**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

**FACULTY OF SCIENCE**

**DEPARTMENT OF SUSTAINABLE DEVELOPMENT**

**BACHELOR OF SCIENCE HONORS DEGREE IN DEVELOPMENT STUDIES**

# *EXPLORING THE CAUSES, CONSEQUENCES AND SOLUTIONS TO MALE - GENDER BASED VIOLENCE IN BINDURA WARD 6*

**BY: MICHELLE NYASHADZASHE MUGABE**

**( B222611B)**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES.**

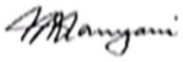
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**MAY 2026**

## APPROVAL FORM

## DEPARTMENT OF SUSTAINABLE DEVELOPMENT

The undersigned certify that they have read and recommended to Bindura University of Science Education for acceptance of this dissertation entitled ‘Exploring the causes,consequences and solutionsto male gender based violence in Bindura ward 6 “ submitted to the Department of Sustainable Development in partial fulfilment of Bachelor of Science Honours Degree in Development Studies.



Supervisor’s Signature…….Date:…28 june 2026……



Chairperson’s Signature… ……..Date:……30 june 2026…….

**DECLARATION OF DISSERTATION SUBMISSION**

I Michelle N Mugabe (B222611B) solemnly declare that this research project titled “exploring the causes , consequences and solutions to male gender- based violence in Bindura ward 6” is the outcome of my independent research and original work, and has not been submitted elsewhere for academic evaluation. I have properly cited and referenced all external sources of information, acknowledging the contributions of others to my research.

Student

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Supervisor :Doc Manyani



Supervisor’s Signature _

Date : 31 May 2026

**ABSTRACT**

*Male gender-based violence (MGBV) remains one of the most underexplored and socially silenced phenomena within the broader discourse on gender-based violence. This study examined the causes, consequences, and solutions of MGBV in Bindura Ward 6, Mashonaland Central Province, Zimbabwe. Guided by Social Learning Theory and Feminist Intersectional Theory, the study employed a qualitative research design involving in-depth interviews with five male survivors, key informant interviews with a police officer, a social worker, and a community leader, and focus group discussions with seven community members. Findings revealed that MGBV in Bindura Ward 6 is driven by deeply entrenched socio-cultural norms that equate masculinity with emotional invulnerability, compounded by economic stress and institutional failures that leave male survivors without formal recourse. Consequences included severe psychological harm, social isolation, and untreated physical injuries. The study further found that effective solutions require simultaneous action at the cultural, community, and policy levels. A proposed integrated response model is presented. The study contributes locally grounded qualitative evidence to a gap-ridden field and makes recommendations for policymakers, practitioners, and community stakeholders.*

**ACKNOWLEDGEMENTS**

Firstly, I would like to express my gratitude to my supervisor, Dr. A Manyani, whose guidance, wisdom, and encouragement have been instrumental in the completion of this dissertation. Your patience, expertise, and passion for research have been a source of inspiration throughout this journey.

I would also like to thank my parents once again, for their unwavering support and belief in me. Your love and encouragement have been the bedrock upon which I have built my academic aspirations.

I am grateful to the Bindura Municipality ,Community,staff and other development stakeholders, (NGOs) for their cooperation in the research.

I would like to extend my heartfelt thanks to my friends and colleagues Amanda Karitsiro, Fiona Njiva, Bruce Musandipa, Brutus Sibanda, Glenda Manyika, and Samuel Mapanga at Bindura University, whose support and encouragement have been essential to my growth and learning throughout this journey. Your insights, advice, and shared experiences have helped me navigate the challenges of this endeavor and persevere when the going got tough. I am deeply grateful for your friendship and the lasting bonds we have formed.

## DEDICATION

With heartfelt gratitude, I dedicate this dissertation to my parents Mr and Mrs Mugabe, whose devotion, love, and encouragement have fueled my academic journey. Your unshakable belief in me has been a constant source of motivation and strength, guiding me through the ups and downs of this arduous process. This dissertation is a testament to your unwavering support and a reflection of your enduring legacy. Thank you for instilling in me the passion for knowledge, the courage to face challenges, and the resilience to persevere. This is for you.

## LIST OF ABBREVIATION AND ACRONYMS

| | |
|---|---|
| **AIDS** | **Acquired Immunodeficiency Syndrome** |
| **CSO** | **Civil Society Organization** |
| **DV** | **Domestic violence** |
| **GBV** | **Gender- based violence** |
| **HIV** | **Human Immunodeficiency Virus** |
| **IPV** | **Intimate Partner Violence** |
| **MGBV** | **Male Gender -Based Violence** |
| **MoHCC** | **Ministry of Health and Child Care** |
| **PTSD** | **Post-Traumatic Stress Disorder** |
| **UN** | **United Nations** |
| **UNDP** | **United Nations Children's Programme** |
| **UNICEF** | **United Nations Children's Fund** |
| **WHO** | **World Health Organization** |
| **ZRP** | **Zimbabwe Republic Police** |

