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Domestic violence and the mental health of male victims in Goma

CHOBOHWA SHAMABALE Valentin[1]

[1]Secrétaire général académique de l'institut supérieur des Arts et Métiers (ISAM-Goma), République démocratique du Congo

ABSTRACT

This study demonstrates that domestic violence in Goma, although largely underreported by men (85.7 per cent), is a major determinant of the deterioration of their mental health (U = 2.000; p = 0.001). The analyses reveal a very strong positive correlation (ρ/rho = 0.904) between the intensity of abuse and the severity of psychological disorders, with a substantial effect size (r = 0.58). Multiple regression modelling identifies psychological violence as the most significant predictor (β = 0.561; p < 0.001), surpassing economic violence. These results highlight the harmful impact of emotional abuse and call for official recognition of male victimisation, as well as the roll-out of psychological support services free from gender bias.

Keywords: Domestic violence; Mental health; Male victims; Mental disorders.

1. Introduction

1.1. Context

Globally, the issue of domestic violence has often been addressed primarily from a female perspective. However, recent studies highlight that men are also victims, even though their suffering is largely underestimated. According to the World Health Organisation (WHO, 2022: 78) report, 'nearly one in six men has experienced domestic violence during his lifetime, including acts of physical, psychological, sexual and economic violence'.

However, social stigma, gender stereotypes surrounding masculinity and the lack of appropriate services represent major obstacles to the recognition and support of these victims. Douglas and Hines (2020: 69) highlight that 'societal norms regarding masculinity make it difficult for men to recognise and report the violence they experience'.

In Africa, domestic violence against men is even less explored and recognised. The weight of patriarchal traditions, rigid interpretations of gender and insufficient institutional awareness render the problem virtually invisible. The majority of African legal and policy frameworks addressing gender-based violence do not take into account the specific circumstances of men as victims.

According to research carried out in South Africa, Nigeria and Kenya, 'between 10 per cent and 17 per cent of married men reported having been victims of physical or emotional violence' (Adebayo & Kolawole, 2021: 48). According to these authors, 'the exclusion of men from policies to combat domestic violence contributes to their vulnerability and psychological isolation'.

In the Democratic Republic of the Congo, gender-based violence is a major issue; nevertheless, the approach remains focused primarily on women and girls. Domestic violence against men remains largely downplayed, or even neglected, in government policies, intervention initiatives and academic research.

According to the report by the DRC's Ministry of Gender, Family and Children (2022: 102), "official national statistics lack data on male victims of domestic violence, although there are some unofficial accounts from various regions". Mukwege and Nabintu (2023: 77) emphasise that 'the lack of discussion about men's suffering within marriage is one of the main obstacles to a comprehensive response to gender-based violence in the DRC'.

In the city of Goma, which has experienced multiple crises (armed conflicts, natural disasters, forced displacement), family dynamics are often strained, which exacerbates the risks of domestic violence. 'Most initiatives aimed at combating domestic violence (local NGOs, international organisations) focus exclusively on women, thereby neglecting a large number of male victims who find themselves without adequate help or psychological support' (Panzi Foundation, 2024: 56). Certain specific forms of violence inflicted on men — particularly emotional and economic violence — are common, but they are socially devalued. Bashizi and Kalume (2024: 59) emphasise that in Goma, 'dominant norms of masculinity force male victims into silence, thereby exacerbating their psychological vulnerability'. Furthermore, the lack of support services dedicated to male victims and the lack of training for medical and psychological staff regarding this type of victim exacerbate their sense of isolation.

1.2. The Issue

In a society that values human rights, marriage should be defined by kindness, fairness and mutual protection between spouses. Every person, regardless of their gender, has the right to live free from any form of domestic violence. The World Health Organisation (WHO, 2022: 88) states that 'emotional, physical and psychological safety is an important pillar of personal and collective well-being in intimate relationships'. In this ideal scenario, men and women should receive appropriate recognition, attention and support when affected by domestic violence.

However, the reality is quite different, particularly in specific situations such as that in the city of Goma in the Democratic Republic of the Congo. Domestic violence against men remains largely disregarded, trivialised and sometimes even denied. Recent research indicates that 'male victims tend to suffer in silence, due to social norms that glorify masculinity, power and male invulnerability' (Green et al. 2023: 276).

