

**Midlands State  
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**FACULTY OF SOCIAL SCIENCES**

**DEPARTMENT OF PSYCHOLOGY**

**EFFECTS OF INTIMATE PARTNER VIOLENCE ON THE WELL BEING OF  
MALE SURVIVORS AT PADARE IN MUTARE**

**BY**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR SOCIAL SCIENCES IN PSYCHOLOGY**

**MIDLANDS STATE UNIVERSITY**

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## **DEDICATION**

To my mother, Anety Chiriseri.

## ABSTRACT

*The study sought to find out the effects of intimate partner violence on the wellbeing of male survivors at Padare Men's forum on Gender, in Mutare. The researcher reviewed relevant literature, theories, as well as previous studies from which the knowledge gap was identified. A qualitative research approach was employed and a phenomenological research design was used. The target population comprised of male survivors of intimate-partner violence. Stratified random sampling was used to select 8 male survivors of IPV who were interviewed using in-depth interviews. Data collection procedures included observation of research ethics namely informed consent, confidentiality, anonymity and privacy. A pre-test was conducted with 4 men from Varume Svinurai in Mutare. Demographic data from the interviews was presented using descriptive methods whereas interview data was presented using thematic analysis. Major findings were that a greater percentage of male survivors suffered psychologically, financially and physically due to IPV. Therefore the most common effect of IPV among male survivors were psychological effects followed by physical effects and lastly financial effects. The researcher recommended that information dissemination is required to conscientize the general public on the consequences of violence against men.*

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## **CHAPTER ONE: INTRODUCTION**

### **1.1 Introduction**

The chapter is comprised of an introduction to the background of this study and statement of the problem. The chapter also gives an account on the assumptions, purpose of the study and the research questions. Research key pillars which include definition of terms, delimitations and limitations are outlined. It also comprises of a conclusion at the end of the chapter.

### **1.2 Background to the study**

According to the World Health Organisation (WHO, 2002), there is 23% prevalence rate of IPV against men among married couples in Nigeria. In South Africa for every 10 reported IPV cases, 4 involve male victims. Data collected from Home Office statistical bulletins and British Crime Survey, men made about 45% of IPV survivors each year between the years 2013-2015. In Zimbabwe, statistics from the Judicial Service Commission National Returns, JSCNR in 2015 showed that in 2013, 27.4% of the survivors were male in 2014, 39 % in 2015 and 40% in 2016, showing an increase in the damaging effects of IPV on male survivors. Also in Zimbabwe, according to the resident coordinator of the United Nations, Bishow Parajuli speaking during commemorations of the international day of gender based violence (GBV) in 2017, 78% of men who report that their wives are perpetrators of IPV.

According to Chandra et al (2014) basing on a population based cross sectional surveys in 4 countries, Cambodia, China, Papua New Guinea and Sri Lanka by the United Nations, men reported economic abuse which reached a percentage of 11.7 %. IPV has serious threats to household's economic welfare as it impacts scarce public resources for essential health, security and infrastructure services. The physical aspects of IPV often resulted in significant medical costs and time off from work. Long term consequences hindered survivor's ability to hold a job and in some cases, perpetrators directly sabotage survivors' employment. One of the effects of IPV which is economic abuse took a range of forms including preventing access to financial resources and generating unauthorised debt.

According to Sansone et al (2015) in a research carried out in the USA, IPV took a toll on male survivors as there was high relative importance of depression and its impact on male survivors' health. Statistics collected by the WHO in 2016 in USA showed that 34.7 % of the total IPV disease burden to male survivors was attributable to depression. Several studies indicated that severity of violence was associated with more severe depressive symptoms.

According to Chandra et al (2014), Studies carried out by WHO showed that history of IPV to men was positively associated increased incidence of post-traumatic stress disorders (PTSD) symptoms and PTSD diagnoses. Chandra et al (2014) reported in their Indian study involving female psychiatric outpatients, that of all the men reporting IPV, 14% met the criteria of PTSD. Anxiety was also associated with a history of IPV. In their US based study from a shelter, men from the shelter sample reported anxiety during the previous 12 months.

Results from a multi-country study by WHO on men's health and IPV showed that experiences of IPV were significantly associated with suicide attempts in every one of 13 study sites across 9 different African countries. Ellsberg et al (2012) reports that the pooled analysis, across all of 15 sites in 10 Asian countries, male survivors who experienced physical violence were 3 times more likely have attempted to end their lives. Sansone et al (2015) found that a history of IPV was a significant predictor of bodily self-harm in their study of male survivors of IPV at a Chinese psychiatric outpatient's clinic. Male survivors of IPV considered self-harm as a way of airing painful emotions caused by abuse. According to WHO (2015) on average, male survivors of IPV reported experiencing pain in more than 3 sites reporting swollen/painful joints, chronic headaches. In a research carried out by the UN on the effects of IPV on male survivors, the effects rooted out mainly as poverty, limited control in relationships, unemployment, infidelity and substance abuse.

A study of the Zimbabwean society (Kambarami, 2013) from the statistics gathered from the Judicial Service Commission National Returns (JNCR) revealed that in the year 2013 thousands of men were in need of psychotherapy services due to issues related to intimate partner violence. It also revealed that at least one man among three others has experienced intimate partner violence. Further research in Zimbabwe by Ministry of Women Affairs, Gender and Community Development reveal that 40% of intimate partner violence cases are perpetrated by women against men, leading to bodily harm, mental health problems and sexual dysfunction.

Worldwide, intimate partner violence is a spectacle that is taking place irrespective of race, culture or ethnicity. It is of vital importance to take examine the effects of IPV on the wellbeing of men. It is important for researchers to investigate the psychological, physical and financial problems associated with IPV on the wellbeing of male survivors so as to come up with strategies to eradicate the problem of IPV and improve the wellbeing of male survivors.

### **1.3 Statement of the problem**

The alarming statistics of deaths of men all linked to IPV yearly, showed that there is need for a full time research solely focused on the effects of IPV focusing mainly on male survivors. Male survivors rarely reported cases of IPV hence there is little literature on how IPV affects their wellbeing. According to WHO (2012) men of different social background and profession are victims to various forms of abuse which took a toll on their lives physically, economically, psychologically, emotionally and sexually daily in their lives.

According to Smith (2009) male survivors of IPV have significant levels of depression, and some of them reported current abuse of both legal and illegal substances, such as marijuana, solvents and other drugs. Findings from the United Nations (2017) shows that over a quarter of male survivors of IPV reported having had sexual intercourse within the previous three months, with few reporting condom use, and over five percent of respondents reported having contracted a sexually transmitted infection (STI) within the last year. This sub-section of the population is particularly prone to injury and assault, including beatings and stabbings. According to Chandra et al (2014) male survivors of IPV reported both direct and indirect consequences of substance abuse which included liver disease caused by alcohol abuse, and risky sexual behaviour such as prostitution and multiple partners.

### **1.4 Significance of the study**

The following may benefit from research findings:

- Other Researchers: Researchers may benefit as the study will broaden the researcher's understanding of effects of IPV on male survivors, thus motivating the researcher in taking interest on issues such as counselling of survivors of IPV. The research boosted the researcher's knowledge base on IPV and on coping strategies that can be used to alleviate the impact of IPV in male survivors' lives.
- Organisations: Findings of the research project are used as reference for survey purposes by governmental and NGO's who wish to carry out similar projects.
- Community: Research findings would bring more awareness and insight to the community about the effects of IPV and this would help reduce IPV. The community would also learn more on how detrimental its stigmatizing attitudes to male survivors of IPV were to the psychological and mental health of these people.

