#### **ORIGINAL PAPER**



# Ugandan Men Exposed to Intimate Partner Violence: A Cross-Sectional Survey of Nationally Representative Data

Jacinta Waila  $^1\cdot$  Herman Lule  $^{1,2}\cdot$  Michael Lowery Wilson  $^3\cdot$  Till Bärnighausen  $^3\cdot$  Anne Abio  $^{1,3}$ 

Accepted: 30 April 2022 / Published online: 1 June 2022 © The Author(s) 2022

## Abstract

Although women typically constitute the largest proportion of the population who experience the deleterious effects of intimate partner violence (IPV), understanding the bidirectional nature of IPV is important for developing nuanced prevention initiatives. This study examines data from the 2016 Ugandan Demographic and Health Survey. Participants were selected from households in all the 15 regions in Uganda using a two stage sampling design. A total of 2858 men who were in a heterosexual union or separated/divorced were included in the analysis. Univariate and multivariable logistic regression analyses were performed with the aim of identifying associations between selected demographic variables and male exposure to all forms of IPV combined, psychological violence, physical violence and sexual violence. The prevalence of lifetime IPV and during the 12 months preceeding the survey respectively was 43.6 and 30.5% in all forms, with 35.9 and 24.8% reporting psychological, 20.2 and 11.9% for physical and 8.2 and 5.7% sexual violence. The key factors associated with all forms of IPV were being afraid of their wife/partner most of the time (OR = 5.10, 95% CI 2.91, 8.96) controlling behaviour of the intimate partner (OR = 3.80, 95% CI 2.84, 5.07), bi-directional violence against the partner (OR = 3.80, 95% CI 2.84, 5.07)3.20, 95% CI 2.49, 4.12), alcohol consumption by the intimate partner (OR = 1.85, 95% CI 1.40, 2.45). The factors associated with males who experience IPV appear to be modifiable and may warrant consideration for inclusion in programs supporting both males and females who experience IPV.

**Keywords** Violence  $\cdot$  Community health  $\cdot$  Mental health  $\cdot$  Abuse  $\cdot$  Domestic violence  $\cdot$  Epidemiology  $\cdot$  Sub Saharan Africa

Michael Lowery Wilson michael.wilson@uni-heidelberg.de

<sup>&</sup>lt;sup>1</sup> Injury Epidemiology and Prevention (IEP) Research Group, Turku Brain Injury Centre, Turku University Hospital and University of Turku, Turku, Finland

<sup>&</sup>lt;sup>2</sup> Department of Surgery, Directorate of Research and Innovations, Kampala International University, Kampala, Uganda

<sup>&</sup>lt;sup>3</sup> Heidelberg Institute of Global Health (HIGH), University of Heidelberg, Heidelberg, Germany

## Introduction

Violence within intimate partnerships is a significant problem of public health importance worldwide. The WHO defines intimate partner violence (IPV) as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" (WHO, 2012). Contrary to the ubiquitous notion that IPV is almost always directed towards women, there is research highlighting women as perpetrators (Carmo et al., 2011; Hines & Douglas, 2009; Hine et al., 2021; Park et al., 2021). Indeed, literature showing that women bear the greatest burden of IPV with regard to prevalence, severity of injuries and adverse consequences (Carbone-López et al., 2006; Tjaden & Thoennes, 2000), has been challenged by research highlighting gender symmetry in IPV perpetration (Archer, 2000; Chen & Chan, 2021). Furthermore, most violent incidents between intimate partners appear to be characterised by mutual aggression (Langhinrichsen-Rohling et al., 2012), sometimes initiated by the female partner (Powney & Graham-Kevan, 2019). Consequently, despite trivialization of a relatively old argument that, within the family setting, women are just as violent as men (Straus & Gelles, 1986), coupled with a global focus on women as the main targets of IPV, this proposition seems to be gaining support.

The WHO global estimates show that 30% of women who have been in an intimate relationship have experienced IPV, a figure which stands at 36.6% in the African region (WHO, 2013). Similar estimates for male IPV are unavailable but several scholars have been able to estimate the IPV prevalence in various world regions. For instance, nationally representative data reveal the lifetime prevalence of any form of male IPV to be 22.9% (Coker et al., 2002), with physical IPV estimated at about 15% in the United States (Breiding, 2014; Breiding et al., 2008). In Europe, lifetime psychological, sexual and physical IPV prevalence among men is estimated to be as high as 72%, 27% and 31% in some cities (Costa et al., 2015). In the East African region, a nationally representative sample in Kenya estimated the lifetime experience of any form of IPV among ever partnered men between the ages of 15 and 49 years to be 24% with the most reported form of IPV being psychological at 21% and sexual violence the lowest at 4% (KNBS et al., 2015). In Dar es Salaam, Tanzania 34.8% of men reported experiencing any form of IPV within the preceding 12 months (Mulawa et al., 2016). Death is undeniably the worst but not the only adverse outcome of IPV often affecting intimate partners but also other individuals such as their children, friends and relatives (Smith et al., 2014).

Psychological IPV is more strongly associated with negative physical and mental health outcomes than physical IPV (Coker et al., 2002). Post-traumatic stress disorder (PTSD), alcohol and substance abuse, anxiety and depression are some of the mental disorders linked to male IPV experience (Coker et al., 2002; Carbone-López et al., 2006; Hines & Douglas, 2009; Lagdon et al., 2014). Further, chronic disorders such as hypertension and diabetes mellitus are also associated with male IPV (Coker et al., 2002). Though physical injuries may not be severe when IPV is directed towards men, women, especially when using harm-inflicting objects or weapons, have the potential to cause serious injuries (Busch & Rosenberg, 2004; Hines & Douglas, 2009). Abrasions, broken bones, tooth loss, injury to sensory organs, burns as well as stab and gunshot wounds are some of the documented physical injuries inflicted on men (Carbone-López et al., 2006; Carmo et al., 2011; Hines & Douglas, 2009; Tjaden & Thoennes, 2000). In spite of these serious adverse health outcomes, male IPV is still under-reported due to the perception that such violence does not conform to societal norms, a notion that attracts ridicule and shame (Bates, 2020; Douglas & Hines, 2011).

Besides health consequences, the economic losses occasioned by IPV are significant, most of which are related to lost productivity, medical bills, property loss or damage and criminal justice costs (King et al., 2017; Peterson et al., 2018). Being relatively young, unemployed or having a low income, low educational attainment, belonging to certain ethnic groups and residing in certain regions are some of the documented socio-economic factors associated with IPV experience among men (Breiding et al., 2008; Cunradi et al., 2002; Marie et al., 2008; Mulawa et al., 2016). Similarly, alcohol and substance abuse, antisocial personality and being from a dysfunctional family environment where one is exposed to parental alcoholism, illicit drug use, interpersonal violence and childhood exposure to abuse are developmental and behavioural factors closely linked to male IPV (Carmo et al., 2011; Linder & Collins, 2005; Marie et al., 2008; White & Widom, 2003). Partner dominance often manifested through controlling behaviours is commonly linked to relationship dissatisfaction, a substantial risk factor for IPV experience not just for men but women alike (Bates, 2016; Slep et al., 2010).