In Goma, numerous local accounts suggest that few men have the courage to report the abuse they suffer, for fear of stigmatisation or humiliation, or due to a lack of appropriate support systems (Panzi Foundation, 2024: 65). Furthermore, 'the types of violence endured are not limited to the physical realm: they also encompass psychological, economic and sexual abuse, which significantly impact their mental wellbeing' (Carter et al. 2022: 303). Community and cultural dynamics often reinforce the notion that a man should 'suck it up' or 'keep quiet', which contributes to his sense of isolation and psychological distress (Dubois, Martin and Becker, 2019: 820).

'The concealment of male domestic violence has severe repercussions: on an individual level, men who have been victims often exhibit psychological disorders such as anxiety, depression or post-traumatic stress' (Lambert & Cross, 2021: 19). From a social perspective, the lack of recognition of their suffering limits the availability of appropriate therapeutic interventions and perpetuates cycles of silent violence within the home. In Goma, the absence of support centres and awareness-raising programmes leaves a considerable number of victims without assistance. According to Green et al. (2023: 279), 'institutional ignorance of the needs of male victims is a factor that exacerbates psychological trauma in the long term. Denying these truths only reinforces the exclusion and silent suffering of an entire section of Goma's male population. This situation raises several questions:

1.3. Research questions

1.3.1. Main research question

What is the impact of domestic violence on the mental health of male victims in Goma?

1.3.2. Specific questions

- What is the correlation between domestic violence and the mental health of male victims in Goma?

- What are the predominant types of domestic violence experienced by men in Goma?

1.4. Research hypotheses

1.4.1. Main hypothesis

Domestic violence has a negative impact on the mental health of male victims in Goma.

1.4.2. Specific hypotheses

- Domestic violence is directly correlated with a significant deterioration in the mental health of male victims in Goma.

- Psychological and economic abuse are the predominant forms of domestic violence experienced by men in Goma.

1.5. Research objectives

1.5.1. Overall objective

The overall objective of this research is to examine the impact of domestic violence on the mental health of male victims in Goma.

1.5.2. Specific objectives

- To analyse the correlation between domestic violence and the mental health of male victims in Goma.

- To identify the predominant types of domestic violence experienced by male victims in Goma.

2. Conceptual and methodological framework

2.1. Conceptual framework

2.1.1. Domestic violence

Domestic violence refers to 'all abusive acts perpetrated by an intimate partner with the intention of exercising control, subjugating or harming the emotional, physical, economic or sexual integrity of the other individual' (Carter et al. 2022: 331).

2.1.2. Physical violence

According to Peters and colleagues (2020: 325), physical violence refers to 'the use of physical force with the aim of harming, controlling or intimidating an individual, encompassing actions such as hitting, slapping, strangling and the use of weapons'.

2.1.3. Psychological violence

The term 'psychological violence' defines 'a set of attitudes and behaviours aimed at manipulating, humiliating, threatening or isolating a partner in order to establish emotional domination' (Lambert & Cross, 2021: 20).

2.1.4. Economic violence

According to Dubois et al. (2019: 824), economic violence is defined as 'a form of abuse in which one partner imposes oppressive control over the other's access to financial resources, thereby limiting their financial independence'.

2.1.5. Sexual violence

Sexual violence refers to any forced sexual act, any attempted sexual act or any behaviour of a sexual nature carried out without the consent of the person involved. Green et al. (2023: 281).

2.1.6. Mental health

According to the World Health Organisation (WHO, 2022: 91), mental health is defined as 'a state of well-being in which an individual realises their full potential, can cope effectively with the normal stresses of life, can work productively and is able to make a positive contribution to their community'.

2.1.7. Post-traumatic stress

Post-traumatic stress disorder is defined as 'a severe anxiety disorder that develops following exposure to a highly traumatic event. It is characterised primarily by intrusive memories, marked hypervigilance and avoidance behaviours' (DSM-5-TR, 2023: 117). According to Cloître and colleagues (2023: 77), post-traumatic stress disorder is a "set of prolonged psychological and physiological reactions characterised by intrusive memories, severe emotional distress, and impaired daily functioning following exposure to a threatening or excessively stressful event or series of events".

2.1.8. Anxiety

According to Bennett et al. (2018: 65), anxiety is described as an 'emotion characterised by feelings of tension, preoccupying thoughts and physiological reactions, such as an increase in blood pressure'.

2.1.9. Depression

As Goldberg et al. (2021: 403) point out, 'depression is a mood disorder characterised by persistent sadness, a loss of interest in daily activities and significant general impairment in the individual'.