## **1.5 Research Questions**

The following are the research questions came up from the study:

- What psychological impact does IPV have on the wellbeing of male survivors?
- How does IPV affect the financial wellbeing of male survivors?
- Is there physical harm of male survivors?

## **1.6 Assumptions**

The study was based on a substantial number of assumptions. The researcher agrees to that:

Men are affected psychologically, emotionally and physically by IPV. All data collected was accurate. Respondents to the study collaborated and provided genuine answers to questions asked during the interview. Effects of IPV is widely recognized and measures are being taken to reduce it.

## **1.7 Purpose of the study**

The study intends to identify the knowledge gap in psychological literature by exploring the effects of IPV on male survivors. Male survivors of IPV often face different physical, psychological and economic challenges on a daily bases. Therefore the problem of increased deaths of male survivors linked to IPV is solved through identifying the effects of IPV. The aim of the study is to help the government come up with ways of reducing intimate partner violence and help men who are being abused recurrently and in need of back up of the authorities.

## **1.8 Delimitations**

The study was carried out at Padare Men's Forum on Gender, Mutare. The study was confined to male survivors of IPV. The research topic is related to issues relating to IPV in community psychology.

## **1.9 Limitations**

The following problems were faced by the researcher in carrying out the research:

The sample size was small, therefore it did not represent the full proportion of male survivors of IPV. Unwillingness of some of the male survivors of IPV to be interviewed for data

collection due to fear of stigmatisation. Some of the male survivors were illiterate hence could not understand the questions clearly as they needed interpretation. Limited time and resources also made wider coverage impossible, therefore, the study only covered Mutare urban.

### 1.10 Definition of terms

- **IPV:** Any behaviour within an intimate relationship that causes harm in a relationship (WHO, 2007).

IPV is categorised into:

- **Physical harm** which is the bodily harm or physical injury inflicted deliberately by violent partners.
- **Psychological harm** which is the emotional trauma and damage a partner suffers due to IPV
- **Sexual harm** which is forced sexual abuse between partners who are intimate.

Effects of IPV are categorised into:

- **Physical effects**, these include bodily harm, injuries and headaches
- **Psychological effects:** these include emotional traumatic effects such as PTSD, mood disorders, depression and anxiety disorders.
- **Financial effects:** these are the effects incurred in medical costs, effects which affect one's wages and employment.

### 1.11 Conclusion

The chapter has provided a background to the study and also highlighted the problem area, research questions as well as the purpose and significance of the study. Assumptions of the research were outlined and demarcations of the study area were stated also. Limitations of the research were specified and the researcher defined key terms as well.



## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

The chapter serves to review literature related to the effects of IPV on the wellbeing of male survivors. Included is the theory that explains the problem under study and previous studies from which the knowledge gap is identified.

### **2.2 Forms of IPV**

According to WHO (2007) IPV is any behaviour within an intimate relationship that causes harm in a relationship. Saltzman et al (2002) also adds that IPV comprises of physical abuse, sexual abuse, pestering/ stalking and psychological hostility and coercion perpetrated by a current or former intimate partner one has an intimate personal relationship with, this is characterised by regular contact, emotional connection, a current physical contact, emotional connection and sexual relationship. This may also be practised by people in heterosexual or same sex relationship. There are some several forms of IPV which include bodily, emotional, verbal and sexual abuse ranging from subtle, forced forms of abuse that result in deformity or death.

According to Rosenbaum (2002) physical abuse encompasses, but is limited to a continuum of acts that range from slaps to killing of men (homicide) and women. This includes pushing, shoving, hitting, punching, kicking, choking, and assault with a weapon, tying down or restraining, leaving the person in a dangerous place, and refusing to help when the person is sick or injured. Husband battering is another form of IPV. According to Moore (2002) husband battering is used to clarify the subject of the intimate partner abuse in which a male partner is battered by his abusive wife. The characteristics of husband battering include constant criticism, humiliation, and the use of controlling tactics. Common tactics of intimate partner violence against men include biting, groin attacks, kicking, and physical attacks while sleeping, sleep deprivation, and throwing things at them, including hot coffee or food. Weapons used include shoes, phones, knives, and, in rare situations, guns. Despite official statistics that estimate husband abuse ranging between 6 and 10 percent of all intimate partner violence, male abuse by women is frequently trivialized. Males appear far less likely than females to report abuse by an intimate partner or to pursue prosecution if a report is made to

the authorities, adding to the invisibility of this form of intimate partner violence. Denial of the abuse is a typical victim response.

Russell (2005) adds that sexual assault is a continuum from forcible rape to non-physical forms of pressure that compel individuals to engage in sex against their will. Sexual assault takes many forms within relationships, including marital, date, and acquaintance rape. Three central elements characterize legal definitions of rape: lack of consent; penetration, no matter how slight or independent of whether ejaculation occurred; and compelling participation by force, threat of bodily harm, or with a person incapable of giving consent due to intoxication or mental incapacitation. Sexual assault also includes acts such as sexual degradation, intentionally hurting someone during sex, assaults upon the genitals, including use of objects orally, or anally, pursuing sex when someone is not fully conscious or afraid to say no, and coercing an individual to have sex without protection against pregnancy or sexually transmitted diseases.

According to the American Medical Association (1992), psychological abuse refers to acts such as degradation, humiliation, intimidation and threats of harm; intense criticizing, insulting, belittling, ridiculing, and name calling that have the effect of making a person believe they are not worthwhile and keep them under the control of the abuser; verbal threats of abuse, harm, or torture directed at an individual, the family, children, friends, companion animals, stock animals, or property; physical and social isolation that separates someone from social support networks: extreme jealousy and possessiveness, accusations of infidelity, repeated threats of abandonment, divorce, or initiating an affair if the individual fails to comply with the abuser's wishes; monitoring movements, and driving fast and recklessly to frighten someone. Psychological abuse may include forms of emotional abuse as well as manipulative behaviours that cause the victim to become psychologically unstable over time. There are a range of behaviours that would constitute psychological abuse; these are relationship dependent and meant to take advantage of the vulnerability of the victim for the purpose of increasing reliance on the perpetrator. Examples include intentional attempts to confuse the person such as moving household items while insisting that they were always in that position, convincing the victim that family and friends are out to harm him or her, punishing the victim for insignificant transgressions, or staging false suicides for the victim to discover. Exploiting the intimate partner's fears (i.e., exposing the victim to snakes or bugs) may constitute psychological abuse. Attacks on the personal property of the person, against pets of the victim, or sleep deprivation by repeated hang-up phone calls are meant to frighten

and mentally incapacitate the victim. Indicators of this form of abuse are changes in personality, increased agitation or fearfulness, and extreme dependence, behaviours which were previously out of character for the individual. If the victim becomes confused or unable to distinguish between reality and fantasy, psychological torment may rise to the level of criminal neglect or abuse (Jogerst et al, 2003).

Stalking refers to repeated harassing or threatening behaviours that an individual engages in such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property. These actions may be accompanied by a credible threat of serious harm, and they may or may not be precursors to an assault or murder (Tjaden & Thoennes, 2000).

According to WHO (2012), destroying or defacing the intimate's personal property is a form of emotional abuse and may rise to the level of criminal conduct, depending on the severity of the act and the monetary loss to the victim. Victims are most vulnerable to destruction of personal property at the time in which the couple is separating or divorcing. These acts constitute emotional abuse because they are designed to cause fear and financial hardship and provide an outlet for the anger of the separated person.

