Review Article

DOI: https://dx.doi.org/10.18203/issn.2454-2156.IntJSciRep20232913

Intimate partner violence; breaking the silence on male victims in Nigeria

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Received: 06 July 2023 Accepted: 16 August 2023

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ABSTRACT

Globally, men have always been seen as perpetrators of aggression in romantic relationship which constitute intimate partner violence (IPV). In Nigeria, they are mostly considered as the villains due to the patriarchal nature of the society. However, there have been many cases of violence by intimate partners where men were the victims. Very few of such cases were reported either to the hospital or to the police due to many reasons ranging from sociocultural, ethnic, economic and religious values among others. In a patriarchal society like Nigeria, men experience various form of violence which could be physical, psychological, sexual and socioeconomic from intimate partners. Therefore, this article attempts to review the reported incidence of male victims of IPV in Nigeria and the peculiarities involved while providing recommendations. Some of the factors identified for the low incidence report includes; lack of routine screening for domestic violence in health facilities, the fact that psychological violence is not considered as violence in some Nigerian society, shame about disclosing family violence, poor socioeconomic status and many more. Additionally, a major predictor of female-perpetrated IPV was childhood exposure to violence. This paper recommends that several actions which would improve the report of IPV against men while ameliorating IPV in Nigeria may involve: raising public awareness, legal protection, increasing health care worker sensitivity, provision of support services, research and proper data collection among others.

Keywords: IPV, Male, Victims

INTRODUCTION

A romantic relationship can experience abuse or aggressiveness, which is referred to as IPV. It can occur between both current and former spouses and dating partners. IPV vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years. IPV is multidimensional; it could be physical, psychological, sexual and economical.¹

IPV cuts across all regions, culture and religion; it is however regarded in different light based on ethnocultural context of various society. While it is a

punishable offense by the law in some parts of the world, it is somewhat accommodated in varying contexts in other parts of the world like the United Arab Emirates where men are permitted to 'discipline' their spouses without inflicting injuries on them.2 There is a hybrid context in a country like Nigeria where a struggle exists between trado-cultural norms and the influence of western civilization.

The prototype narrative of IPV is that which conceives the female as the victim and the male as the perpetrator. While this is common, it is not the only possible scenario. Men also are victims of IPV and in a country like Nigeria where tradition accustoms the Male as the stronger and fiercer gender: it is rather too surprising that men could

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be victims of IPV. There have been documented instances of loss of lives among male victims of IPV in Nigeria.

One of such cases involves a 25-year-old housewife identified as F. A. who was arrested for allegedly killing her husband, G. A, with poison. According to police report, the deceased was the Chief Imam of the area, and the suspect was his second wife who allegedly served him food mixed with poison. When she was paraded at the police command, the suspect narrated that she killed her husband because she was tired of the marriage. And all her attempt to run to her parents to demand an end to the marriage yielded no positive response. She returned to her husband's house where she committed the act. They have been married since 2021.3 Another instance was a middleaged housewife, identified as I.B, who ran away after allegedly setting her husband ablaze and killing him over allegation of extra-marital affair. The victim, B.B, had returned to Osogbo, Osun state from an international journey, to give his wife a nice treat on her birthday. The wife, discovered that he had cheated on her and even had a child outside their union and confronted him with the information. She allegedly sprinkled petrol in the bedroom while her husband was deeply asleep at night, locked the door and set the bedroom ablaze. The victim was hospitalized but died after some time.4

A study conducted at a primary health centre in Port-Harcourt, Nigeria reported 5 male victims of domestic violence out of 70,400 male patients reviewed over 5 years and prevalence was very low. This was attributed to many reasons among which were: lack of routine screening for domestic violence; clinicians discomfort and misconception; the fact that psychological violence is not regarded as violence among the south-southern Nigerians involved in the study. The findings from this study suggested that IPV cuts across almost all social classes with different degrees of injury including scratches, bruises and scald. Additionally, men are least likely to go to the police or report in the hospital due to shame about disclosing family violence. Finally, this study was limited to the general outpatient department and excluded data from other department; inpatient wards or mental health settings which may have influence the reported low incidence.⁵

Another study in Kano, Northern Nigeria among public employees to determine the life time prevalence and determinants of female-perpetrated IPV revealed that more than half of the participants experienced IPV inform of physical attacks, psychological aggression and sexual coercion. Few men in the survey reported to have experienced violence. The study also demonstrated that childhood experience of violence remained a significant predictor of female-perpetrated IPV after adjusting for confounders.⁶

Furthermore a cross sectional survey was carried out in order to identify the factors linked to IPV at two tertiary health institutions in south-eastern Nigeria. More than two-third (70%) of the participants which were all men reported experiencing abuse in their family, with 8% of the male family members as the victim. There was a strong correlation between IPV and poorer socioeconomic status, alcohol usage, growing age gaps between couples and spouse unemployment. The male victims of domestic violence were linked to financial inequality favouring women, powerful in-laws, educated women and couples within the same age group.⁷

This article therefore attempts to review the reported incidence of male victims of IPV in Nigeria and the peculiarities involved while providing recommendations moving forward.