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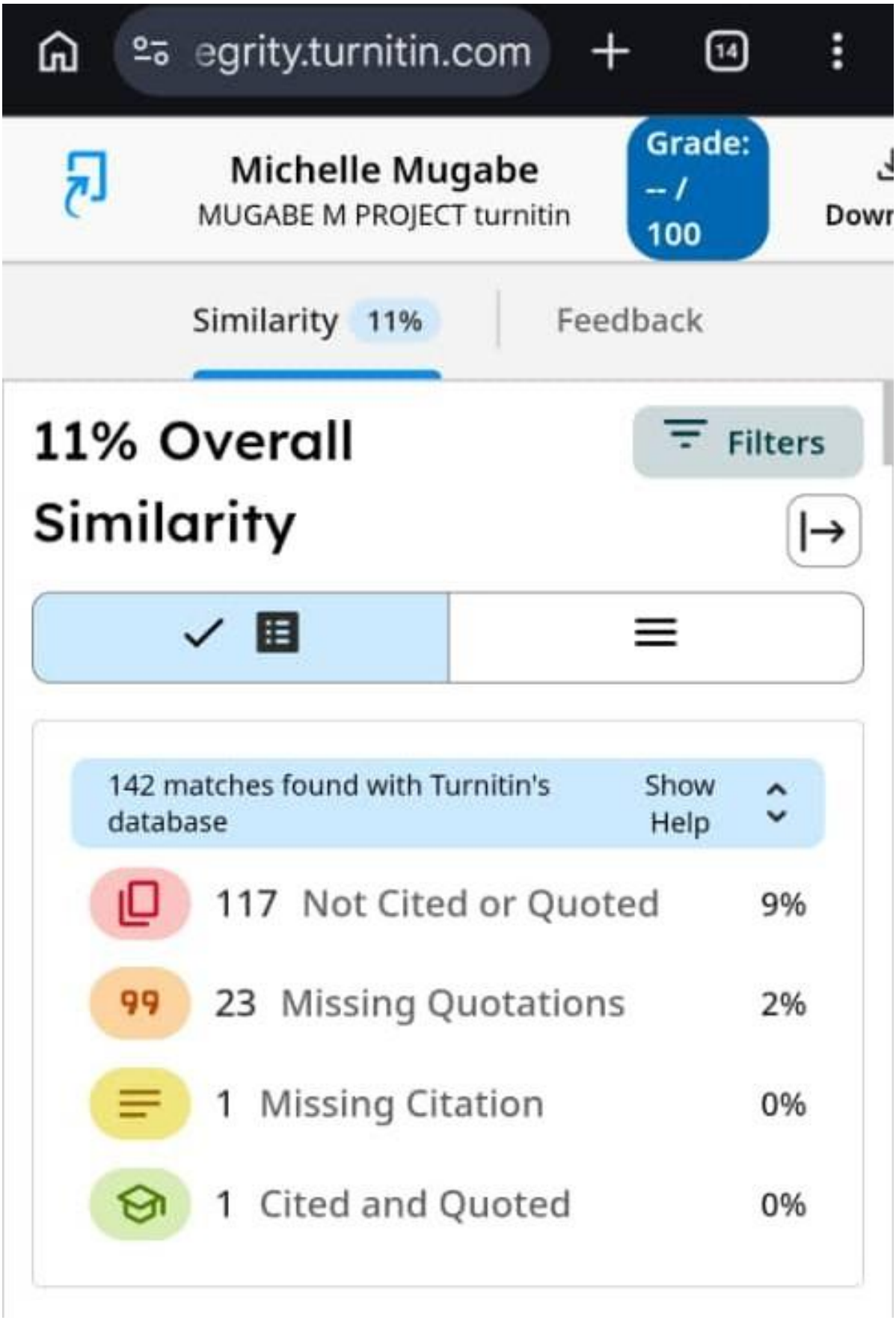
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# CHAPTER 1

# INTRODUCTION AND BACKGROUND

## 1.1 Introduction

Gender- Based Violence continues to affect several communities and Bindura ward 6 is no exception to this form of violence which occurs across various cultural ,social and economic lines .Male Gender-Based violence can take several forms ,the most commonly reported are physical violence ,emotional violence and sexual violence .This report seeks to explain the causes ,results and recommendations as regards Male Gender-Based violence and to help create a safer and more equal environment .Roots of male GBV lie in the societal norms and social values which encourages toxic masculinity ,power balance and gender inequality .These factors are not only responsible for the increasing numbers of violence being perpetrated but also serve as a barrier towards effective interventions to correct the problem .The impacts of male GBV is pervasive ,from short –term harms to long-term damages .In Ward 6 Bindura ,the cultural and socio-economic context is what male GBV dynamic unique .This project seeks to investigate these local determinants and pinpoint the need for tailor -made approach ,which specifically combats those unique challenges .In documenting links between causes and effects this work aims to contribute to the body of knowledge on male GBV ,as well as provide evidence for the guidance of interventions to prevent such violence .Through a thorough analysis ,it is the expectation that this research will help support decision makers ,community residents and practitioners to better address the stubborn issue.