According to Loxton et al (2015) there is a recent renewed interest in the link between intimate partner violence and the killing, mutilating, or threat to harm a family pet, which is typically referred to as animal cruelty. Considered a severe form of intimidation and punishment for real or imagined injustices, there is a concern over an increased likelihood that the abuser will physically harm or kill the intimate partner. Animal cruelty is an intentional method of emotionally controlling and coercing the intimate partner. As a form of manipulation, the mutilation of pets is used to ensure that the partner stays in the home to protect the animals. National surveys conducted by various universities and the Humane Society of the United States since 2000 have found that 74 percent of pet-owning men reported that a pet had been threatened, injured, or killed by their abuser. Common types of animal cruelty include bone breaking, burning, cutting off of ears or tails, drowning, torture, shooting, and stabbing the pets or livestock.

WHO (2012) also refers to death ritual as a form of IPV. The term death ritual refers to the escalating pattern of abuse by death threats, which may lead to homicide. It begins when the abuser talks about weapons, escalates to displaying weapons, and then brandishes weapons. This occurs while the abuser is making threats to the victim. The offender may actually take

the partner to a secluded area and threaten to kill her there if the partner ever tries to leave the relationship. The more frequently these rituals are acted out, the more likely it is that the abuser will carry out such threats.

According to Moore (2002) failing to provide care is another form of IPV. A deliberate attempt to inflict injury or emotional stress may be by omission: for example, failure to provide needed food, medication, hearing aids, or eyeglasses for the spouse. A caretaker may be held legally responsible for a failure to act on a duty of care for an elderly or disabled partner when an intimate partnership relationship exists between them. Challenging the traditional response to elder abuse and abuse against persons with disabilities, the criminal justice approach now includes aggressive prosecution through numerous statutes intended to protect vulnerable populations of adults. As of this writing, California is one state among six that has adopted criminal statutes that address the failure to provide care or to permit a dependent elder to suffer harm when a legal duty to provide care exists because of a special relationship.

According to WHO (2012) spiritual abuse is a form of IPV. Spiritual abuse can make survivors question their values and belief systems in a way that is harmful, isolating and destabilizing. Examples include citing spiritual scripture to justify abuse, denying freedom to engage in spiritual practices, forcing survivors to violate spiritual beliefs, ritual abuse, manipulating others in religious community to isolate survivor.

According to Hosein (2003) economic abuse involves restricting access to resources such as bank accounts, spending money, funds for household expenses, telephone communication, transportation, or medical care. The illegal or improper use of an elder's funds, property, or assets by an intimate defines financial exploitation. Theft, fraud, and unfulfilled promises of care in exchange for assets are examples of financial exploitation. Substantial monetary or property gain to another person is considered exploitation when the elderly victim consented to enrich that person as a result of misrepresentation, undue influence, coercion, or threat of force.

## **2.3 Effects of IPV on the wellbeing of male survivors**

### **2.3.1 Physical effects**

Physical body harm encompasses physical abuse which is defined by WHO (2012) as the manipulation that involves contact with an intention to cause feelings of fear, discomfort,

damage and added corporal destruction. Bodily manipulation includes striking, smacking, hitting and some other kinds of interaction which may lead to bodily damage on male survivors of IPV. Smith and Segal (2014) define physical abuse as a part of IPV which is the use of physical force to a person in a manner that damages or endangers them. The physical effects which compromises the wellbeing of male survivors are bodily self-harm, suicide attempts, chronic headaches and swollen/ painful joints.

Harmful use of alcohol and violence are intertwined. According to WHO (2013) there is evidence of an association for male survivors of IPV and alcohol use. Male survivors of IPV may drink alcohol to cope with the consequences of IPV but conversely the abuse of alcohol may result in the damage of their liver due to excess alcohol consumption. According to WHO (2013) alcohol consumption combined with IPV can lead to mental disorders. Sansone et al (2014) found that a history of IPV was statistically a significant predictor of bodily self-harm in their study of male survivors of IPV. Self-harm also included cuts to the body, forced feeding, fasting of food and bleeding one self. A qualitative study of self-harm on male survivors of IPV in China revealed that survivors considered self-harm to be a method of airing painful emotions caused by abuse or a last resort to escape by dying when they saw no other option and were no longer able to endure the violence.

According to Sansone et al (2014) male survivors of IPV reported on suicide attempts and suicidal ideation or thoughts in relation to a history of IPV. Ellsberg et al (2012) reported that male survivors who had experienced physical or sexual violence or both were 3 times more likely to have attempted on one or more occasions to have ended their lives when compared to men who had never experienced IPV. Sexual violence had a longer lasting negative effect which culminated in suicide attempts and ideation. Suicide attempts may have been triggered by traumatic stress and they impacted in the wellbeing of male survivors as male survivors tended to ignore other important aspects of their lives as they only thought of death. Exposures to traumatic events can lead to stress, fear and isolation which in turn may lead to suicidal behaviour. Durkheim (1897) in Jones (1986) propounded various typologies of suicide and among them is what he termed egoistic suicide. Durkheim (1897) refers to this typology as resulting from individuation. That is a scenario where individuals perceive themselves as being out of social groups through defined values, traditions and norms. They therefore commit suicide as a result. This explanation concurs with the assertion mentioned earlier in this study that there is a relationship between religio-cultural beliefs of victims and their perceptions of IPV against men which then inform the coping strategies they adopt. An

abused man can adopt suicide as a coping strategy due to loss of the qualities of a man stipulated by his culture or religion.

Lack of sleep led to a range of physical health problems. Symptoms reported by male survivor of IPV included aching all over, having migraine headaches, raised blood pressure, chronic fatigue and digestive problems, being more susceptible to other illnesses such as influenza, (Devries et al, 2015). Loxton et al (2015) reported that chronic headaches had one of the highest associations with IPV of most of the physical symptoms of IPV. Even after leaving abusive partner for an average of 20 months male survivors of IPV reported high levels of disabling pain directly linked to chronic headaches, (Wuest et al, 2015).

On average male survivors from the study of Canadian male survivors of IPV reported experiencing pain in more than 3 sites and noted the high prevalence of male survivors reporting swollen/ painful joints. Other male survivors reported pain as an ongoing health problem for men with a history of IPV. Male survivors of IPV have to rely on pain medication, with higher rates of swollen or painful joints the use of analgesics would be significantly higher. According to Khalifeh and Dean (2012) male survivors of IPV have to use a relatively high amount of money in buying anti-inflammatory drugs and analgesics in order to deal with painful joints. Other chronic health problems that have been associated with IPV include cardiovascular, circulatory problems including heart attack, heart disease, hypertension, thrombosis and stroke, fatigue, allergies, hearing and sight problems, respiratory problems, bone and muscle conditions, joint problems, low iron, malnutrition and low weight and gastrointestinal conditions.

There has been a growing recognition that IPV is an important contributor to male survivors' vulnerability to HIV and STI's. The mechanisms underpinning a men's increased vulnerability to HIV and STI's include direct infection from forced sexual intercourse, as well as the potential for increased risk from general effects of prolonged exposure to stress. Men who live in violent relationships may have limited control over the timing or circumstances of sexual intercourse or their ability to negotiate condom use. IPV may also be important determinant of separation, which in turn may increase the risk of HIV, syphilis and gonorrhoea if acquiring a new partner. In addition Maman and colleagues theorised that exposure to IPV can increase male survivors' risk for HIV infection in three ways: (1) through forced sex with an infected partner; (2) through limited or compromised negotiation of safer sex practices; (3) through increased sexual risk-taking behaviours (Maman et al.,

2000). Forced sex occurs in approximately 40 to 45% of physically violent intimate relationships and increases a man's risk for STIs by two to 10 times over that of physical abuse alone (Campbell & Soeken, 1999; Wingood et al., 2000). As a result of forced sex, genital injuries, facilitate disease transmission (Liebschutz, Feinman, Sullivan, Stein, & Samet, 2000).