Though some scholars posit that women bear the burden of IPV disproportionately, the availability of literature highlighting gender symmetry in IPV perpetration and similar consequences in men and women is a call for deliberate exploration of male IPV. The bidirectional nature of most IPV occurrences calls for a holistic understanding of the problem if prevention strategies are to be effective (Bates, 2016; Hines & Douglas, 2009; Langhinrichsen-Rohling et al., 2012). The adoption of this holistic approach necessitates deliberate efforts in generating knowledge on male IPV, and more especially in sub Saharan Africa countries which despite reporting high prevalence of IPV directed towards women (Devries et al., 2013; WHO, 2013), have data evidence on male experienced IPV. Nationally representative data from Uganda, a low-income country in East Africa, shows that about 56% of married or cohabiting women between the ages of 15 and 49 years have experienced at least one form of IPV with physical IPV being the most reported type at 41% (Gubi et al., 2020). While some of the IPV prevention interventions in Uganda focus on social behaviour change communication to influence the adoption of tolerant social norms and behaviours (Ashburn et al., 2017; Michaels-Igbokwe et al., 2016; Wagman et al., 2012), a glaring gap in the fight against IPV is the mere assumption that men are the perpetrators yet male IPV in the country has not been characterised. Using nationally representative Uganda Demographic Health Survey 2016 data, this study seeks to describe male IPV in Uganda by estimating its burden and associated factors.

# Methods

# **Data and Population**

The data were derived from the 2016 Ugandan contribution to the Demographic Health Survey (DHS). The DHS is a cross-sectional survey and the data are collected from a nationally representative sample of the entire population. The survey was conducted by the Uganda Bureau of Statistics (UBOS). A two-stage stratified cluster sampling design was used to select the population for participation. All the 15 regions that were available from the 2014 National Population and Housing Census were represented in the survey. Moreover, the survey used Enumeration Areas (EAs) that were created during the census. A total of 697 EAs were selected in the first stage (162 EAs in urban areas and 535 in rural areas), while the second stage involved a selection of households within an EA or a segment of the EA if it contained more than 300 households. A total of 30 households per EA or segment from an EA were randomly selected resulting in a total of 20 880 households. Males aged 15 to 54 years from one third of the sampled households (one per selected household) were eligible to participate in the survey. Data collection took place from 20 June 2016 to 16 December 2016. The data derived from this survey are publicly available. Further details about the survey, methodology and ethical approval are available elsewhere (ICF. The DHS Program - Uganda: Standard DHS. Funded by USAID, 2016).

# Participants

Out of a total of 5 676 eligible men selected from households, 5 336 were successfully interviewed. A total of 4 011 males responded to the 2016 domestic violence module of the Ugandan DHS while 2 858 male participants responded to the IPV questions used in this study and were included in the analysis. The respondents were either in a heterosexual union (married or cohabiting) or separated/divorced.

# **Variables of Interest**

The outcome of interest was the reported experience of IPV among males. IPV experience was further subdivided into psychological, physical and sexual violence based on three of the four major typologies of violence as described by WHO (Krug et al., 2002). In this case, a binary variable about IPV was created, based on if the participants reported having ever experienced any of the three types of violence. The questions on psychological violence included whether their wives/partners had ever humiliated or threatened them. The questions on physical violence included whether the respondents had ever been *hit, kicked, slapped, punched, pushed, threatened, strangled or burnt* by their wives/partners. Moreover, the questions on sexual violence included if the respondents had been *forced to have unwanted sex or perform sexual acts with their wives/partners*. The associated exploratory factors investigated

in the study included age, sex, place of residence (rural vs urban), employment, income, the level of education, number of children, smoking status, number of sexual partners, whether they had given gifts for sex, wife drank alcohol, bi-directional violence and controlling behaviour (Supplementary Table 1).

#### **Statistical Analysis**

Descriptive statistics were calculated using based svy Pearson Chi-squared tests. Logistic regression analysis was used to determine the strength and direction of associations between the outcomes of interest and the associated covariates. Univariate and multivariable logistic regression was used to determine associations between each individual covariate. Variables were retained in a multivariable model based on p = 0.1. The statistical significance used was 0.05 with a 95% confidence interval. The survey-based design was used both for Chi-squared tests and the logistic regression analysis. The svylogitgof (Archer & Lemeshow, 2006) was used to test for the fit of the multivariable models, and were found to have a good fit. Stata 17 (StataCorp, TX, USA) was used for the analysis.

#### Results

A total of 1 264 (43.6%) and 905 (30.5%) of the males in this study had ever experienced any form of IPV during their lifetime and over the last 12 months respectively (Table 1). Among the three types of violence, 35.9% and 24.8% reported having experienced psychological violence, 20.2% and 11.9% physical violence and 8.2% and 5.7% sexual violence within the recall periods over their lifetime and the last 12 months respectively. A majority of the respondents reported being currently married or cohabiting (91.4%), and living in rural areas (78.0%) at the time of the survey (Table 2).

The study found that 21.1% of the respondents were afraid of their spouses sometimes or most of the time, while 40.7% had witnessed parental abuse (father beat mother). Moreover, 22% reported hurting their wife/partner when she was not hurting him signifying bi-directional violence, and 77.7% had experienced controlling behaviour from their partners. In the unadjusted logistic models (Table 3), the factors associated with all forms of IPV were being afraid of the wife most of the time (OR 7.94, 95% CI 4.39, 14.37), controlling behaviour (OR 4.76, 95% CI 3.59, 6.29) and hurting the wife when she was not hurting him (OR 4.39, 95% CI 3.47, 5.56). Males who had a wife or wives were less likely to experience IPV. On the other hand, the respondents who were separated or divorced were twice as likely to experience IPV compared to those currently in a union. Similar associations were observed for psychological violence with being afraid most of the time (OR 5.89, 95% CI 3.21, 10.80), controlling behaviour (OR 6.26, 95% CI 4.57, 8.59) and hurt wife/partner (OR 4.10, 95% CI 3.25, 5.16).

On the other hand, the factors associated with physical violence were being afraid of the wife/partner most of the time (OR 7.37, 95% CI 4.24, 12.79), wife/partner