2.2. Population, sample, method and technique

This study is quantitative in nature; it seeks to assess the effect of the independent variable (domestic violence) on the dependent variable (the mental health of male victims), whilst testing hypotheses. The study population includes all men who are married and resident in Goma. Sampling was non-probability snowball sampling, given that it is often difficult to identify victims of such a sensitive issue directly. Inclusion criteria: being aged 18 or over, being in a legally married relationship, having been a victim of at least one form of domestic violence, and residing in Goma. Exclusion criteria: participation not freely consented to. The survey utilised a structured questionnaire based on a 5-point Likert scale (Strongly disagree, Disagree, Neutral, Agree and Strongly agree). The questionnaire was self-administered and distributed digitally via Kobo Toolbox and WhatsApp. For statistical analysis, descriptive statistics (frequencies, means, standard deviations) and inferential statistics (Spearman's correlation test, chi-squared test, linear regression) were used.

3. Results

This section presents the study data concerning the effect of domestic violence on the mental health of affected men in Goma. The results are structured around the presentation of the raw data, followed by an analysis of the questionnaire's reliability, the normality of the data, and a verification of the hypotheses formulated.

3.1. Presentation of results

I. Sociodemographic information

Table 3.1. Age group

Age group	Frequency	Percentage
28–32 years	11	31.43
38–42 years	9	25.71
43 and over	8	22.86
33–37 years	5	14.29
23–27 years	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Of the 35 married men surveyed, 11 are aged between 28 and 32, 9 are aged between 38 and 42, 8 are aged 43 and over, 5 are aged between 33 and 37, and 2 are aged between 23 and 27.

Table 3.2. Educational attainment

Level of education	Frequency	Percentage
University	28	80
Secondary	7	20
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Of the total of 35 respondents, 28 have a university education and 7 have a secondary school education.

Table 3.3. Length of marriage (in years)

Length of marriage	Frequency	Percentage
1 to 5 years	21	60
Over 10 years	7	20
6 to 10 years	7	20
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

This table shows that 21 out of 35 respondents have been married for between 1 and 5 years, 7 have been together for more than 10 years, and 7 have been married for between 6 and 10 years.

Table 3.4. Number of children

Number of children	Frequency	Percentage
1–5 children	26	74.29
6–10 children	8	22.86
11–15 children	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Of the 35 respondents, 26 have between 1 and 5 children, 8 have between 6 and 10 children and 1 has between 11 and 15 children.

Table 3.5. Employment status

Employment status	Frequency	Percentage
Employee (salaried)	20	57.14
Self-employed	5	14.29
Entrepreneur	4	11.43
Unemployed	3	8.57
Retired	3	8.57
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

20 out of 35 people are in employment, 5 are self-employed, 4 are entrepreneurs, 3 are unemployed and 3 are retired.

Table 3.6. Municipality of residence

Municipality	Frequency	Percentage
Karisimbi	22	62.86
Goma	13	37.14
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

22 of our married respondents are from the municipality of Karisimbi and 13 are from the municipality of Goma.

Table 3.7. Neighbourhood of residence

Neighbourhood	Frequency	Percentage
Ndosho	6	17.14
Majengo	5	14.29
Katoyi	3	8.57
Mugunga	3	8.57
Kyeshero	3	8.57
Himbi	3	8.57
Katindo	2	5.71
Kasika	1	2.86
Volcanoes	1	2.86
Mapendo	1	2.86
Mikeno	1	2.86
Virunga	1	2.86
Lac Vert	1	2.86
Murara	1	2.86
North Mabanga	1	2.86
Bujovu	1	2.86
Mabanga South	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

The table above shows the breakdown of respondents by neighbourhood of residence.

II. Types of domestic violence experienced (VI)

A. Physical violence

Table 3.8. My partner has hit, shoved or slapped me

Responses	Frequency	Percentage
Strongly disagree	28	80
Strongly agree	3	8.57
Somewhat disagree	2	5.71
Agree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Out of a total of 35 respondents, 28 strongly disagree, 3 strongly agree, 2 somewhat disagree and 2 agree.

Table 3.9. I have been physically injured by my partner

Responses	Frequency	Percentage
Strongly disagree	28	80
Strongly agree	3	8.57
Somewhat disagree	2	5.71
Agree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

28 out of 35 respondents strongly disagree with this statement, 3 strongly agree, 2 somewhat disagree and 2 agree.

