RELUCTANCE OF MEN TO REPORT GENDER-BASED VIOLENCE PERPETRATED BY THEIR PARTNERS

By

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Submitted in accordance with the requirements for the degree of

MASTER OF SOCIAL WORK

at the

University of Venda

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2026

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DECLARATION

I, **Tshifhiwa Muleka**, declare that "**Reluctance of men to report gender-based violence perpetrated by their partners**" is my own work that has not been submitted for any degree or examination in any other university and that all the sources I have used and quoted have been identified and acknowledged by complete references.



Signature: Date: 02 December 2025

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ACKNOWLEDGEMENTS

First and foremost, I praise and honour God Almighty, whose grace, power, and guidance have supported me throughout my academic journey. His presence has provided me with insight, strength, and perseverance, allowing me to conquer any challenges that arose along the way.

My heartfelt gratitude also goes to my supervisor, Dr Thabisa Matsea, for her exceptional mentoring, patience, and ongoing support, which significantly improved the quality and depth of this work. I am also grateful to my co-supervisor, Ms. Veronica Nemutandani, for her invaluable advice, critical feedback, and encouragement, all of which contributed significantly to the successful completion of this study.

I am especially grateful to my spouse, Joseph Nunga, whose love, understanding, and unwavering support have been a continual source of inspiration. Thank you, too, to my lovely children, Hudivha, Wavhudi, and Rihulisa, for your patience, humour, and daily inspiration. Your presence reminded me of the reason for my hard work and dedication.

I am also extremely grateful to my family and siblings for their unending prayers, encouragement, and belief in me. Your emotional and moral support has been vital along this journey.

Finally, I would like to thank everyone who contributed to making this dissertation a success. Your encouragement, assistance, and kindness are deeply appreciated. May God bless you richly.

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ABSTRACT

Gender-based violence (GBV) is a major global health and human rights issue that affects people of all ages and genders. Nonetheless, GBV directed at men is often overlooked, leaving many male victims to suffer repeated abuse and assault without proper recognition or support. Social work is essential in addressing the multilayered damages that result from GBV among men. They intervene in cases of GBV using casework, group work, and community work as primary methods of intervention. This study explored men's reluctance to report GBV perpetrated by their female partners. It sought to understand their lived experiences and coping mechanisms, available interventions and the factors driving underreporting of such cases. A qualitative research approach employing a case study design was used, and data were collected through in-depth, semi-structured, face-to-face interviews with 10 male participants selected through snowball sampling. The data were thematically analysed to identify common patterns and themes that emerged from the participants' experiences. The research revealed that male victims frequently experience emotional, sexual, and controlling behaviour and physical abuse but are reluctant to report due to fear of mockery, denial, and entrenched gender ideals that define masculinity as strength and invulnerability. Insufficient support structures, entrenched patriarchal norms, concerns about family stability, and loss of trust in government institutions all contribute to underreporting. Despite these obstacles, participants demonstrated resilience by employing coping mechanisms such as faith-based reliance, avoidance, and leaving the relationship. However, others engaged in maladaptive behaviours such as cheating and social activities such as drinking. Key recommendations from the study include developing inclusive awareness campaigns, training service providers to recognise and respond to male victimisation and revising policy frameworks to offer equitable protection and assistance for all GBV survivors, regardless of gender. The study makes a significant contribution to the literature on GBV by shedding light on the hidden realities of male survivors. It also emphasises the critical need for gender-sensitive interventions, legal reforms, and a societal shift toward understanding GBV as a human rights issue that necessitates empathy, inclusivity, and shared responsibility.

Keywords: Gender-based violence, intimate partner, intimate partner violence, man

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CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 Introduction and Background of the Study

Gender-based violence (GBV) is a pressing global issue that has historically focused on violence against women. However, the prevalence of violent acts against men is on the rise, as highlighted by Majola et al. (2022). While the primary narrative often focuses on men as perpetrators of GBV against women and girls, it is crucial to acknowledge that men and boys can also become victims of GBV, often at the hands of their partners. However, the violence inflicted upon men has frequently been overlooked due to the long-standing association of GBV with women as victims and men as perpetrators (Ian, 2019).

Studies across different nations reveal that men are persistently less likely than women to seek professional help, due to institutional and cultural impediments (Huntley et al., 2019). On a broader scale, reporting systems worldwide capture only a small proportion of actual victimisation, commonly referred to as the "tip of the iceberg" (Palermo et al., 2014). This global tendency of silence is best demonstrated in the remarkable case of the United Kingdom, where only 3.6% of male survivors reported being abused by their partner to the police in 2019/20, signifying the enormity of non-reporting (Ambrozewicz, 2024).

In the United States, GBV against men is a significant issue, with about 1 in 4 men having experienced sexual violence, while 1 in 10 experiences rape, physical violence, or stalking by an intimate partner (Gilbert et al., 2023). Recent federal US government data shows that sexual victimisation of men is much more common than previously thought (Smith et al., 2022). Approximately 1.27 million men had non-consensual sexual encounters in a year, which is nearly identical to the figure for women, challenging the stereotype that sexual violence primarily affects women (Smith et al., 2022). However, such statistics are typically underreported in both the media and official reports, reinforcing the myth that male victimisation is rare.

Stemple and Meyer (2014) found that male victims remain silent out of fear of mockery, scepticism, or the perception that reporting undermines their masculine identity. This stigma, combined with the "male-perpetrator/female-victim" paradigm, leads to significant underreporting to law enforcement and health institutions, which

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significantly conceals the true prevalence of male GBV victimisation in the United States. Similarly, studies in Canada show that male victims of GBV delay or avoid reporting due to shame, fear of stereotyping, and a lack of trust in the criminal justice system (Dim et al., 2021; Hine et al., 2021). While studies from Japan show that most male victims do not seek formal help, often because they believe the abuse is not severe enough, or fear the social stigma associated with masculinity ideals (Morishita et al., 2024).

In many African countries, GBV against men remains a hidden issue, as male victims tend to downplay their experiences. Communities often conceal the existence of male victims out of concern that acknowledging it would undermine the integrity of the family unit (Gateri et al., 2021). Research conducted in Tanzania revealed that men endure violence throughout their lives, including physical violence, sexual violence, emotional abuse, and economic abuse, which manifests as controlling behaviour both inside and outside the home. Some forms of psychological violence against men by women include inflicting physical harm, shaming, and challenging men's roles as providers (Athuman and Munishi, 2022). GBV affecting men has also been reported in countries such as Somalia (Wirtz, 2018) and Kenya (MAWE, 2014; Gateri et al., 2021). These studies show that throughout their lives, men suffer various forms of violence inflicted by women, whether physical, emotional, or economic.

South Africa, like many other countries, also faces a widespread problem of GBV, with abusive acts being encouraged and legitimised by cultural norms and gender-based customs and traditions (Olalere, 2022). Thobejane and Luthada's (2019) study conducted in the Vuwani Policing area of Limpopo Province confirms that men are victims of violent acts committed by their intimate partners. Men admitted to being victims of violence within their marriages or abuse by their intimate partners in the previous year. Another study by Modau (2016) in the Makhado Municipality in the Limpopo Province indicated that men in heterosexual relationships experience abuse in various forms, including physical, emotional, verbal, and financial abuse.

Despite the high incidence of GBV, men are hesitant to report such incidents to the authorities. Thobejane and Luthada (2019) and Modau (2016) indicated that reasons for men's failure to report incidences of GBV include religious authorities who counselled the couple to seek God's face instead of "washing dirty linen" in public; fear

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of the taboo or abomination associated with African societies' cultural norms; fear of leaving the relationship in situations where the man depends on the "rich" woman for daily maintenance and the humiliation that comes with shame and exposure of being perceived as a "weak man."

Deshpande (2019) and Viol (2016) are of the collective notion that barriers to men disclosing abuse include fear of not being believed by the police and society, fear of being blamed for the abuse, that they must have done something to provoke it, or that the woman was retaliating against their abuse of her. Men believe that being beaten by a woman is disgraceful, and complaining about being abused may be interpreted as feminine behaviour, as their perception is that they should be able to cope with the abuse or have sufficient power in their relationships to stop the abuse.

The link between GBV and high rates of sickness, death, depression, substance abuse, suicide, and post-traumatic stress disorder has been established as a global public health and human rights concern (Malik and Nadda, 2019). Mandlenkosi and Ntsika (2022) concur that GBV can lead to serious physical health problems as well as low self-esteem. It impairs men's ability to perform efficiently and make decisions. It may also have long-term implications, as male victims may endure despair, anxiety, and excessive rage.

Some people engage in uncontrollable acts of violence, abusive sexual behaviour, and substance misuse. Affected men may become numb to pain, and, as a result, many will turn to violence to solve their problems and satisfy their demands. This underscores the urgent need for professional intervention to address the adverse consequences of GBV on the lives, families, and social functioning of men.

Social Work, as a profession, plays a crucial role in providing care to victims and survivors of GBV. It is a severe societal issue that social workers and other helping professionals must deal with every day. At the heart of the social work profession's primary belief system is the concept of a just society, where all members have equal rights and equitable access to available resources. Professional social workers have a duty and a mandate to guarantee that social justice is distributed to underprivileged and disenfranchised communities (Leburu-Masigo, 2019).

It is against this background that the study aimed at exploring the reluctance of men to report GBV perpetuated by their partners will be conducted. This research has the

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potential to significantly enhance the understanding of GBV and contribute to the development of effective interventions. This chapter serves as an introduction to the study. As such, the problem statement, research questions, aims, objectives, methodology, and ethical considerations are outlined.

1.2 Statement of the Problem

According to South African Police Services (SAPS) statistics, gender-based violence-related crimes reported in Limpopo province between January 2023 and March 2023 include rape (46), sexual assault (4), assault with intent to cause grievous bodily harm (415), and ordinary assault (706) (SAPS, 2023). Although the numbers do not distinguish by gender, it can be concluded that women reported more cases than men. GBV violence occurs daily, and women are the most common victims because they are more likely to report it and because our society is more patriarchal (Thobejane and Luthada, 2019). However, this does not imply that men are not victims of gender-based violence in their private spheres. It is crucial to recognise that gender-based violence can affect individuals of all genders.

GBV against men is prevalent in South Africa, yet it is not as well-publicised as it is against women. In South Africa, many cases of GBV against men go unreported, and authorities typically fail to register those that are reported. GBV victims sometimes remain silent due to cultural notions that 'cowboys do not cry,' exacerbating the issue (Tshoane et al., 2024). Unfortunately, societal biases that portray men as vital and women as submissive have led to the overlooking of violence perpetrated by women against their male partners. Consequently, men are at a higher risk of experiencing gender-based violence.

The issue under investigation pertains to the hesitancy of men in reporting gender-based violence committed by their partners. While Vhembe is a hotspot for GBV, with around 12,000 domestic violence cases reported annually, intimate partner violence against men is underreported though studies show cases exist, particularly in rural areas (Neshunzhi, et al. 2022). Despite the increasing prevalence of GBV against men in the Thulamela municipality, it remains vastly underreported. This lack of reporting leads to perpetrators evading justice and victims being left without the necessary support. The disparity in reporting between men and women creates a misconception that GBV predominantly affects women.

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This research sheds light on the reluctance of men to report GBV despite being significantly impacted by such violence, both physically and psychologically. This reluctance disrupts their lives, family dynamics, and social interactions. Men often resort to coping mechanisms that can jeopardise their well-being and that of their loved ones. While existing GBV prevention programs primarily focus on addressing violence against women, there is a notable lack of initiatives targeting violence against men.

1.3 Research Question

Mattick et al. (2018) refer to a research question as a transparent and specific inquiry that a study seeks to address. It identifies gaps or uncertainties in existing knowledge and guides the research process, from method selection to data collection and interpretation. The following question guided the conducted study:

- Why are men reluctant to report gender-based violence perpetrated by their partners?

To answer the main research question, the following sub-questions had to be asked:

- What are the experiences of men towards gender-based violence perpetrated by their partners?
- What factors contribute to men's reluctance to report gender-based violence perpetrated by their partners?
- What are the coping strategies of male victims of GBV?
- What intervention strategies are employed to address gender-based violence against men?

1.4 Aim and Objectives of the Study

According to Garg (2016), the study's aim and objectives must be defined before beginning research. The aim indicates whether the emphasis is on studying the problem or seeking an appropriate solution using another method.

- Therefore, the study aimed to explore the reluctance of men to report GBV perpetrated by their partners.

To achieve the aim of the study, the following set of objectives was outlined:

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- To explore the experiences of men on gender-based violence perpetrated by their partners.
- To explore factors contributing to men not reporting incidences of gender-based violence.
- To identify the coping strategies of male victims of gender-based violence.
- To describe intervention strategies employed to address gender-based violence against men.

Outlining the objectives ensured that the study progressed systematically, remained aligned with the aim, and provided a clear basis for assessing whether the study achieved its intended goal.

1.5 Definition of Key Concepts

Ensuring that key concepts are defined clearly and unambiguously is crucial in the research process. By reviewing the literature, a researcher can find sources for developing or obtaining definitions of essential terms that must be operationalised in the study (Terre Blanche et al., 2021). The following are the key concepts relevant and applicable to the study: Gender-based violence, Intimate partner violence, Violence, Man, and Intimate partner.

1.5.1 Gender-based Violence

According to Mandlenkhosi and Ntsika (2022), gender-based violence is broadly defined as physical, sexual, emotional, verbal, and psychological violence against a person of the opposite gender. It also manifests as economic abuse, intimidation, harassment, and stalking, and occurs in family circles and the broader community. The researcher utilised this understanding as the foundation for their study.

1.5.2 Intimate Partner Violence

Gubi and Stephen (2022) define intimate partner violence as any behaviour within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours. For this study, intimate partner violence will refer to violence perpetrated by females on their male partners.

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1.5.3 Man

A man is an individual who self-identifies as male and possesses male reproductive organs from birth (Schudson et al., 2019). Therefore, in this study, the plural term (men) will denote adult male persons (in contrast to females).

1.5.4 Intimate Partner

Intimate partners encompass current or former spouses (including common-law spouses), non-marital dating partners (including same-sex partners), boyfriends/girlfriends, sexual partners, and individuals who share a child, regardless of marital status. The status of an intimate partner is not contingent on cohabitation or sexual activity (Brown and Seals, 2019). This study defines intimate partners as current spouses, non-marital dating partners, and boyfriend/girlfriend relationships, regardless of whether they are cohabiting.

1.6 Research Paradigm

Ganiyu et al. (2022) refer to a research paradigm as a set of guiding beliefs and assumptions that determine how researchers understand reality, what they consider genuine knowledge, and which methodologies they use to investigate an issue. This study is guided by the interpretivist paradigm, which posits that reality is constructed through social and personal contexts. The researcher found the paradigm to be appropriate for the study since its focus was embedded in the experiences of male survivors of GBV, whose perceptions of their circumstances are impacted by their individual histories, cultural contexts, and life experiences.

The study aimed to investigate the meanings that participants assigned to their experiences and how they perceived their social worlds by engaging directly with them. Due to the qualitative nature of the research, the interpretivist paradigm permitted the researcher to collect rich, detailed narratives and to provide a thorough and complex perspective that reflected the diversity and complexity of each participant's lived reality.

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1.7 Research Methodology

Swarooprani (2022) refers to research methodology as the researcher's methodical framework to explain a research problem. It includes identifying appropriate research methods and approaches, as well as outlining the broader justification for their use. This study employed a qualitative approach as it is best suited for investigating the lived experiences of men affected by GBV. A qualitative approach was appropriate because it focuses on meaning, context, and personal opinions, which cannot be fully conveyed using quantitative means. It also enabled the study to explore sensitive and complex topics in depth, allowing participants to express their emotions and experiences openly and honestly.

The case study design was applied as the guiding framework. The design allowed the researcher to investigate the phenomenon in its natural setting. In this study, the focus was on men from Thulamela Municipality in Limpopo Province who had been victims of partner-perpetrated gender-based violence. The case study method provided a holistic view of the issue by considering individual narratives and the larger social and cultural context in which these experiences happened.

The researcher utilised snowball sampling to recruit participants for the study. This method was considered appropriate due to the hidden and stigmatised character of male victimisation, which makes the population difficult to identify using routine sample procedures. The procedure began with the participant, who referred others who fit the inclusion criteria. Participants were men aged 25 to 45, married or unmarried, who had been in relationships for at least two years and had experienced partner abuse. Snowballing helped create confidence and obtain access to persons who might otherwise remain unreachable.

Data were collected through semi-structured interviews. This strategy enabled participants to freely express their experiences while keeping the discourse focused on the research's primary aim. The flexibility of semi-structured interviews allowed the researcher to delve deeper when necessary while maintaining consistency throughout the study. Before the main study began, a pilot interview was conducted with two participants to refine the methodology and ensure the clarity of the questions.

Thompson's (2022) stages of data analysis were used, which comprised familiarisation with the transcripts, coding, identifying and developing themes, linking

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the themes to larger concepts, and writing up the findings. This methodical approach ensured the transition from raw data to interpretation was transparent and rigorous.

The study established its trustworthiness through various methods. Credibility was established through member checking, in which participants confirmed that their opinions were accurately portrayed. Transferability was improved by offering extensive background explanations. An audit trail of the research process and reflective journaling were employed to minimise personal bias, thereby enhancing dependability and confirmability (Creswell and Poth, 2018).

Strict ethical standards were followed throughout the study. Before beginning data collection, the University of Venda/Faculty Research Ethics Committee provided ethical approval, guaranteeing accordance with institutional and professional requirements. All participants provided informed consent, anonymity was protected through anonymisation, and they were advised of their right to withdraw at any time without any consequences. Measures were taken to minimise harm by conducting interviews in a safe environment and providing referrals to psychosocial support where necessary.

1.8 Significance of the Study

Although GBV is illegal and a violation of human rights regardless of gender, the South African justice system continues to focus primarily on violence against women and girls. This imbalance minimises the extent of abuse perpetrated against men and boys, frequently resulting in their victimisation being disregarded or dismissed (Mandlenkosi and Ntsika, 2022). According to evidence, men who are victims of intimate partners abuse suffer severe physical harm, such as injuries, chronic pain, and poor overall health, as well as emotional and psychological consequences, such as despair, anxiety, post-traumatic stress, and loss of self-worth (Coker et al., 2021). These consequences extend beyond the individual, affecting family dynamics: intimate partner violence undermines relationship stability, contributes to marital conflict, and may expose children to violence, which can have long-term effects on emotional development and social functioning (Bogat et al., 2023).

This study makes an essential addition by looking into factors that prevent males from reporting GBV, such as fear of disbelief, stigma, and a lack of specific support services. By addressing these issues, the study will contribute to the existing body of knowledge

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on male victimisation and help policymakers build inclusive policies. This includes improvements in healthcare services and psychosocial support through the development of gender-inclusive screening protocols within primary healthcare. This will also help in the development of specialised mental-health interventions addressing trauma in male survivors, trained service providers, including social workers who adopt non-judgmental and trauma-informed practices, and accessible referral systems that provide counselling, legal support, and safe accommodation for men (Taylor et al., 2022).

Furthermore, the findings will contribute to community awareness initiatives focused on reducing cultural norms that prevent men from reporting abuse. In this regard, the study is positioned to inform legal reform, improve service delivery, and enable males to report incidents without fear of bias or shame.

1.9 Outline of the Study

The study is organised into five chapters that follow a logical order from the background and objective of the research to its findings and recommendations. This structure gives clarity, coherence, and a methodical flow of data, ensuring that each chapter builds on the one before it while contributing to the study's overall aims.

Chapter 1: Introduction and Background to the Study

Chapter 1 has introduced the topic of the study. It provides an introduction and background of gender-based violence, giving an overview of this issue to lay a foundation for the study. The chapter further covers a statement of the problem, research questions, the study's aim and objectives, a brief description of the research methodology, the significance of the study, and its limitations. It also defines key concepts to help the reader understand the premise from which the researcher is working.

Chapter 2: Literature Review

This chapter presents a literature review to create an understanding of GBV against men, focusing on men’s reluctance to report their encounters. The researcher takes a closer look at what has been written about male experiences of GBV, contributory factors to non-reporting behaviour, coping strategies adopted by victims, and

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intervention strategies to address GBV. The chapter also presents an outline of the existing legislation.

Chapter 3: Research Design

This chapter describes the design and approach utilised to guide the study. It specifies the target population, sampling procedure, and sample size to ensure the study is relevant and credible. The data collection methods, which include semi-structured interviews, are outlined, and the steps followed to ensure accuracy and consistency are discussed. The data analysis process is described, emphasising coding and theme development. Ethical considerations, including informed consent, confidentiality, and protection from harm, are also addressed. The chapter concludes by outlining how all decisions regarding methodology were linked with the study's aims.

Chapter 4: Data analysis, Results, and Discussion of Findings

This chapter presents a systematic overview of the study's findings. It describes the data collected, focusing on the significant patterns and responses identified. These findings are then analysed and outlined in accordance with the study's aims, demonstrating how they address the research topics. The analysis also highlights emerging themes, providing more insight into the participants' experiences and perspectives. Connections are also drawn between the data, the larger context, and related theoretical viewpoints.

Chapter 5: Conclusion and Recommendation

The final chapter presents the study's conclusions and recommendations based on the data. It demonstrates how the findings relate to the research objectives while remaining relevant to the literature. The conclusions summarise the study's primary findings, while the recommendations detail practical steps and future considerations based on the findings. In doing so, the chapter emphasises the intellectual and practical significance of the findings. It concludes by highlighting the research's relevance in addressing and improving the understanding of the subject at hand.