Variable	IPV (lifetime)	No IPV (lifetime)	IPV (12 mo.	No IPV (12 mo.)
IPV (all types)	1264 (43.6)	1594 (56.4)	905 (30.5)	1954 (69.5)
Psychological violence	1053 (35.9)	1805 (64.1)	750 (24.8)	2108 (75.2)
Physical violence	579 (20.2)	2279 (79.8)	348 (11.9)	2510 (88.2)
Sexual violence	237 (8.2)	2621 (91.8)	161 (5.7)	2697 (94.3)
Age				
15–24	156 (43.3)	201 (56.7)	132 (36.9)	225 (63.1)
25-34	505 (43.0)	657 (57.0)	395 (34.0)	767 (66.0)
35–44	381 (46.1)	439 (53.9)	245 (28.6)	575 (71.4)
45–54	222 (41.4)	297 (58.6)	132 (23.2)	387 (76.8)
Place of residence				
Rural	1081 (43.8)	1279 (56.2)	722 (30.4)	1575 (69.6)
Urban	246 (42.9)	315 (57.1)	182 (30.8)	379 (69.2)
Level of education				
No education	69 (39.8)	91 (60.2)	50 (27.4)	110 (72.6)
Primary	769 (45.8)	914 (54.2)	539 (31.0)	1144 (69.0)
Secondary	275 (41.4)	382 (58.6)	203 (30.4)	454 (69.6)
Tertiary	151 (39.8)	207 (60.2)	112 (29.7)	246 (70.3)
Marital status				
Currently married/union	1119 (41.8)	1506 (58.2)	839 (30.8)	1786 (69.2)
Separated/divorced	145 (62.6)	88 (37.4)	65 (27.0)	168 (73.0)
Employment				
No	26 (47.4)	25 (52.6)	19 (34.7)	32 (65.3)
Yes	1238 (43.6)	1569 (56.4)	885 (30.4)	1922 (69.6)
Wealth index				
Poorest	274 (41.2)	381 (58.8)	194 (28.1)	461 (71.9)
Poorer	281 (44.4)	316 (55.6)	209 (33.6)	388 (66.7)
Middle	258 (45.9)	308 (54.1)	186 (32.5)	380 (67.5)
Richer	249 (45.0)	304 (55.0)	176 (29.9)	377 (70.1)
Richest	202 (41.4)	285 (58.6)	139 (28.5)	348 (71.5)
Number of children				
0	64 (42.7)	99 (57.3)	49 (34.3)	114 (65.7)
1–4	591 (42.6)	799 (57.4)	446 (31.8)	944 (68.2)
5+	609 (44.8)	696 (55.2)	409 (28.7)	896 (71.3)
Smoking				
Does not smoke	1037 (41.3)	1419 (58.7)	756 (29.7)	1700 (70.3)
Some days	50 (53.6)	44 (46.4)	37 (38.6)	57 (61.4)
Everyday	177 (59.7)	131 (40.3)	111 (34.0)	197 (66.0)
Number of wives				
0 (Separated/Divorced)	145 (62.6)	88 (37.4)	65 (27.0)	168 (73.0)
1	919 (41.3)	1296 (58.7)	685 (30.3)	1530 (69.7)
2+	200 (45.3)	210 (54.7)	154 (33.9)	256 (66.1)

 $\label{eq:table1} \begin{array}{l} \mbox{Table 1} & \mbox{Descriptive statistics of intimate partner violence against males in Uganda (2016) - unweighted numbers and weighted percent over lifetime and past 12 months \end{array}$ 

Table 1	(continued)

Variable	IPV (lifetime)	No IPV (lifetime)	IPV (12 mo.	No IPV (12 mo.)
No. sex partners (past 12 mo.)				
None	894 (39.6)	1354 (60.4)	635 (27.4)	1613 (72.6)
One or more	370 (58.8)	240 (41.2)	269 (42.2)	341 (57.8)
Given gifts for sex (past 12 mo.)				
No	1165 (42.4)	1546 (57.6)	833 (29.7)	1878 (70.3)
Yes	99 (65.5)	47 (34.5)	71 (45.3)	75 (54.7)
Respondent afraid of wife				
Never	855 (37.3)	1546 (62.7)	592 (25.1)	1661 (74.9)
Sometimes	342 (65.2)	178 (34.8)	258 (48.3)	262 (32.3)
Most of the time	67 (82.5)	18 (17.5)	54 (67.7)	31 (51.7)
Father beat mother				
No	573 (38.0)	947 (62.0)	406 (26.4)	1114 (73.6)
Yes	605 (50.1)	554 (49.9)	438 (35.5)	721 (64.5)
Don't know	86 (50.0)	93 (50.0)	60 (33.4)	119 (66.6)
Wife drinks alcohol				
No	913 (39.3)	1379 (60.7)	655 (27.6)	1637 (72.4)
Yes	351 (62.5)	215 (37.5)	249 (43.0)	317 (57.0)
Frequency of wife being drunk				
Never	74 (51.4)	66 (48.6)	50 (32.8)	90 (67.2)
Sometimes	218 (63.9)	135 (36.1)	157 (45.3)	196 (54.7)
Often	59 (79.9)	14 (20.1)	42 (53.9)	31 (46.1)
Bi-directional violence*				
No	809 (35.9)	1413 (64.1)	586 (25.5)	1636 (74.5)
Yes	455 (71.1)	181 (28.9)	318 (48.1)	318 (51.9)
Controlling behaviour				
No	116 (18.2)	505 (81.8)	73 (10.1)	548 (89.9)
Yes	1148 (51.1)	1089 (48.9)	831 (36.5)	1406 (63.5)

12 mo. refers to IPV experience in the 12 months preceding the survey

\*Hurt wife/partner when she was not hurting the male respondent

often being drunk (OR 6.31, 95% CI 3.00, 13.28) and bi-directional violence against the wife/partner (OR 4.00, 95% CI 3.19, 5.03). Sexual violence was strongly associated with controlling behaviour (OR 7.53, 95% CI 4.20, 13.49), wife/partner often being drunk (OR 6.09, 95% CI 1.99, 18.63) and being afraid of the wife/partner most of the time (OR 4.62, 95% CI 2.45, 8.71).

Congruently, in the multivariable models (Table 4), the factors associated with all forms of IPV, were being afraid of the wife/partner most of the time (OR 5.10, 95% CI 2.91, 8.96), controlling behaviour (OR 3.80, 95% CI 2.84, 5.07), and bi-direction violence against the wife/partner (OR 3.20, 95% CI 2.49, 4.12). Similar factors were observed for psychological violence, with controlling behaviour (OR 4.93, 95% CI 3.57, 6.81), being afraid of the wife/partner most of the time (OR 4.28, 95% CI 2.50,

Variable	All IPV	d	Psychological	р	Physical	d	Sexual	р
Age		0.530		0.022		0.390		0.059
15-24	156 (43.3)		119 (31.1)		65 (19.4)		44 (11.5)	
25–34	505 (43.0)		417 (35.7)		238 (20.0)		102 (9.3)	
35-44	381 (46.1)		334 (40.5)		157 (18.7)		53 (6.5)	
45–54	222 (41.4)		183 (32.5)		119 (23.3)		38 (6.7)	
Place of residence		0.763		0.847		0.360		0.546
Rural	1081 (43.8)		837 (35.8)		475 (20.7)		182 (8.0)	
Urban	246 (42.9)		216 (36.4)		104 (18.5)		55 (9.0)	
Level of education		0.255		0.241		0.030		0.285
No education	69 (39.8)		53 (34.4)		38 (22.6)		12 (6.5)	
Primary	769 (45.8)		654 (38.0)		365 (22.4)		136 (8.5)	
Secondary	275 (41.4)		220 (32.1)		112 (17.0)		62 (9.3)	
Higher	151 (39.8)		126 (34.4)		64 (15.5)		27 (5.6)	
Marital status		< 0.001		< 0.001		< 0.001		0.002
Currently married/union	1119 (41.8)		924 (34.0)		498 (18.9)		193 (7.6)	
Separated/divorced	145 (62.6)		129 (56.6)		81 (34.1)		44 (14.4)	
Employment		0.653		0.270		0.232		0.983
No	26 (47.4)		18 (27.7)		16 (28.3)		5 (8.3)	
Yes	1238 (43.6)		1035 (36.0)		563 (20.1)		232 (8.2)	
Wealth index		0.634		0.687		0.311		0.158
Poorest	274 (41.2)		229 (34.2)		124 (18.3)		35 (5.0)	
Poorer	281 (44.4)		228 (34.4)		144 (23.6)		58 (10.0)	
Middle	258 (45.9)		215 (38.4)		118 (20.9)		47 (8.4)	
Richer	249 (45.0)		211 (37.4)		106 (20.7)		51 (8.9)	
Richest	202 (41.4)		170 (34.8)		87 (17.6)		46 (8.6)	
No. of children		0.624		0.283		0.250		0.189