## 1.2 Background of the Study

Male gender-based violence (MGBV) is a pervasive issue that affects individuals, families, and communities across various cultures and socio-economic backgrounds .Male gender based violence refers to violence directed at individuals based on their gender ,specifically targeting men and boys.(MGBV) includes various forms of abuse such as physical violence ,psychological ,sexual ,economic ,cultural and social violence Despite growing awareness of violence against women and children, MGBV remains a largely underreported and misunderstood phenomenon (Jewkes & Morrell, 2010). By shedding light on this topic, we can

contribute to a more comprehensive understanding of MGBV as well as inform interventions and support services for male survivors of MGBV in Bindura ward 6. MGBV goes against structural and cultural expectations or gender stereotypes of passive femininities in contrast to strong, stoic and supposedly violent masculinities. As a result, men's cases of abuse are supposedly incomprehensible and unbelievable compared to those of women .The World Health Organization (WHO) and other international bodies have recognized GBV as a critical public health and human rights concern .WHO has also reported that violence against men in conflict and post conflict settings ,is often underreported and inadequately addressed .

The Zimbabwean society is predominantly if not entirely patriarchal. It is embedded in both urban and rural communities therefore, families in Bindura urban are largely patriarchal. According to Balogun & John-Akinola, (2015), "Domestic violence (DV) against men is largely viewed as a taboo as men are perceived as strong and powerful enough to defend themselves." The given scenario makes domestic violence against men appear as non-existent among families in Bindura urban community. This therefore explains the scarcity of studies on domestic violence against men in Bindura as no attention among academics is drawn to the subject. The majority of research within both the medical and social sciences literature on the impact of domestic violence has been limited to samples of women (Hogan et al, 2021). Male survivors have not been researched as comprehensively as shelter populations of battered women .Usually people perceive women and children as the only victims of domestic violence and on the other hand, men as the agents of such violence. However, Adjei (2016) DV as, "A form of physical abuse directed by one family member towards another family member thus, anyone can be a victim of domestic violence regardless of gender, age, race or ethnicity." Considering how much extensive research has been undertaken to explore female survivors' experiences of DV, this study sets out to explore the narratives of the hidden male survivor.

Whilst the majority of DV survivors including fatalities are female, and the majority of perpetrators are male, Dillman, (2020) acknowledges that, "Men are also survivors of domestic violence and they also are in need of services and attention." Despite a great deal of academic literature surrounding domestic abuse in general, it is fair to suggest that the majority of research focuses on male perpetrated violence and the female survivor. Thus, there is a problematic construction of domestic violence as a gendered, heterosexual phenomenon caused by the social construction of

masculinities and femininity that is predominantly physical in nature (Chireshe, 2015). This notion marginalizes male survivors of domestic violence as it impedes them from reaching out for help.

Domestic violence is a cause for concern the world over as it has emerged as a serious global public health, human rights and development issue. Following a comparison of academic and media reports on male victimization, Hartman, (2019), asserted that, "there remains a reluctance to acknowledge and comprehend victimization beyond the traditional focus on women and children within both academia and the wider culture, thus, understanding of male survivors remains limited." There are various studies Haj-Yahia, (2023) on the issue among researchers and various organizations. Domestic violence is a symptom of underlying gender inequalities and power imbalances which knows no boarders. It transcends the boundaries of geography, race, culture class and religion, hence affecting every community in every corner of the globe including Zimbabwe in particular (WHO, 2017) The visibility of domestic violence against men has seen an upsurge in the recent past both in Sub Saharan Africa and globally (Lerner, 2023). Various organizations such as UN Women and the International Organizations for Migration (IOM)have emphasized the need for inclusive approaches that consider the experiences of all genders in GBV prevention and response strategies .These response can include inclusive policies ,data collection and community engagement.

Bindura Ward 6, located in the Mashonaland Central Province of Zimbabwe, has experienced significant socio-economic challenges, including poverty, unemployment, and substance abuse. These factors can contribute to increased violence within communities. Traditional gender roles and societal expectations in Zimbabwe often perpetuate patriarchal attitudes, which can exacerbate MGBV. The exploration of male gender based violence in Bindura Ward should consider the global perspectives and findings .Understanding the causes ,consequences and potential solutions requires a comprehensive approach that acknowledges the complexities of gender dynamics and the unique challenges faced by male victims .By integrating insights from international organizations ,this study aims to contribute to a more nuanced understanding of male GBV and inform effective interventions in the local context.

