpersonal, situational, and macro-social contexts (Lila et al., 2010). Other programs in other

countries focus on preventing sexual and domestic violence through educating adolescents and youth on gender equality and supporting programs for women survivors of domestic violence's social and emotional healing (Condino et al., 2016).

Domestic violence in the UK is prevalent, with a large number of women and men reporting domestic abuse (Office for National Statistics, 2016). This has negative effects on children, families, and the general society, causing massive human and economic losses. The National Institute for Health and Care Excellence (NICE) has recommended the creation of a safe environment in which domestic violence and abuse can be disclosed, with properly trained staff with experience in dealing with such incidents. NICE also suggests the screening of high-risk environments such as prenatal care, sexual health clinics, and drug treatment centers for domestic violence. However, weak evidence is available to suggest universal screening of health facilities (Condino et al., 2016).

One example of a community-based intervention program for IPV perpetrators is the contextual program managed by the University of Valencia in Spain. This World Health Organization-recommended intervention program operates within the ecological model of violent behavior against women in intimate relationships, which tackles individual, interpersonal, situational, and macro-social factors in such violence (Lila et al., 2010). Other programs try to avert sexual and domestic violence by providing gender equality education to children and adolescents. Support programs have also been established to aid in the social and emotional recovery of women who have gone through personal violence (Condino et al., 2016).

In the UK, 27.1% of women and 13.2% of men having experienced domestic abuse since the age of 16. , with (Office for National Statistics, 2016). Domestic violence has severe negative impacts on children, families, and society as a whole, with high human and financial costs. There are guidelines from the National Institute for Health and Care Excellence (NICE), for example, the provision of a safe environment where domestic violence and abuse can be disclosed, with staff trained and experienced in dealing with such issues, and who can facilitate referrals to specialist intervention. NICE also suggests screening high-risk environments, such as prenatal care and sexual health, alcohol, and drug misuse services, for potential associations with domestic violence. Universal screening in healthcare environments lacks sufficient evidence, though, according to NICE (Condino et al., 2016).

The most prevalent approach in working with IPV perpetrators is a pro-feminist model, which focuses on the linkage between male power and control tactics and responsibility for violence (Adams, 1989; Pence & Paymar, 1993). Various models, such as the Duluth model, incorporate psychological aspects of male violence and deconstruction of violent behavior as an alternative pattern. Psycho-educational interventions, like re-education modules and manuals, are common in these interventions (Duluth model). The effectiveness of court-ordered treatment at the time of arrest, however, as a means to terminate the cycle of violence, has limited empirical evidence supporting its impact in recidivism reduction (Maxwell, Garner, & Fagan, 2001; Stover, Meadows, & Kaufman, 2009).

Feminist socio-cultural interventions, such as the Duluth model, and cognitive-behavioral therapy (CBT) are frequently utilized in IPV treatment. There is a growing trend to incorporate elements of these models (Babcock, Green, & Robie, 2004). IPV is understood as a function of

gender socialization and societal norms, and interventions focus on gender re-education rather than purely individualistic factors such as behavioral deficits, trauma, or psychopathology (Eckhardt et al., 2013). Most intervention programs, state legislations, and policy standards governing IPV interventions embody fundamental elements of feminist understanding of the etiology and treatment of IPV (Maiuro & Eberle, 2008).

The Duluth model, developed by the Duluth Domestic Abuse Intervention Project, is a psychoeducational approach with the goal of IPV perpetration. It draws on feminist theory, assuming domestic violence to result from patriarchal ideology and gender power differences. The model utilizes the power and control wheel as a way of describing the many tactics of perpetrators. The program emphasizes re-education to redirect beliefs and behavior towards a more gender-equal with women (Lawson, Kellam, Quinn, & Malnar, 2012). The Duluth model remains the most common treatment approach in most communities.

A more common intervention strategy for IPV perpetrators is group Cognitive Behavioral Therapy (CBT) to disseminate non-violence behavior and train skills in anger management, communication, assertiveness, and relaxation (Adams, 1988; Johnson & Zlotnick, 2009). These CBT groups typically focus on patriarchal values and attitudes towards women, and violence use towards women (Dunford, 2000; Babcock, Green, & Robie, 2004).

Studies show that group treatment of IPV perpetrators has some success in stopping the cycle of violence. Studies show that about one-third of the cases have a new case of IPV within six months, according to victims (Stover et al., 2009). Although clinicians and researchers are less enthusiastic regarding the present use of psychosocial interventions for IPV, an ongoing

acknowledgment of the need for more efficient interventions has been identified (Lawson et al., 2012).

Interventions directed at IPV survivors aim at victim empowerment and protection using shelter, restraining orders, police response, and legal action to penalize perpetrators of IPV. Therapy and counseling have proved beneficial in reducing the negative effects of abuse, including depression and PTSD symptomatology (Eckhardt et al., 2013). Counseling can assist survivors through interventions that comprise support, advocacy, stress management skills, assertive communication, conflict resolution skills, and acquaintance with community resources (GrahamBermann & Miller, 2013, 2015).

IPV interventions may involve an assortment of components, including safety, lifestyle, short-term consequences, trauma work, treatment issues, and re-victimization. Brief intervention interventions, administered for a period of three hours or less, are implemented in healthcare settings, such as prenatal clinics, and address issues of safety and healthcare referral (MacMillan et al., 2009). Legal clinics and community policing detachments deliver advocacy and assistance to IPV victims (Beeble, Bybee, Sullivan, & Adams, 2009). Psychodynamic and cognitive psychotherapy techniques target directly symptoms of mental health, such as avoidance symptoms of trauma, among others (Brom, Kleber, & Defares, 1989). Treatment techniques specifically designed for issues such as trauma background, personality disorders, and substance abuse are not typically applied to a considerable extent in IPV interventions, which can hamper their efficacy (Condino et al., 2016).

To measure the effectiveness of interventions, studies have utilized variables like posttraumatic stress symptoms, depression, self-esteem, guilt, life functioning, and posttraumatic cognitions. These measures indicated a difference between groups that was statistically significant, indicating positive outcomes following the interventions (Arroyo et al., 2015).

Accurate identification of victims and perpetrators of IPV is necessary in order to implement proper interventions. Failure to identify a victim as a perpetrator would exacerbate their self-worth and sense of responsibility for the abuse they suffer. Identifying a perpetrator as a victim, on the other hand, may enhance their sense of entitlement and make them more dangerous for the real victim (Kimberg, 2018).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter provides an overview of the methods employed in conducting this research. It focuses on the study design, study area, target population, sampling methods, data collection, instruments, methods of data collection, and considerations for validity and reliability, procedures for collecting data, data processing and analysis, and ethical considerations.

3.2 Research design

For this study, an interpretivist perspective research approach was adopted. This helps the researchers to understand the participants' subjective experiences and views of the world therefore, the goal of research is to rely as much as possible on the participants' view of their situation Pervin and Mokhtar, (2022) in terms of design, a cross-sectional survey research design was employed. The cross-sectional design facilitated data collection using an interview guide (Lavrakas, 2008). By collecting data at one point in time, the cross-sectional design facilitated quick data collection, saving time and resources (Moule & Goodman, 2009). Descriptive methods were used to observe and record behaviors, gestures, expressions, postures, and dressing choices because they were emphasized in popular books on body language (Pease & Pease, 2006). The chosen design was preferable to other designs such as cohort and case control.

3.3 Area of study

The research was conducted in three Divisions (Western, Eastern and Southern) in Rukungiri Municipality, southwestern Uganda. Rukungiri was used due to the fact that it reported a higher percentage of intimate partner violence (IPV) compared to other regions of the country. According to the UDHS (2016) intimate partner violence report, lifetime exposure of IPV in Kigezi sub-region where Rukungiri district falls was reported at 59.9%, higher than in sub-regions such as Acholi (57%), Busoga (56%), Buganda (36%), and Teso (45%).