Table 3.10. My partner has previously threatened to hit me or use an object to frighten me

Responses	Frequency	Percentage
Strongly disagree	28	80
Strongly agree	3	8.57
Somewhat disagree	2	5.71
Agree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

With regard to this statement, 28 respondents strongly disagree, 3 strongly agree, 2 somewhat disagree and 2 agree.

Table 3.11. I have ever felt physically in danger because of my partner

Responses	Frequency	Percentage
Strongly disagree	26	74.29
Agreed	4	11.43
Strongly agree	3	8.57
Somewhat disagree	1	2.86
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025

Out of a total of 35 respondents, 26 strongly disagree, 4 agree, 3 strongly agree, 1 somewhat agrees and 1 is neutral.

B. Psychological abuse

Table 3.12. My partner often belittles me, disparages me, verbally puts me down or humiliates me

Responses	Frequency	Percentage
Agree	12	34.29
Strongly disagree	9	25.71
Strongly agree	9	25.71
Somewhat disagree	4	11.43
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

12 out of 35 respondents agree, 9 strongly disagree, 9 strongly agree, 4 somewhat agree and 1 is neutral.

Table 3.13. I feel constantly criticised or belittled in my relationship and in front of the children or guests

Responses	Frequency	Percentage
Strongly disagree	12	34.29
Agree	12	34.29
Strongly agree	9	25.71
Somewhat disagree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

In response to this statement, 12 strongly disagree, 12 agree, 9 strongly agree and 2 somewhat agree.

Table 3.14. My partner uses fear, emotional blackmail, threats or silence to control me

Responses	Frequency	Percentage
Strongly disagree	12	34.29
Agree	12	34.29
Strongly agree	9	25.71
Somewhat disagree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

12 out of 35 respondents strongly disagree, 12 agree, 9 strongly agree and 2 somewhat agree.

Table 3.15. I feel isolated from my loved ones because of my partner's behaviour

Responses	Frequency	Percentage
Strongly disagree	25	71.43
Somewhat disagree	8	22.86
Agree	1	2.86
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Out of 35 respondents, 25 strongly disagree, 8 somewhat disagree, 1 agrees and 1 is neutral.

C. Economic violence

Table 3.16. My partner controls and spends all the household money without consulting me, and controls or restricts my access to money

Responses	Frequency	Percentage
Strongly disagree	15	42.86
Strongly agree	9	25.71
Agree	6	17.14
Somewhat disagree	5	14.29
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

With regard to this statement, 15 strongly disagree, 9 strongly agree, 6 agree and 5 somewhat agree.

Table 3.17. She prevents me from working or managing my personal finances, and makes financial decisions without my consent

Responses	Frequency	Percentage
Strongly disagree	19	54.29
Agree	8	22.86
Somewhat disagree	4	11.43
Strongly agree	3	8.57
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Out of 35 respondents, 19 strongly disagree, 8 agree, 4 somewhat agree, 3 strongly agree and 1 is neutral.

Table 3.18. She criticises me when I spend money, even on essentials

Responses	Frequency	Percentage
Strongly agree	15	42.86
Strongly disagree	12	34.29
Agree	5	14.29
Somewhat disagree	2	5.71
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

15 respondents strongly agree, 12 strongly disagree, 5 agree, 2 somewhat agree and 1 is neutral.

Table 3.19. I feel financially dependent because of my partner

Responses	Frequency	Percentage
Strongly disagree	20	57.14
Somewhat disagree	10	28.57
Agree	3	8.57
Strongly agree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025

This table shows that 20 respondents strongly disagree with this statement, 10 somewhat disagree, 3 agree and 2 strongly agree.

D. Sexual violence

Table 3.20. My partner has forced me to have sex without my consent

Responses	Frequency	Percentage
Strongly disagree	28	80
Disagree somewhat	5	14.29
Neutral	1	2.86
Agree	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

This table shows that 28 respondents strongly disagree, 5 disagree somewhat, 1 is neutral and 1 agrees.

Table 3.21. I have previously been pressured into having sex that I did not want

Responses	Frequency	Percentage
Strongly disagree	29	82.86
Somewhat disagree	2	5.71
Agree	2	5.71
Strongly agree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Out of 35 respondents, 29 strongly disagree, 2 somewhat disagree, 2 agree and 2 strongly agree.

Table 3.22. My partner uses sex as a means of punishment, manipulation or humiliation

Responses	Frequency	Percentage
Strongly disagree	14	40
Agree	9	25.71
Strongly agree	7	20
Somewhat disagree	5	14.29
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

In response to this statement, 14 strongly disagree, 9 agree, 7 strongly agree and 5 somewhat agree.