1.10 Chapter Summary

This chapter introduced the study, detailing the context and the background of GBV against men, with an emphasis on abuse perpetrated by partners in Thulamela

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Municipality, Vhembe District, Limpopo Province. The background also highlights the underreporting of GBV as attributable to male victims not recognising abuse, societal assumptions often overlooking their experiences, and a lack of tailored support. The problem statement emphasised the under-researched nature of male victimisation, as well as the gaps in understanding and support provision caused by this neglect. The research aim, objectives, and questions were given to investigate male survivors' lived experiences and the meanings they attach to them. The research methodology was briefly outlined to highlight the methods adopted. The measures to ensure research quality were reviewed, which increased the study's trustworthiness. The study's significance lies in its contribution to policy formulation, support services, and challenging societal beliefs about male victimisation. The chapter also summarises how the dissertation was organised. Overall, Chapter 1 laid the groundwork for the research and set the tone for the literature review presented in Chapter 2.

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CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

While GBV is most commonly associated with female victims, it is essential to recognise that men can be victims as well. GBV is a persistent issue that transcends national, cultural, and geographic boundaries, making it a worldwide concern (Sardinha et al., 2022). This chapter explores the existing literature on gender-based violence (GBV) against men at global, regional, and local levels, with a particular focus on the issue of non-reporting. The content in this chapter mainly stems from the core themes of the study objectives. For Example, it examines the experiences of male victims of GBV, factors contributing to their reluctance to report incidences of GBV, coping strategies employed by male victims of GBV, intervention measures applied to combat GBV against men, legislative and legal frameworks related to GBV, and relevant theoretical perspectives on GBV.

2.2 Overview of Gender-based Violence

While commonly associated with violence against women, emerging research highlights a growing prevalence of GBV against men, often perpetrated by female partners. Empirical studies from various regions indicate an increasing number of male victims experiencing physical, sexual, and psychological abuse in intimate relationships. In the United States, the 2014 National Intimate Partner and Sexual Abuse Survey (NISVS) reported that 4.7% of men had experienced physical abuse in intimate relationships. Similarly, the 2018 Crime Survey for England and Wales (CSEW) found that 2.7% of men aged 16 to 59 had suffered partner abuse within the previous year (Nakalyowa-Luggya et al., 2022).

In India, despite the country's traditionally male-dominated society, research by Malik and Nadda (2019) reveals that a significant proportion of men face various forms of GBV from women. Their survey found that 52.4% of men reported being victims, with 51.5% experiencing at least one violent episode involving an intimate partner in their lifetime, and 10.5% in the preceding year. Emotional abuse was the most prevalent form (51.6%), followed by physical violence (6%), while severe physical assault accounted for 10% of reported cases.

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African studies also highlight an alarming rise in abuse against men in intimate relationships. Nzima et al. (2019) document an increase in male victimisation across various African nations. In Nigeria, research by Oseni et al. (2022) found that 7.7% of men had experienced GBV perpetuated by their partner, with physical abuse being the most common, followed by psychological abuse. Similarly, Athuman and Munishi (2022) observed that men in Dar es Salaam, Tanzania, face multiple forms of GBV, including physical, psychological, and economic abuse. In Rwanda, only 10% of male sexual abuse victims reported their experiences to authorities. In comparison, 38% of GBV victims took no action due to fear that nothing would be done (36.7%), fear of stigma (18.7%), or dependency on the perpetrator (16.9%).

GBV is widespread in South Africa, with the country recording some of the highest incidences of GBV globally, including femicide, rape, and intimate partner violence (Oparinde and Matsha, 2021). According to statistics from the South African Police Services (SAPS), between January and March 2023, the province of Limpopo recorded 46 cases of rape, four (4) cases of sexual assault, 415 cases of assault with intent to cause serious bodily harm, and 706 cases of common assault. While gender-specific data remains unavailable, it is inferred that women report more cases than men. However, research indicates that men, too, can be victims of GBV, although they are significantly less likely to report these incidents (Olalere, 2022).

Although GBV against men has been recognised since the 1970s, it remains a sensitive and largely avoided topic in patriarchal society (Mngomezulu, 2019). The evidence of its global occurrence shows that male victimisation is not limited to specific cultures, social classes, or faiths. However, the issue is often overlooked because many occurrences remain unreported (Best et al., 2022). This tendency is evident worldwide, particularly in South Africa, underscoring the urgent need for targeted actions and expanded research to address this underappreciated issue. While awareness-raising activities are essential, long-term change necessitates systemic reforms and policy measures that support male survivors while challenging established societal norms (Best et al., 2022). Understanding the lived experiences of males who have encountered GBV is critical in addressing the issue. Their experiences shed light on the physical, emotional, and psychological problems they often face alone, emphasising the crucial need for inclusive and gender-sensitive support services.

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2.3 Experiences of Male Victims of Gender-based Violence

Narratives about male victimisation are still frequently ignored or written off as implausible, despite mounting evidence that men can also experience GBV. Male victims have been exposed to direct abusive behaviours such as physical, sexual, and psychological abuse, as well as coercive control, dominance, and manipulation that are similar to those of female victims of intimate partner violence (Walker et al., 2020). Serious physical harm and persistent patterns of "intimate terrorism" in their relationships are among the particular difficulties faced by many male survivors of GBV (Dziewa and Glowacz, 2021; Morgan and Wells, 2016). Men who are victims of GBV experience a broad array of abuse types and tactics.

2.3.1 Physical Violence

In South Africa, almost one in every six men has experienced GBV in the form of physical violence, emphasising the severity of the problem among male victims (Fapohunda et al., 2021). Evidence also suggests that marital status does not protect males from such violence; in many situations, husbands or cohabiting partners report physical violence at rates comparable to or greater than single men, regardless of differences in age, education, or employment (Fapohunda et al., 2021).

Accounts from male survivors illustrate the range of violent behaviours they face, from slapping, shoving, and kicking to more extreme types of abuse involving weapons (Tshoane et al., 2024; Ali et al., 2016). A study in the Kwaai-Draai community in South Africa reveals incidences of extreme physical violence against men by female partners, including incidents in which women allegedly tossed knives at them with murderous intent (Mukwevho, 2024). Comparable findings from Zimbabwe show that women expose men to serious acts of physical violence, with some conclusions describing life-threatening assaults (Mazikana, 2024). These experiences call into question popular beliefs that men are less likely to suffer significant harm than women because of their larger bodily size and physical strength. On the contrary, research reveals that female attackers typically employ domestic objects like vases, chairs, or knives to increase the likelihood of harm and compensate for physical power inequalities (Bates, 2019).

Significantly, violence against males goes beyond causing acute injury. It is frequently employed as a method of dominance, coercion, and intimidation to reinforce control

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over the victim. In many cases, physical violence is combined with other forms of violence, such as sexual violence, in which force is used to erode autonomy and cause long-term psychological injury (Krahé and Berger, 2025). Despite this, the topic is vastly underreported and receives little scholarly attention, owing to cultural preconceptions that downplay men's experiences of abuse and portray them as less seriously impacted than women (Mukwevho, 2024).

2.3.2 Sexual Violence

Sexual violence is typically described as non-consensual physical contact that violates a person's sexual autonomy (Schmitt et al., 2021). Ali et al. (2016) define it as acts "directed against a person's sexuality using coercion," which might include forced intercourse, unwanted sexual contact, or withholding sex as a form of punishment or control. Sexual violence against men in close relationships can take a variety of forms. It encompasses a wide range of actions, including harassment, coerced sexual contact, non-penetrative acts, and attempted or completed rape (Thomas and Kopel, 2023). A true story from Kwaai-Draai, South Africa, demonstrates how a man's wife purposefully avoided intercourse after he lost his job, employing sexual denial as a domination tool (Mukwevho, 2024).

Male sexual violence is more widespread than previously believed. De Villiers et al. (2021) found a significant increase in incidents involving men who have experienced sexual violence, indicating that the problem is becoming more evident in both household and community settings. According to Stemple and Meyer (2014), data from five US federal surveys, conducted by the CDC, Bureau of Justice Statistics, and FBI, showed that men experience sexual violence at rates often comparable to those of women. However, this reality has been obscured by outdated definitions and gender-biased reporting systems. According to the CDC's (2011) National Intimate Partner and Sexual Violence Survey, around 1.27 million men were coerced into non-consensual sex within a year, similar to the 1.27 million female victims of rape (Smith et al., 2022).

Despite its widespread prevalence, male sexual violence is significantly underreported. Cultural beliefs that associate masculinity with strength, control, and vulnerability frequently prevent males from reporting their sexual violence or seeking help (Krahé and Berger, 2025). Stemple and Meyer (2014) argue that the long-

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standing "male-perpetrator, female-victim" paradigm results in the systematic minimising of male experiences, while institutional and social narratives reinforce stigma. Men who have experienced sexual violence may fear humiliation, scepticism, or being seen as weak, which discourages disclosure and delays assistance (Nekhavhambe, 2021).

Odemba et al. (2025) report that male victims of intimate-partner sexual violence are reluctant to report their experiences. This lack of disclosure is exacerbated by the absence of specific support mechanisms and insufficient recognition of male victimisation within policy frameworks, leaving many incidents unrecorded and neglected (Lysova et al., 2020). De Villiers et al. (2021) emphasise that men's reluctance to come forward obscures the full scope of the problem and conceals the psychological and societal implications of such abuse. As a result, male sexual violence is an underappreciated public health concern, perpetuated by cultural norms and institutional indifference.

2.3.3 Psychological Violence

Psychological violence against men is increasingly being recognised as a serious but frequently underreported aspect of intimate partner violence. Research in South Africa shows that men are regularly subjected to emotional manipulation, verbal humiliation, coercive control, and public shaming, forms of abuse that leave significant psychological scars over time (Nekhavhambe, 2021). According to empirical studies, psychological violence is the most common type of intimate partner abuse experienced by men, typically outpacing both physical and sexual violence in frequency and intensity (Walker et al., 2020). This type of abuse is characterised by repeated criticism, intimidation, verbal insults, and manipulative actions aimed at maintaining dominance and control (Odemba et al., 2025; Tshoane, 2024). Specific instances include being demeaned with disapproving terminology such as "useless," sometimes in front of children, or receiving obscene remarks intended to humiliate (Mukwevho, 2024). In some situations, women used threats of false allegations or police participation as coercion methods, knowing that men's accounts would be ignored or disbelieved (Mazikana, 2024).

Beyond verbal assaults, it can take the form of movement restrictions, forced social isolation, financial control, or denial of access to critical services and resources (Dim

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and Elabor-Idemudia, 2018). Scholars distinguish between expressive violence, which includes insults and humiliation, and coercive violence, which entails monitoring, regulating, and threatening behaviour (Walker et al., 2020). Collectively, these findings demonstrate that psychological violence is not only widespread but also extremely harmful to men's mental health and overall well-being.

One of the challenges of psychological violence is that it is frequently subtle and complex to identify. Unlike physical abuse, it causes no visible injuries, making it more difficult for victims or outsiders to identify (Cinquegrana et al., 2023). Gendered expectations exacerbate such experiences, as Rowlands (2022) contends that these infractions undercut traditional ideals of masculinity, forcing males to suffer persecution in silence, mainly because it often occurs in homes (Landa-Blanco and Mejía Sánchez, 2025).

Overall, men face physical, sexual, and psychological or emotional forms of GBV, which frequently have serious psychological and social consequences (Walker et al., 2020; Rowlands, 2022). However, many survivors remain silent owing to disbelief, the idea that services are geared mainly at women and children, and the stigma or shame associated with male victimisation (Morgan and Wells, 2016; Neshunzhi et al., 2021; Mukwevho, 2024).

2.4 Contributory Factors to Non-Reporting Behaviour

Although the number of male victims of GBV has increased in recent decades, documented cases only represent a small portion of the problem (Akpan et al., 2022). Men frequently avoid reporting abuse owing to institutional barriers, such as a fear that their claims would not be accepted or that they will be misidentified as perpetrators, mixed with the stigma that views vulnerability as a sign of weakness (Morgan and Wells, 2016; Sullivan, 2018).

2.4.1 State Institutions

State institutions, such as courts and law enforcement, play an essential role in preventing male victims from reporting GBV. A key impediment is the prevailing belief in these institutions that women are the default victims of abuse and males are the perpetrators. This bias has been described as a form of legal and administrative abuse, where men's accounts are often ignored, trivialised, or directed against them

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(Machado et al., 2016; Hogan et al., 2021). Male survivors frequently face disbelief, contempt, or a lack of customised support in social service settings, since most shelters, counselling facilities, and victim support programs are only for women (Hines et al., 2022; Lysova et al., 2020). As a result, men often internalise the message that their victimisation is not real, which discourages them from disclosing and seeking assistance (Machado et al., 2020).

Court systems strengthen these institutional impediments. According to research, male survivors who approach the courts are frequently viewed with distrust and, in some cases, as aggressors rather than victims (Dim and Elabor-Idemudia, 2018). Instead of receiving legal protection, some males are denied restraining orders or are wrongfully arrested after alleging violence from female partners (Lysova et al., 2020). Female abusers may exploit these biases by threatening to charge men with assault, instilling fear of retaliation, and preventing them from seeking justice (McCarrick et al., 2016).

Law enforcement authorities exacerbate the problem. Many men in South Africa report that when they sought police assistance, their cases were often neglected, poorly investigated, or treated with hostility (Akpan et al., 2022). Some victims said that their requests for help were ignored or mocked, while others were threatened with arrest by officers who assumed that men could not be victims of GBV (Khan and Arendse, 2021; Mukwevho, 2024). According to a study by Akpan et al. (2022), a large number of male victims stated that their cases were frequently disregarded and that when they called the police during instances of violence committed by women, their calls were occasionally disregarded or ignored. Instead of being shielded, they might be mocked, disregarded, or mistakenly identified as the principal offender. Hogan et al. (2021) and Machado et al. (2016) assert that many men encounter hostility and secondary victimisation instead of safety within the system, where the very institutions designed to support them cause further harm through contemptuous behaviour and hurtful statements.

Some female perpetrators exploit secondary abuse by threatening to denounce their victims as perpetrators of violence. As a result, many cases are not reported, and if countercharges are brought against a person, they may be unjustly drawn into the criminal justice system (McCarrick et al., 2016). Some are even afraid of being

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arrested, which makes them reluctant to share more about their experiences (Scott-Storey et al., 2023).

Despite its declared commitment to addressing GBV, the South African Police Service (SAPS) has been reprimanded for inefficient responses moulded by established gender stereotypes, resulting in poor investigations and inappropriate case management (Burris, 2022). These institutional biases foster distrust in the legal system and play an essential part in the underreporting of male abuse (Walker et al., 2020; Tshoane et al., 2024; Krahé and Berger, 2025; Odemba et al., 2025).

2.4.2 Social Factors

The way society constructs victimhood plays a vital role in preventing men from reporting GBV. Abuse in intimate relationships is frequently perceived as a feminine experience, making it difficult for men to be identified as actual victims. Gender stereotypes influence how people view GBV, with male victimisation often seen as less severe than female victimisation, both in terms of physical pain and psychological impact (Machado et al., 2016). As a result, society generally ignores or minimises men's suffering (Park et al., 2021). Survivors claim that when they try to communicate their experiences, they are often faced with doubt, scorn, or open contempt by friends and acquaintances, discouraging them from getting help. Fear of being perceived as weak or vulnerable arises from social expectations that men play dominant roles in heterosexual partnerships (Walker et al., 2020).

Cultural perceptions of masculinity further complicate the process of identifying and naming abuse. Terms like "victimhood" and "suffering" are often viewed as incompatible with traditional masculine ideals of toughness and perseverance (Thobejane and Luthada, 2019). The dread of being viewed as weak creates shame and stigma, reinforcing quiet. Within African contexts, sociocultural attitudes such as "what will people say" mentality, put a priority on social approval, pushing males to bury their anguish and stay in abusive relationships rather than risk public disgrace (Mdletshe and Makhaye, 2025). This silence is fueled by broader social stereotypes that trivialise male trauma, resulting in systemic underreporting (Akpan et al., 2022; Athuman and Munishi, 2022).

Male survivors frequently manage by placing their pain within socially acceptable narratives. Some people use identities like "good father" or "committed husband" to

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rationalise staying in abusive relationships, emphasising love, devotion, and family responsibilities to make sense of their victimisation (Dziewa and Glowacz, 2021). Others internalise blame for their spouses' abusive behaviour, viewing tolerance for abuse as evidence of being a "good partner" (Mantey, 2019). These stories demonstrate how societal expectations of gender roles limit men's capacity to admit their abuse openly. As a result, many men prefer endurance to resistance, repressing their discomfort to conform to prevailing masculine values.

Social rejection exacerbates the quiet. When men share their experiences, their relatives and peers frequently disregard, ridicule, or even blame them for the abuse (Hogan et al., 2021). In certain situations, individuals are misdirected to offender intervention programs as perpetrators rather than victims (Machado et al., 2016). This delegitimisation, along with social denial of male victimhood, makes it extremely difficult for males to exit abusive situations. Instead of seeking help, people are left to cope with emotions such as shame, loss, betrayal, and disillusionment (Mngomezulu, 2019; Best et al., 2022). Finally, social expectations that males must suffer in silence, along with the fear of being labelled weak or misunderstood for abusers themselves, encourage underreporting and perpetuate cycles of abuse (Akpan et al., 2022).

2.4.3 Cultural Factors

Culture is characterised by socially constructed roles and expectations that distinguish men and women, shaping acceptable behaviours through institutions such as family, school, religion, politics, and traditional traditions (Wood, 2019). Cultural norms, while often disregarded in GBV research, have a significant impact on how people perceive violence, interpret their experiences, and define victims. In many African cultures, patriarchal systems and traditions foster uneven power dynamics, with males dominant and women dependent. This dynamic makes it harder to identify male victims and frequently normalises or excuses violence in intimate relationships (Olalere, 2022; Malatjie and Mamokhere, 2024).

For example, cultural ideas that males should never retaliate against women contribute to the invisibility of violence against men and deter people from speaking up (Mukwevho, 2024). While cultural norms that emphasise masculine toughness and resilience create further impediments, resulting in significant silent and undocumented abuse against men (Kgatle et al., 2021; Dziewa and Głowacz, 2021).

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The cultural acceptance of violence hypothesis contends that ingrained social norms legitimise and prolong GBV, encouraging victims' silence (Mdletshe and Makhaye, 2025). Men, in particular, are often pressured to conform to notions of strength, independence, and authority that are frequently rooted in ethnic, religious, or traditional beliefs (Malatjie and Mamokhere, 2024). These standards leave little room for vulnerability; therefore, acknowledging suffering contradicts dominant masculine norms. As a result, instead of identifying as victims, many men minimise or explain their partners' abusive behaviour, reject their injuries, or even blame themselves (Kgatle et al., 2021; Sullivan, 2018; Dziewa and Glowacz, 2021; Morgan and Wells, 2016).

In patriarchal society, public confession of abuse may be interpreted as a failure to fulfil masculine responsibilities, resulting in humiliation and diminished social position (Aborisade, 2024). Male victimisation is frequently trivialised or dismissed, and those who speak out face ridicule or denial. This stigma has substantial implications, as many males engage in unhealthy coping mechanisms (Neshunzhi, 2022; Bates, 2020; Arroyo et al., 2017; Thobejane et al., 2018). Furthermore, highly embedded cultural standards exacerbate men's dread of reporting, resulting in their experiences going unnoticed and limiting access to crucial support (Mdletshe and Makhaye, 2025).)

Overall, men's failure to disclose GBV is influenced by a combination of institutional lacks, social pressures, and cultural norms of masculinity, all of which work together to silence many survivors (Husso et al., 2021; Morgan and Wells, 2016; Mukwevho, 2024; Thobejane et al., 2018). Therefore, men resort to coping strategies such as turning to social networks for support, avoiding or delaying disclosure (Sullivan, 2018), relying on religion for comfort and resilience, or engaging in substance use, such as alcohol, which is often a harmful way of managing distress (Dasgupta et al., 2018).

2.5 Coping Strategies of Male Victims of Gender-based Violence

GBV's emotional and psychological toll affects not only their general well-being but also their social and familial relationships. As a result, these men use a variety of coping mechanisms to deal with stress, anxiety, and the severe emotional scars left by their experiences. However, each person has a different level of success with these coping mechanisms (Quing, 2021). As discussed below, men tend to adopt religious

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activities, avoidance, leaving the relationship, substance abuse, and social support networks to cope with abuse.

2.5.1 Religious Activities

Many people look to religion for solace and strength during difficult times. Faith has long been one of the most popular coping strategies during times of crisis, regardless of one's cultural or religious background. Placing faith in a higher power can offer resilience, safety, and support when life feels overwhelming. Many people find that they can persevere through their darkest moments by entrusting their problems to God and viewing them as part of a greater plan (Dolcos et al., 2021).

According to Quing (2022), religion enables people to make sense of their experiences and transform hardship into opportunities for introspection and personal growth. Beyond seeking protection from God, constructive religious coping involves reinterpreting adversity as an opportunity for personal growth and cooperating with God to find solace and direction (O'Brien et al., 2019). Many people find that their faith is a pillar of strength, confirming the conviction that no obstacle is insurmountable in God's presence (Athuman, 2023).