### 1.3 Statement of the Problem

Despite the growing recognition of Domestic Violence as a significant psychological and social issue, the narratives of male survivors of domestic violence remain understated in scholarly

research and public discourse. This knowledge gap hinders our understanding of the experiences, needs, and challenges faced by male survivors, thus impeding the development of comprehensive support systems and policy interventions to address their specific needs. There are significant gaps in policies and service provision that fail to adequately address the narratives of male survivors of domestic violence. According to Ikekwuibe & Okoror, (2021), "Barriers to seeking help for male survivors of domestic violence can include education experience, economic dependence, low self-esteem, reluctance to discuss, and traditional gender roles." Additionally, male survivors of domestic violence are also hindered by substantial loopholes in community and cultural beliefs, perpetuating a culture of silence and hindering their ability to seek help as well as share their experiences (WHO, 2012). Male survivors of female perpetrated domestic violence perceive that their masculinity will be called into question, so being able to share their stories is hindered by community expectations and cultural beliefs, (Heise, 2021). Deeply ingrained societal norms, stereotypes, and cultural beliefs that reinforce the notions of male dominance and invulnerability contribute to the side-lining of male survivors of domestic violence within communities.

MGBV is a serious public health and human rights issue that affects not only the victims but also their families and communities. In Bindura Ward 6, MGBV can lead to physical and emotional harm, social isolation, and economic instability. Despite its prevalence, MGBV remains largely underreported and unaddressed, highlighting the need for research and intervention. Therefore, there is an urgent need to identify and address the gaps in policies and service provision for male survivors of domestic violence, with the aim of promoting equitable access to support, enhancing understanding, and ensuring that policies and services are inclusive and responsive to the experiences of male survivors. Therefore, there is an urgent need to investigate and amplify the narratives of male survivors of domestic violence in order to shed light on their unique experiences, inform effective support strategies, and promote gender-inclusive approaches to combating domestic violence.

### 1.4 Aim of the Research

The aim of this study is to explore the causes, consequences, and solutions to MGBV in Bindura Ward 6, Zimbabwe, with a view to informing policy and practice.

## 1.5 Objectives of the Research

1. To identify the socio-cultural, economic and institutional root causes of Male Gender Based Violence in Bindura Ward 6.

2. To analyze the multifaceted psychological, social and physical consequences of Male Gender Based Violence on victims.

3. To explore community based and institutional solutions to address Male Gender Based Violence in Bindura Ward 6.

## 1.6 Research Questions or Hypothesis

1. What are the underlying socio-cultural ,economic and institutional root causes of MGBV in Bindura Ward 6?7

2. What are the multifaceted psychological ,social and physical consequences of MGBV on victims in Bindura Ward 6?

3. What are the potential community based and institutional solutions that can be implemented to address MGBV in Bindura Ward 6?

## 1.7 Assumptions

1.Socio-economic factors contributes to increased instances of male GBV?

2. Socio-economic factors do not contribute to the instances of male GBV?

## 1.8 Significance or Justification of the study

The research contributes to academic discourse by filling a critical knowledge gap on gender based violence (GBV) against men ,a subject that remains under explored in Zimbabwe and broader African context .While much attention has been devoted to violence against women ,limited research focuses on as victims .This study therefore provides new insights challenge prevailing gender stereotypes and broaden understanding of GBV as a multidimensional social issue affecting all genders .The study is socially significant because it brings visibility to male victims whose

experience are often silenced or dismissed due to cultural norms ,social stigma and patriarchal perceptions of masculinity .By exploring the root causes and lived realities of male victims in Bindura Ward 6 ,the research aim to promote community awareness ,empathy and inclusive support mechanisms for all survivors of violence ,regardless of gender.The findings from this study will be valuable to policymakers ,social workers and local leaders in designing evidence based interventions to prevent and respond to male gender based violence .The insights obtained can inform the development of gender sensitive policies ,community education programs and counselling services that address the unique needs of male survivors .The study's recommendations will serve as a foundation for future research and advocacy initiatives aimed at achieving gender equality and social justice .By shedding light on this often overlooked form of violence ,the research seeks to foster a more balanced and comprehensive approach to combating GBV in Zimbabwe.

### 1.9 Validity or Reliability

For a qualitative study on a sensitive and complex topic like Male Gender Based Violence (MGBV) in a specific location ,ensuring validity and reliability is crucial for the credibility of findings .Validity refers to how well the research measures what is intended to measure and how accurate it reflects the reality of the situation in Bindura ward 6 .Reliability is the consistency and repeatability of the research process inorder to see if the same results can be obtained .Strategies to ensure validity includes triangulation ,using multiple data sources and methods to cross -check information as well as member checking Reliability will be achieved by conducting a systematic ,well-documented ,and transparent research process that another researcher could audit and replicate**.**

### 1.10 Limitations of the study

This study is subject to several limitations and it is crucial to recognize the numerous relevant limitations that this study has and suggest possible solutions .Firstly ,its focus on a single ward of Bindura Ward 6 restricts the generalizability of the findings to other geographic or cultural context .Findings may not reflect MGBV dynamics in other wards and towns .The small ,purposively selected sample of male participants may not capture the full heterogeneity of experiences of male gender based violence within the ward and is susceptible to social desirability and recall bias .Self-report bias is also another limitation as data collected via interviews or

questionnaires depends on participant's honestly ,memory and willingness to disclose sensitive experiences of violence ,which can be under –reported due to stigma and fear.The solution to this limitation is to build trust and safety from the outset and also ensure privacy as well as anonymity for data collection .The study excludes female GBV which is far more documented and may intersect with male experiences thus missing a holistic gendered analysis of violence in the ward therefore ,female voices should be incorporated in a limited and targeted way by identifying 5-8 women who have relevant insights into male GBV for example female community workers ,social workers and NGO stuff who counsel male GBV victims It is very imperative to acknowledge these limitations in order to thoroughly fight against male gender based violence .