### **2.3.2 Financial effects**

Male survivors of IPV suffer economically due to economic abuse. Ulrich (2009) states that economic abuse is the unreasonable deprivation of economic or financial resources to which one is entitled and requires out of necessity. According to Fraser (2009) abusers often control the financial resources of the household as well as access to telephone, car keys, important documents, medication and even food making it difficult for male survivors of IPV to cope with their day to day lives and they cannot independently support themselves and their children. Economic impact of IPV is categorised into medical costs, absconding work, prevention of access to financial resources and generating unauthorised debt.

According to the Centres for Disease Control, (2005), the economic and social costs of IPV to male survivors are staggering. These costs accrue directly from lost wages, loss of earning potential and indirectly from traumatogenic consequences of partner abuse that impair functioning and reduce quality of life. Some male survivors reported that they were left broke after seeking counselling services aiming to reduce the severity of post abuse mental health symptomatology. According to McGee and Susan (2012) battered male survivors of IPV sought medical assistance to treat injuries which denied them the capability to go to work which was their only form of financial means. According to Ulrich (2009), most male survivors of IPV who reported chronic pain due to sustained injuries from IPV, had to acquire analgesics to reduce pain which stained their budgets heavily. According to Campbell (2014), male survivors of IPV are at higher risks of physical and mental health problems including pelvic pain, sexually transmitted infections, gastrointestinal problems, chronic pain and PTSD, therefore, male survivors had a higher cost of living compared to other males who had not experienced IPV.

Male survivors of IPV reported that their ability to work was affected by their intimate partners. According to Krebs et al (2017), constant distractions and fear of abuser's intrusions at work made it difficult for survivors to concentrate and perform their job duties. According to Ridely et al (2010) nearly all of 120 employed male IPV survivors surveyed by the Maine Department of Labour indicated that IPV affected their performance and productivity, including being constantly harassed at work by intimate-partners, delayed getting to work, or prevented from going to work, as a result 60% of the male survivors in the study reported either quitting their job or being terminated as a result of IPV. Reduced working hours and lower educational attainment led to significant income losses for male survivors who experienced IPV. Interviews of male participants in Pennsylvania's first work programme found that experiencing IPV was associated with fewer hours worked per year. Male survivors who worked fewer working hours had lower wages due to wage penalties.

A survey of male IPV survivors enrolled in the Allstate Moving Ahead financial literacy programme found that nearly all survivors experience economic abuse, including financial control and exploitation such as having their earnings taken or being given an allowance as a result male survivors could not be economically independent but dependant. Male survivors of IPV who seek to break free from an abusive relationship are often faced with housing instability and homelessness due to high housing costs as debit and credit cards are controlled by abusive partners, economic insecurity, damaged credit and poor tenant history, (Fraser, 2009).

Male survivors of IPV often incur a number of other direct costs whilst seeking safety from their abusive partners. Data from 2010 National Crime Victimization Survey's Supplemental Victimization survey showed that male survivors of IPV accrued out of pocket costs(debts) such as attorney fees, replacing or repairing damage to property, child care costs and moving expenses. According to Gans and Jayasinghe (2012) male survivors of IPV were saddled by debt created by their abusive partner. Furthermore, nearly most male survivors of IPV reported that there were unable to open bank accounts or suffered poor credit as a result. Economic abuse by perpetrators of IPV towards male survivors can leave survivors facing economic insecurity and poor credit. Seeking safety is often financially prohibitive, reducing a victim's ability to leave the abuser and recover. The Injury Centre study also found that for the IPV male survivors who experienced male survivors, 28% of the medical costs of IPV came from the pocket and the rest were costs out of the pocket which were debt.



### **2.3.4 Psychological effects**

One of the effects of IPV is the psychological impact on the wellbeing of male survivors. Psychological effects of IPV are after effects of psychological abuse which according to Quinn (1997) is the wilful infliction of mental emotional anguish by threat or humiliation, verbal or physical contact. The Domestic Violence Act (DVA) (2007) defines psychological abuse as a pattern of degrading or humiliating conduct towards a partner that include but is not limited to repeated insults, ridicule, and name-calling as well as repeated threats to cause emotional pain. The psychological impact taken into consideration in this study which affect the wellbeing of male survivors includes depression, post-traumatic stress disorder (PTSD) and anxiety disorders.

According to WHO (2012) depression is a state of low mood aversion to activity that can affect a person's thoughts, behaviour, feeling and sense of wellbeing. Depression affects the wellbeing of male survivors as it affects the survivor's sense of self-reliance and self-image (Hosein, 2003). Depression leads to segregation and segregation harms the survivor's inner strength leaving them feeling helpless and unable to escape from the situation (Sareen et al, 2009). To add on, as stated by Levinson (2012) a study which was carried out by college students in Spain in 2007, the study revealed that depression is so universal in intimate relationships and that it is seen as a normal component in courting and that males are more expected to display psychosomatic aggression. Long term emotional abuse which leads depression has devastating effects on survivors in this case male survivors' sense of self and integrity. Depression among male survivors of IPV has been found to be chronic, with symptoms continuing to exist over time even in the absence of recent victimisation (Campbell et al 2013). According to studies carried out by the United Nations (UN, 2017) on the effects of depression on the wellbeing of male survivors, high levels of depression are likely to result in considerable functional impairment, diminished physical health functioning and reduced quality of life. According to Mechanic et al (2012), the experience of continued harassment, particularly after having separated from the abusive partner, may contribute to demoralisation and hopelessness a resultant of depression.

Post-traumatic stress disorder (PTSD) is a disorder that occurs in response to an extreme psychological or physical trauma outside the range of normal human experience (Thompson, 1997). Findings by Warshaw et al (2009) shows that men who are victims of diverse forms of ill treatment for instance involuntary sexual act, cultural trauma. IPV exposes them at a

greater risk of developing post traumatic health circumstances which include substance abuse as a common method believed to be a pain reliever and coping with anxiety, depression and sleep disorders being caused with current/ past abuse. According to Hart and Klein (2013) studies frequently reveal that most battered men, usually undergo post-traumatic stress disorder. Follingstad (2002) purports that being subject to constant abuse in intimate relationships leads to PTSD which inhibits recovery making it hard to access services such as safe havens and this increases the perpetrator's control over survivor. Jacobson et al (2010) discovered that most male survivors recorded rates of fear during marital conflicts. Lastly of a study that was carried in 2014 by Laurent et al, purports that IPV leads to PTSD which is linked with lessened gratification for male survivors in relationships, it may be called an impediment to couple's growth as it displays childish forced strategies and failure to manage self efficiently.

Anxiety disorders according to Lilienfeld (2010) is the mismatch between the severity of individual's emotional reactions and of objective stressors that makes panic disorder psychopathological. Anxiety is often associated with a history of IPV. Jacobson et al (2010) stated that IPV resulted in anxiety disorders to male survivors which result in sleep disturbances and concentration difficulties. Pico-Alfonso et al (2014) reported a link between anxiety disorders and drug abuse a self-harm in male survivors of IPV. Goldsmith and Freyd (2013) concurred that male survivors who suffer from anxiety tend to exhibit higher than average rates of alexithymia which is difficulty in identifying and processing their own emotions. This is often the case when referring to survivors of IPV, as non-recognition of the actions as abuse may be a coping or defence mechanism in order to seek to master, minimise or tolerate stress/conflict. Anxiety was associated with memory loss and problems with concentration and these were significantly associated with lifetime experiences of IPV across all study sites in the WHO multi country study in 2016. Anxiety also led to dizziness a condition associated with IPV history across several individual studies.