3.4 Population of study

The target population included household survey in the three divisions in Rukungiri Municipality. This was because they represented different geographical areas. A total of 9 wards from three divisions which were selected because they were near each other in terms of proximity which made it easier for data to be collected. therefor, 20 households were selected at random from each of the three wards from the three divisions. From each of the three wards, 20 men were selected from the 20 households in the three wards therefore making a total 180 respondents. 10 members of the clergy were also selected for the study, these were included since they normally settle family problems around their places of worship. 4 police officers from each police post in each divisions were also selected for the study. These were included since they normally settle IPV cases at their posts. 1 probation office and 1 legal expert were also included in the studz making a total of 196 resonidents.

3.5 Sampling procedure

Two phase sampling technique was used with three divisions, at this stage, three wards were selected using simple random sampling because intimate partnership violence is everz where so each ward had equal chances of being selected. The second stage included selection of households from each of the three wards in the three divisions. Therefour 20 households were selected at random, the course of this survey 20 men of reproductive age between 35 and 70 men from the each of the three wards were sampled this was because thez are mature enough to tell the truth about Intimate Partner Violence.

3.6 Sampling size determination

To determine the sample size for this study, the researcher referred to Krejcie and Morgan's (1970) table, which provides guidelines for sample size determination. The table below illustrates the specific sample size determined for this study:

Table 2: Population and sample size

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Therefore, based on the table above, the sample size for this study was determined to be 44 respondents. These respondents were selected from a total population of 180 individuals who were house hold heads from 20 homes from each of the three wards in three Divisions from Rukungiri Municipality.

For the selection of male respondents, convenient sampling was employed. This is a technique that selects respondents in view of availability and willingness to participate in the study. In this research the male victims of female domestic violence were conveniently selected as they were willing to be interviewed. The researcher then sought consent from these men to participate in the study. Purposive sampling was used as participants are selected based on some pre-defined characteristics that make them the holders of the data needed for the study. The key

informants were purposively selected included police officers and probation officers since they were deemed to be the holders of information on female domestic violence against men.

Table 3: Population and sample size distribution

Category	Population	Sample size	Sampling technique
House hold men	180	44	Simple random sampling
Clergy	10	10	Purposive sampling
Police Officers	4	3	Purposive sampling
Probation Officer	1	1	Purposive sampling
Legal expert	1	1	Purposive sampling
Total	196	60	

Source: Raw data

3.7 Methods of data collection

To collect data, the researcher and assistants utilized an interview guide, which was administered to the male partners. This approach ensured that accurate and relevant information was obtained. In order to accommodate the participants' language preferences, the interview guide was translated into Rukiga-Runyankole by the assistant. Subsequently, the researcher and assistants translated the responses provided in Rukiga-Runyankole back into English for analysis and interpretation. This multilingual process enabled effective communication and facilitated a comprehensive understanding of the participants' perspectives.

3.8 Procedure for data collection

Upon approval and defense of the research proposal, the researcher sought a letter of introduction from the academic institution. This served as an initial contact point and seeking permission from religious and community leaders. The researcher then sought permission from the selected respondents to be part of the study. It is worth noting that, as much as possible, the researcher made efforts to approach the respondents in person with the aim of administering the data collection instrument. This was carried out with the aim of establishing a direct and interactive rapport, which would provide an enabling environment for the collection of accurate and helpful data.

3.9 Data quality control, validity and reliability

In the interest of data quality control, the researcher engaged the services of professionally trained supervisors in the institution. The supervisors scrutinized and approved comprehensively all the materials and instruments to be used in the research. It should be noted that the researcher particularly emphasized the academic nature of the research, highlighting its intention of contributing constructively towards existing knowledge. This emphasis further fortified the researcher's commitment to ensuring the data gathered were valid and reliable.

3.10 Ethical considerations

The researcher was allowed to conduct her research by the research committee of Uganda Christian University. Informed consent was obtained from the participants who were already informed that the interview was going to be taken using notes. In obtaining the participant's informed consent, their rights were first explained orally to them in the language that they

understand. It was explained that they were free to participate in the study, and their participation had no financial gains or any material rewards. They were also informed that they were free to withdraw their participation at any time without giving any reasons. It was also explained to them that the information obtained was for academic purpose only and no names were to be published in the report

3.11 Limitations of the study

The study had certain limitations which should be acknowledged. First, due to the sensitive nature of examining people's inner sentiments and emotions, there are probably respondents who were wary and did not give information and reveal their personal marital problems. Their reluctance would have affected the availability of the entire data set for all participants. Secondly, as the research utilized a qualitative design, the conclusions that were established highly relied on the researcher's interpretation of facts and theories. The subjectivity in this case offers a potential bias and highlights the importance of exercising careful result interpretation.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF RESULTS

4.1 Introduction

This chapter focuses on the presentation and analysis of the results obtained from the study, which aimed to examine the specific objectives in the context of the reviewed literature. The research involved interviews conducted with couples who had experienced divorce as a result of Intimate Partner Violence, as well as key informants such as the house hold men, Clergy, Police Officers, Probation Officer, and a legal expert from Rukungiri Municipality. To enhance clarity and interpretation, the findings will be presented using tables.

4.2 Response rate

A total of 60 structured questionnaires were issued and 50 of them were returned as shown in table 4 below according to different categories.

Table 4: Rate of Response

Category	Number of respondents	Percentage
Questionnaires returned	52	86.7
Questionnaires not returned	8	13.3
Total	60	100

Source: *Primary data*

According to Table 4, 50 (86.7%) respondents, as well as key informants such as the Clergy, Police Officers, Probation Officer and a legal expert from Rukungiri Municipality, were expected to be interviewed. The rate of response can be attributed to the respondents having sufficient time to collect the data themselves, and the relatively small number of required respondents.

4.3 Findings on demographic characteristics of respondents

This section shows the background information about the respondents related to their age, education status, occupation, marital status, period spent married and number of biological children.

4.3.1 Age of respondents

The study looked at age distribution of the respondents by age using frequency distribution. The results obtained on the item are presented in Table 5

Table 5 Repondents' age

Description	Number of respondents	Percentage
Below 25 years	5	9.6
26-35 years	18	34.6
36-45 years	19	36.5
Above 45 years	10	19.2
Total	52	100.0

Findings in the above Table 5 shows that major respondents represented by 36.5% are 36-45 years, followed by 34.6% who are 26.35 years, followed by 19.2% who are above 45 years

of age, where those below 25 years of age constituted the minority, 9.6% of the total respondents. This implies that, a bigger percentage of the respondents were between the age of 31 and 40. This gives the study a more significant response rate since most of the respondents are in the very active youth age, and possibly young married.

4.3.2 Marital status of respondents

The study looked at marital status of the respondents by age using frequency distribution. The results obtained on the item are presented in Table 6

Table 6 Marital status of respondents

Description	Number of respondents	Percentage
Engaged	7	13.5
Married	26	50.0
Divorced	14	26.9
Widowed	5	9.6
Total	52	100

More so, the table above illustrates that majority of the respondents represented by 50% are married, followed by 26.9% who are divorced, followed by 13.5% who are engaged, whereas 9.6% of the respondents are widowed. This implies that a bigger proportion of the respondents were married men, hence giving a higher chance of getting fresh and updated responses. The above primary data confirms the data of Uganda Demographic shows that most victims were married. This implies that a bigger proportion of the respondents were married men, hence giving a higher chance of getting fresh and updated responses. The above primary data confirms the data of Uganda Demographic Surveys also shows that most victims were married.