More than just a way to survive, religious coping promotes optimism and faith in a higher power. Male abuse victims have discovered methods to soothe their minds, mend their emotional scars, and even control their anger when faced with hardship through prayer, fasting, and meditation (Isangha, 2024; Sharma and Khokhar, 2022). These spiritual activities restore hope, well-being, and peace (Isangha, 2024).

However, religious coping does not always lead to recovery. People may have harmful religious coping mechanisms, such as feelings of spiritual conflict, guilt, or even abandonment, when their faith is shaken by suffering. Some people start to doubt God's love because they believe their hardships are a form of divine retribution (O'Brien et al., 2019). Faith might be a valuable instrument for overcoming obstacles in life; however, how it is applied, whether as a means of recovery or as a source of doubt, can influence a person's emotional and mental trajectory.

2.5.2 Avoidance

Avoidance is an innate defence mechanism that protects oneself from unpleasant, upsetting, or even dangerous circumstances (Ball and Gunaydin, 2022). It can take

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many different forms, such as emotionally shutting down or physically removing oneself from danger. Avoidance frequently turns into a survival tactic for male GBV victims. Avoidance turns into a coping strategy, whether it is through physical separation from the abuser or mental escape through nostalgia and happy memories (Uwayisaba, 2019). To maintain harmony, some may decide to temporarily leave their home, sleep in different rooms, repress their feelings, or even downplay the seriousness of their abuse (Machado et al., 2016).

Avoidance is frequently motivated by self-preservation. Some men choose to stay out late or only come home after tensions have subsided in order to avoid confrontation with aggressive female partners (Joseph-Edwards and Wallace, 2021). Others seek comfort in diversions, immersing themselves in work, housework, movies, or literature to prevent their thoughts from lingering on their distressing circumstances (Quing, 2021).

Avoidance can have a significant emotional cost, even though these tactics might provide short-term respite. Instead of addressing the trauma, it often leads to deeper psychological struggles. Studies have connected severe depression, anxiety, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD) to avoidant coping. What begins as a coping mechanism may ultimately impede the healing process. (Foster et al., 2015; Ball and Gunaydin, 2022).

Avoidance becomes a way of life for many male victims, rather than a temporary escape from a single traumatic moment. However, suppression and silence rarely provide genuine solace. Establishing situations in which men feel safe enough to confront their trauma and seek the care they require necessitates a knowledge of the long-term consequences of avoidant coping (Quing, 2021). Recognising one's sorrow as accurate, valid, and worthy of attention is the first step toward breaking the cycle of suffering (Walker et al., 2020). Therefore, while other male abuse victims often avoid leaving the relationship, for others, it is a valid and empowering coping strategy that can lead to safety and emotional recovery (Bahrami et al., 2016).

2.5.3 Leaving the relationship

It has been demonstrated that GBV considerably increases the likelihood of leaving the relationship (Einiö et al., 2023). Leaving the relationship is more than just a legal decision for many men who have experienced severe forms of GBV. For them, it is a

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last resort and a means of survival after all other options have been exhausted. The harsh truth is that some relationships become intolerable because of persistent abuse, despite the strong religious distaste for leaving the relationship, which sees marriage as a sacred bond that must be maintained at all costs (Athumen, 2023).

For many male victims, leaving an abusive relationship is exceedingly challenging. Hoping for change, people frequently put in significant emotional and physical effort to mend the relationship, but when the pattern of abuse continues, they finally reach a breaking point (Athuman, 2023). While some individuals remain silent about their experiences, others seek reassurance through separation, leaving the relationship, or new romantic partnerships (Athuman, 2023). Leaving the relationship, however difficult, is frequently the only practical method to restore dignity, safety, and peace of mind (Bahrami et al., 2016).

Deeply rooted cultural standards, religious expectations, and the stigma associated with male victimhood might make it especially difficult for men to leave abusive relationships (Kaukinen, 2020). However, enduring violence should not be regarded as necessary, as staying in dangerous situations tends to exacerbate emotional distress. Recognising leaving the relationship or separation as a reasonable and constructive solution can help survivors regain their safety and dignity, and initiate the process of emotional healing (Bahrami et al., 2016; Athuman, 2023).

Nonetheless, when supportive networks and professional assistance are absent, some men resort to maladaptive behaviours like alcohol or drug use. Although such activities may provide temporary respite from pain and guilt, they frequently exacerbate mental health issues, feed depression, and impede long-term healing (Bahrami et al., 2016).

2.5.4 Substance Abuse

Substance abuse, including alcohol, illicit drugs, prescription drugs, over-the-counter drugs, and cigarettes, becomes a common coping mechanism and diversion for many traumatised people (Rizo, 2016; Sullivan, 2018). According to a study by Gezinski et al.,2021), substance abuse is a common way for survivors to distance themselves from their trauma, and it often starts in the abusive relationship. Substance abuse can seem like an escape when feelings of hopelessness and despair take over, offering

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brief solace from emotional suffering (Joseph-Edwards and Wallace, 2021; Uwayisaba, 2019).

Male GBV victims frequently use alcohol to numb their pain, hide their difficulties, and cope with the emotional distress brought on by their partners' violence (Øverup et al., 2015). Many people begin using substances as a coping mechanism for intense emotions and interpersonal disputes, but this can quickly turn into a destructive pattern that makes matters worse.

Although substance abuse can offer short-term respite, there are serious long-term repercussions. Deteriorating physical and mental health can result from abusing drugs or alcohol to deal with GBV-related distress (Foster et al., 2015). Beyond the individual, these effects impact social relationships, career stability, self-esteem, and overall well-being. Financial, legal, and social difficulties are brought on by substance abuse, which frequently makes the cycle of distress worse rather than better (Rahmati et al., 2019).

The idea of hegemonic masculinity implies a strong link between men's adoption of traditional male roles and their involvement in risk-taking health behaviours such as drinking and drug use. These destructive actions are typically the result of an internal conflict between mainstream gender expectations and personal experiences. As a result, rather than addressing their trauma, some men may turn to substance abuse as a way to maintain their masculinity (Dasgupta et al., 2018)

According to Dasgupta et al. (2018), excessive alcohol consumption is associated with an increased risk of aggressive behaviour and GBV, particularly among men. This is because alcohol affects cognitive judgment, reduces inhibitions, and interferes with the capacity to detect social cues appropriately. Furthermore, while some men may use alcohol as a coping technique for stress or emotional difficulties, this behaviour might unintentionally contribute to greater tension and violence in the family setting.

The devastation caused by substance abuse emphasises the critical need for trauma-informed interventions that address substance abuse and emotional distress associated with intimate partner violence. There is a chance to end the cycle of addiction and assist survivors in taking back control of their lives by offering them better coping mechanisms and support networks. True healing starts when people feel

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heard, encouraged, and empowered to ask for assistance without shame or fear. Therefore, it is essential to have a strong social support network.

2.5.5 Social Support Networks

A social support network is a collection of ties that people have with family, friends, peers, and community members, which can provide them with help in times of need. Well-established support systems have been linked to lower stress levels, improved mental and physical health, increased resilience, and a longer life expectancy (Hostinar, 2015). For survivors of GBV, social support is an important coping mechanism. Most victims rely on these networks in some way to deal with the issues of abuse (Quing, 2021). Seeking help may involve consulting a family therapist, seeking legal assistance, or confiding in trustworthy friends, relatives, or colleagues. Beyond emotional consolation, such networks offer reassurance, security, and practical answers to help survivors manage and restore stability (Bahrami et al., 2016; Quing, 2021).

Victims frequently rely on family members for comfort, offering affection, encouragement, and attention to help them cope with the trauma of abuse. Even small acts, such as listening, demonstrating empathy, or providing practical assistance, can significantly impact a survivor's ability to cope. Friends and coworkers significantly reduce feelings of loneliness by offering distraction, company, and a sense of normalcy (Bahrami et al., 2016). However, not all social responses are positive. Walker et al. (2020) discovered that while some victims received compassion and sorrow after admitting their abuse, others faced doubt, minimising of their experiences, or even guilt, with some accused of inciting the violence. Such unfavourable reactions might exacerbate the survivor's stigma and deter future help-seeking.

Despite these limitations, social support networks might change how survivors perceive their condition. Individuals can utilise supportive relationships to reframe the severity of their challenges, enhance their coping capacity, and mitigate overwhelming stress. People willing to listen, encourage, and provide emotional and practical support significantly increase survivors' chances of seeking help and participating in recovery (Quing, 2021; Davies et al., 2024).

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The stigma associated with male victimisation typically leads to quiet retreat, but creating safe spaces and inclusive support systems is critical in breaking this cycle (Morgan and Wells, 2016). When men have safe locations to seek treatment without fear of scorn or rejection, social networks provide valuable resources for coping, building resilience, and regaining dignity (Hostinar, 2015; Quing, 2021). Finally, any person who has experienced GBV, regardless of gender, has the right to supportive connections that acknowledge their experiences and help them recover (Bahrami et al., 2016).

Men employ a variety of coping strategies in reaction to GBV. While these individual tactics may provide temporary relief, it is critical to move beyond personal coping strategies and seek systematic, structured therapies that address the larger societal and institutional challenges that male survivors face. The following section examines strategies for preventing and responding to GBV against men, with a focus on interventions used at the individual and community level. It explores the roles of social workers, community-based interventions, faith-based organisations, and traditional leaders in combating GBV.

2.6 Intervention Strategies to Address Gender-based Violence

Long-term physical, psychological, emotional, and social effects are familiar to victims of GBV, and they can have a significant negative influence on their general well-being. The trauma survivors experience can impact families and entire communities in the absence of prompt and efficient intervention, which can prolong cycles of abuse and vulnerability (Leedom et al.,2019). Proactive actions that give survivors the tools they need to heal, regain their independence, and start over are crucial in the fight against GBV. This section discusses the intervention strategies that can be implemented to mitigate the impact of GBV.

2.6.1 Social Work Intervention Strategies

Social work is essential in addressing the multilayered damages that result from GBV among men. The profession is founded on human dignity, equity, and social justice, making it ideally qualified to respond to GBV (Renner and Driessen, 2023). Social workers provide direct therapeutic care and structural advocacy to ensure survivors' access to health, legal, and welfare support systems (Tarshish, 2025). Their holistic and ecological approach enables them to engage at numerous levels, including

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individual, family, group, and community levels, addressing not just survivors' immediate needs but also the larger conditions that perpetuate abuse (Petersson and Hansson, 2022; Vail et al., 2025). By emphasising empowerment-oriented tactics, social work enables survivors to draw on their strengths and resilience, rather than being defined solely by victimhood (Leburu-Masigo, 2019; Helmersson and Jönson, 2015). They intervene in cases of GBV using the following methods of intervention.

2.6.2 Case Work

Casework intervention is the foundation of direct social work practice in the response to GBV since it provides for individualised, survivor-centred intervention. Through one-on-one interaction, social workers conduct extensive risk assessments, create personalised safety strategies, and provide trauma-informed counselling suited to each survivor's experience (Husso et al., 2021). Casework is especially important for male survivors, whose victimisation is frequently disregarded or downplayed. Recognising their experiences helps social workers break down societal preconceptions that associate masculinity with emotional invulnerability, allowing men to process trauma without shame (Morgan and Wells, 2016).

Beyond counselling, casework involves navigating multiple service systems, such as healthcare, justice, and welfare, to ensure that survivors receive comprehensive assistance. Coordinated case management has been shown to increase treatment engagement and improve psychosocial outcomes, such as safety and emotional well-being (Goodman et al., 2016). Throughout this process, social workers serve as advocates for male survivors, ensuring that they are not excluded from programs typically designed for women (Hogan et al., 2021). They also offer ongoing therapeutic assistance, using strengths-based and cognitive-behavioural strategies to recover self-esteem, manage trauma responses, and restore agency and dignity (Leburu-Masigo, 2019; Helmersson and Jönson, 2015). This empowerment-oriented strategy enables males to regain control of their lives while also increasing awareness of GBV as a global human rights issue, regardless of gender (Mahlasela and Tshishonga, 2023).

2.6.3 Groupwork

Group work is a social work intervention method that focuses on providing therapy in a group format, offering opportunities for healing, empowerment, and reducing stigma.

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These groups provide an uncommon opportunity for male survivors of GBV to relate their stories without fear of judgment. According to research, peer support groups reduce loneliness, improve emotional regulation, and increase resilience by allowing members to share coping methods and affirm one another (Piippo et al., 2022). Peer-led initiatives have also been shown to help normalise men's victimisation experiences and break the silence on male-targeted GBV (Rowlands, 2022).

In addition to providing support, group intervention educates participants on trauma responses, stress management, and available resources. They also offer an opportunity to confront negative male stereotypes, promoting healthier gender identities and more peaceful conflict resolution practices (Jewkes et al., 2015). Furthermore, such programs can help survivors transition from individual recovery to community advocacy and leadership roles, amplifying their voices within the larger GBV discourse (Burris, 2022).

Within these processes, social workers play an essential role. They create safe and confidential places to encourage disclosure, peer support, and collective healing. Dim and Elabor-Idemudia (2018) argue that cultural norms and institutional impediments frequently quiet men, necessitating such facilitation. By facilitating discussions, social workers acknowledge survivors' experiences and counter stigma. According to Lysova et al. (2020), inflexible views of masculinity discourage men from expressing vulnerability; however, group work enables social workers to challenge these beliefs and promote healthier models of manhood. Furthermore, structured psychological support is essential because men who have experienced emotional abuse and coercive control are more likely to suffer from depression, substance addiction, and isolation (Nekhavhambe, 2021). In this sense, social workers use groupwork not only to provide emergency assistance but also to promote long-term rehabilitation and reintegration, making it an essential mezzo-level strategy in combating GBV against males.

2.6.4 Community work

Community work targets GBV on a structural and systemic level, addressing cultural norms, stigma, and institutional barriers that perpetuate silence and exclusion. Social workers collaborate with local leaders, non-governmental organisations (NGOs), and governments to create environments where survivors can seek help without fear of

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judgment (Mandlenkosi and Ntsika, 2022). This includes awareness campaigns, school preventative programs, and collaborations with the health and justice sectors to improve referral channels (Leburu-Masigo, 2020).

Social workers play an essential role in community work interventions to combat GBV against men. The social work role extends beyond direct counselling to encompass community engagement, advocacy, and awareness-raising efforts aimed at challenging and changing detrimental gender norms. Social workers collaborate with community leaders, schools, and civil society organisations to promote educational dialogues that challenge perceptions of men as invulnerable or incapable of being victims (Neshunzhi et al., 2021).

Social workers promote open discussions about male victimhood through outreach campaigns and participation seminars, as well as encouraging men to seek help without fear of stigma. Social workers contribute to the development of inclusive community contexts that recognise the realities of violence against men and promote support networks (Hogan et al., 2021).

Community work includes policy advocacy and systemic change. Social workers play a crucial role in the development and implementation of gender-inclusive GBV policies, which allocate resources equally to all survivors by documenting cases, identifying service gaps, and gathering evidence-based practice (Govender, 2023). Global research confirms that successful GBV prevention requires a multi-level approach that combines community engagement with interventions addressing structural factors, such as poverty, inequality, and patriarchal attitudes (Neshunzhi et al., 2021). In this view, community work not only improves immediate service availability but also addresses the underlying social factors that contribute to violence.

Overall, social work interventions at various levels, casework that provides individualised assistance, group work that fosters solidarity, and community work that drives societal transformation, are critical in responding to gender-based violence against males. These measures help minimise stigma, increase resilience, and improve service accessibility. However, their impact is frequently limited by deeply ingrained gender stereotypes, institutional constraints, and inconsistent execution (Husso et al., 2021; Petersson and Hansson, 2022; Tarshish, 2025; Mandlenkosi and Ntsika, 2022). As a result, a comprehensive community-based approach is still

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required to maintain behavioural and structural change in the fight against GBV against men.

2.7 Community-based Intervention Strategies

Community-based interventions are critical in combating GBV against men because they shift the focus from individual coping to group responsibility. These interventions underscore the crucial role of communities in prevention, support, and advocacy by creating environments that facilitate access to help for survivors. Community engagement, awareness, and education campaigns, victim empowerment and support initiatives, and faith-based organisations and churches, which offer survivors therapy, resources, and reintegration possibilities, are among the key strategies listed below. These interventions demonstrate how community action can shatter the silence around male victimisation and contribute to long-term societal transformation.

2.7.1 Community Engagement in Addressing GBV

Community participation is essential in combating GBV against males because it transfers responsibility for prevention and response from individuals to collective social institutions. Active community participation contributes to the reduction of stigma, the creation of safe environments, and the development of accountability networks. According to Leburu-Masigo (2020), when communities participate as first responders, survivors feel more connected and are less afraid of being judged, a key barrier to disclosure among men. Involving both men and women in community talks ensures that GBV is viewed as a collective issue, while also addressing perceptions that portray males solely as perpetrators. Furthermore, collaborative interventions promote social solidarity, lower tolerance for violence, and provide survivors with avenues to access official support services (Burris, 2022).

2.7.2 Awareness and Education Campaigns

Awareness and education campaigns are critical for changing societal attitudes around GBV and demonstrating that males, too, can be victims of abuse. Community-based workshops, campaigns, and school programs can increase awareness of men's rights and the consequences of abuse, while simultaneously encouraging reporting. Mandlenkosi and Ntsika argue that omitting male victims from awareness programs

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fosters detrimental gender stereotypes and maintains silence. Educational activities can also address the issue of women as potential perpetrators, which is sometimes disregarded in GBV discourse. Jewkes et al. (2015) argue that education is most effective when it challenges mainstream views of masculinity and promotes alternative, healthy models of gender identity. Awareness initiatives that normalise conversations about male victimisation can reduce stigma, foster empathy, and encourage survivors to seek help.

2.7.3 Victim empowerment and Support Services

Victim empowerment initiatives offer critical psychosocial, legal, and emotional support to survivors of GBV. The Victim Empowerment Programme (VEP) in South Africa provides trauma counselling, skill development, and community education to mitigate the long-term effects of violence (Leburu-Masigo, 2019). Although such services are frequently geared toward women, there is a growing acknowledgement of the need to expand these programmes to include male survivors. According to Neshunzhi et al. (2021) and Hogan et al. (2021), males frequently resist seeking help from VEPs because they are afraid of rejection or believe they are not actual victims. This emphasises the significance of developing therapies that are inclusive, gender-sensitive, and tailored to men's specific needs. Support services can help male survivors heal, reintegrate, and, in some situations, take on advocacy roles that raise community awareness.

2.7.4 Faith-based Organisations and Churches

Faith-based organisations and churches have emerged as key actors in combating GBV, including violence against males. The moral authority, community presence, and ability to connect with people at the grassroots level all contribute to their influence. Ganira et al. (2025) state that churches are increasingly incorporating theological thought, collaborative programs, and male involvement programs to combat GBV holistically. Faith-based organisations and churches aim to alter male congregants' conceptions of masculinity and foster empathy and accountability through sermons, workshops, and pastoral counselling.

Similarly, Le Roux and Bowers-du Toit (2017) emphasise that faith communities mobilise both male and female members to participate in preventive measures, frequently using scripture teachings to fight detrimental conventions that promote

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silence about abuse. Through these interventions, churches offer emotional support, raise awareness, and contribute to community-wide transformation that acknowledges the experiences of male survivors.

Faith institutions are also crucial in changing the cultural and theological narratives that contribute to GBV and men's unwillingness to disclose abuse. According to Magezi and Manzanga (2019), churches can serve as forums for "public pastoral care" by encouraging open discourse, facilitating healing, and addressing patriarchal interpretations of scripture that justify violence. This strategy allows church leaders to tackle silence in their communities and reframe strength and vulnerability in ways that respect men's dignity.

By publicly discussing GBV, churches help to remove the stigma associated with male victimhood and foster environments that emphasise compassion, justice, and mutual respect. As a result, religious communities play an essential role in advocating for survivors and providing emotional support, bridging the gap between them and traditional support systems.

2.7.5 Traditional Support System

Traditional leaders in Southern Africa continue to influence how communities define, respond to, and report GBV, including violence against men (Mabasa et al., 2025). Chiefs and village elders have authority over both customary dispute processes and societal norms; therefore, they have a considerable effect on whether GBV is handled as a private disagreement or a community issue (Hodzi, 2024). In rural Zimbabwe, for example, traditional leaders hold community hearings, publicly condemn criminals, and utilise their customary power to intervene in incidents of domestic and sexual violence (Hodzi, 2024). This places traditional leaders as the initial point of contact for persons who have been abused, particularly in locations where governmental agencies like police and courts are seen to be slow, untrustworthy, or physically unavailable (Hodzi, 2024). According to Mabasa et al. (2025), GBV cases are frequently reported to traditional leaders, who are considered moral caretakers and mediators.

However, while this channel provides access to some quick community response, it can also influence whose experiences are legitimised. In rural South Africa, survivors report that cases are sometimes decided in ways that reinforce patriarchal

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expectations, discouraging male victims, particularly those harmed by intimate partners, from identifying themselves as victims or seeking formal redress (Tshoane and Zenzile, 2025). This indicates that traditional leaders can both open and close channels of recognition, depending on how they define masculinity, harm, and authority (Hodzi, 2024).

Lundgren (2025) argues that in many African rural settings, messages about nonviolence, respect, and accountability are more effective when delivered by culturally legitimate authorities, such as chiefs, headmen, and senior council members, rather than by external NGOs or government officials. Traditional leaders have begun to view coercive control, physical assault, and sexual violence as dishonourable behaviour that undermines communal values and jeopardises societal stability (Lundgren, 2025).