### 1.11 Definition of key Terms

Gender based violence is a pervasive and systemic global pandemic rooted in the structural inequality between genders .It is the intentional and instrumental use of power ,coercion and violence directed against an individual or group based on their gender ,perceived gender ,gender identity ,or sexual orientation (World Health Organization, 2022 ). Gender Based Violence includes physical ,sexual ,psychological and emotional violence ,economic and financial violence as well as structural and institutional violence .

**MALE GENDER BASED VIOLENCE** refers to violence that is directed at men and boys specifically because of their gender ,or that disproportionately affects them due to societal expectations of masculinity Buqa ,W.(2022).

**VICTIMIZATION** is a process or experience of being made a victim .It occurs when a person or group is subjected to harmful ,destructive or injurious act by another person ,group or system.

**DOMESTIC VIOLENCE** is a pattern of oppressive tactics including intimidation ,isolation ,control and micro regulation of everyday life that strips a person of their autonomy and freedom (Stark ,E.2024)

**MASCULINITY** is defined as social, cultural and psychological characteristics associated with being a man .It is a complex and multifaceted concept that encompasses various traits, behaviours and roles that society expects from me.

## 1.12 Organization of the study

### Chapter 1: introduction

This chapter will focus on the background to the study, purpose of the study, problem statement, research objectives, research questions, significant of the study, definition of key terms and chapter summary.

**Chapter 2:** Will highlight theoretical framework and literature review.

**Chapter 3:** The chapter will concentrate on the research design and methodology that is mixed method approach, quantitative that involves questionnaire and also qualitative methods. Ethical considerations will also be used to conduct the research.

### Chapter 4: Data presentation, analysis and discussion of findings

Research findings will be the main emphasizing of this chapter. Data from interviews and questionnaire will be used.

**Chapter 5:** Summary, conclusion, recommendations and area of further research will be the main emphasis.

## 1.12 Chapter Summary

This chapter introduced the research question ,Exploring the causes ,consenquences and solutions to male gender based violence in Bindura Ward 6.The study was framed by a significant gap in understanding the experiences of male victims of GBV within this specific Zimbabwean community .The problem statement established that cultural stigma and patriarchal norms surrounding masculinity lead to the under-reporting sand neglect of male –directed GBV .The primary objectives are to identify the root causes, analyse the consequences for victims and propose community based solutions .The significance of the research lies in its potential to inform inclusive local policies and challenge prevailing gender narratives ,thereby providing a foundational context for the subsequent investigation.

# CHAPTER 2: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

## 2.1 Introduction

While GBV is a cultural, socio-economic and political phenomenon that spans the globe, one of the least explored aspects of GBV scholarship is male gender-based violence (MGBV). Men in Zimbabwe who are victims of violence are culturally silenced because Zimbabwean culture and norms have a narrow definition of masculinity, and violence is an unacceptable experience for a man. This chapter provides the theoretical and empirical underpinning for the study by introducing the theoretical underpinning, which will be used for analysis throughout the dissertation. It then summarises literature around the three research goals, starting from global evidence and then African scholarship and finally the Zimbabwean and Ward 6 specific context. This study tackles some of the important research gaps identified in the chapter and it ends with a summary explaining how the literature will support the research design and anticipated contributions of the study.

## 2.2 Theoretical Framework

Two theoretical frameworks are used in this study, which are Social Learning Theory (SLT) and Feminist Intersectional Theory to support the study in explaining the causes, consequences, and solutions of male gender-based violence (MGBV) in Bindura Ward 6. According to the Social Learning Theory, Bandura (1977), human behavior is not instinctive but is learned from observing other people, imitating, and reinforcing in social contexts like family, peer group, school, and media. SLT is based on the premise that children and youth model behaviors they see in others and that are rewarded or accepted by their peer group. This would apply to MGBV, where boys who grow up in homes or communities that 'normalize' or even 'glorify' violence are more likely to be violent themselves and more likely to accept violence as an acceptable way of doing business when they are adults. Bandura's (1977) study also showed that self-efficacy and social reinforcement play an important role in the maintenance of behaviours, and this is because in some communities, such as Bindura Ward 6, it is culturally accepted that people should not seek help when they are in distress and the resisters are rewarded for their stoicism, thus explaining the inter-generational transmission of cycles of violence. Following this, Onaolapo and Makhasane (2025)