4.3.3 Education Levels of respondents

The study looked at education level of the respondents by age using frequency distribution. The results obtained on the item are presented in Table 7.

Table 7 Educational status of respondents

Description	Number of respondents	Percentage
Primary	13	25.0
Secondary	19	36.5
Tertiary	9	17.3
Never been to school	11	21.2
Total	52	100.0

The findings show that major respondents represented by 36.5% have at least attained secondary education, followed by 25% who have at least attained primary education, followed by 21.2% who have never gone to school, whereas 17.3% have at least attained tertiary education. It can therefore be noted that all of the respondents are qualified enough to answer the questionnaires since they have attained different levels of education. This helped in reducing errors related to levels of illiteracy.

4.3.4 Employment status of respondents

The study looked at employment status of the respondents by age using frequency distribution. The results obtained on the item are presented in Table 8.

Table 8 Employment status of repondents

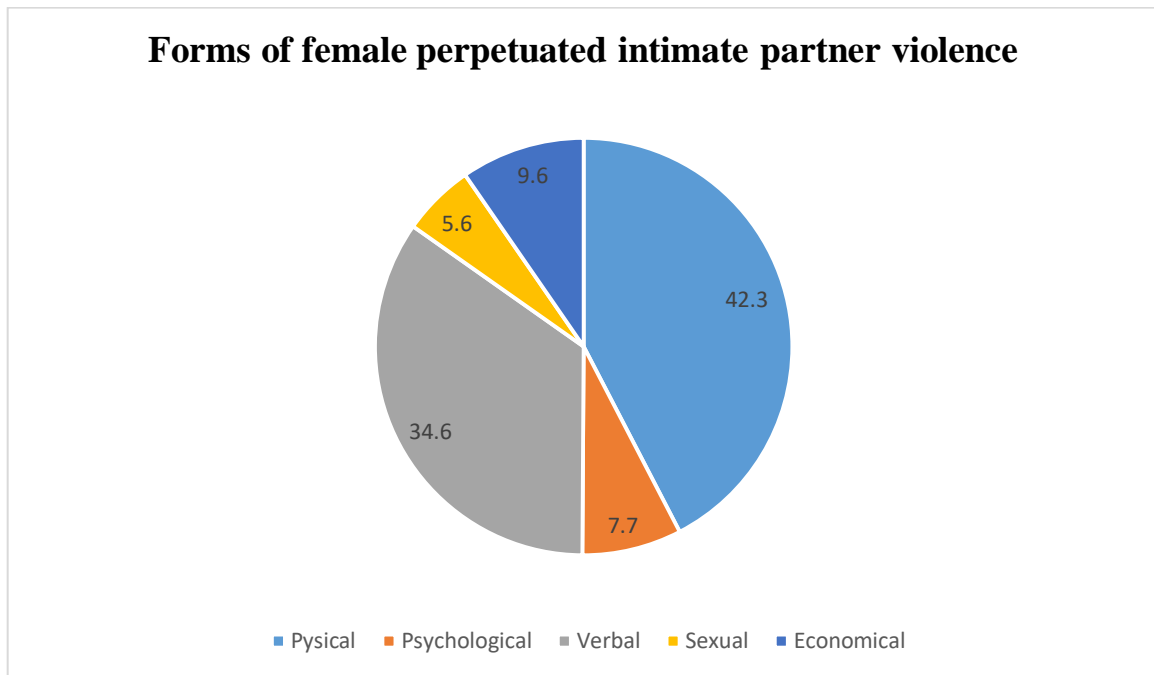
Description	Number of respondents	Percentage
Employed	26	50.0
Self-employed	18	34.6
Unemployed	8	15.4
Total	52	100.0

The table above further revealed that majority of respondents represented by 50% are employed in different fields like government offices and private companies, followed by 34.6% who are selfemployed like business men and farmers, whereas 15.4% are currently unemployed. This means that information was obtained from respondents in different fields of work which helped in getting varying views from the respondents on the topic under study.

4.4 Forms of female perpetuated intimate partner violence experienced by men

The study reviewed common forms of domestic violence experienced by men and perpetrated by their female partners. The findings were presented in Figure 2 below.

Figure 2 Forms of female perpetrated intimate partner violence experienced by men



The study showed that female domestic violence against men was in form of physical assault, verbal abuse, sexual violence and psychological abuse. This analysis profiles these forms one after another beginning with physical assault. The table further reveals that majority of the men were physically assaulted (42.3%) followed by verbal abuse (34.6%)

Physical assault against men

Physical assault against the respondents in the research included being slapped, bitten, burnt with hot water and private parts almost being ripped off. A 43 year old peasant in Kizaga cell in western division Northern A ward had this to say; *"When I married my wife, she was very young and innocent until we lost our set of twins. She is now short tempered and paranoid. When*

she is angry, she uses anything near her to beat or throw at me. She has used stones, cooking stick, shoes and pangas on me to express her anger."

Another form of physical assault was expressed by one of the respondents in Kitimba ward and this is what he lamented; *"I am not married yet but I have a girlfriend who sometimes abuse me whenever she hears that I am cheating on her or sees me with another lady. She comes to visit and picks a quarrel and ends up biting me. The reason why I left her was because she poured hot water on my face saying that it's because I am handsome that she has to compete with other girls."*

According to most of the respondents, their perpetrators abuse them from home and many of them wonder how their children will grow to make good couples if they keep on watching their mothers abuse their fathers as one respondent said;

"We pick arguments at home and she batters me in front of the children, they try to stop us but she just cannot let go, they cry a lot and they all fear her. I pray that my children will choose to be different from their mother when they grow up".

A police officer from Bwoma police post highlighted instances where men were physically assaulted by their wives, and in some cases, husbands are stabbed while they are asleep as an act of retaliation. For example, during family conflicts where communication fails to resolve the issues, some women resort to forcefully closing the door in their spouses' face or attempting to physically harm them while they are asleep. These acts have resulted in some men being hospitalized, and tragically, some have even lost their lives due to severe beatings or

stabbings by their wives. One of the men who has experienced sexual violence from his wife shared his experience.

“.....Sometimes the women would just slam the door in your face or attempt to beat you up in your sleep, it is a common occurrence when dialogue fails to work between the couples, I was hit by a blunt object for my refusal to buy her a new dress during one of the sister’s wedding and that caused an internal bleeding one side of me head, I cannot remember how many items she had shouted at me before that fateful day that she hurled a knife that ripped my face.....”

Verbal abuse

A 42 year old respondent from Kinyasano ward narrated that his wife is found of attacking him verbally. This started when I had just lost my job. *"She always says that I am useless in bed, I can't even provide for her like reasonable men do and that I inherited my uselessness from my father, and this would spark off a big fight between us. I will never forget those words"*. The findings discovered that the use of demeaning language leads to loss of self esteem among men.

Psychological abuse

This is also known as emotional or mental abuse. This abuse exposes another person to behavior that may result in psychological trauma including anxiety, chronic depression or post-traumatic stress disorder. Abusive wives were reported to target the husband's feelings. One of the respondents to this research revealed that;

"My wife told me that our first and last children were not mine, adding that only our second born was mine. I got so disturbed because I was too convinced that all the children are mine. When I asked her why she did it, she said that she wanted to get back at me".

Similarly in another home in Kagashe ward- Southern Division, a 36 year old man narrated how his wife had hid the truth of taking ARVs from him until the second day of their marriage. He says he couldn't leave her because he was already infected with HIV and his family would never support them because his parents never approved of his girlfriend.