This cultural reframe is critical for males who have experienced GBV, including physical and sexual abuse, because prevailing gender norms frequently dismiss male victims as weak and silence them (Mabasa et al., 2025; Lundgren, 2025). Traditional authority can remove stigma, legitimise male disclosure, and challenge norms that excuse violence as proof of masculinity by clearly rejecting and labelling it as undesirable, regardless of who the victim is (Hodzi, 2024). In this approach, traditional leaders not only mediate conflicts but also construct the moral vocabulary that communities employ to comprehend GBV, accountability, and male vulnerability.

2.8 Theoretical Framework

Hegemonic masculinity theory explains men's reluctance to report GBV by their partners. Based on societal expectations and patriarchal standards, this theory shows how masculinity is socially constructed, preventing men from admitting victimisation. Hegemonic masculinity is a dominant form that subordinates women while maintaining male power (Messerschmidt, 2019). It creates unequal gender roles and includes hierarchies of masculinity, control, access, and men's identity. Based on negative stereotypes of manhood through socialisation, it emphasises physical power and achievement, shaping society's ideal of masculinity and excluding those who do not meet these norms (Mshweshwe, 2020).

In many cultural situations, particularly in African nations, power and strength are linked to masculinity. Men repress their experiences rather than seek help because

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admitting abuse by women undermines these beliefs (Keratiloe et al., 2022). Men are socialised to value masculine characteristics and physical toughness. Individuals who lack hegemonic characteristics may experience criticism, rejection, and reduced social status (Vail et al., 2025). Because reporting abuse goes against gender norms, male GBV victims frequently suffer in silence, suffering social estrangement and ridicule (Akpan et al., 2022).

Hegemonic masculinity shapes men's perceptions of their victimisation. Men often depict themselves as self-sufficient, assertive, and in control (Brooks et al., 2020). Men's perceptions of victimhood and behaviours related to seeking help are greatly influenced by gender role socialisation. Men are socialised to exhibit qualities such as independence, toughness, and control from a young age (Makhono et al., 2022). This social conditioning causes an internal conflict between the expectations of masculinity and the lived experiences of men who experience GBV. Because of this, a lot of male victims find it difficult to balance their identity with what society considers to be a "real man" (Thobejane et al., 2018). Due to this tension, men are reluctant to admit their suffering, fearing rejection, ridicule, or being perceived as weak (Hogan et al., 2021).

Additionally, men find it challenging to report abuse or obtain support services because hegemonic masculinity upholds social and institutional barriers. The idea that men cannot be victims is reinforced by the fact that GBV interventions are frequently created with women as the primary victims, leaving male survivors with few resources (Hogan et al., 2021). Many men are reluctant to use support systems, even when they are available, because they fear rejection or social and peer stigma (Peretz and Vidmar, 2021). This reluctance is made worse by the idea that men ought to be able to protect themselves from women, which creates the impression that a man who is abused is not being a man (Makhono et al., 2022).

Underreporting is also influenced by the fear of harm to one's reputation. A man who confesses to being abused by a woman is frequently viewed with suspicion or even mockery in patriarchal cultures. Men may be deterred from candidly sharing their experiences by terms like "overpowered" by a woman, which can imply incapacity or emasculation (Makhono et al., 2022). People choose to keep quiet to maintain their dignity and avoid the social shame of being perceived as weak or unable to defend themselves.

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The reluctance of men to report GBV, when considered through the lens of hegemonic masculinity, emphasises the importance of overcoming established gender norms and stereotypes. Promoting disclosure among male victims entails reframing social narratives about masculinity to accommodate emotional expression and vulnerability, as well as creating judgment-free support places. In addition, legal institutions and legislative frameworks must evolve to be more inclusive, recognising and responding to the experiences of male survivors. Without legal recognition and societal transformation, men may continue to suffer abuse in secret due to persisting links between masculinity, self-reliance, and emotional suppression.

Overall, the framework of hegemonic masculinity sheds light on how cultural ideals of male toughness, independence, and emotional restraint shape men's encounters with GBV, frequently preventing disclosure and influencing how services are structured and accessed (Jewkes et al., 2015; Mukwevho, 2024). Building on this viewpoint, the following part investigates the legislative and policy framework that underpins South Africa's GBV response It explores how constitutional protections and major laws such as the Domestic Violence Act 116 of 1998 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, along with the 2021 reforms, are designed to be gender-neutral, but in practice face enforcement challenges and access barriers that contribute to men's under-reporting and limited support (Govender, 2023)

2.9 Legislation and Legal Framework Regarding Gender-Based Violence

While existing GBV legislation in South Africa is primarily designed to protect women and children, male victims are often overlooked and neglected. The state has prioritised combating violence against women and children, designating August as Women's Month to promote and defend their rights. Despite this, a few particular procedures are in place to protect men from GBV (Calvino, 2023). The government has established a strong legislative and regulatory framework to prevent GBV, most notably through the Domestic Violence Act No. 116 of 1998 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.

2.9.1 Domestic Violence Act No. 116 of 1998

The Domestic Violence Act No. 116 of 1998 (DVA) was enacted to offer a strong legal response to domestic abuse by acknowledging a wide range of violence and allowing

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victims to seek protection orders. Domestic violence is defined broadly, going beyond physical and sexual abuse to include emotional, psychological, economic, and controlling actions. Notably, the law applies to a wide range of personal and domestic relationships, including former partners, non-cohabiting couples, and same-sex partnerships, extending protection beyond typical marriage arrangements (Domestic Violence Act no.116 of 1998). This inclusivity reflects legislative progress, as the Act aimed to provide "maximum protection" to all individuals subjected to abuse and those who breach protection orders (Sibisi, 2023).

Despite its progressive design, the DVA has been implemented inconsistently, raising doubts about its efficacy. Research has revealed that poor case documentation, scattered service of protection orders, and insufficient personnel training undercut the Act's intent. More recently, Sibisi (2023) claims that, despite the statute's ambitious scope, inadequate attention has been devoted to its practical application. The Amendment Act of 2021 included tools to increase enforcement, such as instructions allowing the Department of Justice to oversee implementation; however, many of these modifications are only partially implemented (Sibisi, 2023). These flaws limit the Act's effectiveness and create gaps between its theoretical promise and the actual protections provided to victims.

Male survivors of GBV face a particularly significant gap between legislation and practice. Although the DVA applies to both men and women, social and institutional impediments prevent men from reporting. Studies routinely show that when males seek help, they are met with doubt, mockery, or even suspicion, since support providers usually operate under gendered preconceptions that associate victims with women and perpetration with men (Scott-Storey et al., 2023). Male victims in South Africa report experiencing abuse such as financial deprivation, verbal humiliation, and emotional manipulation. Still, many do not report for fear of being dismissed or labelled as the perpetrator (Tshoane et al., 2024). These challenges are exacerbated by fragmented institutional responses and limited visibility of services geared to male victims, making it more difficult for them to obtain protection (Ben-Simon, 2024).

Despite official inclusion in the law, male survivors continue to underreport due to stigma and institutional blind spots. International data suggests that men typically hesitate to identify as victims because of cultural views about masculinity and strength,

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and systemic flaws in the police, legal, and healthcare systems exacerbate this reluctance (Scott-Storey et al., 2023; Taylor, 2021). In South Africa, this means that, while the Act provides theoretical protection, its effectiveness in protecting men is hindered by social norms and inadequate institutional support. Male complainants may fear harm in the form of counter-allegations, which can deter them from seeking justice (Tshoane and Zenzile, 2024).

The DVA remains an advanced piece of legislation, but it has struggled to provide equal protection in practice. For men, the law's inclusive provisions are often overshadowed by societal stigma, limited resources, and institutional bias. To close this gap, researchers advocate for increased investment in police and judicial officer training, targeted awareness campaigns that acknowledge male victimhood, and enhanced funding for support services (Sibisi, 2023; Scott-Storey et al., 2023). Without these structural improvements, the Act's ability to protect all victims is unrealised.

2.9.2 South African Sexual Offences and Related Matters Amendment Act No. 32 of 2007

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SORMA) marks a significant milestone in South Africa's legal response to sexual assault. The Act changed the legal understanding of sexual offences by introducing a gender-neutral definition of rape and sexual assault, recognising that both men and women can be victims or perpetrators of such crimes (Sexual Offences and Related Matters, 2007). It replaced the limited common-law definition of rape with a broader framework that criminalises all non-consensual sexual penetration, regardless of the victim's or offender's gender. This adjustment was critical in providing legal protection to male survivors who had previously been rendered invisible by gendered legal categories (Sitto, 2020).

Beyond redefining offences, the Act adds procedural rights and safeguards to improve access to justice. Survivors who report an assault within 72 hours are entitled to post-exposure prophylaxis (PEP) to prevent HIV infection, and they can request mandatory HIV testing of the alleged perpetrator, with the results kept confidential (Sexual Offences and Related Matters, 2007). To supplement these provisions, the South African Police Service (SAPS) implemented National Instructions on Sexual Offences, which require officers to treat every allegation seriously, protect the victim's dignity,

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and handle cases through trained people to reduce secondary trauma (SAPS, 2018). Together, these procedures aim to boost trust in the legal system and encourage male survivors to report sexual abuse.

Despite this comprehensive legal framework, operational issues remain. Cultural beliefs that associate masculinity with strength and sexual dominance frequently discourage males from reporting victimisation, and institutional biases can lead to cases being misclassified as "common assault" rather than rape, undercutting the Act's intent (Sitto, 2020). According to research, while SORMA formally offers equal protection, social stigma and established gender norms continue to discourage reporting and limit access to support services (Thomas et al., 2023; Nkosi et al., 2024).

2.10 Conclusion

This chapter provides a comprehensive review of the existing literature on GBV against men, examining the topic from global, regional, and South African perspectives. The analysed research shows that cases involving male victims are becoming more widely acknowledged around the world. However, many men continue to choose not to report their experiences owing to ongoing stigma and societal expectations. The discussion included the lived experiences of male survivors, highlighting the psychological and social dynamics that impact their silence, as well as the numerous methods of coping and solutions established to help them. According to the studies, while some men rely on social support networks or faith-based strategies for good resilience, others resort to avoidance or drug abuse, which frequently leads to more mental pain and disrupted family connections. Furthermore, the chapter emphasised the relevance of legal and theoretical frameworks in shaping knowledge and responses to GBV against males, highlighting the necessity for inclusive and gender-sensitive methods in both research and policy.

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CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology employed in this study. Research methodology is the study of how scientific research is conducted, a strategy for logically implementing different procedures to answer the research question systematically. Understanding methodology benefits both the results of scientific investigation and the process itself (Patel and Patel, 2019). While Sileyew (2019) refers to research methodology as a pathway through which researchers define their problem and objectives and present their results from the data gathered during the study period.

The research methodology is crucial for the study, as it enables the researcher to systematically address the research problem by logically following various steps and helps to comprehend the process itself. Patel and Patel (2019) suggest that research methodology aims to describe and analyse methods, highlight their limitations and resources, and clarify their assumptions and consequences.

Given the empirical nature of the study, it is essential to document and justify the research paradigm, research approach, research design, data collection methods, and data analysis employed by the survey. This enables the reader to understand the research's conclusions and actively engage with the research journey. The chapter further details the study's population and the sampling methods used. In research, ensuring the safety and confidentiality of participants is paramount, which is addressed in the ethical considerations section, the final section of the chapter.

3.2 Research Paradigms

Research paradigms comprise a set of shared assumptions and principles that scientists use to understand and solve problems (Kumatongo and Muzata, 2021). According to Creswell and Poth, (2018), paradigms are fundamental ideas that serve as a basis for action. They are philosophical presuppositions that influence how we frame problems, create research questions, and collect data to address them. The interpretivist paradigm guides this study. The interpretivist paradigm is a philosophical perspective that emphasises comprehending people's subjective meanings of their

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experiences and behaviours (Guraya et al., 2023). It assumes that reality is socially created rather than objectively fixed, which means that human behaviour can only be understood by the interpretations people give to their lived experiences (Pervin and Mokhtar, 2022).

Interpretivism examines how individuals perceive and make sense of their social environment. It emphasises context, language, culture, and the emotions that impact participants' experiences, acknowledging that many truths can coexist depending on one's perspective (Taylor et al., 2021). The interpretivist paradigm is beneficial for this study because it enables the investigation of the subjective meanings and personal interpretations that male survivors assign to their experiences.

Males view victimisation through gendered lenses influenced by cultural standards, societal expectations, and hegemonic masculinity. These societal constructions often portray men as powerful, authoritative, and emotionally controlled, making it more difficult for them to identify as victims or seek assistance (Scott-Storey et al., 2022).

This paradigm sheds light on how cultural expectations, family honour, and community notions of masculinity influence men's silence regarding GBV (Kgatle et al., 2021; Owusu-Antwi et al., 2024). It also recognises that help-seeking behaviours are not universal and vary depending on contextual and relational circumstances (Morishita et al., 2024).

Finally, by using an interpretivist paradigm, the study prioritises the voices and lived experiences of male victims, an underrepresented topic in GBV research. Rather than imposing predetermined categories or assumptions, it allowed individual experiences to shape our understanding of how reporting and non-reporting behaviours emerge in specific social and cultural situations. This makes the paradigm not only methodologically appropriate but also ethically consistent with the aim of the study.

Using an interpretivist lens, has revealed how males in Thulamela construct meanings around masculinity, shame, integrity, and fear of disbelief, all of which impact their decision not to disclose abuse. Furthermore, interpretivism encourages using semi-structured interviews and thematic analysis, which are appropriate for the study design. These approaches allow participants to describe their experiences in their own words, allowing you to delve deeper into the emotions and social forces that underpin their reluctance to disclose.

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3.3 Research Approach

As defined by Creswell and Poth (2018), the research approach is a strategy and set of guidelines for conducting studies, encompassing everything from broad assumptions to specific data collection, analysis, and interpretation techniques. This study employs a qualitative research approach, emphasising the depth of meaning and people's subjective experiences and meaning-making processes (Creswell and Poth, 2018). The method enables researchers to understand a subject thoroughly by analysing the meanings people attach to actions, situations, circumstances, people, and objects in their lives (Leavy, 2022). It concerns lived and real-life experiences and circumstances emerging during daily activities. Muzari (2022) states that the natural setting is the primary data source in qualitative research.

The study employed a qualitative research approach to gain a thorough understanding of the challenges males face in intimate relationships with their female partners. The method was appropriate since it emphasises investigating personal meanings, feelings, and experiences rather than measuring variables. It allowed the researcher to document the participants' lived experiences, giving voice to their viewpoints on sensitive topics like abuse and reporting behaviour. This approach allowed the study to explore the social and cultural factors that shape men's experiences, providing rich, contextual insights. The research approach influenced the research design, ensuring that the study's structure and methods were consistent with its broader aim of studying participants' experiences in depth and context

3.4 Research Design

Research design, an outline, plan, or method a researcher uses to develop solutions to study questions, is a comprehensive framework comprising a researcher's techniques and approaches to address a research issue (Kumatongo and Muzata, 2021). It is an investigation that provides detailed guidance for research processes. The essence of research design is to translate a research problem into data for analysis, providing relevant answers to research questions at the lowest possible cost. This comprehensive approach ensures that no aspect of the research question is left unexplored, instilling confidence in the thoroughness of the study (Asenahabi, 2019).

This study employed a case study research design. A case study is an in-depth exploratory research method that involves confining the study to a small sample,

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allowing the researcher direct interaction with the participants. It is characterised as a research tactic and pragmatic inquiry investigating an occurrence within its real-world context (Muzari, 2022). A case study thoroughly explains the mechanisms behind certain phenomena by exploring the reasons and methods through which causal relationships occur (Asennahabi, 2019). Furthermore, Asennahabi (2019) describes a case study as an in-depth examination of a phenomenon that provides subjective rather than objective information.

The study employed a case study design to enable the researcher to gain a comprehensive understanding of the phenomenon, focusing on characterising, understanding, predicting, and managing the participants under investigation. Moreover, it enabled the researcher to gain a deeper understanding of the phenomenon by examining the lived experiences and perceptions of men who experience GBV in the Thulamela Municipality. Employing an interpretivist paradigm in case study research enabled the researcher to conceptualise and interpret the reality under study, as well as categorise and understand the relationships within it. The design guided the selection of the study population and the sampling procedure, ensuring that participants are carefully selected to provide relevant, rich, and meaningful insights aligned with the study's aims.

3.5 Population and Sampling

This section describes the study population and the sampling methods used to help understand how participants were chosen and why they are appropriate for achieving the research objectives. Describing the study population and sampling methods helps demonstrate the logic behind participant selection and ensures that the sample appropriately represents participants with relevant experiences to the phenomenon being studied.

3.5.1 Study Population

A study's population refers to a larger group of people who share particular characteristics relevant to the research and can be used to collect data to satisfy the study's goals. Babbie (2016) defines the research population as the entire collection of individuals or organisations that share similar characteristics of interest, from which a sample is drawn to collect empirical information for analysis and generalisation.

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Similarly, Kumar (2019) emphasises the importance of the study population's ability to provide the information required to answer the research question adequately.

The study population consisted of men from Thulamela Municipality who experienced GBV perpetrated by their female partners. The population was purposefully selected because the participants possess direct experiences related to the phenomenon under study, the reluctance of men to report abuse. Their experiences gave valuable and context-specific insights into the emotional, social, and cultural factors influencing non-reporting behaviour. Furthermore, focusing on men in the Thulamela context provided a deeper understanding of how local cultural ideas and community attitudes contribute to the silence surrounding male victimisation. As a result, this demographic was deemed most appropriate for producing rich, relevant, and culturally grounded data consistent with the study's aims.

3.5.2 Sampling and Sampling Method

Sampling is the technique used to select a subset of a population for a study. It entails selecting specific elements from the target population (Mouton, 2015). There are two types of sampling methods: probability sampling and non-probability sampling. For this study, a non-probability sample was utilised. According to Kumar (2019), non-probability sampling involves selecting elements from the sampling population without considering the principles of probability theory. Non-probability sampling approaches rely on the researcher's subjective judgment rather than random selection (Berndt, 2020). Nonprobability sampling is appropriate for this study as the researcher lacks knowledge of the population size of male victims of gender-based violence.

Gender-based violence is a sensitive issue, and finding participants might be difficult because males are typically unwilling to reveal their victimisation experiences. Hence, snowball sampling, a non-probability sampling, was utilised to select participants. Babbie (2016) states that snowball sampling is a valuable strategy for locating members of a distinct population. Snowball sampling involves existing participants soliciting prospective participants from their contacts, which is widely employed for hard-to-reach populations (Berndt, 2020). Snowball sampling uses networks as a sample selection method (Kumar, 2019).

This implies that the researcher utilised referrals from initial participants who met the study's inclusion criteria to identify others with similar experiences with GBV,

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employing personal and social networks to reach people who might otherwise have been unreachable due to stigma, fear, or social pressure. This method has helped to foster trust and involvement among a community that is frequently hidden and reluctant to share its experiences.

Initially, the researcher got a couple of names through a friend. She approached the first person telephonically, but he did not want to be part of the study. The second person was also approached through a friend and subsequently he agreed to participate and refer the researcher to potential participants. These participants were then asked to refer other individuals they know who fit the profile of experiencing partner-perpetrated gender-based violence. The researcher selected a sample of men who met the following criteria:

- Men in a relationship for at least two years,
- Married and unmarried individuals
- Aged between 30 and 45.

The researcher collected data after identifying the potential participants and their willingness to participate.

3.6 Data Collection Method and Instrument

Data collection involves acquiring, evaluating, and analysing precise information using standard, validated techniques for research purposes. The significance of data collection arises from the fact that research can only be conducted with particular data (Mezmir, 2020). Various data collection methods include observation, interviewing, and questionnaires. The selection of a data collection method is contingent on the study's objectives, the available resources, and the researcher's expertise (Kumar, 2019).

The study employed semi-structured interviews to collect data. Semi-structured interviews are formal and follow a set of guidelines. The interviewers follow the guidelines when asking questions, but they can also use pre-prepared questions to carry on the conversation if more details are needed (Hamed, 2021). Magaldi and Berler (2020) refer to semi-structured interviews as a type of exploratory interview commonly used in the social sciences for qualitative research.

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Semi-structured interviews offer researchers a predetermined guide or protocol focused on a central topic, providing necessary structure while allowing for exploration and pursuing different topical paths (Magaldi and Berler, 2020). Semi-structured interviews were employed, as they include key open-ended questions that generate rich, in-depth data, allowing participants to freely express themselves and provide detailed insights, perspectives, and experiences regarding gender-based violence (GBV).

A data collection instrument was created to simplify and streamline the study's information acquisition process. Kumar (2019) defines a data collection instrument as any tool used to collect participant information, such as interview schedules, questionnaires, observation notes, or field diaries. This study used a semi-structured interview guide as the primary data gathering tool. According to Adeoye-Olatunde and Olenik (2021), an interview guide is a tool that structures and focuses the natural flow of conversation during interviews, ensuring that all relevant subjects are covered while allowing for flexibility in how questions are explored.

The semi-structured interview method enabled open discussions with participants. This method encouraged meaningful discourse by enabling participants to freely communicate their experiences while allowing the researcher to ask follow-up or probing questions when new or intriguing issues arose. The interviews took place in settings where participants felt safe and comfortable, such as their homes and, in some cases, the researcher's workplace, when it was the desired location. Each interview lasted 45 minutes to an hour, allowing for an in-depth conversation without fatigue. All interviews were audio-recorded with the participants' full consent to ensure the accuracy and completeness of the data. The recordings were later transcribed verbatim to retain the participants' voices and increase the credibility of the findings.