show how such learned responses are more likely to be enacted by young men in the context of unemployment and poverty as they are deprived of alternative avenues of masculine identity. The research also further validated intimate partner violence patterns of victimization according to SLT pathways through a structural equation model by Powers et al. (2017), who found gender norms and previous exposure to IPV as important predictors. SLT is also relevant to this study, because the lack of reporting and the avoidance of assistance-seeking and stoicism amongst male victims is a learned behaviour socially reinforced as well as the reason for the violence in Bindura Ward 6 and why it is difficult to refrain. The second theoretical perspective is a feminist intersectional theory, which was framed by Crenshaw (1989), and which argues that experiences of harm can only be understood when examined through a combination of multiple identities, including class, race, economic status, and community. This is applicable to marginalized, low-income male survivors in GBV, as Warrier (2021) showed that multiple marginalization produces multiple barriers to accessing GBV services, which must be borne in mind when considering low-income male survivors in Bindura Ward 6 who experience both the stigma of being a male survivor and the disadvantage of being poor. The theory is relevant because it suggests that there is more than one way of being a man who is a victim of GBV and that the circumstances in which men in poorer and more conservative communities experience GBV could result in a greater impact and fewer avenues for support. Hill Collins and Bilge (2020) extended intersectionality from personal identity to systemic and institutional practices, highlighting how institutions like police, courts, and health systems perpetuate marginalisation for people in multiple marginalised identities, this study explores directly through the institutional responses to MGBV. Cho, Crenshaw and McCall (2013) pointed out that intersectionality is analytically generative and can inform the research of asking a better question to better understand why some groups are missing from the current policy landscape, particularly, male victims of GBV in Ward 6 this study aims to ask. Together, SLT and Feminist Intersectional Theory are complementary and not redundant: SLT is about how violent behaviors and coping responses are socially learned and transmitted, and Feminist Intersectional Theory is about why the consequences of such behaviors fall disproportionately on men whose intersecting social position means that they have no structural support, making them the most analytically appropriate combination for a work that takes us from root causes through consequences to solutions.

## 2.3 Socio-Cultural, Economic and Institutional Root Causes of Male Gender-Based Violence

The socio-cultural, economic and institutional causes of MGBV in Bindura Ward 6 will be identified to achieve the first research goal of this study. There are three main aspects that support this goal: First, cultural narratives produced around masculinity that normalize and mask male victimization, second, economic disadvantage, including poverty and unemployment, which helps to create space for violence, and third, the lack of attention to or response to male survivors by institutions. The following pages identify these elements by using a funnel of evidence from a global perspective, from an African perspective and from a Zimbabwean perspective.

### 2.3.1 Global Perspectives on Root Causes

Globally, scholarship continues to point to rigid masculinity norms as the main cultural roots of perpetration of GBV and of male victimisation. To identify a dominant cultural model of manhood that values toughness, emotional invulnerability, and dominance, and which makes it incompatible to be a victim, Connell (2005) coined the term hegemonic masculinity. This cultural script is neither random, nor innate; it is transmitted across generations via socialization processes, in families, among peers, in school and in media. In a study that examined a large number of studies across countries, Jewkes, Flood and Lang (2015) found that communities with high levels of hegemonic masculinity norms had the highest rates of GBV perpetration and male underreporting of GBV. Kimmel (2008) also made the point that the culture of masculinity teaches men to be strong and to not be vulnerable, shaping the way that male victimhood is not socially recognized or named. At the global level, economic factors exacerbate these cultural factors. The study by Flood (2011) revealed that unemployment and financial insecurity can make them more vulnerable to violence in the house, because when a man's primary role is lost (as provider), his masculinity becomes unstable. In a systematic cross-national analysis of economic stress as a predictor of intimate partner violence, Stith, Smith, Penn, Ward and Tritt (2004) found that the link between poverty and violence was mediated by the influence of masculine norms associated with the importance of men's financial provision. Institutionally, Hearn (2022) explained the structural blind spot for male survivors of GBV in the design of legal systems and social services in many countries. In countries with formal GBV policies, implementation is invariably skewed towards

female victimization, and male survivors are effectively invisible in the protective fabric of the State (Barker, 2005).

### 2.3.2 African Context on Root Causes

The African context is especially marked by the strength of the patriarchal cultural system, and its interplay with economic precarity, producing a unique context for MGBV. Adjei (2016) focused on gender norms and domestic violence in multiple communities in West Africa, and concluded that the norms of masculinity that emphasize emotional and bodily invulnerability are the greatest obstacles to male victimization being acknowledged. Thus, in Nigeria, domestic violence against men is considered to be an oxymoron – an impossible situation, which cannot be culturally possible in the existing social logics – and as such, male victims are not only ignored but also disbelieved (Balogun and John-Akinola, 2015). Chireshe (2015) took the analysis further, considering the role of institutional enablers of male GBV in Southern Africa by arguing that patriarchy in family law and community governance mechanisms across the region are preventing men from having the legal space for naming victimisation. In African contexts, cultural norms of male authority and economic dependency expose men to violence and prevent them from seeking help, revealing the interdependent and reinforcing nature of economic and cultural factors of MGBV in the case of Ghana (Mann and Takyi 2009). Haj-Yahia (2023) investigated the role of community leaders and traditional leaders as institutional barriers to male victimhood in Arab-African settings by reinforcing beliefs that allow for minimalisation or denial of male victimhood beyond the formal legal framework. Lerner (2023) contended that a patriarchal social organization is not only a collection of attitudes, but a social structure that gives men access to social resources and social protection based on their masculinity performance, including when they enter into the category of ‘victim’.