Sexual abuse

This refers to any sexual act or attempt to obtain a sexual act by coercion regardless of the relationship to the victim. Although these incidences were rare from the findings of the study. they are worth noting such as this respondent from Northern A ward, *"When I got a promotion two years ago, I became too busy at work and would come home late and very tired. The only thing I wanted was to rest. My wife always asked for sex but I was never in the mood and so, she started forcing me to make love to her every night. She threatened to report me to my parents if I didn't do it. The worst happened when she showed up at the office and force me to sleep with her. It was so painful and embarrassing".*

Another respondent highlighted sexual violence as one of the types of violence against men perpetuated by women in their area. They mentioned instances where men have experienced conjugal harassment and denial from their spouses. Additionally, some respondents mentioned false accusations made by wives, alleging that their husbands have cheated on them with other women in the village, particularly when the husbands return home late at night.

One of the men who has experienced sexual violence from his wife shared his experience.

“.....My wife accused me of cheating on her with other village women because I used to get back home quite late in the nights, she warned me on several days of unspecified consequences if I continued with the trend despite my explanations of the true reflections of my delays...one day while asleep, she took a hot knife and pressed it on my stomach, I got serious injuries and I had to be hospitalized.....”

It is evident from the interviews that respondents acknowledged the existence of sexual violence against men perpetrated by women in their community. They mentioned situations where men have faced conjugal harassment and false accusations, indicating the presence of such forms of violence within intimate relationships.

Economic violence

Additionally, the respondents identified economic violence as a form of violence against men perpetrated by women in their locality. They noted that many women refuse to contribute to family expenses, even when they are employed and earning income. Furthermore, the respondents mentioned that when they face difficulties in generating income due to various reasons, their wives fail to provide support and instead demand a share of the limited resources the men acquire through their work. One member of the Clergy from Kiyaga Church of Uganda shared their perspective on this matter.

“.....form the discussions I have had with most of the men who have suffered violence from their women, I have realized there are different forms of violence they face which range from physical, sexual, economic and emotional violence. For example some

of them have told me that they have suffered a degree of conjugal harassment and denial from their spouses, isolation and humiliation before children on the victims' inability to pay school fees or make other household provisions, occasional battering and use of crude weapons by women to cause damage on their husbands.....”

The interviews revealed that emotional and economic violence against men, inflicted by women, are prevalent issues in the area. The respondents' accounts shed light on the negative impacts of such behaviors, including feelings of worthlessness, deep emotional turmoil, and financial strain experienced by men within their families.

4.5 Understanding of intimate partner violence

Some respondents expressed their understanding of intimate partner violence as the occurrence of abuse within couples in a relationship. They further explained that this abuse can happen between present and past spouses, as well as dating partners.

Other respondents highlighted that they perceive intimate partner violence as an act of aggression committed by one partner against the other, often involving physical harm such as hitting, kicking, or the use of other forms of physical force. Slightly differing views were expressed by some respondents, who stated that intimate partner violence encompasses various behaviors and tactics, including stalking, psychological aggression, physical violence, and sexual violence. These behaviors are employed by an intimate partner to create and preserve power over the other.

The respondents acknowledged that intimate partner violence manifests in different types of aggression or violence, caused by present or previous intimate partners, and can affect individuals from diverse background demographics. They emphasized that going through intimate partner violence have far-reaching destructive impacts on intimate partners and family members, like economic instability, mental health magnitudes, and various physical health complications. One of the male participants from Rukungiri Municipality shared his perspective on the matter.

“.....according to me, intimate partner violence is an aggression that is committed by one of the partners on the other and that this is usually physical where a person or one of the couples hurts or tries to hurt their partner by hitting, kicking, or using another type of physical force.....”

It is evident from the interviews that respondents held different understandings of intimate partner violence, recognizing its presence within relationships and the diverse range of harmful behaviors associated with it.

4.6 Prevalence of the different forms of IPV against men perpetuated by women

The study reviewed prevalence forms of domestic violence experienced by men and perpetrated by their female partners. The findings were presented in Table 9 below.

Table 9 Prevalence of the different forms of IPV against men perpetrated by women

Description	Number of respondents	Percentage
Sexual violence	6	11.5
Physical violence	28	53.8
Verbal violence	18	34.7
Total	52	100.0

Source: Primary data

In the interviews conducted with household men from Rukungiri Municipality and key informants, including the Clergy, Police Officers, Probation Officer, and a legal expert from Rukungiri Municipality, participants were asked to provide their insights on the prevalence of different types of violence against men perpetrated by women in their area. The following findings emerged:

Firstly, the respondents highlighted that physical violence is the most prevalent form of intimate partner violence perpetrated by women against their husbands in Rukungiri Municipality. They noted instances where women have been reported for physically assaulting their husbands, often resorting to the use of crude weapons like machetes and knives when they feel offended and no resolution has been reached. Additionally, it was observed that some women, who may be physically stronger than their husbands, engage in fights and physically beat them, while others resort to using sticks. Rukungiri Police Reports from 2021 indicated that 65% of the reported cases of intimate partner violence in the area were related to physical violence.

Furthermore, sexual violence was identified as another prevalent form of intimate partner violence perpetrated by women against their husbands in Rukungiri Municipality. For instance, some women withhold their husbands' conjugal rights by refusing to engage in sexual activity, often claiming exhaustion. It was also noted that some women falsely accuse their husbands of infidelity, which leads them to engage in extramarital affairs themselves. A Police Officer from Rukungiri Central Police Station shared the following observation:

“.....considering the cases that we usually get, and according to our records as of 2021, I can authoritatively tell you that out of the intimate partner violence cases reported in the areas, 65% of these are to do with physical violence. Then sexual violence closely follows especially men complaining that their wives deny them their conjugal rights.....” The insights provided by the respondents and the data from police records confirm the prevalence of physical and sexual violence perpetrated by women against their husbands in Rukungiri Municipality. These findings shed light on the significant impact of these forms of intimate partner violence on men's well-being and the urgent need for intervention and support.

4.7 Psychological effects of IPV among male counterparts in Rukungiri Municipality

The study reviewed Psychological effects of IPV among male counterparts . The findings were presented in Table 10 below.

Table 10 Revalence of the different forms of IPV against men perpetuated by women

Description	Number	of	Percentage
-------------	--------	----	------------

	respondents	
Depression	28	53.8
Mental instability	16	30.8
Anxiety and post-traumatic stress disorders	8	15.4
Total	52	100.0

Source: Primary data

In the interviews conducted with household men from Rukungiri Municipality and key informants, including the Clergy, Police Officers, Probation Officer, and a legal expert from Rukungiri Municipality, participants were asked to share their views on the psychological effects of violence against men by women in the area, based on what they have heard. The following findings surfaced:

It was told by the respondents that one of the psychological effects of intimate partner violence is depression among victims. They were informed that whenever men are subjected to violations such as denial of conjugal rights and physical violence, it affects their sense of masculinity and self-esteem gravely. That is why they experience symptoms of stress as a result of having too much thinking and feeling about such acts.

In addition, the respondents indicated that they know about mental instability because of intimate partner violence. They painted scenarios where men were physically assaulted or stabbed by their wives and became physically and brain damaged. The injury can lead to mental health consequences, including the incidence of mental illnesses or loss of one's mental ability.

The interviewees also reported that they came across the likelihood of intimate partner violence causing the victims to contemplate suicide. Many men who experience violence from their wives find it challenging to come forward and report such incidents due to societal expectations and their own feelings of shame. Consequently, they suffer in silence, and in the absence of professional counseling, they may see suicide as a way to escape their anguish.