 $\underline{\textcircled{O}}$  Springer

Table 2 (continued)								
Variable	All IPV	d	Psychological	d	Physical	d	Sexual	d
0	64 (42.7)		46 (28.9)		30 (23.0)		17 (9.8)	
1	591 (42.6)		490 (35.8)		259 (18.4)		128 (9.2)	
5+	609 (44.8)		517 (36.9)		290 (21.7)		92 (7.0)	
Smoking		< 0.001		0.0001		0.0001		0.265
Does not smoke	1037 (41.3)		861 (33.9)		464 (18.4)		194 (8.0)	
Some days	50 (53.6)		44 (45.5)		27 (32.1)		10 (6.7)	
Everyday	177 (59.7)		148 (49.8)		88 (31.5)		92 (10.8)	
Number of wives		< 0.001		< 0.001		< 0.001		0.008
0 (Divorced/Separated)	145 (62.6)		129 (56.6)		81 (34.1)		44 (14.4)	
1	919 (41.3)		762 (33.4)		402 (18.3)		162 (7.8)	
2+	200 (45.3)		162 (37.1)		96 (22.6)		31 (6.9)	
No. of sex partners		< 0.001		< 0.001		< 0.001		0.0003
None	894 (39.6)		738 (32.2)		404 (17.9)		148 (7.0)	
One or more	370 (58.8)		315 (50.0)		175 (29.1)		89 (12.7)	
Given gifts for sex		< 0.001		< 0.001		< 0.001		0.0001
No	1165 (42.4)		970 (34.9)		528 (19.3)		207 (7.7)	
Yes	99 (65.5)		83 (55.5)		51 (38.3)		27 (18.4)	
Afraid of wife		< 0.001		< 0.001		< 0.001		< 0.001
Never	855 (37.3)		706 (30.7)		340 (15.3)		146 (6.2)	
Sometimes	342 (65.2)		288 (53.0)		191 (36.3)		74 (14.5)	
Most of the time	67 (82.5)		59 (72.3)		48 (57.0)		17 (23.5)	
Father beat mother		< 0.001		< 0.001		0.0004		0.341
No	573 (38.0)		468 (31.0)		256 (17.1)		103 (7.4)	
Yes	605(50.1)		513 (41.4)		269 (23.0)		117 (9.3)	

Table 2 (continued)								
Variable	All IPV	d	Psychological	р	Physical	р	Sexual	р
Don't know	86 (50.0)		72 (42.3)		54 (29.6)		17 (8.2)	
Wife drinks alcohol		< 0.001		< 0.001		< 0.001		0.581
No	913 (39.3)		750 (31.8)		371 (16.3)		180(8.1)	
Yes	351 (62.5)		303 (54.0)		208 (37.6)		57 (8.9)	
Frequency of wife being drunk		0.003		0.147		< 0.001		0.006
Never	74 (51.4)		70 (48.3)		25 (19.0)		6(3.1)	
Sometimes	218 (63.9)		181 (54.0)		140 (41.3)		38 (9.9)	
Often	59 (79.9)		52 (66.0)		43 (59.7)		13 (16.5)	
Bi-directional violence*		< 0.001		< 0.001		< 0.001		< 0.001
No	809 (35.9)		657 (28.6)		327 (14.5)		145 (6.6)	
Yes	455 (71.1)		396 (62.1)		252 (40.5)		92 (13.9)	
Controlling behaviour		< 0.001		< 0.001		< 0.001		< 0.001
No	116 (18.2)		75 (10.9)		56 (9.3)		14 (1.5)	
Yes	1148 (51.1)		978 (43.3)		523 (23.4)		223 (10.2)	
Estimates presented are unweighted numbers (weighted percent), and chi square $p$ values *Hurt wife/partner when she was not hurting the male respondent	ed numbers (weighten not hurting the male	ed percent), and trespondent	chi square p values					

576

Variable	All IPV	95%CI	р	Psychological	95%CI	р	Physical	95%CI	d	Sexual	95%CI	d
Age												
15-24	1			1			1			1		
25-34	0.99	0.73, 1.33	0.943	1.23	0.89, 1.69	0.210	1.04	0.69, 1.57	0.844	0.79	0.50, 1.25	0.319
35-44	1.12	0.82, 1.53	0.472	1.51	1.10, 2.06	0.010	0.96	0.63, 1.46	0.852	0.54	0.33, 0.88	0.014
45-54	0.93	0.66, 1.31	0.662	1.07	0.75, 1.51	0.724	1.27	0.81, 1.98	0.298	0.55	0.32, 0.96	0.035
Residence												
Rural	1.04	0.81, 1.34	0.763	0.96	0.76, 1.23	0.847	1.15	0.85, 1.56	0.361	0.88	0.58, 1.33	0.546
Urban	1			1			1			1		
Education												
No education	1			1			1			1		
Primary	1.28	0.77, 2.12	0.340	1.17	0.71, 1.92	0.536	0.99	0.59, 1.69	0.974	1.34	0.62, 2.87	0.453
Secondary	1.07	0.63, 1.83	0.803	06.0	0.53, 1.54	0.708	0.71	0.40, 1.24	0.227	1.48	0.66, 3.29	0.341
Higher	1.00	0.56, 1.79	766.0	1.00	0.56, 1.79	0.999	0.63	0.34, 1.16	0.140	0.85	0.36, 2.03	0.718
Marital status												
Married/ union	1			1			1			1		
Separated/ divorced	2.33	1.65, 3.28	< 0.001	2.53	1.79, 3.59	< 0.001	2.22	1.54, 3.18	< 0.001	2.04	1.30, 3.20	0.002
Employment												
No	1			1			1			1		
Yes	0.86	0.44, 1.67	0.653	1.47	0.74, 2.92	0.272	0.64	0.30, 1.34	0.236	0.99	0.33, 2.97	0.983
Wealth index												
Poorest	1			1			1			1		
Poorer	1.14	0.87, 1.50	0.337	1.01	0.77, 1.32	0.949	1.37	0.98, 1.92	0.061	2.12	1.23, 3.66	0.007
Middle	1.21	0.91, 1.61	0.185	1.20	0.89, 1.60	0.229	1.18	0.84, 1.65	0.348	1.74	1.00, 3.00	0.049
Richer	1.17	0.87, 1.57	0.309	1.15	0.84, 1.56	0.379	1.17	0.82, 1.67	0.400	1.86	1.07, 3.23	0.028
Richest	1.01	0.73, 1.39	0.955	1.02	0.74, 1.42	0.891	0.95	0.44, 1.41	0.792	1.80	1.00, 3.23	0.048
No. children												