#### **2.4 Conflict theory by Randall Collins (1974)**

This study is largely informed by the Conflict theory by Randall Collins (1974) which contends that unequal distribution of scarce resources is a potential source of conflict between those who are in control and those who do not have control. The conflict theory gives types of scarce resources that include but are not limited to economic resources; that can be broadly understood as all material conditions and power resources; that are best

understood as social positions within organizational or institutional networks and status. Randall (1974) further asserts that conflict for scarce resources can occur in such dimensions of stratification as racial and gender inequality. He basically argues that life is characterized by struggle for status between people of both strata i.e.; the powerful and the powerless. People manoeuvre for advantage pushing towards satisfaction of their own interests. For Randall (1974) inequalities in resource control also result in the dominant parties taking advantage of the situation by striving to maintain dominance at the expense of the recessive part.

Randall's (1974) conflict theory is appropriate to this study because it gives an insight on the family institution which is constituted by both men and women who are related in different ways. Men and women in the family institution are either in a husband-wife; father-daughter; brother-sister relationships. However, in patriarchal societies, women occupy subordinate positions in the family both as wives, sisters or daughters. Within the patriarchal set-up, men as heads of the family can discipline their wives, sisters and or daughters and, until recently, women could not inherit from their fathers or husbands. This shows that the patriarchal culture gives power to men. As such, men have access to power which is a scarce resource. As a corollary, conflict arises as women also want access to this important resource.

Women in abuse their husbands in the home as a way of fighting for power. Yet, at the same time, men strive to maintain the status quo. Randall's theory is of great importance in this study primarily because it provides another mode of psychologically analysing and understanding the family institution. The family institution is not only a harmonious co-existence of men and women as functionalists contend but also an establishment in which they struggle and compete for scarce resources which eventually leads to IPV.

## **2.5 Previous studies**

According to Warshaw et.al (2009), a 2005 USA study, among 5 000 male survivors of IPV aged 25-45, investigated the psychological effects of IPV. Findings showed that men who were victims of diverse forms of ill treatment for instance childhood abuse; involuntary sexual act; historical, cultural trauma, intimate partner violence exposed them to a greater risk of developing post traumatic mental health problems, which included substance abuse a common method believed to be a pain reliever and coping with anxiety, depression, and sleep disorders being caused with current or past abuse.

According to Mitchell (2009), a 2008, Asian study, among 200 abused men aged 30-35, which investigated how socio economic factors exposed men to abuse. Results showed the development of various mental health problems due to socioeconomic factors which contribute to risks of mental well-being sequelae such as panic attacks, despair and substance abuse. By way of illustration, low-income men throughout their lives they are at high risk of being abused with their partners because of their helplessness and dependency.

According to the National Committee for Prevention of Elder Abuse, NCPEA (2016), gives a (2015) study carried out by WHO (2015) in 10 African countries on the effects of physical abuse to 4 360 male survivors. Findings showed that 70% of the respondents reported having been physically abused by various means. Fifteen (30%) respondents reported that they had been scalded (with water, cooking oil or porridge), shoved, punched or kicked. Those who reported that they had an object thrown on them and had their private parts pulled comprised 18% and 16% respectively. This study shows that men of all ages ranging between 15 and 54 years can experience physical abuse perpetrated by women in the home.

Physical assault of intimate partners is consistently linked to several factors and resultantly it is extensively thought to play some fundamental role in destroying the lives of male survivors of IPV. According to Bachman & Saltzman (2015), a 2013, Egyptian study, among 2109 married men, which investigated how physical abuse is linked to social norms. Findings indicated that pointed out poverty at societal level whilst Levinson (1989) asserts that at individual level, it has been established that those who witnessed inter-parental violence during their child hood are more likely to physically assault their male intimates who experienced child abuse and came from female dominated families, subscribe to patriarchal values (Yllo & Straus, 1990), and engage in drug abuse (Kantor & Straus, 1989).

In a study by MacFarlane (2016) in 2015, in Zambia among 2500 male survivors of IPV aged 30-35, investigating on the increase of risky behaviours among abused men. Findings showed that are abused men are more likely to engage in high risky behaviours that jeopardize their health through high risk behaviours than men who have not been abused before depending on the severity of the violence they have experienced .The higher the severity, the stronger the risky behaviours which include suicide attempts and drug abuse.

Esero et al (2009) investigated consequences of IPV being perpetrated against 755 married men residing in Nigeria. Twenty men were selected through purposive sampling and their age ranged within 22-40 of years. The results revealed that intimate partner violence was a result

of uneven power relations, drug abuse and as well as jealousy. The consequences revealed by respondents included physical injury rated 31.87%, regular headaches rated 27.27%, sleeping problems rated 18.18%, disproportionate fear accompanied with anxiety rated 9.09%, some were disgusted by partners (4.55%) and some had suicidal thoughts (9.09%). Furthermore, Tjaden and Theonnes (2000) revealed that male survivors of IPV with jealous spouses were more likely to report about being raped or battered.

According to Mitchell (2009), a 2008, Asian study, among 200 abused men aged 30-35, which investigated how socio economic factors exposed men to abuse. Results showed the development of various mental health problems due to socioeconomic factors which contribute to risks of mental well-being sequelae such as panic attacks, despair and substance abuse. By way of illustration, low-income men throughout their lives they are at high risk of being abused with their partners because of their helplessness and dependency.

According to Levinson (2012), a 2010, Canadian study, among 510 middle aged male survivors of IPV, which investigated the relationship between low income and IPV. Results showed that, from cradle to death occurrence of relentless physical and sexual assault among low income men is 84%, about 63% have been assaulted physically while they were children, 40% were sexually assaulted as kids, whereas 60% were physically battered with an intimate partner.

According to Follingstad (2012), a 2010, USA study among 255 economically abused men aged 20-30, which investigated the effects of constant abuse to men. Findings showed that being subjected to constant abuse intensify symptoms and inhibit recovery, which makes it hard to access services such as safe havens and this increases the perpetrators' control over the victim.

According to Fraser (2012), a 2010 survey of 500 male survivors enrolled in Allstate financial literacy programme, which investigated the effects of economic abuse on men who had survived violence. Results showed that nearly all survivors experienced economic abuse including financial control and exploitation such as having their earnings taken by their abusive wives leading the men into serious debt.

According to Warshaw et.al (2009), a 2005 USA study, among 5 000 male survivors of IPV aged 25-45, investigated the psychological effects of IPV. Findings showed that men who were victims of diverse forms of ill treatment for instance childhood abuse; involuntary sexual act; historical, cultural trauma, intimate partner violence exposed them to a greater risk

of developing post traumatic mental health problems, which included substance abuse a common method believed to be a pain reliever and coping with anxiety, depression, and sleep disorders being caused with current or past abuse.

According to (Hart & Klein, 2013), a 2012, African study, among 664 male survivors of IPV aged 22-44, which investigated the psychological effects of IPV to battered men. Results showed that frequently reveal that most battered men usually undergo post-traumatic stress disorder. In the research of assaulted men there was 48% prevalence of depression and that of Post-Traumatic stress was 64%. Furthermore, half of the male survivors of IPV who have experienced PTSD have prolonged symptoms of PTSD through they are no longer in the violent rapport for 6 to 9 inordinate length of time.