Furthermore, the respondents revealed that based on what they have heard, another psychological effect of intimate partner violence is anxiety and post-traumatic stress disorders. They highlighted that victims of such violence often experience heightened anxiety about their future, constantly fearing a recurrence of the traumatic events they have endured. Those who have faced physical violence are particularly prone to developing post-traumatic stress disorders. One man from Rukungiri Municipality shared the following perspective:

“.....for me, I have heard people saying that people who have faced violence especially intimate partner violence specifically those that have been beaten by their spouses, tend to have posttraumatic stress disorders since they live in constant fear that what happened to them previously might happen again and so they keep on thinking about that.....”

4.8 Psychological effect of IPV against men perpetuated by women from observation

In the interviews conducted with household men from Rukungiri Municipality and key informants, including the Clergy, Police Officers, Probation Officer, and a legal expert from Rukungiri Municipality, participants were asked to share their observations on how violence

against men by women affects men psychologically in the area. The following observations were made:

Firstly, the respondents observed that men who are victims of intimate partner violence tend to experience a significant loss of self-esteem, both on an individual and societal level. These men often feel that they have failed to fulfill their societal roles, resulting in a lack of self-confidence and power. They feel confined by cultural practices and experience embarrassment and shame when sharing their experiences with institutions, hospitals, friends, and neighbors. The disclosure of their life experiences is met with surprise, disbelief, and skepticism.

Secondly, intimate partner violence victims were observed to suffer life-threatening physical repercussions and psycho-social trauma. The respondents provided data on the persistent verbal aggression and behavior observed between such couples, which culminate in violent activities causing death and family disintegration. This is an indication of the extent of violence men in the community endure and its spillover to society.

Respondents further included that they have noticed a rising propensity of mental instability among victims of intimate partner violence, particularly when the men have been physically attacked or stabbed by their partners. The physical trauma that the body and brain receive can lead to complications of the mental status and even bring about loss of control or sanity.

Besides, the interviewees explained that intimate partner violence victims, particularly men, are compelled to take their own lives due to the shame and stigma they carry. It is challenging for most men to report such cases due to social expectations and the effect on their

self-esteem. This silence leaves them suffering in isolation, and suicide may seem like the only way to escape their anguish if professional counseling is not available. The Probation Officer from Rukungiri Municipality shared the following perspective:

“.....from my time working as a probation officer, I have handled many cases of victims of intimate partner violence who are men. Because they always fear to speak out, they tend to suffer in silence, because they know that when they speak up, they will lose their self-esteem not only at an individual level but also the society level. The society we live in doesn't think a man can be beaten by a woman and when they come out, people say really, what kind of a man are you.....”

A professional marriage counselor also expressed her observation that;

“.....Intimate partnership violence can negatively impact on the children...they may grow up to accept violence as a means of resolving disputes and in turn become abusers when they grow up.....”

These observations shed light on the profound psychological effects of violence against men by women in the community. They emphasize the need for increased awareness, support services, and counseling to address the psychological well-being of male victims and prevent the cycle of violence from perpetuating across generations.

4.9 Psychological effect of IPV against men perpetuated by women from experienced

In the interviews conducted with household men from Rukungiri Municipality and key informants, including the Clergy, Police Officers, Probation Officer, and a legal expert from

Rukungiri Municipality, participants were asked to share their experiences regarding how violence against men by women affects men psychologically in the area. The following insights were gathered:

Firstly, from their experiences, the respondents noted that intimate partner violence against men has a significant impact on their relationships with family members. Children who witness their fathers being humiliated and rejected as a result of violence often develop strained relationships, creating a sense of mockery towards their fathers. Consequently, this leads to psychological distress experienced by the male victims. Additionally, post-violence experiences naturally strain the intimate relations between spouses and, in some cases, even threaten divorce or separation.

Secondly, from their experiences, the respondents observed that intimate partner violence often leads to depression among male victims. They highlighted that when men are subjected to the denial of conjugal rights and physical abuse, it severely affects their self-esteem as men. Consequently, they experience symptoms of stress and constant thoughts related to the traumatic incidents they have endured.

Furthermore, the respondents noted from their experiences that male victims of intimate partner violence tend to suffer from a loss of self-esteem, both at an individual and societal level. When men are abused by women, they often feel that they have failed to fulfill their societal roles, leading to a lack of self-confidence and a sense of being confined by cultural expectations. Victims of violence also endure feelings of embarrassment and shame as they recount their life

experiences. Sharing their stories with institutions, hospitals, friends, and neighbors often elicits surprise, disbelief, and skepticism.

Finally, the respondents revealed that, based on their experiences, intimate partner violence triggers anxiety and post-traumatic stress disorders among male victims. Counselors and various experts have emphasized that when one is violated by their spouse, they develop anxiety about their future. Additionally, victims of intimate partner violence, especially those who have faced physical violence, commonly suffer from traumatic stress disorders due to their past experiences. A 29-year-old man from Rwakabengo ward shared his perspective:

“.....I feel so bad about my image amongst other men in the society; they perceive me as weakling and a man unable to contain a woman, this keeps me feeling rejected and relegated to the group of men without power...it is even embarrassing when women ridicule you.....”

Another victim of intimate partner violence from kagashe ward expressed;

“.....I do not think I have any respect from children, they have been principle witnesses to abuses met on me by their mother, sometimes, they even discuss the affairs with their friends, it is a shame you would not want to live with as a man in the community...after my recovery, my family will help me to send her back to their place, she has proven to be so evil.....”

These personal experiences highlight the profound psychological impact of violence against men by women in the community. It underscores the urgent need for increased

awareness, support services, and interventions to address the psychological well-being of male victims and challenge societal perceptions that perpetuate the cycle of violence.

4.10 Counseling and other interventions to help male victims to overcome the psychological effects of intimate partner violence

In interviews with Household men from Rukungiri Municipality and key informants, including the Clergy, Police Officers, Probation Officer, and a legal expert from Rukungiri Municipality, individuals were asked to provide their views on interventions that would benefit men who have been adversely affected by violence from women. The following responses were provided:

Firstly, the participants emphasized the need for treatment and care of intimate partner violence (IPV) survivors. They highlighted the importance of evidence-based therapeutic treatments delivered by licensed mental health clinicians to counteract the negative impact of IPV on the survivors and children. These trauma-informed interventions aim to suppress depression, traumatic stress, fear, anxiety, challenges in readjusting to everyday living, work, or school, and other signs of distressing IPV experience.

Secondly, the respondents emphasized the need for counseling services to offer to intimate partner violence victims. They highlighted the necessity of professional and qualified counselors with experience in handling IPV cases. Counseling assists in minimizing the potential effects the victims may suffer, such as trauma, depression, stress, suicide, among others.

Thirdly, the respondents emphasized the necessity of conducting programs that support IPV survivors. Intervening on IPV's outcomes, including sexually transmitted disease, chronic

pain, depression, and drug use, has been effective in IPV prevention. Children in families that are victims of intimate partner violence will also develop disorders of emotion, depression, and anxiety. Survivors require services ranging from managing physical and emotional disorders to gaining assistance for housing instability, therefore preventing future domestic abuse threats.

Moreover, the respondents of the survey exhibited the importance of establishing healthy relationship programs between intimate partners. The programs concentrate on building and enhancing relationship skills, including communication and conflict management. The research has shown that such programs can prevent incidences of intimate partner violence in the future. For instance, the Pre-marital Relationship Enhancement Program (PREP) was mentioned, which consists of five sessions with the goal of teaching intimate partners in skills, techniques, and principles to promote effective negative emotion management that encourages healthy relationship functioning,, and avoids the occurrence of relationship problems.