### 2.3.3 Zimbabwean and Local Evidence on Root Causes

The contradictory relationship of patriarchy, economic problems and institutional inadequacies in Zimbabwe is such that it tends to be a setting where GBV is more likely to happen and less likely to be confronted. In a qualitative study of domestic violence attitudes in Zimbabwean

communities, Mwanga (2017) identified that traditional gender roles which embody a man's role as provider and authority figure strongly influenced attitudes towards gender-based violence, such that it induced feelings of shame and led to rejection of those who deviated from these roles, including when the man is being abused. Clinicians have been aware of cultural norms that can act as a systematic obstacle to help-seeking in Zimbabwean households (Kulu 2018), with those that come to learn of male victimisation usually reacting with ridicule or scepticism, or ignoring it entirely. Given the country's longstanding economic crisis, characterized by high unemployment, currency instability and the contraction of social services, in communities such as Bindura Ward 6 financial stress becomes a near universal feature of household life, exacerbating the tension that is identified in global literature as a type of tension that can lead to violence. UNICEF (2017) reported that men, especially in Zimbabwe's high-density urban areas, are highly vulnerable as their role as breadwinners has been undermined by the breakdown of formal employment, creating a deep sense of identity crisis among many men and placing them at greater risk of domestic conflicts and violence. From an institutional perspective, Zimbabwe's response to GBV is almost exclusively based on a feminised perspective, although it has received improvements since the early 2000s. No substantive reference is made to male survivors in the Zimbabwe Republic Police's Victim Friendly Unit or the Ministry of Public Service's GBV guidelines, meaning that if men in Ward 6 come to formal services they find it not geared to support them.

### 2.4 Psychological, Social and Physical Consequences of Male Gender-Based Violence

The second goal of the study is to examine the complex psychological, social and physical impact of MGBV on victims. This objective is organized around three major themes: the psychological harm inflicted by violence and the denial of victimhood; the social effects such as isolation, loss of relationship, loss of community status; and the physical injuries that are not being treated due to stigma. These are explored from a global, African and Zimbabwean perspective.

#### 2.4.1 Global Perspectives on Consequences

Male survivors of GBV experience the same heavy and pervasive impacts as women, but there is still significantly less research on the impacts of GBV on male victims.The impacts of GBV on

male survivors are similarly severe and widespread, although research on such impacts is much less dense than related research on female victimisation. Levant and Wimer (2013) have found that men who are victims of intimate partner violence and other types of GBV have higher symptoms of depression, anxiety, and post-traumatic stress disorder, and that the lack of social support and the cultural taboo about disclosure is significant in exacerbating the severity of symptoms. One mechanism of masculine scripts that aggravate psychological damage is the tendency of men who internalize the masculine script to not recognize, interpret, or seek treatment for their symptoms, avoid professional help, and refuse to acknowledge to themselves that what they have experienced is harmful, which results in increasing untreated psychological harm (Mahalik, Good, & Englar-Carlson, 2003). Jewkes (2002) remarked that IPV can have psychological effects on male victims, not only clinical effects but also a gradual loss of self-worth and agencythe violence coupled with social disbelief equates to a sense of powerlessness. Qualitative studies by Barker (2005) in various countries showed that the social isolation and withdrawal of GBV survivors are constant features, and this is attributed to their feelings of shame and to the fact that disclosure will be met with a reaction of mockery or scepticism from their community and not support. Stith et al. (2004) identified social isolation as a by-product of violence and a risk factor for sustaining it; men who isolate themselves from others lose their informal support networks, which could help break the cycle of violence. Documented by WHO (2012) the worldwide picture was one in which the GBV male survivors systematically under-reported and misreported injuries at health facilities, in most cases owing to the fear of social exposure, which led to the non-treatment or undertreatment of injuries, with long-term health consequences.

### 2.4.2 African Context on Consequences

The effects of MGBV are compounded in African contexts by the power of patriarchy and the lack of support systems. Heise (2021) presents evidence from sub-Saharan Africa and concludes that there is an additional stigma for male survivors in the region; not only is their victimhood not recognized, in communities where the norms of masculinity are very strict disclosure can lead to active community condemnation, such as ridicule, exclusion, and removal from leadership positions. In Nigeria, Ikekwuibe and Okoror (2021) investigated some obstacles to help-seeking

among male survivors, which revealed that economic dependence, low self-esteem attributable to continued victimization and traditional gender role orientation are all factors that hinder male survivors from seeking help, even from the limited services available for them. For Hearn (2022), in many African institutional settings, the impact of MGBV is exacerbated by the lack of formal recognition of male victimhood in legal and health frameworks, and consequently, men face both primary and secondary victimisation – the primary one being the violence itself and the secondary one being when institutions tell them that their experience is not recognised. Pre-existing cultural stigma and intersecting disadvantages of displacement, loss of livelihood and institutional collapse have been particularly documented for male survivors in conflict-affected and post conflict situations in Africa by Handicap International (2020) to be conditions of extreme vulnerability, without any institutional support. Hill Collins and Bilge (2020) place these results in an intersectional lens, noting that in an African context, the impact of GBV on men is not consistent, but is more or less severe depending on economic status, ethnic identity, and living in urban or rural areas, where the most economically marginalized men suffer the greatest harm.