Table 3.23. She forces me into inappropriate sexual practices

Responses	Frequency	Percentage
Strongly disagree	32	91.43
Somewhat disagree	2	5.71
Agree	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

This table shows that 32 respondents strongly disagree, 2 somewhat disagree and 1 agrees.

III. Mental health of male victims *(MV)*

A. Symptoms of post-traumatic stress

Table 3.24. I frequently relive the scenes of violence I have experienced

Responses	Frequency	Percentage
Strongly disagree	14	40
Strongly agree	9	25.71
Agree	9	25.71
Somewhat disagree	2	5.71
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

With regard to this statement, 14 strongly disagree, 9 strongly agree, 9 agree, 2 somewhat agree and 1 is neutral.

Table 3.25. I have trouble sleeping or I have nightmares related to this violence

Responses	Frequency	Percentage
Strongly disagree	16	45.71
Agree	9	25.71
Strongly agree	6	17.14
Somewhat disagree	3	8.57
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

16 out of 35 respondents strongly disagree, 9 agree, 6 strongly agree, 3 somewhat agree and 1 is neutral.

Table 3.26. I often feel on my guard or on high alert

Responses	Frequency	Percentage
Strongly disagree	17	48.57
Agree	10	28.57
Somewhat disagree	5	14.29
Strongly agree	2	5.71
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Out of 35 respondents, 17 strongly disagree, 10 agree, 5 somewhat agree, 2 strongly agree and 1 is neutral.

Table 3.27. I avoid situations, discussions or places that remind me of violence. E.g. coming home late

Responses	Frequency	Percentage
Strongly agree	18	51.43
Strongly disagree	9	25.71
Agree	6	17.14
Somewhat disagree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

With regard to this statement, 18 strongly agree, 9 strongly disagree, 6 agree and 2 somewhat agree.

B. Symptoms of depression

Table 3.28. I often feel a deep sadness, an inner emptiness or despair

Responses	Frequency	Percentage
Strongly disagree	11	31.43
Agree	11	31.43
I completely agree	9	25.71
Somewhat disagree	4	11.43
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

This table shows that 11 respondents strongly disagree, 11 agree, 9 strongly agree and 4 somewhat agree.

Table 3.29. I no longer feel like doing the activities I used to enjoy

Responses	Frequency	Percentage
Strongly disagree	13	37.14
Agree	10	28.57
Disagree somewhat	7	20
Strongly agree	4	11.43
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

This table shows that 13 respondents strongly disagree, 10 agree, 7 somewhat agree, 4 strongly agree and 1 is neutral.

Table 3.30. I find it difficult to concentrate or make decisions

Responses	Frequency	Percentage
Strongly disagree	12	34.29
Agree	8	22.86
Somewhat disagree	7	20
Strongly agree	6	17.14
Neutral	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Out of 35 respondents, 12 strongly disagree, 8 agree, 7 somewhat agree, 6 strongly agree and 2 are neutral.

Table 3.31. I experience a loss of self-esteem or a sense of personal failure accompanied by negative thoughts

Responses	Frequency	Percentage
Strongly disagree	12	34.29
Agree	10	28.57
Strongly agree	8	22.86
Somewhat disagree	5	14.29
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

For this statement, 12 strongly disagree, 10 agree, 8 strongly agree and 5 somewhat agree.

C. Anxiety symptoms

Table 3.32. I often feel nervous or tense for no apparent reason

Responses	Frequency	Percentage
Strongly disagree	12	34.29
Strongly agree	10	28.57
Agree	8	22.86
Somewhat disagree	4	11.43
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

These results show that 12 respondents strongly disagree with this statement, 10 strongly agree, 8 agree, 4 somewhat agree and 1 is neutral.

Table 3.33. My heart beats fast or I sweat in stressful situations

Responses	Frequency	Percentage
Strongly disagree	12	34.29
Agree	10	28.57
Strongly agree	7	20
Somewhat disagree	4	11.43
Neutral	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Out of 35 respondents, 12 strongly disagree, 10 agree, 7 strongly agree, 4 somewhat agree and 2 are neutral.

Table 3.34. I am often afraid that something serious will happen to me

Responses	Frequency	Percentage
Strongly disagree	12	34.29
Agree	12	34.29
Somewhat disagree	5	14.29
Strongly agree	4	11.43
Neutral	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

These figures show that 12 respondents strongly disagree, 12 agree, 5 somewhat agree, 4 strongly agree and 2 are neutral.