Furthermore, respondents offered that individuals must be empowered and educated within their communities to allow them to act whenever they see IPV. These interventions aim at promoting social norms that do not endorse violence and empower individuals to take actions against violence. Interventions may involve working with friends, local leaders, neighbors, and law enforcement officers, including the police.

The participants also stressed the inclusion of family-based programs that involve parents and guardians in preventing IPV. Recognizing the role of families as major change agents in shaping norms and values, such programs target increasing partner awareness and education

regarding IPV, modifying partner assertiveness regarding its acceptability, improving couples' communication skills regarding IPV, and providing conflict resolution skills.

Finally, the respondents emphasized the need to adjust physical and social environments of neighborhoods as they contribute to IPV prevalence. They explained that this can be a good approach in preventing IPV, for example, by creating neighborhood environments where violence is supported and frowned upon to discourage people from using IPV because they would know they would be punished by their neighbors. One of the Professional/Marriage Counselors in Rukungiri Municipality expressed their perception:

"I believe that victims of intimate partner violence ought to be offered counseling services. However, it is essential that the services are conducted by qualified and experienced counselors with expertise in handling IPV cases. This will help in alleviating the potential outcomes that the victims will encounter, such as trauma, depression, stress, and suicide, among others."

These interventions recommended by the respondents are to address the psychological and social demands of men victims of violence committed by women. By implementing these interventions, communities can foster a safer and supportive climate for survivors and avoid future incidences of intimate partner violence

4.6.2 How counseling has helped male victims to overcome psychological effects of IPV

Throughout the interviews with household men from Rukungiri Municipality and other key informants like the Clergy, Police Officers, Probation Officer, and a legal expert in

Rukungiri Municipality, the respondents were asked to give opinion on how counseling has helped in healing male victims from the psychological effects of intimate partner violence (IPV). The following are the answers provided:

To begin with, the interviewees highlighted the fact that counseling has aided male IPV victims in overcoming psychological trauma. Counseling has also educated them on how to resist and manage depression, traumatic stress, fear, anxiety, and suicidal ideation. Counseling provides hope to the men by reassuring them that their situations can improve in the future.

Second, the responders said that counseling has made male IPV victims capable of detecting warning signs. They emphasized that intimate partners may engage in subtle behaviors that indicate the beginning of violence. Through counseling, individuals become capable of observing the behaviors of the partner more attentively and identifying the signs. Counseling makes survivors realize the various forms of abuse patterns in relationships and unveil how the patterns operate to maintain control over the survivors.

Moreover, the participants deduced that counseling assists male survivors of IPV in diminishing negative beliefs. A significant benefit of intimate partner violence counseling is to decrease survivors' negative beliefs. This occurs at the initial phase of therapy and assists survivors in condemning the manipulation and depreciation of self-worth by their partners. Decreasing negative beliefs assists survivors in perceiving the abusive dynamics in the relationship and leads them to a happier life without the partner.

Moreover, the respondents emphasized that counseling helps male survivors of IPV to normalize their feelings. The survivors are able to feel angry, resentful, fearful, guilty, or sad

about the relationship. Individual or group counseling provides the survivors with a safe environment where they are able to process and normalize these feelings without being judged. Each survivor copes with the realization that their relationship is abusive and choosing to leave it differently. Counseling assures survivors of their feelings and focuses on reassuring them that they are not alone in experiencing these feelings. Finally, the respondents highlighted that counseling assists male IPV victims in establishing a support network, particularly through group counseling sessions. Group counseling for intimate partner violence can be highly beneficial to survivors, particularly when the group consists of individuals who are at different levels of exiting their relationship. This lends itself to possibility and provides a support base for survivors of the kind of people who have experienced or are experiencing similar situations. The support base assists survivors in their escape plans, offers temporary safe houses, acts as witnesses when necessary, and offers moral and emotional support during the process of leaving the abusive relationship. A Professional/Marriage Counselor from Rukungiri Municipality shared her observation:

"Based on my experience as a marriage counselor, counseling greatly assists IPV survivors in recognizing warning signs. Sometimes, an intimate partner may subtly exhibit signs of escalating violence. In counseling, individuals can learn to identify these red flags, becoming more observant of their partner's behavior and the warning signs in the way they are treated."

Through counseling, male victims of IPV are equipped with the tools and support necessary to overcome psychological effects, recognize abusive patterns, normalize their feelings, and build a strong network of support. These counseling interventions contribute to the

healing and empowerment of survivors in their journey towards a life free from intimate partner violence.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter provides an overview of the findings presented in chapter four, aligning them with the research objectives of the study as shown below.

5.2 Forms of female perpetuated intimate partner violence experienced by men

According to the study findings, physical violence was the predominant type of violence perpetrated by women against men in Rukungiri Municipality. These findings correspond prior research carried out by Obi and Ozumba (2017), who reported that 83% of their respondents experienced physical abuse. The pattern of physical abuse starts with less severe acts such as pushing but escalates over time, becoming more violent. Battlers often target body areas covered by clothes to hide their injuries from the public. Acts of physical abuse encompass a range of behaviors, include pushes, restrains, shakes, slaps, bites, punches, kicks, object throwing, deliberately causing miscarriage, employing weapons, strangulation, and even homicide.

The study findings also revealed that sexual violence is also a type of violence perpetrated by women against men in Rukungiri Municipality. These findings align with research by Hines and Douglas (2010) on sexual violence and its effect on the psychological well-being of women. Their study indicated that 67.2% of men were falsely accused by women of physical assault, while approximately 49% of women falsely accused men of abusing their children. Moreover, around 15% of the surveyed men were falsely accused of sexually abusing children. Additionally,

39% of men in the study had restraining orders filed against them based on false information provided by women.

Furthermore, the study findings identified emotional violence as another form of intimate partner violence against men perpetrated by women in Rukungiri Municipality. These findings align with the past studies by Polsky and Markowitz (2004), who defined emotional abuse as acts or coercive tactics that cause emotional trauma to the victim. Emotional abuse encompasses behaviors such as name-calling, humiliation, undermining one's self-worth, and manipulation. Emotional abuse can lead to feelings of worthlessness, and verbal assaults are the most prevalent type of emotional abuse, where abusers use insulting and demeaning language to belittle and instill self-doubt in their victims.

5.3 Psychological effects of IPV among male counterparts in Rukungiri Municipality

The study findings indicated that a significant number of respondents observed that male victimized by intimate partner violence often experience a low self-esteem both individually and within society. These findings align with the research by Follingstad and Rogers (2013), who suggested that under-reporting of IPV among male victims is common due to feelings of embarrassment and humiliation associated with being abused. Moreover, the attitudes of helping professionals can also complicate the situation. Additionally, Migliaccio's study (2001) on 12 male victims of IPV concluded that the stigma attached to the perception of weakness and vulnerability prevents these men from seeking help.

Furthermore, the study findings revealed that many men reported experiencing anxiety, posttraumatic stress disorders, mental illness, and depression as a result of intimate partner

violence. These findings are reliable with previous research by Tirone and Ratigan (2012), who stated that IPV is associated with mental health disorders, with up to 60% of victims meeting the criteria for a mental health diagnosis. Depression and posttraumatic stress disorder (PTSD) are the most prevalent mental health negative effect of domestic violence and are often co-occurring. It is important to note that even when the diagnostic criteria are not met, depressive and traumatic symptoms significantly impact well-being. Furthermore, individuals previously affected by domestic violence are more likely to experience anxiety, suicidal thoughts, and substance abuse compared to those who have not experienced abuse.

Finally, this research also shows that a lot of respondents were aware of the adverse effects of intimate partner violence. These results correspond to the collected works presented by the World Health Organization (2012), which recognizes that men are also victims Intimate Partner Violence as the most social and health problem related with severe physical and mental health problems.