## **2.6 Knowledge gap**

Research has been done extensively on the prevalence of IPV and its effect on the wellbeing of female survivors. However, the researcher noted that not much had been done to highlight consequences of IPV on the wellbeing of male survivors. Moreover, studies done in Zimbabwe had mainly focused on female survivors of IPV and little has been done on male survivors (WHO, 2016). This gives shallow understanding of the effects of IPV to male survivors and thus this study sought to fill the void and focus on male survivors as a homogenous group.

## **2.7 Conclusion**

The chapter has reviewed literature related on the effects of IPV on the wellbeing of male survivors which affect male survivors psychologically, economically and physically. Included was the theory that explains the problem under study and previous studies from which the knowledge gap was identified.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 Introduction**

The chapter gives the research approach, the research design, target population, population sample, research instruments, data collection procedures, and data presentation and data analysis used to conduct research.

### **3.2 Research Approach**

Kinner (1998) states that a research approach is the basic plan that guides data collection and analysis phases of the research project. Kinner (1998) further states that it is a broad framework which specifies the type of data to be collected, the source of data and data collection procedure.

The researcher used a qualitative research approach in order to understand the effects of IPV on the wellbeing of male survivors. Rukuni (2000) defines qualitative research as a systematic enquiry into the meanings which people employ to make sense of their experiences and guide their actions.

The researcher used the qualitative research approach in an attempt to understand reality which has been grounded in people's experiences of that social reality. According to Terre Blanche, Durrheim and Painter (2006), the qualitative approach is appropriate if the reality to be studied is that of people's subjective experiences.

### **3.3 Research Design**

Yin (2008) states that a research design is a guide/ blueprint of research dealing with problems such as data to collect, how to collect data, analysis of results.

The researcher made use of a phenomenological research design in order to understand the effects of IPV on the wellbeing of male survivors. According to Gray (2008) the phenomenological approach is an attempt to understand reality which has to be grounded in people's experiences of that social reality.

### **3.4 Target Population**

According to Lucan (1986), a target population is the universe of a country, city, organisation from which the research population is drawn. In this study, the target population were 50

male survivors at Padare Men's Forum on Gender in Mutare. The 50 male survivors were in 3 groups of survivors who were mostly affected economically, psychologically and physically by IPV. Those who experienced economic abuse were 22, those who experienced psychological abuse were 19 and those who experienced physical abuse were 19.

### **3.5 Population Sample**

A population sample is defined by Gavin (2005) as that part of the population that is to be studied by the researcher and used to generalise the findings from that population. In this study, the researcher used stratified random sampling. Of the 50 male survivors of IPV at Padare in Mutare most of the men had experienced economic, physical and psychological effects of IPV. Of the 50 participants 9 were chosen for in depth interviews through random selection picking 3 from each group. Therefore, in order to differentiate the men into 3 groups because most of the men had experienced economic, physical and psychological effects of IPV, papers representing each of the 3 groups was placed in a hat and participants were made to pick randomly placing them into 3 groups. The first group was those man who were affected psychologically by IPV, the second were those affected physically and lastly were those who were affected economically by IPV. The use of a stratified random sample was useful because it ensured that each group was represented of the 3 groups created.

### **3.6 Research Instrument**

According to Solso et al (1998), research instruments are tools used for collecting data needed to find solutions to a problem under investigation. The researcher used in depth interviews:

In depth interviews: Kothari (2004) defines in depth interviews as interviews which have predetermined question/answer categories. They depend on the social interchange between the researcher and informant. An in depth interview consist of a set of questions which are asked then the answers are recorded in a standardised form. In depth interviews were used to assist researcher in understanding the different effects of IPV and their implication on the wellbeing of male survivors. In interviewing men they were allowed to express themselves with spontaneity in describing their personal experiences of IPV. Researcher used open ended questions when conducting the interviews and asking questions with the intention to gather different responses from different respondents. Furthermore, interviews were employed because of their appropriateness as they allowed the male survivors and the researcher to



connect therefore leading to the opening up of male survivors to give out withheld information.

### **3.7 Data Collection Procedures**

The researcher first obtained a research letter from the Midlands State University's Psychology Department. The researcher used the letter to seek information the Information Officer at Padare Men's Forum on Gender, Mutare Office, he was granted permission to carry out research. In-depth interviews were conducted the following day to male survivors of IPV.

#### **3.7.1 Ethical Considerations**

The following ethics were observed by the researcher:

- **Informed consent:** The researcher explained the nature and aims of the research to the male survivors who were potential participants. The male survivors were then asked to give verbal consent of their willingness to participate in the study. The male survivors who agreed to participate were told that they had a right to withdraw from the study and their withdrawal would not affect their treatment.
- **Anonymity:** Male survivors were asked not to mention their actual names. This was done to make sure that the men could not be connected to the information they provided.
- **Confidentiality:** The researcher ensured the participating men that the information they gave would not be divulged without their permission.
- **Privacy:** The researcher explained how information was going to be protected and that information was going to be used only for academic purposes to the male survivors.

Observing these ethics benefited the study in encouraging the male survivors to provide genuine information on the effects of IPV to their wellbeing.

#### **3.7.2 Pre- testing**

Four men survivors of IPV participated in in depth interviews. Pre-testing aided the researcher in knowing the difficulties encountered in carrying in-depth interviews.

### **3.8 Data Presentation and Analysis Procedures**

Thematic analysis was used to present and analyse data. According to Braun and Clarke (2006) thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. The information is analysed for similar themes and recorded in a report that states and interprets the research findings.

### **3.9 Conclusion**

The chapter has given the research methodology inclusive of research approach, design, target population, population sample, research instrument, data collection procedures, and data presentation and analysis procedures.

## **CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

### **4.1 Introduction**

Presented, analysed and interpreted in this chapter is the data collected from male survivors of IPV at Padare Men's forum on Gender in Mutare.

### **4.2 Male survivors' responses**

The researcher's target was to interview 10 male survivors of IPV. However, data saturation was attained after 8 male survivors were interviewed. This could mean that these findings are reliable.

#### **4.2.1 Section A: Demographic data**

Five (63%) of the male survivors were aged between 32- 35 years. This implies that most males who were victims of IPV were middle aged and physically weaker.

Five (63%) of the interviewed male survivors of IPV were not formally employed. This implies that most of the male survivors of IPV were left exposed financially hence could face attacks from partners as they were no longer the breadwinners and were at par with wives.

Of the 8 interviewed male survivors of IPV, 6 (75%) of them were married. This implies that the findings could be biased towards married men and leave out issues of men in abusive relationships but not married.

#### **4.2.2 Section B: Effects of IPV**

Interviews yielded the following themes and sub-themes;

- **Negative psychological effects**
  - Depression
  - Substance and Drug Abuse
  - Low self esteem
  - Mental illness
- **Negative physical effects**
  - Self-harm
  - Physical injuries
  - Poor sleeping patterns

➤ **Negative financial effects**

- High medical costs
- Controlled finances
- Debt

Direct quotations are used to illustrate themes and sub-themes that emerged from the interviews. The following subheadings were generated from research questions.

**Negative psychological effects**

Regarding the question on whether or not male survivors of IPV still valued themselves, 8(100%) of the men reported that they felt hopeless and shame. They did not value themselves as their partners lacked respect for them. This is illustrated by one of the male survivors of IPV who said:

*“...My wife walks around saying that she beats me and she has no secrets, she spills out everything which happens in our home. She beats me in public and insults me in vulgar language. I have no self-esteem and I feel hopeless---”*

This could mean that male survivors of IPV had low self-esteem.