Table 3.35. I feel anxious or agitated easily

Responses	Frequency	Percentage
Strongly disagree	11	31.43
Agree	10	28.57
Somewhat disagree	7	20
Strongly agree	6	17.14
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

This table shows that, out of 35 respondents, 11 strongly disagree, 10 agree, 7 somewhat agree, 6 strongly agree and 1 is neutral.

IV. Perception and seeking help

Table 3.36. I feel free to talk about this with someone (a friend, family member or professional)

Responses	Frequency	Percentage
Strongly disagree	25	71.43
Agree	6	17.14
Strongly agree	3	8.57
Somewhat disagree	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

These results show that 25 respondents strongly disagree, 6 agree, 3 strongly agree and 1 somewhat agrees.

Table 3.37. I am afraid of being judged if I report the violence I have suffered

Responses	Frequency	Percentage
Strongly agree	19	54.29
Strongly disagree	12	34.29
Somewhat disagree	4	11.43
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

Of the 35 married respondents, 19 strongly agree, 12 strongly disagree and 4 somewhat disagree.

Table 3.38. I know where to find psychological or legal help in Goma

Responses	Frequency	Percentage
Strongly disagree	28	80
Agree	3	8.57
Disagree somewhat	2	5.71
Strongly agree	2	5.71
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

These figures show that 28 married people strongly disagree, 3 agree, 2 somewhat agree and 2 strongly agree.

Table 3.39. Local support organisations also regard men as potential victims

Responses	Frequency	Percentage
Strongly disagree	26	74.29
Agree	4	11.43
Somewhat disagree	2	5.71
Strongly agree	2	5.71
Neutral	1	2.86
Total	**35**	**100**

Source: Results of our field survey conducted in November 2025.

This table shows that 26 married people strongly disagree, 4 agree, 2 somewhat agree, 2 strongly agree and 1 is neutral.

3.2. Analysis of the results

Table 3.40. Reliability of the questionnaire

Reliability statistics	
Cronbach's alpha	**Number of items**
.967	52

Analysis of the instrument's internal reliability reveals a Cronbach's alpha coefficient of 0.967 for a total of 52 items. This value, which is well above the threshold of 0.70 recommended by Nunnally (1978), reflects excellent internal consistency amongst the items, indicating that the tool measures the intended construct in a consistent manner.

Table 3.41. Data normality

Normality tests						
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistics	Ddl	Sig.	Statistics	ddl	Sig.
Physical violence	,427	35	,000	,535	35	,000
Psychological abuse	,261	35	,000	,845	35	,000
Economic violence	,198	35	,001	,882	35	,001
Sexual violence	,192	35	,002	,805	35	,000
SPT	,168	35	,013	,861	35	,000
Depression	,181	35	,005	,866	35	,001
Anxiety	,180	35	,006	,870	35	,001
a. Lilliefors significance correction						

The Kolmogorov-Smirnov and Shapiro-Wilk normality tests were carried out on the seven variables studied, representing VI and VD respectively. The results show that all significance values are less than 0.05 ($p < 0.05$), indicating that the data are not normally distributed. In other words, the distributions of violence scores (physical, psychological, economic, sexual) and psychological disorders (PTSD, depression, anxiety) do not follow a normal distribution. Consequently, statistical analyses were carried out using non-parametric tests, which are considered more appropriate for this type of data (Field, 2018; Pallant, 2020).

Table 3.42. Correlation between domestic violence and the mental health of male victims in Goma

Correlations				
			VI	VD
Spearman's rho	VI	Correlation coefficient	1.000	.904**
		Significance (two-tailed)	.	,000
		N	35	35
	VD	Correlation coefficient	.904**	1.000
		Significance (two-tailed)	,000	.
		N	35	35
**. The correlation is significant at the 0.01 level (two-tailed).				

Spearman's correlation test is carried out to examine the relationship between the independent variable (IV) and the dependent variable (DV), given the non-normal nature of the distributions. The results reveal a very strong and highly significant positive correlation ($\rho = 0.904$; $p < 0.01$). This value indicates that increased levels of violence are associated with a marked rise in psychological distress among respondents. In other words, individuals who are more exposed to violence tend to exhibit poorer mental health. These results confirm the existence of a statistically significant link between violence experienced and psychological distress, and confirm the first specific hypothesis.