3.7 Data Analysis

Data analysis in qualitative research is the methodical, non-numerical evaluation and interpretation of collected data to identify underlying themes, patterns, and connections in participants' experiences (Babbie, 2016). It entails going beyond basic description to make sense of the meanings encoded in the data. Creswell and Poth (2018) defines data analysis as a dynamic and iterative process that involves segmenting, disassembling, and reassembling data to extract relevant insights from

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textual or visual elements. This method enables the researcher to divide enormous amounts of raw data into manageable portions, analyse their relevance, and produce a coherent story that reflects participants' lived experiences.

Thematic analysis was conducted. Nowell et al., (2017) emphasised that thematic analysis provides a structured but adaptable framework for researchers to make sense of complicated qualitative data while retaining transparency and rigour. Thompson (2022) refers to thematic analysis as a technique for analysing qualitative data that groups the data into relevant themes and finds patterns in the raw data. The study followed the following steps of Thompson:

3.7.1 Transcription and Familiarisation

Transcription and familiarisation involve immersing oneself in the data to understand the depth and breadth of the content, searching for patterns and meanings, transcribing audio data, and reading the dataset while taking notes (Campbell et al., 2021). Audio recordings and field notes may be fully transcribed during or after the data collection phase of research. The advantage of simultaneous data collection and transcription is that it enables researchers to identify areas that require more detail, allowing them to modify their collection methods for further clarification (Thompson, 2022).

In transcription, the researcher carefully listened to audio recordings and accurately converted spoken language or recorded information into written text. This allowed the researcher to systematically review and analyse the data content, identifying themes, patterns, and insights. Repeatedly listening to recordings and examining the texts helped the researcher become more familiar with the data collected. The researcher investigated the experiences conveyed in the data, including how these are narrated and how meanings are comprehended. While keeping the study's goal in mind, which is to illuminate unique information rather than confirm what is already known.

3.7.2 Coding

Coding organises large amounts of qualitative data into manageable portions by grouping and marking specific sentences and paragraphs based on shared attributes. Coding can be performed in at least two to three rounds, as the initial coding round only identifies a subset of codes; it is a cyclical operation (Thompson, 2022). In

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addition to labelling, coding involves linking or connecting information to a concept. It is a repetitive procedure. The data can yield more nuanced interpretations, categories, themes, and ideas by incorporating additional cycles into the coding process (Mermir, 2020).

The researcher linked raw data and cognitive interpretation to get semantic meaning and comprehension from the data collection. Every point of significance was coded. Following that, in the second round, codes that could be grouped under a single heading were combined more selectively; those deemed insignificant or not repeated were eliminated.

3.7.3 Codebook

Codebooks are essential for clarifying and structuring the coding process. This process involves creating a label for each code that should be brief, precise, and closely aligned with the raw data to prevent an excessive conceptual leap (Thompson, 2022). Codebooks are crucial for enhancing the verifiability of research, as they allow external readers to understand the precise steps taken during coding. They also facilitate a return to the corpus after extended breaks, ensuring the reasons for including specific data sections under certain codes remain clear.

Once the coding process is finished, each code is assigned a label accompanied by a definition that emphasises its key features and conveys the story it represents. There were "when to use" and "when not to use" criteria for each code. The "when to use" criteria specify the conditions under which the code applies to a text segment, while the "when not to use" criteria address potential overlaps between codes, offering a note that establishes guidelines and directs the researcher to the optimal code that best represents the narrative in question.

3.7.4 Development of Themes

Themes have the potential to be even more intricate, combining numerous codes to describe phenomena conceptually (Thompson, 2022). Ultimately, the researcher's good judgment determines what constitutes a theme. The frequency and keyness of a theme, thus its capacity to capture what is significant in light of the research question, should be considered when determining what constitutes a theme, as should the consistent application of the same criteria throughout the data. A theme should appear

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frequently throughout the data collection, although its prevalence does not always translate into greater significance. Instead, a theme's importance can be assessed based on how crucial it is to answer the main research question (Campbell et al., 2021).

Consequently, the researcher's first step was to develop themes by examining the connections between various codes and ranking them according to how well they may be used to collectively convey the meaning behind the data, which can effectively represent a phenomenon when arranged in such a manner. Individual code is considered a vital data component and was added to a theme.

The outcome of the thematic analysis was the identification of latent themes. Latent themes reflect the analyst's theoretical frameworks and utilise concepts to help understand the data; they extend beyond what was expressly stated to expose the underlying ideas, assumptions, and conceptualisations within the data (Campbell et al., 2021).

3.7.5 Theorising

The connections and narratives between your ideas and the complete dataset are explained through theorising. The researcher's parallel cognitive engagement with theory and data to generate theoretical conclusions is crucial to this step. At this point, it may become evident that the theory can be improved, modified, combined with another conceptual idea, or even revised to explain the facts better. This sums up the overall theoretical contribution of the paper. A study will be considered a confirmatory study with little theoretical contribution if the empirical findings can be fully explained and accounted for by the existing body of theory. However, minor conversations, exchanges, or out-of-the-ordinary circumstances can lead to little theoretical advances (Thompson, 2022).

The researcher theorised data by reviewing theoretical knowledge and frameworks from the past and determining how much they can explain the connections between the themes. The researcher interacted cognitively with theory and evidence to arrive at theoretical conclusions.

3.7.6 Comparison of Datasets

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Thompson (2022) describes the comparison of datasets as the quantitative comparison of qualitative data to measure the frequency of codes across different groups and the co-occurrence among participants. The quantification of qualitative data necessitates structuring the fieldwork to ensure all participants can respond to identical questions under comparable environmental conditions. Due to the study's exploratory nature, data comparison will be conducted to develop a conceptual understanding. The researcher compared the datasets by posing two questions to the qualitative data: (a) "Are some themes present in one dataset but absent in another?" and (b) "If a theme is present in datasets from both groups, does the expression of that theme differ between the groups?" Subsequently, after reviewing the codebook and the coded data analysis, the researcher investigated whether certain codes are more frequently expressed among a specific cohort and how each theme is articulated by that cohort, assessing any differences between groups.

3.7.7 Data Display

Thompson (2022) refers to data display, typically converting qualitative data into quantitative matrices to enhance visual representation. Data display will be achieved by conducting a thematic network analysis to illustrate theoretical themes derived from empirical texts and codes. Data displays enabled the researcher to effectively communicate findings and facilitate comprehension by providing visual representations of complex information, thereby simplifying the interpretation of patterns, trends, and relationships within the data.

3.7.8 Writing Up

The findings should be written up using headings that identify each theme. There should be quotations from the raw data to support the theorisation, and a theoretical explanation for each theme should be provided, demonstrating how the theory connects to the empirical data. Researchers should use quotations when readers need more access to the empirical data, and the theme development and abstraction are not immediately apparent. Selecting quotations that provide strong evidence for a concept is essential. Presenting quotations also increases credibility, as it is harder to refute the accuracy of the unprocessed empirical data. It also demonstrates reflexivity, giving participants a voice apart from their thoughts or emotions (Thompson, 2022).

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The researcher compiled the findings as the final phase of the study. The development of headings was based on the themes identified. The trustworthiness of the findings was ensured by providing a detailed description of the context, participants, and social setting. Every time a participant's quotation is included in the results, specific information about that participant, such as their age, gender, and fieldwork location, is provided. The data analysis process was closely followed by ethical considerations to guarantee that participants' rights, privacy, and emotional well-being were safeguarded during the interpretation and presentation of the findings.

3.8 Ethical Considerations

According to Terre Blanche et al. (2021), the welfare of study participants is the primary goal of research ethics. Babbie (2016) notes that researchers in the social sciences should be aware of the common understandings among scholars regarding what is considered appropriate and inappropriate in scientific investigation. The researcher employed the following ethical considerations: voluntary participation, informed consent, confidentiality, anonymity, and protection from harm.

3.8.1 Voluntary Participation

No one should ever be coerced into participating in an experiment, regardless of the circumstances, and participation must be voluntary. Social research may entail a significant amount of time and effort, and often, though not always, involves intruding into people's lives. Furthermore, participants in social research are sometimes asked to divulge details about themselves that may not be known to their acquaintances and associates (Babbie, 2016). To obtain reliable information from participants, they must not be either forced or induced to participate in the research study. Ensuring voluntary participation helps guarantee that participants are well informed about the research subject and willing to participate in data collection (Laryeafio and Ogbewe, 2023).

To foster voluntary participation, the researcher assured all potential participants that their involvement was optional. They were also informed that, due to the sensitive nature of gender-based violence (GBV), should they feel uncomfortable during the interview, they have the right to withdraw from the study at any point without facing any negative consequences.

3.8.2 Informed Consent

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Xu et al. (2020) define informed consent as a voluntary decision made with sufficient information and a comprehensive understanding of the proposed research and its potential consequences. For participants to engage in research that is known to be potentially harmful but also offers benefits, they must provide their informed consent in a lawful manner. This implies that researchers are not authorised to ask participants questions without their consent and without ensuring their complete understanding of the research process, expectations, and potential outcomes (Terre Blanche et al., 2021).

The researcher provided participants with clear and detailed information about the study, including its goals, aims, procedures, potential risks and benefits, confidentiality precautions, and participant rights. This clarity ensured that people knew what their participation entailed before agreeing to take part. Participants were encouraged to ask questions and seek clarification on any area of the study to foster a common understanding and active involvement. To formalise this procedure, each participant was given a consent form explaining all pertinent data, which they studied and signed once they were confident that their involvement was fully informed and voluntary.

This method demonstrated respect for participants' autonomy and decision-making by ensuring that consent was based on a complete understanding, rather than presumption. Informed consent enhances ethical integrity by establishing trust between the researcher and participants, allowing them to make independent decisions about their participation while protecting their rights and well-being throughout the research process.

3.8.3 Confidentiality

Maintaining confidentiality in research is crucial when the researcher can recognise an individual's input but commits to keeping it private. According to Babbie (2016), research ensures confidentiality when the researcher agrees not to disclose specific comments publicly. Saunders, Kitzinger, and Kitzinger (2015) state that confidentiality fosters trust between the researcher and participants, enabling honest and open responses while minimising the potential for harm or stigma.

The researcher maintained confidentiality by respecting participants' privacy and safeguarding the integrity of the research process. This was accomplished by explicitly explaining to participants how their information would be handled and assuring them

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that their identities and personal details would be kept confidential. Confidentiality was maintained to create trust and enable individuals to share their experiences openly, especially given the sensitivity of GBV. Protecting participants' information was both ethical and necessary to avoid potential stigma, discrimination, or social repercussions from its revelation. Strong methods for handling information were implemented to ensure privacy, personal identifiers were deleted from transcripts, and all data was stored on secure, password-protected servers with limited access provided only to the researcher. These safeguards ensured that participants' identities were secured throughout the study and that the confidentiality of their shared experiences was maintained.

3.8.4 Anonymity

According to Saunders et al. (2015), anonymity in research is a method that protects participants' identities by removing or concealing any information that could disclose their identities. It represents a special type of confidentiality that ensures participants' names and identifying information are kept private from others. According to Kang and Hwang (2023), anonymity is a crucial ethical concept in research, as it fosters honesty, trust, and openness among participants. When people are convinced that their names will not be linked to their comments, they are readier to offer accurate and complete information, even about sensitive topics.

Anonymity was appropriate in this study since it involved men who had been subjected to GBV by their female partners, a sensitive and stigmatised topic. Ensuring anonymity helped participants to speak openly and honestly about their experiences without fear of being judged, mocked, or identified by others in their community. It also helped to decrease emotional distress and potential social consequences if their identities were revealed. Maintaining anonymity strengthened trust between the researcher and participants, increased the trustworthiness of the obtained data, and upheld the ethical standards required for a study involving vulnerable or hidden populations.

3.8.5 Protection from Harm

GBV is a sensitive topic that may trigger individuals to remember past negative experiences. Protection from harm is an essential ethical criterion in research, particularly when dealing with sensitive themes like abuse or victimisation. Beckett and Warrington (2024) suggest that, while participant protection is critical, ethical conduct

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should go beyond narrow interpretations of the "not harm" precept. They emphasise that emotional responses in social studies cannot always be foreseen or completely avoided.

Instead, researchers should use a balanced, trauma-informed strategy that prioritises participants' well-being by anticipating potential distress and offering appropriate assistance as needed. The authors emphasise that researchers must be able to make context-specific ethical decisions during data collection to protect participants' safety, dignity, and meaningful participation in research. In social research, it is common practice to withhold information that could embarrass individuals or jeopardise their relationships and well-being (Babbie, 2016).

The researcher's primary ethical responsibility was to ensure that participants suffered no emotional harm as a result of their participation in the study. Given the topic's sensitivity, the researcher used caution during interviews to avoid causing distress or discomfort. If recalling difficult experiences generated any indicators of emotional distress, participants were referred to professional help. Arrangements were made with a professional social worker to provide counselling or psychosocial services as needed, ensuring that participants had prompt access to help if necessary.

The researcher remained trauma-informed and empathic throughout the procedure, allowing participants to disclose their experiences at their own pace. Care was taken to avoid emotionally charged or inappropriate questions that might harm their psychological well-being. As a result, participants did not experience moral problems, guilt, or low self-esteem as a consequence of their participation, thereby upholding the ethical requirements of harm prevention and emotional safety.

3.9 Conclusion

In conclusion, this chapter presented the methodological framework that guided this study. A qualitative approach to research using a case study design was used to investigate the lived experiences of men in the Thulamela Municipality who had faced GBV from their female partners. The study was grounded in an interpretivist paradigm, which emphasises understanding individual viewpoints and the social meanings they convey. Due to the sensitive and disguised nature of the population, participants were recruited using the snowball sampling method. Data were collected through semi-structured interviews, which allowed participants to discuss their experiences freely

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and openly. Thematic analysis was then used to identify relevant patterns and meanings. Throughout the research, ethical considerations, including voluntary participation, confidentiality, anonymity, and protection from harm, were strictly adhered to, ensuring that participants' rights and well-being took priority. The methodology and ethical considerations outlined in this chapter formed a thorough and compassionate framework for analysing and interpreting the findings presented in the subsequent chapter.

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CHAPTER 4: DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Introduction

This chapter provides the data analysis and significant results. A qualitative research design was employed, and the data were analysed using thematic analysis to identify emerging themes and sub-themes. Thompson (2022) defines qualitative analysis as the process of analysing and interpreting data to identify significant patterns. The study aimed to gain a comprehensive understanding of the subject by collecting data from various sources. This method thoroughly analysed participants' perspectives, experiences, and perceptions (Nassaji, 2015).

Data was collected using individual face-to-face semi-structured interviews, which allowed participants to share their experiences and thoughts in depth. The interviews were audio-recorded to ensure accuracy, and field notes were collected to preserve nonverbal communication, context, and key observations. The audio recordings were transcribed word for word and then analysed thematically. This strategy enabled thorough, careful data analysis, revealing crucial patterns, meaningful insights, and linkages relevant to the study's objectives.

4.2 Presentation of Findings

This section presents the findings from interviews with ten male participants. It begins with outlining their socio-demographic profiles to give a general picture of their background and characteristics. The section then explores the major themes and subthemes that emerged from the data analysis. These themes were derived from a thorough review and analysis of the participants' responses, providing insight into their lived experiences, perspectives, and interpretations of the study topic.

4.3 Socio-demographical Data

The socio-demographic information of the ten male participants was examined in terms of their age, marital status, and length of marriage. This section provides helpful background context to enhance understanding of the participants' viewpoints and experiences. The data is presented in tables that highlight key factors, such as age, marital status, and years of marriage, offering a clear and comprehensive visual summary of their demographic profiles.

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4.3.1 Participants' Age

Participants were requested to provide their ages, which are listed in Table 4.1. The participants' ages ranged from 25 to 45 years old. One of the 10 interviewed participants was under 30, two were between 31 and 35 years old, two were between 36 and 40 years old, and five were between 41 and 45 years old. These findings suggest that GBV encounters have an impact on men of all ages.

Table 4. 1 Participant's age

No	Participants Age	Number of participants
01	25-30 years	1
02	31-35 years	2
03	36-40 years	2
04	41-45 years	5

4.3.2 Marital status

Table 4.2 below presents the marital status of the participants. Of the ten participants, seven were left the relationship, while three were married. Among those who left the relationship, GBV perpetrated by their female partners was cited as a contributing factor. This highlights the significant impact GBV can have on marital stability and its role in the breakdown of relationships.

Table 4. 2 Marital status

No	Marital status	Number of participants
01	Married	3
02	Left the relationship	7

4.3.3 Years of Marriage

As shown in Table 4.3 below, all ten participants had been married for 2 to 8 years. Three participants had been married for 2 to 3 years, while four had been married for 5 to 6 years. The remaining three participants had been in marriages lasting between 7 and 8 years. These findings indicate that there is no specific stage in marriage during

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which men are more likely to become victims of gender-based violence, as such experiences can occur even in the early years of marriage.

Table 4. 3 Years of Marriage

Years of marriage	Number of participants
2 to 3 years	3
5 to 6 years	4
7 to 8 years	3

4.4 Analysis of Themes

Table 4.4 below highlights the themes and sub-themes that emerged from data analysis. From the data analysis, many themes emerged. Three of these themes have four subthemes, while one has one subtheme. These themes emerged from a thorough review of the transcribed interview data, in which similar patterns, experiences, and views were identified.

Table 4. 4 Themes and Sub-themes

Themes	**Sub-themes**
1. Experiences of Gender-based violence against men	1.1 Emotional abuse 1.2 Sexual abuse 1.3 Controlling behaviour 1.4 Physical abuse
2. Reluctance to report GBV	2.1 Insufficient support structures 2.2 Entrenched patriarchal norms 2.3 Concerns about family stability 2.4 Loss of trust in government institutions.
3. Coping strategies for male victims	3.1 Social activities and drinking 3.2 Religion 3.3 Leaving the relationship 3.4 Cheating
4. Intervention Strategies	4.1 Counselling

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The data are then organised by theme, with direct, transcribed quotes from participants used to support and validate the findings. This approach ensures that participants' voices are accurately conveyed while demonstrating how the conclusions are grounded in data.

4.4.1 Theme 1: Experience of Gender-based Violence Against Men

This theme highlights the various ways that abuse is experienced as it analyses men's experiences with GBV. The results showed that emotional abuse was the most commonly reported form of abuse, followed by sexual abuse. In addition, one-third of participants reported feeling under control by their partners, while fewer reported experiencing physical abuse. The analysis revealed four main subthemes: emotional, sexual, controlling, and physical abuse.

4.4.1.1 Sub-theme 1: Emotional abuse

The findings reveal that the majority of participants reported experiencing emotional abuse. The forms of emotional maltreatment described by participants included being subjected to harsh and demeaning statements, mainly when they were unable to fulfil financial responsibilities within the household. Some participants shared that they were told they were "weak" or "not man enough" due to their perceived inability to provide for their families.

"She would often make me feel so unwanted. She would tell me painful words such as I am not man enough; I cannot even take care of my family. Such conflicts might result in her not talking to me for weeks." (Participant 5)

“My wife would receive phone calls late at night from men, and for her to entertain the calls, she would move to another room and return to our bedroom when she was done. When I tried confronting her, it would always end in a fight." (Participant 1)

“That woman would talk non-stop, she would at times wake up angry and start shouting at me for no reason, as if my presence irritates her, she would say harsh statements, sometimes even in front of our children. I even remember one day when we were walking in the street, and our disagreement resulted in a fight that made her shout at me, with people watching. She did not care but continued to raise her voice to get people's attention. That woman never respected me at all.” (Participant 6)

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Additionally, participants indicated that emotional abuse often extended to the withdrawal of affection from their female partners. This included a lack of emotional connection, as well as a lack of expressions of love and intimacy. Some men reported being told statements such as, "*You do not satisfy me during sex,"* which further affected their self-esteem. As a result, they experienced prolonged periods, sometimes lasting days or even weeks, without engaging in sexual intercourse with their partners.

"She would tell me every day that she does not want me and that I am terrible at sex; I do not satisfy her." (Participant 2)

"I remember once I confronted her about her extramarital affairs that I had discovered, and she told me straight to my face that she no longer enjoyed being with me, hence she decided to have another man in her life." (Participant 4)

Lack of communication was another common form of emotional abuse that participants reported, experiencing prolonged silent treatments from their partners. It was challenging to discuss and settle disputes within the home because of this silence, which occasionally lasted for weeks or even months. Some men sought comfort in the company of their peers rather than with their families because of the tense and uncomfortable home environment caused by the inability to communicate and resolve *problems.*

"My wife would leave home for days and even months when I asked where she was going or where she had been, she would tell me that I should not ask as it does not concern me. "(Participant 1)

"Whenever we tried to resolve the differences between us, it always ended with silence, where my wife would not want to respond to anything, and that silent treatment would be prolonged for days, and sometimes even weeks, and during that time she would move out of the main bedroom to sleep with the children." (Participant 7)

Participants expressed that emotional abuse significantly affected their sense of self-worth, causing them to doubt themselves and their masculinity. Men expressed reluctance to share their experiences or seek assistance because they believed emotional assault was brutal to prove, and there was no concrete proof of emotional abuse.