 $\stackrel{{}_{\scriptstyle{\frown}}}{\underline{\frown}}$  Springer

Table 3 (continued)												
Variable	All IPV	95%CI	р	Psychological	95%CI	р	Physical	95%CI	р	Sexual	95%CI	р
0	1			1			1			1		
1	0.99	0.67, 1.48	0.978	1.37	0.85, 2.21	0.195	0.75	0.43, 1.31	0.318	0.94	0.49, 1.81	0.851
5+	1.09	0.73, 1.64	0.674	1.44	0.90, 2.31	0.132	0.93	0.53, 1.61	0.785	0.69	0.36, 1.34	0.275
Smoking status												
Does not smoke	1			1			1			1		
Some days	1.64	0.95, 2.83	0.074	1.63	0.95, 2.81	0.078	2.10	1.07, 4.09	0.030	0.83	0.38, 1.82	0.634
Everyday	2.10	1.57, 2.82	< 0.001	1.94	1.46, 2.57	< 0.001	2.04	1.49, 2.79	< 0.001	1.40	0.88, 2.24	0.158
No. of wives												
0 (Divorced/Separated)	1			1			1			1		
1	0.42	0.30, 0.59	< 0.001	0.39	0.27, 0.55	< 0.001	0.43	0.30, 0.62	< 0.001	0.50	0.32, 0.79	0.003
2+	0.50	0.33, 0.74	0.001	0.45	0.30, 0.68	< 0.001	0.56	0.35, 0.90	0.016	0.44	0.23, 0.83	0.012
No. of sex partners												
None	1			1			1			1		
One or more	2.17	1.74, 2.71	< 0.001	2.11	1.70, 2.62	< 0.001	1.88	1.47, 2.41	< 0.001	1.92	1.35, 2.74	< 0.001
Given gifts for sex												
No	1			1			1			1		
Yes	2.58	1.67, 4.00	< 0.001	2.34	1.55, 3.52	< 0.001	2.60	1.67, 4.05	< 0.001	2.73	1.64, 4.55	< 0.001
Afraid of wife												
Never	1			1			1			1		
Sometimes	3.15	2.44, 4.08	< 0.001	2.54	2.00, 3.24	< 0.001	3.16	2.41, 4.14	< 0.001	2.56	1.80, 3.64	< 0.001
Most of the time	7.94	4.39, 14.37	< 0.001	5.89	3.21, 10.80	< 0.001	7.37	4.24, 12.79	< 0.001	4.62	2.45, 8.71	< 0.001
Father beat mother												
No	1			1			1			1		
Yes	1.64	1.34, 2.00	< 0.001	1.57	1.29, 1.92	< 0.001	1.45	1.15, 1.84	0.002	1.29	0.89, 1.85	0.174

 $\underline{\textcircled{O}}$  Springer

Table 3 (continued)												
Variable	All IPV 95%CI	95%CI	р	Psychological 95%CI	95%CI	р	Physical 95%CI	95%CI	р	Sexual 95%CI	95%CI	d
Don't know	1.63	1.09, 2.43	0.018	1.63	1.08, 2.46	0.020	2.05	1.32, 3.18	0.001	1.12	0.58, 2.17	0.739
Wife drinks alcohol												
No	1			1			1			1		
Yes	2.58	2.03, 3.28	< 0.001	2.51	1.99, 3.18	< 0.001	3.10	2.41, 4.00	< 0.001 1.12	1.12	0.76, 1.65	0.581
Frequency of wife being drunk												
Never	1			1			1			1		
Sometimes	1.67	1.07, 2.62	0.025	1.26	0.80, 1.98 0.323	0.323	3.00	1.71, 5.26 < 0.001  3.39	< 0.001	3.39	1.24, 9.32	0.018
Often	3.76	1.59, 8.90	0.003	2.08	0.94, 4.61	0.070	6.31	3.00, 13.28 < 0.001 6.09	< 0.001	60.9	1.99, 18.63 0.002	0.002
Bi-directional violence*												
No	1			1			1			1		
Yes	4.39	3.47, 5.56	< 0.001 4.10	4.10	3.25, 5.16	< 0.001 4.00	4.00	3.19, 5.03	< 0.001 2.28	2.28	1.60, 3.26	< 0.001
Controlling behaviour												
No	1			1			1			1		
Yes	4.76	3.59, 6.29 < 0.001 6.26	< 0.001	6.26	4.57, 8.59 < 0.001  2.98	< 0.001	2.98	2.04, 4.34 < 0.001 7.53	< 0.001	7.53	4.20, 13.49	< 0.001
*Hurt wife/partner when she was not hurting the male respondent	as not hur	ing the male	respondent									

p = p value 95%CI = 95% Confidence Intervals

 $\underline{\textcircled{O}}$  Springer

Variable	All IPV	95%CI	d	Psychological	95%CI	р	Physical	95%CI	р	Sexual	95%CI	р
Afraid of wife												
Never	1			1			1			1		
Sometimes	2.69	2.05, 3.52	< 0.001	2.12	1.64, 2.72	< 0.001	2.63	2.00, 3.47	< 0.001	2.10	1.46, 3.02	< 0.001
Most of the time	5.10	2.91, 8,96	< 0.001	4.28	2.50, 7.31	< 0.001	4.99	2.91, 8.53	< 0.001	3.59	1.87, 6.91	< 0.001
Bi-directional violence*												
No	1			1			1			1		
Yes	3.20	2.49, 4.12	< 0.001	2.99	2.33, 3.84	< 0.001	2.99	2.36, 3.78	< 0.001	1.87	1.29, 2.71	0.001
Controlling behaviour												
No	1			1			1			1		
Yes	3.80	2.84, 5.07	< 0.001	4.93	3.57, 6.81	< 0.001	2.03	1.38, 2.98	< 0.001	5.73	3.14, 10.46	< 0.001
Father beat mother												
No	1			1			1					
Yes	1.33	1.06, 1.66	0.013	1.28	1.02, 1.60	0.032	1.13	0.87, 1.47	0.350		NA	
Don't know	1.41	0.92, 2.17	0.116	1.46	0.94, 2.25	0.092	1.88	1.17, 3.02	0.009			
Wife drinks alcohol												
No	1			1			1					
Yes	1.85	1.40, 2.45	< 0.001	1.83	1.39, 2.41	< 0.001	2.29	1.74, 3.01	< 0.001		NA	
Number of sex partners												
None	1			1			1					
One or more	1.42	1.11, 1.82	0.004	1.41	1.10, 1.81	0.007	1.25	0.95, 1.64	0.108		NA	
Marital status												
Currently married/union	1			1			1					
Separated/ divorced	1.61	1.09, 2.38	0.017	1.94	1.33, 2.82	0.001	1.57	1.07, 2.26	0.025	1.64	0.98, 2.74	0.058
Age												
15-24				1						1		
75_34											011100	0000