Although most of the victims, including fatalities, are female, and most perpetrators are male, the World Health Organization (2012) acknowledges that men can also be victims of IPV and sexual violence in both same-sex and heterosexual relationships. Extensive research highlights the negative impact of IPV on both physical and mental health of both female and male victims. However, the majority of research in the medical and social sciences on the impact of IPV primarily focused female samples.

5.4 Counseling and other interventions that have helped male victims to overcome the psychological effects of intimate partner violence

The study's findings highlighted the need for treatment and support services for survivors of Intimate Partner Violence. Evidence from this research aligns with this research suggests therapeutic interventions like counseling and structured therapy are effective in reducing the psychological impact of IPV such as post-traumatic stress disorder and depression. (Eckhardt et al. (2013), Victims of IPV face various risks beyond physical injuries and may experience s psychiatric stress related conditions like depression, anxiety, and PTSD.

Additionally, the study findings revealed the need for community empowerment and education to encourage proactive intervention to prevent IPV when observed. These findings correspond with the literature by MacMillan et al. (2009), who highlighted that various dimensions of Intimate Partner Violence are addressed by interventions , like safety, lifestyle, immediate consequences, trauma processing, treatment considerations, and the prevention of re-victimization. Short term intervention programs, typically consist of three or fewer hours of contact, differ in their context, focus, and the level of engagement. Common settings for these interventions include prenatal care clinics, family violence legal clinics, community policing services, and university settings with community volunteers.

Finally, the study findings emphasized the importance of modifying the physical and social environments of neighborhoods as they have contributed to the prevalence of IPV. These findings align with the literature by Kimberg (2018), who advocated for interventions focusing on empowering victims, through creation of a safer environment (e.g., shelters, restraining orders, police assistance, perpetrator arrests), safety counseling, and the development of personal

decision-making skills. while addressing Intimate Partner Violence perpetration, acknowledged involvements include holding perpetrators practically accountable for their bad behaviors, promoting an understanding of the unacceptability of their behavior and fostering empathy towards their victims, and promoting non-coercive, equitable, and respectful relationship paradigms through abuser's treatment programs that typically span a year or longer.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The chapter presents a summary and explanation of the findings obtained from the research, highlighting the significant findings and results. It provides a concise explanation of the main findings and observations procured from the study. Also the chapter provides the conclusions drawn from the study's findings. The chapter provides a reflective interpretation and analysis of the results, making possible the understanding of the implications and meaning of the research findings. The conclusions provide insights into the broader context and inform on the implications of the study for the field of inquiry.

6.2 Conclusions

6.2.1 Most prevalent forms of female perpetuated intimate partner violence experienced by men

Findings of this research confirm the prevalence of intimate partner violence against men in various forms contrary to the belief that males are violators of rights and women are victims. The prevalence of physical violence upon men. According to the study findings, physical violence was the predominant type of violence perpetrated by women against men in Rukungiri Municipality. Sexual violence where men are denied conjugal rights also exists. Emotional violence, in which husbands are abused and belittled by their wives, particularly in front of their

children due to financial issues, was seen as another form of violence. Economic violence was also seen as an element.

6.2.2 Psychological effects of intimate partner violence among male counterparts

The study concluded that the psychological effect of IPV on men differs from victim to victim. It came out that some men can endure a larger degree of violence, and therefore measuring the impact becomes hard. The research revealed that intimate partner violence leads to depression, mental instability, anxiety, posttraumatic stress disorders, and a loss of self-esteem at both individual and societal levels. Tragically, some victims, unable to cope with the pressure, may resort to suicide. However, it is important to acknowledge that reporting and accurately determining the occurrence of intimate partner violence can be challenging due to the sensitive nature of the subject. Men may fear reporting the violence, or they may not fully comprehend the physical and mental health consequences of the violence they experience.

6.2.3 Interventions that have helped male victims to overcome the psychological effects of intimate partner violence

Furthermore, the study concludes that several interventions can assist men affected by violence perpetrated by women. Treatment and services that support intimate partner violence survivors and counseling should be made available to the victims. Implementing programs that support survivors of intimate partner violence and providing healthy relationship programs for couples are recommended. Additionally, community empowerment and education should be prioritized to encourage intervention when witnessing intimate partner violence, along with modifying the physical and social environments of neighborhoods that contribute to the

prevalence of intimate partner violence. These interventions will help male victims overcome their psychological wellbeing and enable them to recognize warning signs of intimate partner violence.

In summary, this study underscores the presence of intimate partner violence against men, highlights its psychological effects, and emphasizes the importance of various interventions. By addressing these issues, we can support and empower male victims of intimate partner violence, fostering healthier relationships and safer communities.

6.3 Recommendations

Based on the above conclusions and findings of the nature of intimate partner violence experienced by women and the effect on male victims in Rukungiri Municipality, the following recommendations are herein proposed:

- i. **Empowering Men to Report:** It is recommended that men who are victims of intimate partner violence in their households should be empowered to come out without fear of societal retribution. Constructing a supportive society will enable these men to access professional counseling services that can assist them to overcome psychological conditions such as mental instability, anxiety, posttraumatic stress disorders, and losing self-esteem at individual and societal levels.
- ii. **Male Victims Services:** There is a strong demand for more specialized services for male victims of intimate partner violence. Currently, the services have primarily been directed towards women with male victims marginalized and left unsupported. The availability of

community-based services that are easily accessible throughout the country will ensure male victims are given adequate resources and support.

- iii. **Male Champions:** It is recommended to create male champions who will advocate an end to intimate partner violence against men in the community. While there have been champions advocating for ending violence against women, the male victims have been neglected, leaving them without proper support. Having male champions, including community leaders, will encourage more men suffering in silence to come forward and seek help.
- iv. **Gender-Neutral Training:** Counseling psychology training should incorporate a gender-neutral emphasis on domestic violence concerning both victims and perpetrators. It is crucial to raise awareness among newly trained social workers about the fact that both men and women can be victims of domestic violence. Promoting an open-minded approach will ensure that professionals are equipped to address the needs of all individuals affected by intimate partner violence.
- v. **Domestic Violence Policies:** In addition to providing additional services such as counseling in the community, there is a need to implement gender-neutral policies throughout counseling practices. Replicating the domestic violence gender-neutral policy will help combat the destructive impact of intimate partner violence on individuals and families.
- vi. **Public Education:** There is a necessity to educate society about the reality that women are not the only victims of domestic violence. Media and anti-domestic violence campaigns should play a role in raising awareness and dispelling the belief that abuse only affects specific demographics. By promoting the understanding that domestic violence

transcends class, race, gender, sexual orientation, ethnic background, and religion, the entire society can work together to address the issue.

In conclusion, implementing these recommendations will contribute to supporting male victims of intimate partner violence, ensuring the availability of necessary services, raising awareness, and fostering a society that recognizes and addresses the needs of all individuals impacted by domestic violence.

6.4 Recommendations for further research

While this study investigated the expression of female-perpetuated intimate partner violence and its psychological effects on male partners in Rukungiri Municipality, there is scope for further research in this area. The following recommendations are proffered to improve the knowledge base:

Longitudinal Study: To continue exploring the dynamics of intimate partner violence, it is recommended that a longitudinal study be conducted on the forms of female-perpetuated intimate partner violence and its psychological effects on male partners in Rukungiri Municipality. This would involve following a cohort of participants over a very extended period of time, allowing for a more integrated view of the long-term effects and patterns of violence.