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“I have not reported, because how does one report emotional abuse? How do I tell someone that my wife says I do not satisfy her during sex?” (Participant 2)

“I could not report as a public figure or expose myself to that level. I did not want to lose the respect of the family, community members, and the congregation.” (Participant 7)

Participants' expressions are a sign of emotional abuse, which has a seriously detrimental effect on men's identity, self-worth, and general well-being. It usually entails verbal humiliation, emotional withdrawal, and silent treatment, especially when it comes to financial and sexual expectations. However, emotional abuse is unreported mainly due to stigma and a lack of clear evidence.

4.4.1.2 Sub-theme 02: Sexual Abuse

A few participants said they had been sexually abused, mostly by being coerced into having sex. They revealed that they were frequently forced into having sex, either to show their partners how much they loved them or to prove they had not cheated. As a result, participants found themselves having sex to appease their partners or allay suspicions rather than out of personal desire.

“*She would accuse me of cheating, and whenever I returned home, she would force me to have sexual intercourse with her to prove that I had not been with other women “(Participant 10)*

"The only day that we will be engaged with sexual intercourse is the day that she wants to; she does not care if I am the one interested. When I initiated, she would give excuses that she was tired or sick." (Participant 5)

In contrast, participants acknowledged denial of sexual contact as another form of sexual abuse. They said their partners often rejected intimacy and that their wives initiated sex. One participant said he was highly distressed emotionally, especially when he thought his wife's unwillingness to have sex was due to infidelity. These experiences made them insecure, suspicious, and uncertain of the paternity of their kids. The participants shared the following:

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“She would deny me sex, and she had male friends, many of them who would even come to our home to visit her, and she would cook the food I bought and eat with those people, eish, that woman is heartless. (Participant 02)

“My wife was having affairs with other men; she disrespected me and also made the children disrespect me, and I always wondered if they were my children. (Participant 10)

The findings suggest that coercion and denial of intimacy, which are commonly used as strategies for control, punishment, or manipulation, were used to abuse male participants sexually. These experiences caused emotional distress, mistrust, insecurity, and doubts about faithfulness and paternity.

4.4.1.3 Sub-theme 03: Controlling behaviour

Some participants described the controlling nature of their female partners, which often led to arguments when their partners' wishes were not carried out. According to the participants, their partners frequently asked them who they were with and wanted to know their whereabouts at all times. According to the participants, their partners attempted to restrict who they could be friends with in an effort to exert control over their social networks. Because their partners thought those friends had a bad influence, they were frequently discouraged or prohibited from hanging out with particular people.

“She always wanted to know my whereabouts at all times and also the company I keep.” (Participant 4)

"My wife would tell me to come back home at a particular time, and if I were late, she would lock the doors and refuse to let me in the house, and I would be forced to sleep in my late until the next morning, 'yooooh’… that woman was heartless. (Participant 7)

Participants also highlighted instances of emotional blackmail as a form of control. Stating that whenever they did not comply with their demands, they would accuse them of not loving their partner, using emotional manipulation to exert control over their decisions and actions.

“She wanted everything to be done her way, and if it were not, that would cause conflicts; she would even tell me it is because I do not love her." (Participant 5)

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"Because she knew she had a support structure, when things were not done her way, she would always threaten to call a family meeting and expose me. Moreover, I knew that the whole family would side with her, and I would always be on the wrong side." (Participant 8)

The participants also mentioned feeling controlled financially. They stated that their partners closely monitored their spending, demanded money from them, sometimes even their entire salary, and required them to justify every purchase and obtain permission before making any financial decisions.

“She always demands my full pay, and she would misuse the money; when I refuse to give her the money, she would physically attack me” (Participant 1)

“If she wanted money and I told her that I do not have it, she would threaten me, that she would go report me at the maintenance office and claim that I do not maintain my family, which was incorrect.” (Participant 8)

“Even though she was not home, she would ensure that on my pay day, she would return home so that she could demand my money.” (Participant 5)

Two participants were unemployed and unable to contribute financially; the loss of income often resulted in a loss of respect within the household. They expressed that their inability to fulfil traditional provider roles led to being assigned domestic responsibilities typically associated with women, reinforcing feelings of powerlessness.

“My wife would expect me to do all the house chores, even caring for the children, while she was at work, because I was unemployed then.” (Participant 7)

“She would leave me with our 3-year-old son at the time, expecting me to care for him the whole day and refuse to pay his day care centre, saying that she could not afford it, knowing well that I would not be able to pay because I was unemployed at the time. “(Participant 4)

Some participants also related stories of being falsely accused of not providing for their children's financial needs and reported to the maintenance office. They thought that these reports were occasionally used as a means of controlling them. In addition, they used physical violence to establish dominance and obtain what they wanted when

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their partners were unable to prevent them in any other way. The participant said the following:

"I was unemployed at the time, and I could not provide for my family, unable to provide, and I lost all respect. That woman even turned my children against me. She would demand money from me." (Participant 6)

"When I became unemployed, the problems continued as I was unable to care for my family." (Participant 2)

The findings demonstrate that participants experienced emotional manipulation, financial control, social exclusion, and physical intimidation from their female partners. Unemployment frequently made this control worse, leading to emotional distress, role reversal, and a loss of respect, even being subjected to physical abuse and false accusations as a form of control.

4.4.1.4 Sub-theme 04: Physical abuse

A few participants said their female partners had physically abused them. This included being hit with close objects, such as phones, or being slapped or spat on. When their partners did not agree with them, especially during arguments or heated discussions, the participants recounted incidents in which physical violence broke out.

The fact that such physical abuse frequently occurred in front of their children also caused concern among the participants. In certain instances, the abuse escalated from verbal insults to physical violence. According to the participants, their children, particularly teenagers, would support their mothers, sometimes after being persuaded to do so, and in the worst situations, they would even assault them.

"My wife would physically assault me, even in front of children; she would come back drunk and start saying harsh words to me, that she does not have feelings for me anymore. When I responded, she would slap me." (Participant 10)

" I remember one day we were walking in the street, it was my pay day, she was demanding money and I was refusing to give her because I knew she was going to misuse it, as she had started gambling, she grabbed me by my shirt and pulled me as people in the street where watching, saying that if I do not give her the money she would not let me go." (Participant 1)

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Experiencing physical abuse was described as both painful and emotionally distressing. Participants admitted that, at times, they felt the urge to retaliate, but their moral conscience restrained them, as they did not see themselves as abusers. Therefore, the failure of men to retaliate was perceived as a sign of weakness by female partners, and that resulted in continued abuse. This is what the participant had to say on the issue of physical abuse:

“When I deny her anything, she would slap me and hit me with whatever was close to her. She was very violent and wanted everything to go her way; the other day, she even spat on my face. “(Participant 1)

“Yes, my partner will physically abuse me; I remember once she threw a phone at me.” (Participant 5)

"She would point a finger at my head, pushing me around to provoke me. I knew she wanted me to react so that she would get me arrested. Because once she told me that I should hit her, and I will rot in jail." (Participant 7)

The findings imply that male participants experienced physical abuse from their female partners, often due to arguments or unfulfilled demands. The abuse, which their children occasionally witnessed, caused participants to feel emotionally distressed, afraid, and powerless. They continued to be victimised and felt weak because their moral beliefs forbade them from exacting revenge.

4.4.2 Theme 2: Reluctance to report gender-based violence

The theme identifies contributing factors to men's reluctance to report GBV. These include concerns about the stability of families, entrenched patriarchal norms, insufficient assistance systems, and a lack of faith in governmental institutions. These traits highlight the different institutional, social, and cultural barriers faced by participants.

4.4.2.1 Sub-theme 1: Insufficient support structures

The majority of participants said they were reluctant to report GBV against them because their families, peers, and the larger community frequently view them as perpetrators rather than victims. Many reported that when they try to talk about their experiences, they are viewed with doubt and are instead held accountable for the

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mistreatment they suffer. Participants reported that their society, social circles, and families did not provide them with sufficient support. They were left without help, as their circumstances were frequently disregarded or not given sufficient consideration.

Their self-esteem was severely damaged, and they began to doubt their masculinity and social status as a result of the mockery they received for reporting their abuse. When they disclosed abuse, they lost the respect of those around them, who would frequently ask, "How can you allow a woman to do that to you?" This view gave the impression that enduring abuse was a personal decision rather than a severe problem.

"When I tell my family, no one does anything about it; it is like they expect me to be the one to solve my problem; they even joke about it. (Participant 7)

“The challenge that I encountered was when I told my only friend about my situation, and he ridiculed me. He laughed and said What you are saying sounds like a joke.” (Participant 6)

Instead of finding protection and understanding within their families and peer groups, participants felt that their experiences were minimised, and they were expected to resolve their issues on their own. One participant recounted that after confiding in his family about the abuse he was experiencing, the topic later became a source of jokes and laughter during family gatherings. Feeling humiliated and embarrassed, he resolved never to share his pain again and instead chose to bear it alone.

“When I talk to my friends, they do not see the seriousness of my problem; they joke and laugh about it, telling me how I would allow that to happen in my own house, allowing my wife to do as she pleases.” (Participant 4)

"Once during a family gathering, a family member whom I had shared my problem with made an example of my situation, leaving me feeling ashamed and embarrassed." (Participant 6)

According to the findings, male participants were hesitant to disclose GBV because of stigma, uncertainty, and a lack of support; they frequently faced rejection, blame, or mockery from friends, family, and society. Low self-esteem, emotional detachment, and internalised shame resulted from this, reinforcing the social stigma associated with male victimisation.

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4.4.2.2 Sub-theme 2: Entrenched patriarchal norms

The majority of participants cited deeply ingrained cultural norms as a significant obstacle to reporting GBV. Many claimed that, within their cultural and social context, men are expected to be the heads of their households, responsible for establishing and maintaining authority over their families. This expectation reinforces the notion that a woman cannot abuse a man. The participants stated that it is challenging to openly acknowledge experiences of abuse because a man who appears to be "led" by a woman is viewed as weak in their communities.

“Admitting to being abused by a woman will make me lose my social standing, because even during community gatherings, no one wants to listen to a man who is perceived as weak and failing to control his family.” (Participant 3)

Participants noted that when a woman becomes violent, society tends to assume that the man must have provoked the situation. As a result, men are often reluctant to report abuse due to the fear of being perceived as failing to meet traditional masculine standards.

“Society always sees men as the perpetrators and never the victims, so when, as a man, I say I am being abused, they do not believe me and take my issues lightly, and think that the woman was acting out of self-defence.’ (Participant 10)

“When there is violence in a home, the society always labels men as the perpetrator, even before they give both the man and the woman a chance to explain what the issue is." (Participant 6)

They also reflected on how, from a young age, they were socialised to suppress emotions, particularly pain, as crying is regarded as a sign of weakness. Many have chosen to keep quiet about their abuse rather than seek assistance as a result of this cultural conditioning. Participants expressed concerns that seeking help might lead to them losing the respect of their families and the broader community. Some were afraid of being known as "the man who is abused by a woman," which would lower their social status and credibility.

“Even during funerals, no matter how painful it is, as a man I am forced not to cry as I cannot be seen crying in public, because I will be perceived as a weak man” (Participant 4)

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“ I remember when I was still young I would come back home from schooling crying after being beaten by other learners, but as soon as I get there my mom would ask why I’m crying and when I try to explain to her she will tell me to stop being a coward or a cry baby and that I should defend myself, so from that day I would hide my tears because instead of being comforted I will be told I am a coward, so I learned not report anything that happens to me.” (Participant 3)

A few participants mentioned that nothing happens, even when men try to inform local authorities about abuse. According to one participant, community leaders often overlook these cases because they assume men will address their own problems independently. On the other hand, the community as a whole jumps in to help a woman who reports abuse, frequently without questioning the specifics of the case.

"The whole community knows my situation; if you ask around about my situation, people will tell you, but no one says anything. They all watch me suffer and tell me that it was my choice to marry a younger wife and that I should bear the consequences." (Participant 1)

“If a woman claims that she has been abused, the whole community acts to help the woman; the police would even be called against the man, but that is never the case with a man.” (Participant 5)

4.4.2.3 Sub-theme 3: Concerns about family stability

A few participants expressed reluctance to report GBV due to concerns that it would destroy their families. Their love for their partner and children greatly influenced their decision to remain silent. They believed that reporting their wives would violate their vows to uphold their unions and jeopardise them because they had deep emotional ties to their families and believed in the sanctity of marriage.

“I feared that reporting would mean that I would have to separate from my wife, and I did not want that because I love my children and want them to be part of their lives.” (Participant 3)

“I knew that reporting my wife would mean that I would have to separate from her, and she would take my children with her. Knowing her, I knew she would not allow me to see my children, therefore I would have to fight for me to see them” (Participant 4)

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Concerned about their partners' reputations, some participants also chose not to report abuse. They did not want to subject their wives to criticism from their communities and families. According to one participant, he was afraid that if his family found out about the abuse, they would become hostile toward his wife or, worse, force him to get leave the relationship, something he did not want.

"No, I did not report because I did not want to expose my girlfriend to the other family members. They would hate her forever, and I was unwilling to separate from my girlfriend. I loved my girlfriend, and I wanted to protect her." (Participant 9)

"I am afraid that if my family knows about my partner's behaviour, they might not forgive, and they might always see her as a bad person."(Participant 2)

The intense love for their families and children further influenced their silence, as they feared that reporting abuse could lead to leaving the relationship, which might then result in losing access to their children. To avoid this, they chose to endure the abuse in the hope that the situation would eventually improve and that their family could be happy again. Participants even justified their partners' violent behaviour by blaming themselves, believing that their actions had provoked the abuse and thus assuming responsibility for it.

4.4.2.4 Sub-theme 4: Loss of trust in government institutions

A few participants said they had lost faith in government agencies like the police and social workers because they thought that women were the only ones who could get help, leaving men with nowhere to turn. When they sought assistance, they were afraid of being ridiculed, criticised, or wrongly accused of being the ones who committed acts of violence.

According to participants, authorities frequently took the woman's side when they reported the abuse to social workers or the police, believing she had acted in self-defence. Many complained that even though they pursued legal action, cases involving female offenders were frequently dropped after a brief conversation with no lasting repercussions. They consequently discovered that they were caught in a never-ending cycle of abuse. On the other hand, they pointed out that when a man was suspected of being the perpetrator, he was immediately taken into custody.

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One participant described a time when they lost control and physically retaliated after their wife had been abusing them for a long time. He was quickly arrested after his wife reported him to the police. He was upset that nothing had been done about his wife's abuse, even though he had previously reported it several times.

“We are blamed for the abuse. I was once arrested for something I did not do; she physically abused me and insulted me. When I defended myself, I was arrested, and she remained free.” (Participant 4)

Participants also pointed to legal disparities, stating that laws seemed to be designed primarily to protect women and reported difficulty obtaining protection orders against their partners, as their applications were often denied simply because they were men. Even when a protection order was granted, they observed that if a woman violated it, she was rarely detained for an extended period of time. Instead, she was typically released and referred to a social worker for mediation.

"The police and the law have failed me, as nothing was done about my case. She violated the court order, but she remains free." (Participant 10)

"My wife would come back drunk late at night and start physically attacking me. I got her arrested, and later that day, she was released without my knowledge. The case was then referred to social workers so we could resolve our issues." (Participant 1)

The reluctance to report was influenced by the absence of institutional support, such as shelters for abused men. Some participants acknowledged that they handled their situations in their own ways, sometimes using violent methods, because they had no safe places to turn. This increased the risk of harm to both partners and continued the cycle of abuse.

“I have lost all hope with the police; I do not think I will ever go to the police to report my case, as they do not assist men as victims; they always see us as perpetrators.” (Participant 9)

"The victim empowerment centre is designed to assist women and children, and even if I go there as a man, I will never be assisted" (Participant 10)

The findings demonstrate that because of institutional support gaps, ingrained patriarchal norms, and social stigma, male victims of gender-based violence frequently

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keep quiet. Participants' self-worth was severely impacted, and harmful gender norms were reinforced, as they feared being mocked, discredited, or seen as weak for reporting abuse. Cultural views further discouraged disclosure, as men were expected to maintain their dominance and remain emotionless. Many chose to remain silent out of concern for the repercussions of being judged or separated from their partners, families, or children.

Because they believed that social workers and the police were biased against women and did not sufficiently protect male victims, participants also reported a significant decline in trust in government agencies. This lack of acknowledgement and support led to men feeling emotionally alone, powerless, and, in some cases, more violent because they believed they had no safe way out.

4.4.3 Theme 3: Coping strategies for male victims

This theme explores the various coping strategies adopted by male victims of GBV. Given the societal stigma surrounding male victimisation, many men do not openly seek help or report their abuse. Instead, they develop personal coping mechanisms to manage the emotional, psychological, and physical impact of their experiences. The following sub-themes emerged: social activities and drinking, religion, leaving the relationship, and cheating.

4.4.3.1 Sub-theme 1: Social activities and drinking

The majority of participants stated that their primary coping mechanism for handling abuse was drinking alcohol and going out with friends. Instead of continuing to live in a poisonous home without communication or tranquillity, they would have rather stayed outside. They were able to temporarily forget their problems by escaping from their abusive relationships by hanging out with friends.

One participant described how drinking gave them the confidence to confront their partners and react to their violent actions. They acknowledged that they occasionally drank all night long and did not go home at all. Smoking helped him relax, according to another participant, who said,

"I would smoke two boxes of cigarettes in a day, and it made me feel better until I became addicted. Now, I cannot live without smoking." (Participant 10)

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“I would rather be out drinking with friends than stay in that toxic home.” (Participant 9)

Additionally, participants admitted to substance use, such as drinking, provided momentary solace from their issues. One participant mentioned that he stopped caring about his wife's words and actions after he got home intoxicated. Many acknowledged that drinking made it possible for them to avoid being at home, only going back to sleep and starting the cycle over the following day.

“Whenever I get home, that woman would talk nonstop, she complained about almost everything, and when I am drunk, I also respond to the nonsense without fear. I can voice out when I am drunk.” (Participant 8)

However, participants highlighted the dangers of seeking solace among peers when they are out socialising and drinking, as the advice they received was often misguided. They explained that in such settings, friends would encourage them to assert dominance over their wives, saying things like,

"Why do you allow your wife to do as she pleases in your own house? You should discipline her" (Participant 2). This type of influence, participants noted, sometimes led to further conflict and perpetuated the cycle of abuse. This is what some of the participants had to say:

“I would go out, drink with friends, and only return home late at night. I also got a girlfriend, where I can get some peace of mind, be loved, and be fulfilled sexually”. (Participant 9)

“Being at home just caused me much pain, so I would rather go out and drink with friends and come back home late in the evening just to sleep. The only time I spend at home is when I am sleeping.” (Participant 8)

“I drank alcohol; by the time everything happened, I was a churchgoing person, but the situation made me drink.” (Participant 1)

4.4.3.2 Sub-theme 2: Religion

A few participants stated that the primary reasons they stayed in their marriages despite abuse were their belief in God and their hope for a better future. They believed that fasting and prayer could help them overcome their difficulties and eventually see

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improvements in their marriages. They believed that God had established marriage as a holy institution and that only He could maintain and restore it. The participants said they could persevere because they opened their hearts in prayer and turned to God.

One participant mentioned how important his faith was to him in controlling the rage brought on by the abuse he was going through. He acknowledged that he had considered suicide and even hurting his spouse, but he refrained from acting on these ideas because he believed in God. He clarified that he needed to "wait upon the Lord" for healing and resolution because his faith reminded him that he had a purpose in life. This is what they said:

“It was hard, but thankfully, I am a man of God, and I had to put all my trust in the Lord, knowing that he is the one who will take me through it all, and he has permitted such to happen with a purpose.” (Participant 7)

“Knowing God and living for God helped me in my situation; it is not easy to understand that your wife is involved with other men, to the point of even having a child. It was hard; the thought of killing myself and my family came, but I was able to overcome it.” (Participant 1)

4.4.3.3 Sub-theme 3: Divorce

The majority of participants said that after experiencing long-term abuse, they finally decided to leave the relationship as a last resort. They clarified that separation was the only practical choice because, despite their attempts to address the issue, the abuse persisted. Participants acknowledged that, in certain situations, leaving the relationship was the best course of action for their well-being, even though it was characterised as a painful and challenging process.

Participants stated that they chose to leave the relationship in order to avoid more severe outcomes, like physical abuse, homicide, or suicide, rather than because they did not love their spouses. They clarified that their decision to end the marriage was a means of safeguarding both themselves and their partners from possible danger.

Leaving the relationship was a difficult decision for the majority of participants, but it was ultimately necessary after all other attempts to resolve the conflict had failed. They emphasised the emotional and practical challenges, such as worries about their children, difficulty beginning anew after years of dedication, and the monetary losses

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frequently following separation. One participant noted that divorce can result in the loss of property acquired through years of hard work and the loss of access to one's children. He added, *"No one enters into a marriage expecting it to end, but sometimes the situation forces us to make the hardest decisions." (Participant 4)*

"I filed for divorce, and doing so has caused me more problems, as now I am not allowed to see my children. I even went to court for the custody of my children, who are girls, and I was told that I cannot have them because I am a man and the girls will be at risk." (Participant 5)

"I decided to have a divorce, and when she realised that we were having a divorce, she took things from our home to her family home due to fear, including my identity document and birth certificates of the children, and I could not even go to the police station, as I would not be assisted." (Participant 1)

4.4.3.4 Sub-theme 4: Cheating

Two participants shared that they used extramarital relationships to cope with their partners' abuse and emotional neglect. They claimed that the lack of care, love, and a tranquil home atmosphere prompted them to seek consolation from other women, who provided the emotional support and attention they lacked. Their girlfriends made them feel valued, cared for, and comfortable, which differed strongly from their home life.