Table 4 (continued)												
Variable	All IPV	PV 95%CI	р	Psychological 95%CI	95%CI	р	Physical 95%CI	95%CI	d	Sexual 95%CI	95%CI	р
35-44				1.77	1.26, 2.47 0.001	0.001				0.52	0.30, 0.90	0.019
45-54				1.26	0.86, 1.85	0.241				0.56	0.31, 1.03	0.061
Smoking												
Does not smoke	1											
Some days	1.31	0.64, 2.65	0.432		NA			NA			NA	
Everyday	1.50	1.09, 2.06	0.014									
Employment												
No				1								
Yes	NA			2.70	1.29, 5.66	0.008		NA			NA	
Wealth index												
Poorest	1						1			1		
Poorer	1.25	0.94, 1.67	0.129		NA		1.47	1.02, 2.12	0.038	2.26	1.32, 3.89	0.003
Middle	1.43	1.05, 1.96	0.025				1.25	0.86, 1.82	0.236	1.84	1.05, 3.21	0.032
Richer	1.29	0.93, 1.80	0.129				1.19	0.81, 1.74	0.368	1.85	1.03, 3.30	0.039
Richest	1.18	0.83, 1.69	0.347				1.10	0.72, 1.66	0.664	2.15	1.19, 3.88	0.011
*Hurt wife/partner when she was not hurting the male respondent	he was not	hurting the n	nale respon	dent								
p = p value												

95%CI = 95% Confidence Intervals NA represents not applicable for example, the variables not included in the final multivariable model 7.31) and bi-directional violence (OR 2.99, 95% CI 2.33, 3.84). Employed respondents were more likely to experience psychological violence (OR 2.70, 95% CI 1.29, 5.66), and those between 35–44 years (OR 1.77, 95% CI 1.26, 2.47).

The factors associated with physical violence were being afraid most of the time (OR 4.99, 95% CI 2.91, 8.53), bi-directional violence (OR 2.99, 95%2.36, 3.78) and the wife/partner drinking alcohol (OR 2.29, 95% CI 1.74, 3.01). On the other hand, sexual violence was associated with controlling behaviour (OR 5.73, 95% CI 3.14, 10.46), and being afraid of the wife most of the time (OR 3.59, 95% CI 1.87, 6.91). Respondents from the higher wealth indices were also more likely to experience sexual violence compared to the poorest index. Additionally, the age group (35-44) were less likely to experience sexual violence compared to those 15-24 years of age.

### Discussion

Overall, the lifetime prevalence of all forms of IPV among males in Uganda was 44% and 31% during the 12 months preceding the survey. The factors associated with all forms of IPV included being afraid of their partners, controlling behaviour from the partners and bi-directional violence by hurting the partner when she was not hurting him. IPV has been more commonly studied among females compared to males. Based on the high prevalence which - close to half of the selected male respondents, it is evident that this a subject that is less frequently addressed among males.

The lifetime prevalence of IPV was higher than that reported in Tanzania and the US ranging from 7 to 34.8% (Coker et al., 2002; Mulawa et al. 2016; Tjaden & Thoennes 2000). The high rates could be attributed to the high prevalence of witnessing parental violence and controlling behaviour. In this study, approximately, 40% of the males had witnessed parental violence while in other studies the estimate has ranged from 36 to 52% (Gubi et al. 2020; Kwagala et al. 2013). Moreover, approximately three quarters of the selected respondents had experienced controlling behaviour from their partners. A combination of exposure to these factors may have influenced the higher prevalence of IPV observed.

Regarding the three forms of violence, psychological violence had the highest prevalence which is consistent with other studies (Costa et al., 2015; Ferraresso, 2020). Rates of psychological violence were also higher than reported in studies from Europe, the United States and South Korea (Coker et al., 2002; Costa et al., 2015; Ferraresso, 2020). Psychological violence may be higher among males as the female perpetrators are more likely to report psychological aggression and may be less inclined to inflict bodily harm and injuries on their intimate partners (Carmo et al., 2011; Karakurt & Silver, 2013). Furthermore, due to prevailing societal and gender norms, it is more socially acceptable for females to engage in verbal aggression rather than physical aggression (Karakurt & Silver, 2013).

Physical violence was the second most prevalent form of IPV which was higher than rates observed in Europe, (except Athens at 31.2%), United States and South Korea (Coker et al., 2002; Costa et al., 2015; Ferraresso, 2020). This is however

inconsistent with a study from Tanzania that found sexual violence as the second most prevalent form of IPV among males at 11.1%, after psychological violence (Mulawa et al., 2016). The difference could be due to the study settings. The Tanzania study was conducted in Dar es Salaam which is largest city in the country and thus represented the prevalence in only an urban setting. This study used data that was derived from a national representative sample of the entire country, whose survey population is largely rural.

Bidirectional violence was a major risk factor for IPV as reported in other studies (Costa et al., 2015; Ferraresso, 2020; Hamel & Russell, 2012; Powney & Graham-Kevan, 2019). For example, more than half of the selected study population who experienced IPV and psychological violence (71% and 62% respectively) admitted to perpetrating violence against their partners. This is higher than reported in a review of studies (49–57.9%) (Hamel & Russell, 2012; Powney & Graham-Kevan, 2019) which is a high prevalence nonetheless. A number of male victims may equally be perpetrators of IPV within their settings (Bates, 2016; Coker et al., 2002; Mulawa et al., 2016). The implication is that preventive efforts to tackle IPV may need to target couples to break the cycle of violence as the victims may equally have been perpetrators.

Being afraid of their respective partners was also associated with IPV as documented in the United Kingdom (Taylor et al., 2021). This has also been reported as a factor in studies conducted among females (Kwagala et al., 2013; Wandera et al., 2015). Fear of partners is normally associated with past behaviours from a partner that could have arisen through threats or fear of bodily injuries in order to exert power or control in a relationship. Men who have expressed fear of their partners are less likely to seek help (Powney & Graham-Kevan, 2019; Taylor et al., 2021). The factors associated with fear in men include being scared of retaliation, fear of the female abusers falsely claiming to be the victim to law enforcement or peers, fear of ultimately being rejected by their family and children as well as fear for their wellbeing (Taylor et al., 2021). Although it is anticipated that men may not be afraid of their partners, this may not entirely be the case considering the percentage of men who were afraid of their partners in our study.

Controlling behaviour from the males' partners was also associated with all forms of IPV as reported in other studies (Ferraresso, 2020; Gubi et al., 2020). Controlling behaviour constitutes but is not limited to threats, intimidation, destruction of property, isolation of victims, exerting control over finances and legal abuse (Ferraresso, 2020; Powney et al., 2021). Controlling behaviour can be harmful to the victims as it is associated with mental distress, alcohol use, substance abuse and reduced self-confidence (Powney et al., 2021).

The age group 25-34 years had a lower odds of experiencing sexual violence compared to those younger than 25, which is similar to a study conducted among females in Uganda (Gubi et al., 2020). The older age groups 35-54 were also less likely to experience sexual violence although it was not statistically significant. With the more recent exposure to social media and digital technology, sexual communication has become more common among young adults. Drouin et al. found that sexual coercion was associated with sexual violence and similar proportions were observed among males and females (Drouin et al., 2015). The sexual coercion involved

making respondents feel obligated or due to persistent requests to go ahead with unwanted things (Drouin et al., 2015). Given the increasing use of technology, a preventive measure to reduce the occurrence of sexual violence among the younger generation would require strengthened and comprehensive sex education targeting both boys and girls to minimise perpetration and improve assertiveness for the potential victims.