About the question on whether male survivors of IPV increased the uptake of drugs and alcohol after victimisation. 5(63%) of the men increased uptake of alcohol and drugs. Drug and substance abuse helped male survivors these acted as painkillers as said by this participant:

*“...I smoke marijuana if I don't want to keep thinking about your situation, because when you smoke it, you get high and you hallucinate; you don't have to keep thinking that you are abused at home and all that stuff ... I don't blame anyone who smokes bro', because marijuana takes away the sadness of being abused at home... .”*

This could mean that substance and drug abuse by male survivors changed their personalities as they were turned into drunkards and drug addicts affecting their economic productivity.

Concerning the question on what usually troubles the minds of male survivors of IPV. 8(100%) of the men were worried and distressed. One of the male survivor of IPV said:

*“I feel very depressed, and angered and great sadness. At times I actually think it’s my fault maybe I’m not good enough for my wife”.*

This could mean that failure to deal with the recurring violent actions may lead subjects to prolonged depression which might lead to chronic ailments which lead to immature death.

Regarding the question on whether or not male survivors of IPV suffered from any mental disease as a result of IPV, 1(13%) of the participant only replied to have been diagnosed with a mental disease. The man said:

*“...I was once diagnosed with mood and anxiety disorders, I felt very down, I did not want to talk to anyone, I kept all my problems bundled in my chest...”*

This could mean that male survivors shunned visiting mental health institutions as they did not want to disclose information that they were suffering as a result of IPV, therefore preferred dealing with the problems themselves.

#### **4.2.3 Negative physical effects**

Concerning the question on whether the male survivors harmed or tried to harm themselves as a result of IPV, 5(63%) had harmed or tried to end their lives. One of the man concerning suicide ideation said:

*“...If I look at my age 35, I have been experiencing violence since my late 20s. I believe dying is better than living in pain. Sometimes I overwork myself resulting injuring myself...”*

This could mean that due to the unbearable pain, male survivors of IPV have suicidal ideations and they feel it is better to die than being abused almost every day, therefore resulting in them injuring themselves intentionally.

Regarding the question on how the partners of male survivors of IPV physically injured their partners. Six (75%) of the male survivors had been injured by their partners and this was due to IPV. One specific male survivor of IPV said:

*“...my wife rushed to the kitchen, she took a pot of boiling porridge on the stove, threw it into my face and disappeared into the darkness. I sustained first degree burns...”*

This could mean that most male survivors had physical injuries linked to IPV since most of the participants had an incident of a physical injury caused by their partners.

Concerning the question on whether male survivors of IPV had troubles sleeping due to IPV. 5 (63%) had problems sleeping and had irregular sleeping patterns. One of the male survivor said:

*“...I’m a very introverted individual I really isolate myself and I don’t feel comfortable sharing my issues with friends and relatives. I find it very hard to sleep and sometimes I sleep at work...”*

This could mean that most male survivors of IPV found it hard to sleep due to the emotional and psychological torture they suffered at the hands of their partners.

#### **4.2.4 Negative financial effects**

Concerning the question on which male survivors of IPV were asked if they spend money in treating physical injuries sustained due to IPV. 3 (38%) had spent a lot of money in medical costs. One of the male survivors said:

*“...Yes I have spent some dollars in treating my dislocated arm. I prefer not reporting my wife because I love her, therefore I take care of all the medical costs incurred...”*

This could mean that most men are afraid of losing their wives therefore prefer paying for the medical costs of their injuries caused by IPV.

Regarding the question on whether male survivors of IPV have suffered financially due to controlled finances by their abusive partners. 6 (75%) of the male survivors agreed to have had their finances controlled by their partners. One of them said:

*“...We used to keep money together with my wife but since I was retrenched from work, my wife keeps her own money from her job and she verbally insults me as being useless...”*

This could mean that male survivors of IPV suffer economically as they cannot sustain for themselves due to controlled finances by abusive partners.

About the question on whether male survivors of IPV have taken unnecessary debts as a result of IPV .Only 2 (25%) of the male survivors agreed to have taken debts in order to cover for the difficult times they had fallen in. One of them said:

*“...I used to take debts from my friends and church mates in order to give my wife money which I realised was being used for the school fees of her younger boyfriend...”*

This could mean that the male survivors have a problem of taking unnecessary debts to please their partners who in turn abuse the generosity leading to the male survivors dwindling in financial problems caused by debt.

### **4.3 Conclusion**

This chapter has presented, analysed and interpreted data obtained from interviews conducted with the male survivors of IPV.

## **CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

The chapter discusses the research findings, draws conclusions, and makes recommendations.

### **5.2 Discussion of results**

The discussion is based on research questions, which are used as sub-headings

#### **Psychological effects**

Findings were that 8(100%) of the male survivors of IPV felt hopeless and shame. This is congruent with Levinson (2012), who notes that long-term emotional abuse led to depression which has devastating effects on survivors in this case male survivors' sense of self and integrity. Results from a UN (2017) study on the effects of IPV on the wellbeing of male survivors showed that the experience of continued harassment from the abusive partner may contribute to demoralisation and hopelessness.

Findings were that 5(63%) of the male survivors of IPV increased their alcohol and drug uptake after experiencing IPV. In support of these findings, studies by the World Health Organisation (WHO, 2013) in 5 African countries showed that male survivors of IPV took alcohol to cope with the stress caused by IPV. Furthermore, WHO (2013) agrees that alcohol consumption combined with IPV can lead to mental disorders. Warshaw (2009) in a USA study also showed that substance abuse was a common method believed to be a pain reliever and coping with anxiety and depression.

Results showed that 8(100%) of the male survivors of IPV were depressed as a result of IPV. These findings are supported by Hart and Klein (2012) who found that assaulted men had a 48% prevalence of depression and that of PTSD was 64%. Levinson (2012) also agrees with these findings as his findings which show that depression among male survivors of IPV was chronic, with symptoms continuing to exist over time even in the absence of recent victimisation. Mechanic et al (2012) also agree that the experience of continued harassment, particularly after having separated from the abusive partner, contributed to demoralisation and hopelessness a resultant of depression.

Findings showed that 7(88%) of the male survivors of IPV were not diagnosed with a mental disorder. Findings by Mitchell in a 2008 Asian study of 200 male survivors of IPV which showed the development of various mental health problems such as panic attacks, PTSD and



mood disorders. According to a multi country study in Europe on the psychological effects of IPV on male survivors, anxiety was proved to be as a result of IPV and it was associated with memory loss, problems with concentration. This could mean that most male survivors mostly of African descent shunned visiting mental health institutions because they did not want to disclose information that they were suffering at the hands of their female counterparts and feared the stigma associated with mental health institutions.

### **Physical Effects**

Findings were that 5(63%) harmed or tried to harm themselves as a result of IPV. These findings are in sync with a qualitative study of self-harm on male survivors of IPV in China by Sansone in 2014. Findings revealed that survivors considered self-harm to be a method of airing painful emotions caused by abuse or a last resort to escape by dying when they saw no other option and were no longer able to endure the violence. Ellsberg et al (2013) also cited that an abused man adopts suicide as a coping strategy due to the loss of the qualities of a man stipulated by his culture.

Findings were that 6(75%) of the male survivors had been physically injured by their partners. These findings were similar to those made by WHO (2015) which showed that 70% of the respondents having been physically abused by various means. 15 (30%) reported that they had been scalded (with water, cooking oil or porridge), shoved, punched or kicked. Those who reported that they had an object thrown on them had their private parts pulled comprised 18% and 16% respectively.