Table 3.43. Summary table of the linear regression between domestic violence experienced by men

Summary of models				
Model	**R**	**R-squared**	**Adjusted R-squared**	**Standard error of the estimate**
1	.920[a]	.847	,826	,60262
a. Predictors: (Constant), Sexual violence, Physical violence, Psychological violence, Economic violence				

The multiple regression model reveals a strong linear relationship between the forms of violence (physical, psychological, economic and sexual) and the respondents' mental health ($R = 0.920$).
The coefficient of determination ($R^2 = 0.847$) indicates that 84.7% of the variance in mental health is explained by the set of violence variables, whilst the adjusted R^2 (0.826) confirms the model's robustness despite the sample size. The standard error of the estimate (0.60262) remains low, indicating good predictive accuracy. These results suggest that the various forms of violence are major determinants of mental health.

Table 3.44. Table showing the linear regression between domestic violence experienced by men

Coefficients						
Model		Unstandardised coefficients		Standardised coefficients	T	Sig.
		B	Standard error	Beta		
1	(Constant)	-0.040	,275		-0.147	,884
	Physical violence	,087	,113	,078	,770	,447
	Psychological abuse	,621	,147	,561	4,230	,000
	Economic violence	,327	,174	,296	1,880	,070
	Sexual violence	,152	,164	,079	,931	,359
a. Dependent variable: DV						

The beta coefficients (standardised coefficients) allow us to directly compare the weight of each variable in predicting DV, as they are expressed on the same scale. To this end, psychological violence has a beta value of 0.561; p = 0.000; for economic violence, beta = 0.296; for sexual violence, beta = 0.079; and for physical violence, beta = 0.078. Consequently, psychological violence is by far the most powerful predictor of deteriorating mental health among male victims in Goma. Economic, physical and sexual violence contribute positively but to a small or non-significant extent in this model. These results confirm the second specific hypothesis.

Table 3.45. Cross-tabulation of Domestic Violence (VI) and Mental Health (VD)

Category	Description	Sample size	Trend in VD scores
1 (Strongly disagree / Disagree / Neutral)	Little or no exposure to domestic violence	30	VD ranging from 1.00 to 4.58, predominantly < 3.00
2 (Agree / Strongly agree)	Exposed to domestic violence	5	VD between 4.25 and 5.00
Total		**35**	

The vast majority (85.7 per cent) of participants do not consider themselves to be victims. A minority (14.3 per cent) identify as victims. However, this minority have significantly higher VD (mental health) scores (between 4.25 and 5.00). This means that their mental health problems are much more severe. It also means that the more individuals identify as victims of domestic violence, the more their mental health is impaired.

In other words, non-victims (category 1) have low DV scores (and therefore better mental health). Victims (category 2) have high VD scores (and therefore experience more depression, anxiety or PTSD). Thus, in this study, exposure to domestic violence (category 2) is associated with higher VD scores, confirming the increased psychological vulnerability of victims.

Table 3.46. Distribution of mental health score ranks according to exposure to domestic violence

Ranks				
	Domestic violence (DV)	**N**	**Mean rank:**	**Sum of ranks**
Mental health (VD)	1.00	30	15.57	467.00
	2.00	5	32.60	163.00
	Total	**35**		

The rank analysis from the Mann-Whitney test reveals a marked difference between participants exposed to and those not exposed to domestic violence. Those exposed have a significantly higher mean rank (32.60) compared with those not exposed (15.57), indicating higher levels of psychological distress. This difference suggests that mental health scores are consistently higher among victims, reflecting a significant impairment in their psychological well-being. Thus, exposure to domestic violence appears to be a key factor in the deterioration of mental health.

Table 3.47. Analysis of the difference in mental health scores between groups exposed to and not exposed to domestic violence (Mann-Whitney U test)

Statistical tests	
	VD
Mann-Whitney U	2.000
Wilcoxon's W	467,000
Z	-3.456
Asymptotic significance (two-tailed)	,001
Exact significance [2 × (one-tailed significance)]	,000[b]

a. Grouping variable: DOMESTIC VIOLENCE

b. Not adjusted for ties.

Effect size of domestic violence on the mental health of male victims.

$r = \frac{Z}{\sqrt{N}} = r = \frac{3,456}{\sqrt{35}} = \frac{3,456}{5,916} =$ 0.58. In statistics, an r value of 0.1 indicates a weak effect, whilst a value of 0.3 indicates a moderate effect and a score of 0.5 or higher indicates a strong effect. Therefore, the influence of domestic violence on mental health is not only significant but also substantial in intensity.