All the wealthier respondents were more likely to report sexual IPV compared to the poorest in our study. Considering that wealthier people are more likely to access health information (Tang et al., 2019), it is possible that they are more enlightened about IPV and are therefore confident to acknowledge their experiences with it compared to their less empowered counterparts. Based on this, our findings could be more reflective of a reporting pattern than the actual experience of male IPV in our study population.

Other factors that have typically been associated with IPV among females were not associated with male IPV in this study. For example, the level of education was not associated with any form of IPV. This is similar to a study among males in which education was not associated with IPV in Tanzania and South Korea (Ferraresso, 2020; Mulawa et al., 2016), while males with incomplete primary education in Rwanda were more likely to experience psychological violence (Umubyeyi et al., 2014). Women with lower education attainment are more likely to report IPV in studies from Uganda and Rwanda (Gubi et al., 2020; Umubyeyi et al., 2014). Males may be less inclined to report IPV experiences due to fear of ridicule and cultural norms that expect them to be brave (Umubyeyi et al., 2014).

In our study, males who were employed had a higher risk of psychological violence which was consistent with a South Korean study (Ferraresso, 2020). However, females with professional employment status had a lower risk of physical violence in another Ugandan study (Kwagala et al., 2013). The number of children has been associated with IPV among females (Gubi et al., 2020; Kwagala et al., 2013) but not in our study. It is considered more of a woman's responsibility to look after children within the sub Saharan African context. Therefore, the they are likely to remain in an abusive relationship for the sake of the children. Thus, the risk factors of violence among females may necessarily not be the same among males.

#### Strengths and limitations

Strengths: The study contributes significant knowledge on intimate violence among males in sub Saharan Africa. There is a paucity of information on the subject among males as it tends to get overlooked in comparison to females. While we acknowledge that there is an imbalance in terms of limited access to resources among females which predisposes them to IPV, the prevalence rates in this study indicate that males are also predisposed to violence. Another strength is that the study was conducted among a nationally representative sample of the Ugandan population, thus the rates are generalisable to the country. Limitations: Considering that IPV among males is often stigmatised, denied or ridiculed and could be under-reported due to cultural norms (Carmo et al., 2011; Karakurt & Silver, 2013; Umubyeyi et al., 2014), it is

possible that the estimate presented may be conservative and influenced by reporting bias. Secondly, the cross-sectional survey by design is unable to establish causality, therefore it was not possible to determine the factors that caused the violence. Thirdly, the questions used in this study about the experience of IPV were asked from persons who were currently or formerly in a union but not from those who had never married or had not lived together as a couple. Spousal violence is not only limited to couples who live together. Therefore the prevalence of IPV within males who had never lived together as a couple was not estimated in this study, although it is possible this demographic has experienced violence through dating and it is important to have their experiences captured.

### Conclusion

Two out of five males have experienced IPV in Uganda. Major factors include feeling afraid of the partner, perpetrating the violence and exposure to controlling behaviour from the partner. Preventive measures aimed at addressing IPV at the community level may benefit by targeting couples and the inclusion of men in IPV prevention initiatives. Further research on IPV experience among men may be warranted given the high numbers of men who experience it and who appear to be less likely to seek help.

**Supplementary Information** The online version contains supplementary material available at https://doi.org/10.1007/s10935-022-00683-2.

Acknowledgements Author AA was supported by the EDCTP/TDR Clinical Research and Development Fellowship Program, World Health Organization, Geneva, Switzerland; a grant from The John Harvey Lowery Foundation, USA; and the University of Turku Joint Research Grant Fund, Finland. Author MLW was funded by a grant from the Alexander von Humboldt-Stiftung, Bonn, Germany. We would also like to thank the study participants, and fellow researchers who participated in collecting and compiling data. Without their active participation, this study would not have been possible.

Funding Open Access funding enabled and organized by Projekt DEAL.

#### **Compliance With Ethical Standards**

Conflict of Interest All authors have no conflicts of interest to declare.

**Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

### References

- Archer, J. (2000). Sex differences in aggression between heterosexual partners: a meta-analytic review. Psychological Bulletin, 126(5), 651.
- Archer, K. J., & Lemeshow, S. (2006). Goodness-of-fit test for a logistic regression model fitted using survey sample data. *Stata Journal*, 6(1), 97–105. https://doi.org/10.1177/1536867X0600600106
- Ashburn, K., Kerner, B., Ojamuge, D., & Lundgren, R. (2017). Evaluation of the responsible, engaged, and loving (real) fathers initiative on physical child punishment and intimate partner violence in northern uganda. *Prevention Science*, 18(7), 854–864.
- Bates, E. A. (2016). Current controversies within intimate partner violence: Overlooking bidirectional violence. Journal of Family Violence, 31(8), 937–940.
- Bates, E. A. (2020). No one would ever believe me: An exploration of the impact of intimate partner violence victimization on men. Psychology of Men & Masculinities, 21(4), 497.
- Breiding, M. J. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—national intimate partner and sexual violence survey, united states, 2011. Morbidity and mortality weekly report. Surveillance summaries (Washington, DC: 2002), 63 (8), 1.
- Breiding, M. J., Black, M. C., & Ryan, G. W. (2008). Prevalence and risk factors of intimate partner violence in eighteen us states/territories, 2005. *American Journal of Preventive Medicine*, 34(2), 112–118.
- Busch, A. L., & Rosenberg, M. S. (2004). Comparing women and men arrested for domestic violence: A preliminary report. *Journal of Family Violence*, 19(1), 49–57.
- Carbone-López, K., Kruttschnitt, C., & Macmillan, R. (2006). Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. *Public Health Reports*, 121(4), 382–392.
- Carmo, R., Grams, A., & Magalhães, T. (2011). Men as victims of intimate partner violence. Journal of Forensic and Legal Medicine, 18(8), 355–359.
- Chen, M., & Chan, K. L. (2021). Characteristics of intimate partner violence in china: Gender symmetry, mutuality, and associated factors. *Journal of Interpersonal Violence*, 36(13), 6867–6889.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23(4), 260–268.
- Costa, D., Soares, J., Lindert, J., Hatzidimitriadou, E., Sundin, E., Toth, O., & Barros, H. (2015). Intimate partner violence: A study in men and women from six European countries. *International Journal of Public Health*, 60(4), 467–478.
- Cunradi, C. B., Caetano, R., & Schafer, J. (2002). Socioeconomic predictors of intimate partner violence among white, black, and hispanic couples in the United States. *Journal of Family Violence*, 17(4), 377–389.
- Devries, K. M., Mak, J. Y., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G., et al. (2013). The global prevalence of intimate partner violence against women. *Science*, 340, 1527–1528.
- Douglas, E. M., & Hines, D. A. (2011). The helpseeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence*, 26(6), 473–485.
- Drouin, M., Ross, J., & Tobin, E. (2015, September). Sexting: A new, digital vehicle for intimate partner aggression? Computers in Human Behavior, 50, 197–204. Retrieved from https://doi.org/10.1016/j. chb.2015.04.001
- Ferraresso, R. (2020, March). Risk and protective factors associated with intimate partner violence in a nationally representative sample of korean men. *Journal of Preventive Medicine and Public Health*, 53 (2), 135–142. Retrieved from https://doi.org/10.3961/jpmph.19.292
- Gubi, D., Nansubuga, E., & Wandera, S. O. (2020). Correlates of intimate partner violence among married women in Uganda: A cross-sectional survey. BMC Public Health, 20(1), 1–11.
- Hamel, J., & Russell, B. L. (2012). Perceptions of female offenders (2013rd ed.; B. Russell, Ed.). New York, NY: Springer. https://doi.org/10.1007/978-1-4614-5871-5
- Hine, B., Wallace, S., & Bates, E. A. (2021). Understanding the profile and needs of abused men: exploring call data from a male domestic violence charity in the united kingdom. *Journal of interpersonal violence*, 08862605211028014.