LITERATURE RESEARCH

An in-depth review was conducted on relevant articles which were extracted from Google scholar and PubMed data bases using main keywords such as "men victim", intimate partner violence in Nigeria", "male victims" "and" "female perpetrators". 93 studies were identified, additional data were obtained from two Nigerian based Newspapers. There was no year limit for data obtained. To determine the final selection of articles for the review, a predefined set of inclusion criteria was applied. These criteria encompassed articles which focus was on male as victims, studies were in Nigeria and the requirement for articles to be in the English language. Ten articles were deemed relevant and articles which did not meet the inclusion criteria were excluded.

DISCUSSION

Physical, sexual, and emotional abuse are all possible forms of abuse that male IPV victims in Nigeria experience. Hitting, kicking, or using a weapon on the victim are all examples of physical abuse. Both sexual and emotional abuse can involve manipulation, humiliation, and controlling behaviour on the part of the abuser. Sexual abuse may also involve forced or unwelcome sexual activity. Male IPV victims frequently endure their suffering in silence because they are unsure of how to get assistance.

IPV against men remains rarely reported in Nigeria. Male victims often do not receive the same respect, empathy, assistance and services given to their female counterparts hence the low reported incidence. Although there are similarities among the factors contributing to low incidence in different parts of the country, certain regions show peculiar features; for instance, in the south-south region of Nigeria, the low incidence was attributed to the fact that the people do not consider psychological violence as a form of violence-unlike the northern part that view violence as physical attacks, psychological aggression and sexual coercion-the lack of routine screening for domestic violence, clinicians discomfort and misconception are other factors in the regions. In the south-eastern part of the country, factors like financial

inequality favouring women, powerful in-laws, educated women and couples within the same age group were responsible for low incidence report. These findings are similar to other parts of the country. Additionally, the patriarchal nature of the Nigerian society has also contributed to this low incidence rate. However, men across different age group, educational level and social class continue to be victims of IPV.

The major risk factor of female-perpetrated IPV in Nigeria remains childhood experience of violence. A girl-child exposed to domestic violence has a greater chance of becoming violent toward her partner or spouse in future. This agrees with the findings of Kolbe and Buttner who demonstrated that been abused or maltreated as a child has a greater chance of making one violent as an adult. Other causes of female-perpetrated IPV include: poorer socioeconomic status, drug abuse (for example alcohol and other illicit drugs), growing age gaps between couples and spouse unemployment.

While there is a paucity of Nigerian based data, it is important to note that the findings in Nigeria were comparable to data obtainable from other Sub-Saharan African Nations. A study in Cameroon and Sierra Leone looked at the frequency and correlates of IPV victimization among married or cohabiting men aged 15 to 59 using data from Demographic and Health Surveys (DHS) conducted in Cameroon and Sierra Leone during 2010. To emphasize the significance of avoiding extrapolating findings from one country to another or to the other as a whole, they selected to evaluate characteristics associated with IPV victimization independently in each country. In order to investigate the parameters connected to physical, psychological, and sexual IPV victimization, logistic regression analysis was utilized. In Cameroon, men reported psychological victimization at a rate of 26.5%, physical victimization at a rate of 24.4%, and sexual victimization at a rate of 2.3% in the year prior to the poll. In Sierra Leone, the comparable percentages of male casualties were 23.4%, 14.9%, and 2.7% respectively.¹⁰

CONCLUSION

Males are not only "villains" as they are often portrayed, they can also be and are often (though commonly unrecognized) victims of IPV even in a patriarchal country like Nigeria. There is therefore a need for renewed vigilance and action in protecting the interest of men in IPV in Nigeria and globally.

Recommendations

Several actions could be employed to improve the reported cases of IPV against male victims in Nigeria: raising public awareness, legal protection, increasing health care worker sensitivity, provision of support services, research and proper data collection among others.

Addressing the issue of IPV against men in Nigeria requires raising public awareness. Many people are unaware that males can experience IPV and may have preconceived notions about male victims, which can leave these people without the assistance and services they need. To address this, the Nigerian government and Non-governmental organizations (NGOs) ought to start public awareness campaigns and programs to inform people about IPV against males and the negative impact it can have on people individually, families, and society as a whole. These can involve advertisements on television and radio, social media campaigns, and courses at colleges and universities. In addition, bringing attention to the issue can help men come forward and lessen the shame and stigma associated with being male victims of IPV.

To comprehend the scope and characteristics of IPV against men in Nigeria, more research and data gathering are necessary. By using this information, relevant stakeholders can make sure that resources are distributed properly and build effective preventive and intervention strategy. Moreover, research can assist in identifying service gaps and areas that require additional support. In order to gather information on the frequency and characteristics of IPV against males in Nigeria, the Nigerian government should support research studies on this topic and collaborate with NGOs and other groups.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

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Cite this article as: Olatunji GD, Entonu AI, Ojedokun S. Intimate partner violence; breaking the silence on male victims in Nigeria. Int J Sci Rep 2023;9(10):338-41.