The non-parametric Mann-Whitney test was used to examine the difference in mental health between participants exposed to and those not exposed to domestic violence. The results reveal a statistically significant difference between the two groups ($U = 2.000$; $Z = -3.456$; $p < 0.01$). Participants exposed to domestic violence scored significantly higher on measures of psychological distress than those not exposed. The calculated effect size ($r = 0.58$) indicates a strong effect, confirming that domestic violence has a significant influence on the deterioration of mental health. The results highlight a highly significant difference, reflecting a strong and genuine effect, and thus confirming the existence of a clear and robust relationship between the variables studied.

4. Discussion of the results

This research aims to analyse the impact of domestic violence on the psychological well-being of affected men in Goma.

Firstly, the study reveals that the vast majority of participants (85.7 per cent) do not consider themselves to be victims of domestic violence, whilst a minority (14.3 per cent) do identify as such. However, this minority has significantly higher mental health scores (VD), ranging from 4.25 to 5.00, indicating more pronounced psychological distress. Conversely, the majority of non-victims (category 1) have low scores (below 3), indicating better mental health. These results suggest that the more individuals identify as victims of domestic violence, the more their mental health deteriorates.

To test this difference statistically, the non-parametric Mann-Whitney test was applied. The results show a statistically significant difference between the two groups ($U = 2.000$; $Z = -3.456$; $p = 0.001$). The mean ranks indicate that participants exposed to domestic violence have significantly higher mental health scores (mean rank = 32.60) than those not exposed

(mean rank = 15.57). The calculated effect size ($r \approx 0.58$) highlights a strong effect, reflecting a significant influence of domestic violence on the deterioration of mental health.

These findings are consistent with international studies, notably those by Jewkes et al. (2017: 163) and the World Health Organisation (2021: 54), which emphasise that exposure to domestic violence is a major determinant of post-traumatic stress, depression and anxiety. These studies also show that victims are at a significantly higher risk of mental health disorders than non-victims. Thus, in this study, exposure to domestic violence is associated with a significant increase in psychological disorders, confirming the heightened vulnerability of victims and validating the main research hypothesis.

Secondly, the statistical analysis reveals a strong positive correlation (Spearman's rho = 0.904) between the intensity of the violence experienced and the severity of mental health problems. This link supports the argument put forward by Morgan and Wells (2021: 230), which states that ongoing exposure to domestic violence among men is a key indicator of deteriorating mental health, with consequences that are sometimes more severe for men due to their limited access to available support.

Thirdly, the results of the multiple regression model show that psychological violence is the most significant factor in the deterioration of mental health among male victims in Goma ($\beta = 0.561$; $p < 0.001$), followed by economic violence ($\beta = 0.296$; $p = 0.070$). In other words, the most frequently reported types of violence are psychological and economic, which corroborates the findings of Hines and Douglas (2020: 74), indicating that male victims are primarily exposed to emotional abuse and economic control, rather than overt physical aggression; adding that emotional and verbal abuse has a more lasting impact than physical abuse.

Consequently, the findings of this study highlight the urgent need for official recognition of the problem of male domestic violence in Goma. They also call for an expansion of psychological support measures, which are frequently framed through a gendered lens that overlooks the specific needs of men (Taylor et al. 2023: 200). Psychological and social interventions should therefore pay particular attention to the prevention and treatment of psychological abuse, which appears to be the main cause of mental suffering among victims.

5. Conclusion

This research aimed to analyse the effect of domestic violence on the mental health of men suffering in the city of Goma. The data collected show that domestic violence directed against men is an alarming issue that negatively affects the mental health of male victims; it is predominantly characterised by psychological and financial abuse.

Statistical analysis reveals a marked positive correlation between the level of violence experienced and the severity of psychological disorders. The results obtained demonstrate that psychological and economic abuse are the most prevalent forms of violence suffered by male victims in Goma. These results confirm all the hypotheses of this study.

This study highlights the importance of treating domestic violence against men as a social and public health issue, one that is frequently underestimated or even overlooked in political and social discourse. In light of these observations, it is essential to implement prevention measures and psychological support, which also include male victims, with the aim of reducing the harmful effects on their mental well-being. Furthermore, future studies could explore in greater depth the socio-cultural factors that prevent such violence from being reported in contexts comparable to that of Goma.

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