Geographical Expansion: To achieve a broader perspective, it is suggested to expand studies on the forms of female-perpetuated intimate partner violence and its psychological effect on male partners to other regions of the country. Different regions of Uganda have their own

cultural and social contexts, which may influence the prevalence and forms of intimate partner violence. By including different parts, a more composite picture of the issue can be derived.

Qualitative Research: Complementing quantitative methods, qualitative research methods such as interviews, focus groups, or case studies can provide insight into the detailed experiences and perceptions of male victims of intimate partner violence. Qualitative research can unearth subtle aspects of the phenomenon that may not be accessible through quantitative means, allowing for a more holistic view of the topic.

Comparative Studies: Comparative studies of female and male victims of IPV can result in a comprehensive overview of the issue. A comparison of the nature, prevalence, and psychological effect of violence experienced by both genders can provide insight into similarities, differences, and causes of the violence.

Intervention Evaluation: Research is needed into the evaluation of interventions and maintenance programmes for male victims of intimate partner violence. Assessing the effectiveness of existing interventions and identifying areas for improvement will facilitate the creation of specialized and evidence-based support services.

By heeding these recommendations for further study, a more insightful and extensive knowledge about some of intimate partner violence committed by women and its psychological effects on male partners can be achieved. Such knowledge will guide the formulation of effective policies and interventions to allow systems to address this matter of urgency.

References

- Amin, M. E., (2006). *Social science research: Conception, methodology and analysis*. Makerere University Press.
- Benson, C. (2018). *Drought and the Zimbabwean Economy*. Macmillan.
- Bourdieu, P. (2019). *Distinction: A Social Critique of Judgment of Taste*. Routledge and Keagan Paul.
- Bourdieu, P. & Passeron, J. C. (2019). *The inheritors: French students and their relation to culture*. Chicago University Press.
- Burgess, R.G. (2012). *Styles of data analysis: Approaches and implications*. Routledge.
- Denscombe, M. (2009). *Ground rules for Social Research: Guidelines for good practice* (2nd ed.). Open University Press.
- Durfee, A., (2011). I'm not a victim she is an abuser. *Journal of Gender and Society*, 25, 316334.doi: 10:1177/0891243211404889.
- Dutton, & GREEN, (2006). Intimate Partner Violence, PTSD, And AIP verse Health Outcomes, *Journal of Interpersonal Violence*, 21: 955-968.
- Ernste, H. (2006) *Pierre Bourdieu on Structure Agency Structuralism: Geographical Approaches*. Radboud University of Nijmegen.
- Feagin, j., Orum, a., & Sjoberg, G. (2011). *A case for case study*. University of North Carolina Press.
- Gukurume, S. (2010). *The politics of money burning and foreign currency exchange in Zimbabwe: A case study of Mucheke residents in Masvingo*. *Journal of Sustainable Development in Africa* 12(6), 62-73. Bulletin of the World Health Organization (WHO).
- Jaji, R. (2009). Masculinities on Unstable Ground: Young Refugee Men in Nairobi, Kenya. *Journal of Refugee Studies*: Oxford University Press, pp.2.
- Jones, R. A. (2016). *Emile Durkheim: An Introduction to four major works*. SAGE Publications Inc.

- Kambarami, M. (2016). *Femininity, Sexuality and Culture: Patriarchy and Female Subordination in Zimbabwe*. University of Fort Hare: South Africa.
- KimmeL, M.S. (2011). *Male victims of domestic violence: A substantive and methodological research review*: New York.
- Kothari, C. R. (2004). *Research Methodology: methods and techniques*. New Age International (Pvt.) Ltd., Publishers.
- Maboreke, M. (1989). “Violence against wives” A Crime Sui Generis. *Zimbabwe Law Review*, 4 (1-2), 88-111.
- Murshid, S. N., & Murshid, N. (2015). Intergenerational transmission of marital violence results from a nationally representative sample of men. *Journal of Interpersonal Violence*, 1-17.
- Musasa Project (2009). *20 Years of Service to Survivors of Gender Based Violence*. (GBV Prevention Network) survivor’s gender-based-violence
- Randle, A. & Graham C.A. (2011). *A Review of the evidence on the effects of Intimate Partner Violence on Men* 12(4). 2, 97–111.
- Straus, M. A., Hamby, S. l., Boney-mccoy, S., & Sugarman, D.B. (1996). The revised World Report on Violence and Health (2002) *WHO*:Geneva.
- Watts, C. Osam, S. & Win, E. (1995) *The private is public: A study of violence against women in Southern Africa*. Harare: Women in Law and Development in Africa .
- Williams, J., Ghandour, M. R., & Kub, E. (2011). Female perpetration of iolence in heterosexual intimate relationships: Adolescence through adulthood; *Trauma Violence Abuse*. 9(4): 227–249. doi:10.1177/1524838008324418.
- World Health Organization (2005). *WHO Multi-country study on Women’s Domestic Violence against women: summary report of initial results on prevalence’ health outcomes and women responses*. Geneva.

Appendices

Appendix A: Semi structured interview guide

I am Naturinda Adrine a student from Uganda Christian University. I am conducting a research on "*Female Perpetuated Intimate Partner Violence among Male Counterparts in Rukungir Municipality, Uganda*". I will use an audio recorder to help me capture all the information you have given me and to ensure that I do not lose any important information you have given to me. However, I assure you that at most confidentiality will be kept and the information you will provide in this recording will be specifically used for academic purposes only.

Section A: Bio Data

1. What is your age?

I.....

2. What is your education status?

I.....

3. Tell me what you do for a living (your occupation)?

I.....

4. What religion are you affiliated to?

I.....

5. What is your marital status?

I.....

6. How long have you been married?

I.....

7. How many biological children do you have?

I.....

8. How many non-biological children do you take care of?

I.....

Section B: Forms of female perpetuated Intimate Partner Violence

9. What is your understanding of intimate partner violence?

I.....

10. What kinds of violence against men perpetuated by women have you heard about in your area?

I.....

I..... i. What is the prevalence of physical violence against men perpetuated by women in your area (in terms of percentage)?

ii. What is the prevalence of sexual violence against men perpetuated by women in your area (in terms of percentage)?

.....

-
- iii. What is the prevalence of emotional violence against men perpetuated by women in your area (in terms of percentage)?
.....
- iv. What is the prevalence of economic violence against men perpetuated by women in your area (in terms of percentage)?
.....
- 11. What kinds of violence have you observed against men perpetuated by women in your community?
I.....
I.....
- 12. What kind of violence have you experienced in your relationship/ marriage?
I.....
I.....

Section C: Psychological effects on male counterparts

13. Sometimes the things that people experience affect the way they behave, think about themselves and others, relate to others and feel about themselves and others. .
- i. From what you have heard, how has violence against men by women affected men psychologically in these areas?
.....
 - ii. From what you have observed, how has violence against men by women affected men psychologically in these areas?
.....
 - iii. From what you have experienced yourself, how has violence by women affected you psychologically in these areas?
.....

75

Section D: Counseling and other interventions that have helped male victims to overcome the psychological effects of intimate partner violence

14. What interventions do you think would help men who have been affected by violence perpetrated by women?
I.....
I.....
- i. Which ones have worked??
.....
.....
15. Counseling is the process of assisting and guiding people/ clients, especially by a trained person (a professional counselor) or a religious leader, or an elder in a clan/ village, or a friend to resolve especially personal, social, or psychological problems and difficulties. Therefore, in your opinion how has this counseling helped male victims to overcome the psychological effects of intimate partner violence from the following?
- i. From what you have heard?
.....

.....
ii. From what you have observed?
.....

.....
iii. From what you have experienced yourself?
.....

Any other comment

I.....

I.....

I.....