Results showed that 5(63%) had problems sleeping and had irregular sleeping patterns. These findings were similar to those made by Eseret et al (2009) who investigated the consequences of IPV perpetrated against married men in Nigeria. The consequences revealed by respondents included sleeping problems rated 18.18%. Loxton et al (2015) also found out that lack of sleep led to a range of physical health problems such as migraine headaches, raised blood pressure, chronic fatigue and digestive problems and being susceptible to other illnesses such as influenza.

### **Financial Effects**

Findings were that 3(38%) had spent a lot of money in treating physical injuries sustained due to IPV. These findings were not in sync with studies carried out by Ulrich (2009) in Europe which showed that most male survivors were left broke after seeking counselling

services aiming to reduce the severity of post abuse mental health symptomatology. McGee and Susan in their study of how male survivors of IPV were affected economically in Asia showed that battered male survivors of IPV sought medical assistance to treat injuries which denied them capability to go to work which was their only financial means. The current study and other studies were not in sync because interviewed male survivors of the current study were of African descent who did not report cases of IPV hence did not seek medical Attention and counselling services.

In response to the question on whether male survivors of IPV suffered financially due to controlled finances and resources by their abusive partners. 6 (75%) of the male survivors agreed to have their finances controlled by their partners. Findings were similar to that of Fraser (2009) who stated that the abusers often control the financial resources of the household as well as access to telephone, car keys, important documents, medication and even food making it difficult for male survivors to cope with day to day lives.

Findings were that 2(25%) of the male survivors agreed to have taken unnecessary debts in order to cover for the difficult times they had fallen in. These findings were not similar to that collected by National Crime Victimization Survey in the USA. Results showed that male survivors of IPV accrued debts such as attorney fees, replacing or repairing damaged property, child care costs and moving expenses. Furthermore, nearly most male survivors of IPV were unable to open bank accounts or suffered poor credit as a result. These findings were not in sync with the current study as most male survivors were poor financially and unemployed hence were already financially unstable hence could not afford attorney fees and had little or no property to talk about.

### **5.3 Conclusions**

Basing on the research questions, the following conclusions were made:

The most prevalent effect of IPV among male survivors were psychological effects in the form of depression. 8(100%) of the male survivors reported that they felt hopeless and shame and were always stressed. The male survivors cited that they did not receive support from their families and thus they felt worthless and a burden and this led to suicidal thoughts. 2(25%) had suicidal ideation as a result of IPV.

Most of the male survivors blamed poverty as the major reason why they were experiencing problems with their partners. 6(75%) of the male survivors were unemployed hence could not be the breadwinners and the sole providers for their families hence their partners lacked respect for them as they were at par financially.

Most of the male survivors of IPV were divorced after experiencing IPV. 4(50%) of the male survivors were divorced after experiencing IPV. 4(50%) of the male survivors were divorced citing that they could not stay with their abusive partners as they feared for their lives as 5(63%) had experienced physical abuse by their wives.

Apart from the common effects of IPV such as physical, psychological and financial, IPV was also felt by the male survivors through unnatural and uncommon means such as getting rejected, HIV and witchcraft. 6(75%) of the male survivors reported that they bewitched by their partners into being passive.

#### **5.4 Recommendations**

Based on the study's findings, the researcher made the following recommendations:

- Improve, implement and monitor programmes aimed at primary prevention of intimate partner violence and sexual violence against men. These should include sustained public awareness activities aimed at changing the attitudes, beliefs and values that condone partner violence as normal and prevent it being challenged or talked about.
- There is need for appreciation of IPV against men by the authorities and officials in the justice delivery system, so that there can be a balanced and equitable approach when dealing with intimate partner violence cases.
- There is need for the government as well as the NGO sectors to fund men's organizations such as Padare Men's Forum on Gender, so that they may be able to reach out to male survivors of IPV and respond to their needs.
- Information dissemination through awareness campaigns is required to conscientize women and the general public of the consequences of violence against men in the home which include but are not limited to the abuse of children.
- The definition of marital rape in the Domestic Violence Act should cover men as potential victims of abuse at home.
- Create a safer environment for screening, intervention, and education about IPV.

## **5.5 Conclusion**

This chapter has discussed the research findings, drawn conclusions, made and gave recommendations on what needs to be done.

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## **APPENDIX 1**

## APPENDIX 2

### INTERVIEW GUIDE FOR MALE SURVIVORS OF IPV

#### Section A: Demographic data

- Age
- Employment status
- Nature of relationship

In order for participants to understand the nature of questions to be asked the researcher explained the terms psychological effects below before the participants answered the interview questions in order to clarify the answers he needed.

**Psychological effects:** these are the mental and emotional health problems encountered by male survivors of IPV

#### Section B: Effects of IPV

##### Psychological Effects

1. After your experiences of IPV, can you tell me your worth as a person
2. In order to deal with problems caused by IPV with your partner, explain if you increased the uptake of alcohol and drugs
3. What usually troubles your mind?
4. Explain if you suffer from any mental disease as a result of the experience of IPV.

##### Section C: Physical Effects

5. Explain if you harmed or tried to harm yourself by any chance as a result of IPV.
6. Describe how your partner physically injured you as a result of IPV
7. Have you had a problem sleeping at night as a result of IPV

##### Section D: Financial Effects

8. Explain if you spend a lot of money in medical costs to treat injuries caused by IPV
9. Have you ever experienced problems with your partner controlling your finances
10. Explain if you ever experienced the problem of taking unnecessary debts as a result of IPV?
  
11. Besides psychological, financial and physical health problems what other problems did you experience as a result of IPV?

## **APPENDIX 3**

## APPENDIX 4

Tamuka chiiriseri User Info Messages Student English Help Logout

Class Portfolio

My Grades

Discussion

Calendar




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# MIDLANDS STATE UNIVERSITY

## FACULTY OF SOCIAL SCIENCES

### DEPARTMENT OF PSYCHOLOGY

#### A GUIDE FOR WEIGHTING A DISSERTATION

NAME OF STUDENT.....REG NO.....

	ITEM	POSSIBLE SCORE	ACTUAL SCORE	COMMENTS
A	<b>RESEARCH TOPIC AND ABSTRACT:</b> Clear and concise	5		
B	<b>PRELIMINARY PAGES</b> Title page, approval form, release form, dedication, acknowledgement, appendices, table of contents	5		
C	<b>AUDIT SHEET/PROGRESSION</b> Clearly shown on the audit sheet	5		
D	<b>CHAPTER 1</b> Background, statement of the problem, significance of the study, research questions, hypothesis, assumptions, purposes of the study, delimitations, limitations, definition of terms	10		
E	<b>CHAPTER 2</b> Address major issues and concepts of the study, Findings from previous work, relevancy of literature to the study. Identify knowledge gap, subtopics	15		
F	<b>CHAPTER 3</b> Appropriateness of approach, design, target population, population sample, research tools, data collection procedures, presentation and analysis	15		
G	<b>CHAPTER 4</b> Findings presented in a logical manner, tabular data properly summarised and not repeated in the text.	15		
H	<b>CHAPTER 5</b> <b>Discussion(10)</b> Must be a presentation of generalisations shown by results: how results and interpretations agree with existing and published literature, relates theory to practical implications <b>Conclusions (5)</b> Ability to use findings to draw conclusions <b>Recommendations (5)</b>	20		
I	Overall presentation of dissertation	5		
J	References	5		
	<b>Total</b>	<b>100</b>		

MARKER.....SIGNATURE.....DATE.....

MODERATOR.....SIGNATURE.....DATE.....