"I even went as far as getting a girlfriend, and I would always go for a younger age who was economically, financially, and physically stronger than me, so that I might be in control; the fact that I was unable to control my wife, others within my life, I should be able to control. So vulnerable young girls will be victims of abusive men." (Participant 3)

Some participants admitted that their affairs escalated to the point where they would spend entire nights or even days at their girlfriends' places, sometimes openly, without fear of consequences. One participant shared that his relationship with his wife had deteriorated so much that he moved out of their shared bedroom and began sleeping in the spare room. He explained that intimacy had ceased entirely, and he now functioned more like a tenant in his own home, handling his own cleaning, laundry, and cooking.

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“I would mostly go to my girlfriend's place and return as I please, sometimes even for the entire week. My wife and I stayed at that house as tenants, and one would do as they pleased, without answering anyone."(Participant 9)

Lack of communication and emotional connection led to a household dynamic where partners lived independently, coming and going as they pleased, without accountability or interaction. For a few participants, weekends were spent entirely with their girlfriends, further deepening the emotional and physical separation between them and their partners. This is what they said:

"I also got a girlfriend, where I can get some peace of mind, be loved, and be fulfilled sexually. "(Participant 9)

“I moved out of the main bedroom and slept alone in a separate room. I even got a girlfriend, whom I would usually go out with during weekends, and only return home on Mondays as I prepare to go to work." (Participant 4)

The findings revealed that male victims of abuse employed a variety of coping mechanisms to deal with GBV. Many attempted to escape challenging family environments by drinking, smoking, or spending time with friends, but this frequently resulted in conflict and unhelpful advice. Others turned to religion, depending on prayer, faith, and belief in a higher power to cope with the abuse and its emotional impact.

Some participants saw leaving the relationship as a painful but necessary decision when all other options had been exhausted, despite experiencing emotional misery, financial difficulties, and legal impediments such as limited access to their children. A few males entered extramarital relationships for warmth, emotional connection, and a sense of control they lacked in their current relationships. Overall, these methods of coping reflect the psychological stress that male victims face, as well as the lack of suitable support structures and cultural acceptance.

4.4.4 Theme 4: Intervention Strategies

This theme explores participants' awareness of intervention strategies for gender-based violence against men. It investigates the support services, resources, and programs that male victims are aware of, as reported by participants. The emphasis

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is on increasing their comprehension and awareness of accessible interventions, such as counselling.

4.4.4.1 Sub-theme 1: Counselling

According to the data collected, a few participants said they were aware of the existence of offices that provide counselling services, such as social workers who support victims of abuse. However, participants noted that men find it challenging to access these services because they are primarily intended for women. According to one participant:

"The challenge is that such help is designed for women, and as men, we never get welcomed when we have to share our experiences of abuse. We will be blamed or accused of doing something wrong for the woman to act as she did."(Participant 10)

Participants also mentioned a common perception that court systems favour women in abuse cases, making male victims feel disregarded and marginalised. This apparent lack of support inhibits men from using existing intervention services and reinforces the belief that few resources are expressly tailored to address GBV in males.

“All these strategies in place to fight GBV are there to assist the women and not men; if I go there as a man, I might not even be assisted because men are not perceived as victims but rather as perpetrators.” (Participant 7)

"There are Social workers we tried going to, but nothing was solved, even the police did not assist, as I was the one blamed, and at some point, I was even arrested." (Participant 4)

According to the findings, male participants felt excluded from abuse support services because they believed they were biased in favour of women. They felt that social workers and law enforcement frequently disregarded or blamed male victims. This perceived institutional bias, along with a lack of targeted support for men, deterred them from seeking assistance.

4.5 Conclusion

This chapter provided an extensive overview of the data analysis approach used in the study, including how the information collected was systematically analysed and interpreted. Participants' socio-demographic information was examined and displayed

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in tables to help contextualise their lived experiences. The chapter also looked at male participants' experiences with gender-based violence from their female relationships. Key themes and sub-themes addressed the difficulties they encountered, their knowledge of the abuse, and the coping techniques they employed. Direct quotes from transcripts were used to accurately represent and convey the participants' viewpoints and experiences.

The findings also highlighted societal norms that stigmatise and isolate men seeking help, as well as a lack of appropriate support resources for male victims. Participants' experiences highlighted the critical need for support programs that are readily available and tailored to the needs of men experiencing abuse. Many people were left unprotected and without the necessary support from family, communities, or support groups. Patriarchal societal systems have continued to create expectations and promote power inequalities, limiting human freedom and decision-making. Several participants were reluctant to speak up or oppose these norms, fearing disruption of family harmony. Furthermore, a lack of appropriate reaction from institutions and regulations designed to protect their rights reduced trust in government systems, exposing significant structural flaws.

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CHAPTER 5: DISCUSSION OF THE STUDY FINDINGS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the study's key findings, conclusions, and recommendations. It provides an overview of the research, highlights key findings, and examines the main conclusions. The chapter also describes how the study's objectives were achieved, provides findings, and highlights the study's limitations. Finally, it makes recommendations to the government, society, and male survivors of GBV on how to conduct future research and improve responses to GBV against men.

5.2 Overview of the Study

The study explored the reluctance of men to report GBV perpetrated by their female partners, focusing on the experiences of male victims of GBV, factors contributing to non-reporting of incidents of GBV against men, coping strategies for male victims of GBV, and the intervention strategies to address GBV against men. The study was conducted in the following areas of the Thulamela municipality: Thengwe, Tshilamba, Muledzhi, and Shayandima. The study employed a qualitative research approach. Snowball sampling was utilised to sample 10 men who were victims of GBV. Thematic data analysis was used to examine the data and identify key themes, which are presented below.

5.3 Overview of the Study Findings

The study aimed at exploring the reluctance of men to report GBV perpetrated against them by their female partners, focusing on the male experiences of GBV, factors contributing to the non-reporting of GBV incidents against men, coping strategies for male victims of GBV, and the intervention strategies to address GBV against men. The study found that GBV against men occurs in men of all age groups, and the forms of GBV that they experience are emotional abuse, controlling behaviour, sexual abuse, and physical abuse. The study also found that although men are aware of the abuse that they are experiencing, they are reluctant to report incidents of GBV due to insufficient support structures, entrenched patriarchal norms, loss of trust in government institutions, and concerns about family stability.

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Furthermore, the study found that men rely on coping strategies that have both positive and negative effects on their mental health and well-being, and those close to them, such as social activities, drinking, religion, leaving the relationship, and cheating. It is important to note that these coping strategies, while providing temporary relief, often lead to adverse effects on mental health and well-being. The study highlights the urgent need to find healthier coping strategies that do not exacerbate the psychological and emotional toll of GBV. This highlights the importance of the participant's role in developing and promoting healthier coping strategies.

5.4 Discussion of the Findings

This section focuses on the key findings of the study, which are crucial for understanding the experiences of male victims of GBV. The findings, which cover demographic data, experiences of male victims of GBV, contributing factors to the reluctance of men to report GBV, coping strategies adopted by male victims of GBV, and intervention strategies in place to combat GBV against men, were derived from a thorough data analysis, leading to the emergence of key themes. These findings play a significant role in shaping the understanding of the challenges faced by male victims of GBV and can guide future research and policy development in this area.

5.4.1 Socio-demographical Data

This section is about the socio-demographic data of the participants. The primary focus was on the participants' ages, marital status, and the period of marriage. The findings of the study show that both young and older men who experience GBV perpetrated by their partners are reluctant to report such incidents. Most participants were between the ages of 41 and 45 rather than those between 25 and 40. In support of the finding, Knight and Hester (2016) state that GBV impacts individuals across all age groups and can occur at any stage of life. Participants who were married at the time of the study were 3, and those who were left the relationship were 7.

This was because the male victims of abuse opted for leaving the relationship as a coping mechanism. These findings concur with Vu, Schuler, Hoang, and Quach (2014), who state that divorce is a legitimate option for individuals who want to end their violent relationships. The study findings revealed that GBV occurs in newlywedded individuals and also in those who have been married for a long time. The participants' marriage periods ranged from 2 to 8 years, with the majority falling

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between 1 and 5 years, rather than those with periods of 6 to 8 years. In line with the findings, the study by Sattarzadeh et al. (2019) on GBV reveals that the highest prevalence was observed among individuals who had been married for 6 to 10 years, while the lowest incidence was found among those who had been in a marital relationship for 36 to 40 years.

5.4.2. Experience of Gender-based Violence Against Men

This theme emerged from exploring men's understanding of GBV, their experiences of GBV, and the forms of GBV they encounter. The study findings revealed that men understood GBV that was perpetrated against them by their female partners, and they had experienced such abusive behaviours, but remained silent about the abuse. In contrast with the findings, the study by Lysova, Hanson, Dixon, Douglas, Hines, and Celi (2022) revealed that men's lack of help-seeking behaviour resulted from their blindness to their partner's violent behaviour.

They were unable to recognise their partner's behaviour as GBV due to a lack of gender-inclusive understanding or normalisation of abusive behaviour in other aspects of their lives. The four forms of abuse that were revealed by the study are emotional abuse, controlling behaviours, sexual abuse, and physical abuse.

5.4.2.1 Emotional abuse

According to the study's findings, males who experienced emotional abuse have lower self-esteem and question their self-worth and masculinity. Because of the invisible nature of the harm and the difficulty of proving it, such abuse frequently leads to depression and post-traumatic stress disorder (PTSD), which men rarely seek assistance for. These findings are consistent with Mngomezulu's (2019) finding that emotionally abused men become reckless and have low self-esteem, loneliness, and trauma-related disorders such as PTSD and depression. Emotional abuse not only harms psychological well-being, but it can also influence the neurological system, causing intense and upsetting memories that elicit powerful emotional or physical reactions (Dye, 2020).

Consistent with these findings, Macassa (2025) discovered that men who encounter psychological violence from intimate partners suffer long-term mental health consequences such as stress, anxiety, and suicide ideation, despite frequently

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remaining silent owing to fear of stigma and disbelief. A study by Hines et al. (2022) reveals that emotional abuse against men is usually disregarded, despite its association with low self-esteem, trauma symptoms, and avoidance strategies. Collectively, these studies show that emotional abuse has a significant impact on men's mental and emotional health; however, individual effects differ depending on personal, cultural, and social circumstances.

5.4.2.2 Sexual abuse

The study findings revealed that sexual abuse experienced by men causes psychological and emotional effects. Being forced to engage in sexual activity had them questioning their identity and their masculinity. In support of the finding, hegemonic masculinities perceive sexual abuse as an act of power and force against a weak victim, making it impossible for a 'real man' to experience it (Ngubane-Mokiwa and Chisale, 2019).

The study also revealed that men found it difficult to seek help for sexual abuse because society believes that men cannot be sexually abused due to their physical stature and strength. Masculine ideals often lead to the assumption that men are the perpetrators of sexual abuse against women and children rather than victims. In most communities, sexual violence against men is viewed differently from sexual violence against women and is often overlooked (Majola et al., 2022).

In support of the findings, Bates (2020) states that men who are compelled into sexual penetration usually battle with their trauma on their own, without emotional or professional support. Male victims of abuse who do not receive adequate attention and committed services may suffer from long-term mental health issues such as anxiety, low self-esteem, despair, and guilt.

Furthermore, cultural expectations, rigid gender standards, and a lack of understanding of male victimisation frequently prevent them from sharing their experiences or seeking help, leaving many to suffer in secret without healing support (Taylor, 2021). A significant obstacle for men seeking help is the difficulty of disclosing sexual violence, which is much more challenging to disclose than other forms of abuse. Shame, stigma, and traditional expectations of masculinity make it difficult for male victims to speak up and share their experiences (Ferreira et al., 2023).

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5.4.2.3 Controlling behaviour

The study unveiled that men controlled by their female partners felt helpless, and their power within the family was stripped away. Men did not have control over what happened within the family; women were the ones who made decisions on what happened within the family. These findings are supported by Bates (2020), who states that coercive control can manifest in various ways. This level of control in everyday life is not only detrimental to relationships and activities outside of the partnership but also likely to affect the individual and their self-perception.

Controlling behaviour affected men psychologically because, culturally, they believe that the man is the head of the house and should, therefore, be able to control his own family and children. Corresponding to the findings, Kyegombe et al. (2022) state that men claimed their partners frequently demonstrated controlling behaviours, such as jealousy or wrath, when interacting with other women, and an eager desire to know their whereabouts. Some participants also stated that their wives tried to limit communication with family members and prevent them from spending time with male friends.

The findings show that women also wanted to control their finances by demanding full pay from their partners and sometimes giving approval for their spending. The participants felt that this ripped their power away, and they could not even seek help because the women would threaten to report them to the maintenance office, claiming that they were unable to care for their families. The study findings are supported by Eriksson and Mazerolle (2021), who state that financial abuse occurs when one controls and limits access to and use of money, and it is an essential tool in exercising power and gaining control over a partner.

5.4.2.4 Physical abuse

The study unveiled that men are being physically abused, and sometimes, it even causes severe physical harm, or when bodily harm might not be visible, such as being hit by an object, spitting saliva, or being pushed around. The participants claimed that they felt disrespected, and they would sometimes fight back to maintain their manhood. Men also claimed it brought shame and embarrassment, accepting that the

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women were physically abusing them. Therefore, they would rather remain silent and endure the suffering. The findings concur with Deshpande (2019), who states that men sometimes feel ashamed of being beaten by their wives and avoid reporting the violence. In contrast, Bates (2020) suggests that women are more frequently physically injured in GBV cases because of their physical strength. However, male victims also suffer severe emotional consequences, such as constant anxiety and fear of repeated abuse, mainly because such attacks often occur unexpectedly, catching them off guard and reducing any physical strength they may have.

Men also often feel that complaining can be perceived as feminine behaviour. Crying or expressing pain would also violate hegemonic masculinity; men are supposed to maintain a specific character within society that is sanctioned by hegemonic masculinity. This identity would be undermined if a male came forward and admitted to having been victimised by a female, leading to emotions of emasculation. The findings are supported by Thobejane et al. (2018), stating that most African societies consider it taboo to witness a male cry or show pain after being beaten by a woman. Crying men would lose prestige due to societal barriers and the stigma associated with crying.

Hegemonic masculinity has a societal ideal of "real men" that includes breadwinning, toughness, control, violence, hostility, and affluence. Almost every man is culturally expected to embody hegemonic elements and maintain dominant social roles regarding women in romantic relationships, or risk being perceived as feminine in social relationships (Rowlands, 2022). Therefore, male victims of GBV would feel less of a man if they admit to victimisation and failure to maintain the well-being of their family, and would, therefore, remain silent about their sufferings.

5.4.3 Reluctance to Report GBV Against Men

These themes emerged from exploring the reluctance of men to report incidents of GBV against them and the challenges they face while reporting GBV against them. The study revealed factors contributing to men not reporting incidences of GBV, through participants' responses to questions about reporting GBV perpetrated against them and the reasons for not reporting such incidents. This theme has four sub-themes, which are discussed below.

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5.4.3.1 Insufficient support structures

The study unveiled that the absence of sufficient support structures for male victims of GBV harms the well-being of men. The study showed that having no support from family, friends/peers, and the community at large leaves men with no one to turn to for help and having to rely on their coping mechanisms when dealing with GBV. Men became reluctant to report GBV incidents against them for fear of not being believed by their support structures and being ridiculed by friends and peers for being abused by women.

This fear stems from common societal ideas that men cannot be victims, particularly when the offender is a woman (Machado and Farinha, 2023). As a result, men fear being mocked, judged, or ignored rather than receiving help. This lack of acknowledgement can exacerbate their loneliness and prevent them from seeking help. The stigma associated with male victimhood continues to encourage quiet, making it difficult for these men to get the help they need.

Findings supported by Luthada and Netshandama (2019), who indicate that close male friends, family, and society want to downplay the seriousness of the problem and make jokes. The study findings show that even the community did not give support to men who were victims of GBV, but would rather stand together to help a female victim who was said to be abused by their male partners. The study findings are supported by Machado et al. (2020), who state that males tend to avoid seeking help for issues that society views as inappropriate for men.

5.4.3.2 Entrenched patriarchal norms

The study findings show that entrenched patriarchal norms played a role in silencing the male experiences of GBV. These societal norms, deeply ingrained in cultural and social contexts, mean that men are expected to be the heads of their households and responsible for establishing and maintaining authority over their families. In support of the findings, Shakya et al. (2022) suggest that most African societies believe that reporting or speaking out about GBV is taboo for male partners owing to patriarchal or male-dominant culture. This societal pressure on men to conform to traditional gender roles is a significant factor in their reluctance to report abuse. The study findings concur with Guqa et al., (2022), who states that, according to patriarchal society, boys and males are expected to be leaders, authority figures, independent, strong, and

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aggressive. In contrast, girls and women are expected to be followers, obedient, and dependent.

Men often claim that cultural norms associated with traditional masculinity limit their capacity to seek help. These gender role demands can hinder their self-identification as victims and deter them from addressing issues that are culturally viewed as incompatible with male standards. Historical concepts of masculinity have generated stereotypes that make it difficult for males to speak up, posing individual, interpersonal, and institutional challenges (Machado and Farinha, 2023).

5.4.3.3 Concerns about family stability

The study findings show that concern for family stability influenced male victims of GBV to report their experiences. Participants were forced to stay in abusive relationships due to fear of family breakdown and losing their children. Men would rather remain silent about abuse to protect their families. Findings supported by Lysova, Hanson, Dixon, Douglas, Hines, and Celi (2022), who state that men avoided seeking help to maintain their marriages, protect their children, and uphold their marital vows, reflecting a belief in the sanctity of marriage. Male victims were reluctant to report female abusers due to love and the belief that they could stop abuse by helping their spouses through therapy and avoiding outside assistance.

The study findings concur with Luthada and Netshandama (2019), who found that male victims stayed with abusive partners to protect their marriage, believing separation would cause more harm. A study by Hasanudin et al. (2023) revealed that men experienced shame when subjected to GBV. This sense of shame played a key role in their decision to stay in the relationship and support their families, despite the abuse they received.

5.4.3.4 Loss of trust in government institutions.

The study found that loss of trust in government institutions contributes to the reluctance of men to report GBV incidents against them. Male victims show mistrust in the social services, the judicial services, and law enforcement due to their experiences and others due to their observation of how male victims of GBV have been treated. The study findings showed that victims were never assisted by police when reporting GBV cases from their female partners, but rather, they were ridiculed

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and mocked. When visiting the social workers, they would take the side of the women and not respond to or act on their reports of violence. The findings were supported by Lysova et al. (2022), stating that male victims experienced an unfavourable welcome while attempting to seek help for the abuse they were experiencing.

In support of the findings, Hine et al. (2022) state that men are frequently blamed more than women for their experiences with violence. This is mainly due to societal norms and stereotypes that portray men as dominant, emotionally resilient, and in control, making it difficult for society to recognise them as actual victims of abuse.

Hegemonic masculinity dictates how “real men” should behave, and they are groomed since childhood to fight back when they are bullied or confront adversity (Modau, 2016). Therefore, it becomes difficult for men to report incidences of GBV against them as they need to maintain a specific persona within society. If a male figure admits to being victimised by a female, their persona will be damaged, leading to feelings of delegitimisation as men (Majola et al., 2022).

Reporting incidences of GBV would also indicate that you are failing to be a real man, which implies that you are a weak man who will be regarded as inferior or unfit in society. To cope with societal pressures, most men have learned how to behave in a way that maintains hegemonic masculinity while repressing feelings and behaviours that may appear feminine (Modau, 2016).

5.4.4 Coping Strategies of Male Victims of Gender-based Violence.

This theme emerged from the exploration of the coping strategies employed by men to cope with GBV against them by their female partners. The study reveals that after enduring GBV, survivors rely on different coping mechanisms for survival. The theme is comprised of four sub-themes, which are discussed below.

5.4.4.1 Social activities and drinking

The study findings revealed that social activities and drinking are the coping mechanisms that male victims of abuse use to manage the emotional and psychological distress of GBV. Going out and drinking with friends offered them temporary relief from the distress and was also used as an avoidance strategy. However, such behaviours harm the mental health of the victim and also place

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continuous strains on the relationship, as it might also influence violence within the family because it could be difficult to make concrete decisions while intoxicated.

The findings were supported by Mngomezulu (2019), who states that when men are abused by their romantic partners, they take extreme actions like using illegal substances and becoming alcoholics. Male victims of GBV may turn to substance use to cope with the emotional distress, trauma, and sense of powerlessness caused by the abuse. While this activity may provide temporary respite, it frequently leads to new psychological, physical, and social issues (Coomber et al., 2021)

A study by Kadir Shahar et al. (2020) revealed that male victims of GBV coped with increased alcohol consumption and the use of sleeping pills to deal with the psychological stress, insomnia, and emotional anguish caused by the abuse. Others may resort to social outlets such as spending more time with friends, attending community events, or joining support groups for comfort, distraction, and a sense of connection. While these social activities can help alleviate loneliness, they may not fully address the abuse's underlying emotional impact.

5.4.4.2 Religion

The study found that religion was a coping strategy used by male victims of GBV. During difficult times, they would pray and fast for strength and comfort. Male victims believe that God provides them with understanding of their situation and that God has a purpose for all that is happening. Religion also shaped the decision to deal with the abuse; rather than making a harmful decision, the word of God would always bring peace, and the victims would better cope with the situation. Religion also plays a role where the victims stay in an abusive relationship for a long time, hoping that one day God will answer their prayers and the abuse will end. Study findings concur with Dolcos et al. (2021), who state that adversity significantly motivates many people's return to religion.