- Hines, D. A., & Douglas, E. M. (2009). Women's use of intimate partner violence against men: Prevalence, implications, and consequences. *Journal of Aggression, Maltreatment & Trauma, 18*(6), 572–586.
- ICF. The DHS Program Uganda: Standard DHS. Funded by USAID. (2016). Retrieved from https:// www.dhsprogram.com/methodology/survey/survey-display-504.cfm ([Accessed online 23. Apr. 2021])
- Karakurt, G., & Silver, K. E. (2013). Emotional abuse in intimate relationships: The role of gender and age. Violence and Victims, 28 (5), 804–821. Retrieved from https://doi.org/10.1891/0886-6708. vv-d-12-00041
- King, K., Murray, C. E., Crowe, A., Hunnicutt, G., Lundgren, K., & Olson, L. (2017). The costs of recovery: Intimate partner violence survivors' experiences of financial recovery from abuse. *The Family Journal*, 25(3), 230–238.
- KNBS, of Statistics, K. N. B., of Health/Kenya, M., Council/Kenya, N. A. C., Institute, K. M. R., for Population Development/Kenya, N. C., & International, I. (2015, Dec). Kenya Demographic and Health Survey 2014. Retrieved from https://dhsprogram.com/publications/publication-fr308-dhsfinal-reports.cfm ([Online; accessed 2. Apr. 2021])
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002, Oct). The world report on violence and health. Lancet, 360 (9339), 1083–1088. https://doi.org/10.1016/S0140-6736(02)11133-0
- Kwagala, B., Wandera, S. O., Ndugga, P., & Kabagenyi, A. (2013, December). Empowerment, partner's behaviours and intimate partner physical violence among married women in uganda. BMC Public Health, 13 (1). Retrieved from https://doi.org/10.1186/1471-2458-13-1112
- Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimisation: A systematic review. *European Journal of Psychotrauma*tology, 5(1), 24794.
- Langhinrichsen-Rohling, J., Misra, T. A., Selwyn, C., & Rohling, M. L. (2012). Rates of bidirectional versus unidirectional intimate partner violence across samples, sexual orientations, and race/ethnicities: A comprehensive review. *Partner Abuse*, 3(2), 199–230.
- Linder, J. R., & Collins, W. A. (2005). Parent and peer predictors of physical aggression and conflict management in romantic relationships in early adulthood. *Journal of Family Psychology*, 19(2), 252.
- Marie, D., Fergusson, D. M., & Boden, J. M. (2008). Ethnic identity and intimate partner violence in a New Zealand birth cohort. Social Policy Journal of New Zealand, 33, 126.
- Michaels-Igbokwe, C., Abramsky, T., Devries, K., Michau, L., Musuya, T., & Watts, C. (2016). Cost and cost-effectiveness analysis of a community mobilisation intervention to reduce intimate partner violence in kampala, uganda. *BMC Public Health*, 16(1), 1–10.
- Mulawa, M., Kajula, L. J., Yamanis, T. J., Balvanz, P., Kilonzo, M. N., & Maman, S. (2016, January). Perpetration and victimization of intimate partner violence among young men and women in dar es salaam, tanzania. Journal of Interpersonal Violence, 33 (16), 2486–2511. Retrieved from https://doi. org/10.1177/0886260515625910
- Park, S., Bang, S.-H., & Jeon, J. (2021). This society ignores our victimization: Understanding the experiences of Korean male victims of intimate partner violence. *Journal of Interpersonal Violence*, 36(23–24), 11658–11680.
- Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., & Florence, C. (2018). Lifetime economic burden of intimate partner violence among us adults. *American Journal of Preventive Medicine*, 55(4), 433–444.
- Powney, D., & Graham-Kevan, N. (2019). Male victims of intimate partner violence: A challenge to the gendered paradigm. In The palgrave handbook of male psychology and mental health (pp. 123– 143). Springer.
- Powney, D., Graham-Kevan, N., & Initiative, M. (2021). Male victims of coercive control. Retrieved from https://www.mankind.org.uk/wp-content/uploads/2021/07/Male-Victims-of-Coercive-Control-2021.pdf
- Slep, A. M. S., Foran, H. M., Heyman, R. E., & Snarr, J. D. (2010). Unique risk and protective factors for partner aggression in a large scale air force survey. *Journal of Community Health*, 35(4), 375–383.
- Smith, S. G., Fowler, K. A., & Niolon, P. H. (2014). Intimate partner homicide and corollary victims in 16 states: National violent death reporting system, 2003–2009. *American Journal of Public Health*, 104(3), 461–466.
- Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family*, 87, 465–479.

- Tang, C., Wu, X., Chen, X., Pan, B., & Yang, X. (2019). Examining income-related inequality in health literacy and health-information seeking among urban population in china. *BMC Public Health*, 19(1), 1–9.
- Taylor, J. C., Bates, E. A., Colosi, A., & Creer, A. J. (2021). *August*) (p. 8862605211035870). Violence: Barriers to men help seeking for intimate partner violence. J. Interpers.
- Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women*, 6(2), 142–161.
- Umubyeyi, A., Mogren, I., Ntaganira, J., & Krantz, G. (2014, August). Women are considerably more exposed to intimate partner violence than men in rwanda: results from a population-based, cross-sectional study. BMC Womens Health, 14 (1). Retrieved from https://doi.org/10.1186/1472-6874-14-99
- Wagman, J. A., Namatovu, F., Nalugoda, F., Kiwanuka, D., Nakigozi, G., Gray, R., & Serwadda, D. (2012). A public health approach to intimate partner violence prevention in Uganda: The share project. *Violence Against Women*, 18(12), 1390–1412.
- Wandera, S. O., Kwagala, B., Ndugga, P., & Kabagenyi, A. (2015, March). Partners' controlling behaviors and intimate partner sexual violence among married women in uganda. BMC Public Health, 15 (1). Retrieved from https://doi.org/10.1186/s12889-015-1564-1
- White, H. R., & Widom, C. S. (2003). Intimate partner violence among abused and neglected children in young adulthood: The mediating effects of early aggression, antisocial personality, hostility and alcohol problems. Aggressive Behavior: Official Journal of the International Society for Research on Aggression, 29(4), 332–345.
- WHO. (2012). Understanding and addressing violence against women: Intimate partner violence (Tech. Rep.). World Health Organization.
- WHO. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.