Religious beliefs often have a strong influence on the lives of abuse survivors. Many victims derive strength from their faith and prefer to stay in abusive situations to protect their family or marriage, feeling that leaving would violate their religious beliefs (Zust et al., 2021). On the contrary, religious institutions, whether purposefully or accidentally, might contribute to the continuation of gender-based violence. Many faith-based communities see marriage as a sacred commitment, prioritising

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reconciliation and forgiveness over separation. This viewpoint may be shared by victims, perpetrators, or the larger religious community, adding to the pressure to stay in harmful relationships (Lalonde and Arnocky, 2023).

5.4.4.3 Leaving the relationship

The study revealed that even after seeking a divorce to avoid prolonged abuse, male victims of GBV continued to experience controlling and manipulative behaviour from their former partners. Several participants mentioned how their ex-partners used their children as tools for ongoing emotional abuse, such as threats of custody loss, manipulation of visiting rights, and deliberate attempts to isolate them from their children. Even though leaving the relationship provided some relief and a sense of regaining control, the continued psychological abuse left them emotionally exhausted and powerless in their roles as fathers.

These findings are consistent with Hine et al. (2022), who found that many divorced males reported post-separation abuse, with former partners utilising children as instruments to maintain control and perpetuate psychological injury long after the relationship had ended. Similarly, McCarrick et al. (2016) and Bates (2020) found that female-perpetrated coercive control frequently persists after separation, particularly through child contact agreements, false charges, and legal manipulation, leaving males feeling helpless and emotionally distraught. According to studies, post-separation control is a recognised kind of continuous abuse that abuses parenting roles, subjecting males to continued coercion and intimidation under a pretence of parental disagreements (Douglas and Hines, 2016; Scott-Storey et al., 2022). Collectively, this literature demonstrates that for many male survivors, leaving the relationship does not always signify the end of abuse, but instead turns it into long-term emotional manipulation, frequently centred on children and family networks.

5.4.4.4 Cheating

The study revealed that some men utilised cheating to cope with emotional neglect and powerlessness in abusive marriages. This behaviour was motivated by unmet emotional demands, a desire for approval, and a desire to restore their broken sense of masculinity. For many participants, extramarital encounters provided a momentary escape from the feelings of control, humiliation, and imprisonment they felt in violent

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relationships. While cheating offered temporary relief, it frequently ended in greater stress, conflict, and, in some cases, escalation of violence.

These findings are consistent with Rokach and Chan's (2023) argument that infidelity frequently arises from emotionally unpleasant relationships characterised by inadequate communication, unresolved conflict, and a lack of intimacy. Similarly, Mngomezulu (2019) finds that some abused men seek new romantic relationships or take on more partners to reclaim a feeling of agency and self-worth that their partners' abusive behaviour has undermined.

This behaviour can also be viewed through the viewpoint of hegemonic masculinity, which values male power, strength, and emotional restraint. Within such cultural frameworks, men are often socialised to avoid exhibiting vulnerability or seeking help, as it is perceived as a sign of weakness (Messerschmidt, 2019). As a result, many individuals turn to methods of coping like substance abuse, aggressiveness, or infidelity, which temporarily reassert masculine control but eventually undermine their mental and physical health (Jewkes et al., 2015; Fleming et al., 2019; Scotti Requena et al., 2024).

In South Africa, such a pattern is reflected in high rates of male death from violence and chronic disease, which can be attributed in part to men's reluctance to seek medical or psychiatric help (Jewkes et al., 2015). As a result, cheating among abused males may not only represent moral failing or marital dissatisfaction, but rather a maladaptive attempt to recover agency and masculine identity in circumstances where emotional support for male victims of GBV is restricted.

5.4.5 Intervention Strategies Employed to Address Gender-based Violence against Men

This section discusses the intervention strategies that male victims of GBV are aware of within their community. The study revealed the intervention strategy employed to address GBV against men by Social workers. This theme has one sub-theme, which is discussed below.

5.4.5.1 Counselling

Counselling is a vital tool for individuals, families, and organisations to address personal issues and foster psychological well-being. The study's findings found that

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counselling, primarily provided by social workers, was identified as the key intervention strategy for addressing GBV against men. Male victims recognised that counselling should offer a discreet and non-judgmental environment in which to vent feelings, process trauma, and regain self-esteem. However, this was not the case.

Participants claimed that counselling services were typically prejudiced, favouring women and disregarding men's experiences. A few participants contended that social workers tended to sympathise with female partners, justifying their behaviours as self-defence rather than acknowledging men as actual victims of abuse. These findings are consistent with Mandlenkhosi and Ntsika's (2022) observation that GBV prevention and response efforts in South Africa mainly focus on women and girls, with men's experiences being disregarded.

Existing research supports this feeling of prejudice. According to Taylor's (2021) research, men who experience IPV may resist seeking professional help due to fear of being labelled as offenders, rather than victims. Woodyard (2023) found that male survivors generally perceive therapy environments as unsupportive and judgmental, and practitioners struggle to provide gender-neutral services. Ambrozewicz (2024) argues that many GBV interventions stigmatise men who disclose abuse, making them less likely to seek psychosocial support. Lysova and Dim (2025) discovered that male survivors frequently experience self-blame, humiliation, and a lack of empathy from counsellors, leading to withdrawal from support systems and prolonged mental anguish.

This study supports your conclusions that counselling methods and GBV interventions are still largely gendered. The lack of inclusive therapy frameworks fosters institutional neglect of men as victims, allowing abuse against them to continue without proper acknowledgement or response. As a result, many male victims continue to suffer in silence while perpetrators go unpunished, emphasising the critical need for balanced, evidence-based psychosocial interventions that address GBV across genders.

5.5 Achieving and Concluding the Objectives

The aim of this study was achieved through the exploration of four objectives. Each objective guided the data collection and analysis process, and the results were organised and presented in accordance with these objectives. The extent to which

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each objective was achieved was explored in depth in Chapter 4, where the findings were linked to the research questions and the general purpose of the study.

5.5.1 Objective 1

The first objective was to explore the experiences of men on gender-based violence perpetrated by their partners. The results indicate that men understand GBV and are aware when it is perpetuated towards them by their female partners. Male victims of GBV experience different forms of GBV, such as emotional, controlling behaviour, sexual, and physical.

5.5.2 Objective 2

Objective 2 was to explore factors contributing to men not reporting incidences of GBV. The study results showed that men are reluctant to report incidences of GBV because of insufficient support structures, loss of trust in government institutions, entrenched patriarchal norms, and concerns about family stability. Therefore, men would remain silent in pain rather than seeking help.

5.5.3 Objective 3

Objective 3 focused on identifying coping strategies of male victims of gender-based violence. The study results show that male victims of GBV have coping strategies that they apply to cope and survive within abusive relationships, such as social activities and drinking that they use as an avoidance strategy to be away from the toxic environment, a religion where they find comfort in prayer and fasting, after enduring abuse for a long time with no solution, men would rather opt for leaving the relationship. However, it is a difficult decision for them to take. Others would cheat to fulfil their unmet emotional affection and validation, and regain their worth that was lost in the abusive relationship

5.5.4 Objective 4

Objective 4 focused on describing intervention strategies employed to address gender-based violence against men. The study results showed that male victims of GBV were aware of the counselling services that social workers render to address GBV against men. The majority reported that upon their visit to the social worker's

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office, they were mainly blamed for the abuse and that the female might have been acting out of self-defence.

5. 6 Limitations

The limitation of this study was the difficulty in recruiting male participants who had been abused. The sensitive nature of the issue, along with cultural constraints on masculinity, made it difficult for many men to open up about their experiences. Many willing participants were hesitant to speak up about abuse because they were afraid of being judged, embarrassed, or viewed as weak. Furthermore, some of the individuals who were referred to as potential participants either declined to participate or denied experiencing any abuse. This reluctance may also reflect a general concern about discussing personal experiences or a lack of understanding about what constitutes abuse. This emphasises the need for future studies to use a more sensitive and confidential approach when interviewing male survivors of GBV, alongside other recommendations that the study has made, discussed below.

5.7 Recommendations

Recommendations were made to address GBV against men based on the findings of the study for future directions, study contribution, and future research. Recommendations are addressed to the South African government, the community at large, and the male victims of GBV:

- Create and improve support services for male survivors of GBV as part of government programs. This could include constructing safe shelters, providing psychological and emotional support services, and making sure that there are easily accessible and discreet helplines suited to the needs of males who have been abused.
- To ensure gender inclusivity, existing legislation and GBV-related policies should be reviewed and updated to include all genders. Legal regulations must recognise male victimisation and ensure that preventive strategies and legal responses provide men with the same level of protection and access as women.
- Improve Training for Key Stakeholders: Professionals, including police officers, healthcare workers, and social service providers, can benefit from tailored training. These programs should strive to raise knowledge, sensitivity, and

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competency in dealing with and supporting male victims of GBV without discrimination or prejudice.

- Raise public awareness of GBV against men: The government, non-governmental organisations, and local communities should collaborate to execute educational and awareness programs. These should educate the public on the realities of gender-based violence against men, challenge damaging gender stereotypes, and promote societal acceptance and support for male survivors.
- Encourage males to seek help when they experience abuse. Highlighting the existence and accessibility of appropriate resources can help reduce societal stigma, enabling male victims to speak up and fostering an environment in which seeking help is perceived as a strength rather than a weakness.
- Social workers should employ gender-inclusive counselling methods that acknowledge both men and women as possible victims of GBV. They must provide secure, non-judgmental settings where male survivors may express their emotions and rebuild their self-esteem without fear of being blamed or dismissed. In rural areas, where social workers are frequently the only sources of assistance, they should take the lead in developing holistic and inclusive community-based programs. These programs should engage families and community leaders in open discussions regarding GBV, raise awareness of male victimisation, and offer group therapy and peer support.

5.8 Conclusion

Finally, this study highlights the long-standing social, cultural, and institutional factors that continue to marginalise men who face gender-based violence. The findings show that hegemonic masculinity is still a significant barrier that prevents men from reporting abuse, obtaining help, or being accepted as legitimate victims. This silence is maintained by social preconceptions that associate masculinity with strength and invulnerability, as well as institutional frameworks that continue to prioritise female victimisation. Nonetheless, male survivors' resilience and coping mechanisms reflect their emotional endurance as well as their desire for secure, non-judgmental support spaces. These findings necessitate a fundamental paradigm shift, one that views gender-based violence as a human issue rather than a gendered one. Strengthening

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gender-sensitive support systems, enhancing policy implementation, and promoting inclusive advocacy are crucial steps toward dismantling harmful norms and ensuring that all victims, regardless of gender, are heard, protected, and empowered.

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APPENDIX A: ETHICAL CLEARANCE

ETHICS APPROVAL CERTIFICATE RESEARCH AND INNOVATION

OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR: Ms T Muleka

STUDENT NO:
11581880

PROJECT TITLE: The reluctance of men to report gender-based violence perpetuated by their partners.

ETHICAL CLEARANCE NO: FHSSE/24/SW/02/2711

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr TC Matsea	UNIVEN, Social Work	Supervisor
Mrs V Nemulandani	UNIVEN, Social Work	Co-SU ervisof
Ms T Muleka	UNIVEN, Social Work	Investigator-Siudenls

Type: Masters Research

Risk: Straightforward research without ethical problems (Category I)

Approval Period: November 2024 [a]— November 2025

The Research Ethics Social Sciences Committee (RESSC) hereby approves your project as indicated above.

General Conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
- Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
- Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project. Annually a number Of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.

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- In the interest of ethical responsibility, the REC retains the right to:
- Request access to any information or data at any time during the course or after completion of the project,
- TO ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
- withdraw or postpone approval if:

Any unethical principles or practices of the project are revealed or suspected.

It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.

- The required annual report and reporting of adverse events was not done timely and accurately,

New institutional rules, national legislation or international conventions A it necessary

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ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: November 2024

Name of the RESSC Chairperson of the Committee: Prof M. Mwale-Manjoro

Signature.....

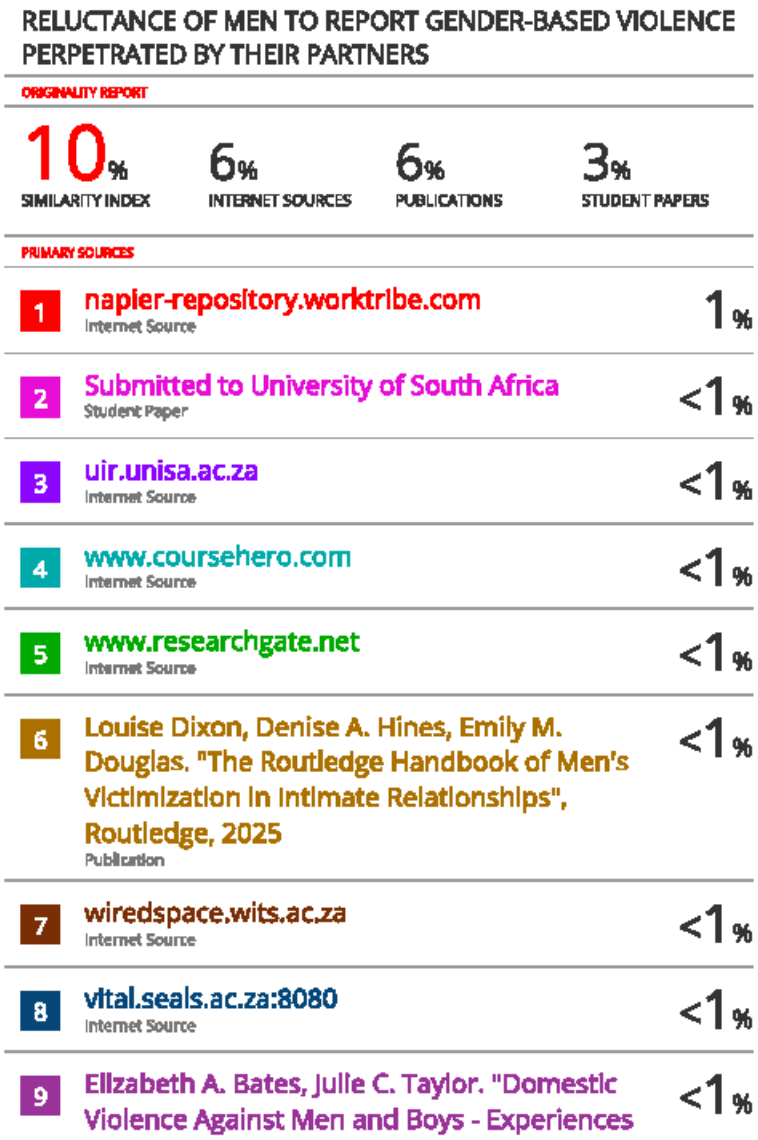
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APPENDIX B: TURNITIN REPORT



RELUCTANCE OF MEN TO REPORT GENDER-BASED VIOLENCE PERPETRATED BY THEIR PARTNERS

ORIGINALITY REPORT

10%	6%	6%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	napier-repository.worktribe.com Internet Source	1%
2	Submitted to University of South Africa Student Paper	<1%
3	uir.unisa.ac.za Internet Source	<1%
4	www.coursehero.com Internet Source	<1%
5	www.researchgate.net Internet Source	<1%
6	Louise Dixon, Denise A. Hines, Emily M. Douglas. "The Routledge Handbook of Men's Victimization in Intimate Relationships", Routledge, 2025 Publication	<1%
7	wiredspace.wits.ac.za Internet Source	<1%
8	vital.seals.ac.za:8080 Internet Source	<1%
9	Elizabeth A. Bates, Julie C. Taylor. "Domestic Violence Against Men and Boys - Experiences	<1%

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APPENDIX C: INTERVIEW GUIDE

Reluctance of Men to Report Gender-Based Violence Perpetuated by Their Partners

Section A: Biographical information

- Age:
- Marital status:
- Years of marriage:

Section B: Perception of men on gender-based violence perpetuated by their partners

- What is your understanding of gender-based violence (GBV)?
- Have you ever experienced any form of GBV from your partner?
- What societal factors do you think influence how men perceive GBV from their partners?
- What cultural norms and belief do you think influence how men perceive GBV?

Section C: Factors contributing to men not reporting incidences of gender-based violence

- Do you think men report GBV incidents perpetrated against them by their partners? Why or why not?
- Did you report any GBV perpetrated against you?
- What challenges do you think men face when it comes to reporting GBV?

Section D: Coping strategies of male victims of gender-based violence

- How have you coped with experiences of GBV in your relationship?

Section E: Intervention strategies employed to address gender-based violence against men

- How would you describe some of the intervention strategies or programs that the community employ to address GBV against men?

Section F: Additional information

What would you like to add?

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APPENDIX D: CONSENT FORM

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

Appendix B

LETTER OF INFORMATION

Title of the Research Study : The Reluctance of Men to Report Gender-based Violence perpetuated by their Female Partners

Principal Investigator/s/ researcher : (*Muleka Tshifhiwa, Master of Social Work*)

Co-Investigator/s/supervisor/s : (Dr Matsea Thabisa and Mrs Nemutandani Veronica)

Brief Introduction and Purpose of the Study:
Gender-based violence (GBV) is a persistent global issue, with a specific focus on violence against men. The prevalence of violent acts against men is on the rise. While it is widely recognized that men are primarily responsible for perpetrating GBV against women and girls, it is crucial to acknowledge that men and boys can also become victims of gender-based violence, often at the hands of their partners. However, the violence inflicted upon men has often been overlooked due to the long-standing association of GBV with women as victims and men as perpetrators. Therefore, the study aims to explore the reluctance of men to report GBV perpetuated by their partners.

Outline of the Procedures : (*Responsibilities of the Participant, consultation/interview/survey details, venue details, inclusion/exclusion criteria, explanation of tools and measurement outcomes, any follow-ups, any placebo or no treatment, how much time required of Participant, what is expected of Participants, randomization/ group allocation*)

Muleka Tshifhiwa, a Master's candidate at the University of Venda, will conduct interviews for academic research. You are warmly invited to participate in this study. The discussion is expected to last around 45 minutes, and it will require just one session with you, and the venue of your choice. You will be provided with the interview questions beforehand. The interview will be recorded on a tape recorder. Afterwards, the data will be transcribed, and you will be given the transcription to confirm its accuracy. The information collected will be exclusively used for this study and will not be used for any other purpose without your consent. Your participation is entirely voluntary, and you are free to withdraw from the study at any time

Risks or Discomforts to the Participant: (*Description of foreseeable risks or discomforts to for Participants if applicable e.g. Transient muscle pain, VBAI, post-needle soreness, other adverse reactions, etc.)*

Should the conversation delve into sensitive and personal topics that cause discomfort, it is important to remember that you are under no obligation to answer any questions you would rather not address, and that's entirely acceptable. Furthermore, you are not required to justify your decision to refrain from responding to any inquiries.

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Benefits : (*To the Participant and to the researcher/s e.g. Publications*)
Participation in the study may not provide direct benefits to you, but the information collected will help raise community awareness about GBV incidents against men and also aid policy makers in devising strategies to combat this social issue.

Reason/s why the Participant May Be Withdrawn from the Study: (*Non-compliance, illness, adverse reactions, etc. Need to state that there will be no adverse consequences for the Participant should they choose to withdraw).*

Participation in this study is entirely voluntary, and you have the right to withdraw at any point. Choosing not to participate will not lead to any negative consequences for you.

Remuneration : (*Will the Participant receive any monetary or other types of remuneration?) Participants will not receive any kind of remunerations for participating in this study*

Costs of the Study : (*Will the Participant be expected to cover any costs towards the study?) Participants are not required to pay any fee to take part in the study*

Confidentiality : (*Description of the extent to which confidentiality will be maintained and how will this be maintained*)

Every measure will be taken to guarantee the confidentiality of your responses and data. The information gathered from this research will be kept confidential. Pseudonyms will be used instead of real names. Exclusive access to the recordings will be retained by the researcher. Both transcripts and digital recordings will be stored securely.

Research-related Injury : (*What will happen should there be a research-related injury or adverse reaction? Will there be any compensation*?)

There are no anticipated injuries associated with this project.

Persons to Contact in the Event of Any Problems or Queries:

Researcher: Muleka Tshifhiwa (0823476747), Supervisor: Dr Matsea Thabisa (0835526706) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:
Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

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CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (*name of researcher*), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _,
- I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I, …….. …… …… ……..

(*Name of researcher*) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

Full Name of Researcher

…… Date**……..** Signature**……**

Full Name of Witness (If applicable)

…… Date **……** Signature**……..**

Full Name of Legal Guardian (If applicable)

…… Date**……** Signature**……..**

Please note the following:

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Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*

http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at:

http://www.nhrec.org.za/?page_id=14

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APPENDIX E: EDITOR'S LETTER

envirostat consulting (pty) ltd
WRITING PRACTITIONERS

EDITING CERTIFICATE

14/11/2025

To whom it may concern

This serves to notify you that I have proofread and edited the dissertation titled:

"RELUCTANCE OF MEN TO REPORT GENDER-BASED VIOLENCE PERPETRATED BY THEIR PARTNERS"

by Tshifhiwa Muleka for the degree of Master of Social Work at the University of Venda.

Please contact me if you have any questions.

Kind regards

James Chapangara Mugabe

WRITING PRACTITIONER

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jcmugabe@outlook.com
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