### 2.4.3 Zimbabwean and Local Evidence on Consequences

Patterns identified at the global and African level are borne out in evidence from Zimbabwe and local dynamics are identified. Findings from Mwanga (2017) indicated that in communities in Zimbabwe, male survivors of sexual violence had to deal with high levels of social stigma even if they told people about the violence or if it was disclosed without their consent, because of their perception of weakness, ridicule among peers, and loss of job. In high-density urban areas in Zimbabwe, the psychological impact of MGBV is intensified by other economic stressors that the men may be undergoing and that have no buffer to the cumulative effect of MGBV unless the men have access to other formal or informal support systems (UNICEF, 2017). The research by Chireshe (2015) revealed that a common risk associated with male victimisation in Southern Africa's urban communities is avoidance of health services by male survivors, and a consequence of this is that the health system is not able to gather accurate data on the prevalence of male victimisation, as male victims treat themselves at home which is why physical recovery tends to be delayed or inadequate. The situation of the Bindura Ward 6 context is more specific because socio-economic issues such as high unemployment, lack of social services and limited resources

for recovery mean that male survivors in this area are more likely to face the consequences of MGBV in a less resourced environment compared to more affluent or resourced communities.

### 2.5 Community-Based and Institutional Solutions to Male Gender-Based Violence

The third research objective is to explore community-based and institutional solutions to address MGBV in Bindura Ward 6. The main elements of this objective are: Education and awareness tools that are effective for a change in cultural attitudes; Support services required and how they should be structured for male survivors; and Policy and legal reforms at institutional level. The following summarizes evidence from global, African and Zimbabwean contexts.

#### 2.5.1 Global Perspectives on Solutions

GBV prevention research has shifted over time from a focus on a single level of intervention to coordinated, multilevel prevention responses that tackle both root causes and responses. Based on a thorough review of the evidence, Jewkes et al. (2015) identified a number of effective programs that integrated gender norms transformation with structural interventions in the policy and economic levels, noting that any program that focused on only one level was likely to not create sustainable change. Flood (2011) showed that explicit school-based work that challenges hegemonic masculinity and encourages young men to recognize and reject the problem of violence can lead to measurable attitudinal change – but noted that there must also be a parallel process of change at the community and family levels. A recent study in secondary schools in Nigeria, by Onaolapo and Makhasane (2025), demonstrated that the gender-based violence prevention programs based on Social Learning Theory, which emphasizes the importance of healthy masculinity norms and the positivity of help-seeking behaviors, significantly impacted changed students' attitudes towards GBV. Hearn (2022) emphasized that institutional reform is crucial – without institutional reform, attitudinal change alone does not help survivors adequately access help, as they are no better off than before the shift in attitudes. WHO (2025) suggested gender inclusive and explicit use of language and data collection in national GBV frameworks and mandatory training for police, health and social services to respond sensitively to male victimisation. Peersupport networks were identified as being very useful in the community level

for male survivors by Barker (2005), as informal, non-judgemental space created by men who have experienced GBV can provide social connection and practical support that may be lacking from formal institutions.

### 2.5.2 African Context on Solutions

The literature in Africa highlights the need for the efforts to prevent GBV to be directed through trusted community channels such as traditional leaders, religious institutions and community organizations to create cultural norm shifts needed for the prevention of GBV. UN Women (2019) found that traditional or religious leaders serving as champions of change rather than NGOs or government structures in a few Sub-Saharan African countries experienced more attitude change than when the programs were run via NGOs or government offices alone; community endorsement of new norms meant community members were more likely to adopt them. In Arab-African contexts, Haj-Yahia (2023) identified the role of community elders and traditional authority figures as very key to legitimacy, whereby men were less likely to be considered victims of GBV when this was supported by elders or traditional authority figures than when it was the result of external bodies. Balogun and John-Akinola (2015) suggested that responding to GBV in African contexts could not only target individual attitudes, but the community governance structures that reinforce exclusionary gender norms; they recommended that GBV response programs involve the ward and/or village-level governance bodies as a way of integrating inclusive norms into the local decision making processes. In resource-limited communities in Africa, peer support networks and community self-help groups were found to be cost-effective alternatives to formal services, with community-based support being able to reach men who would not approach formal services due to stigma and/or cost (Mann and Takyi, 2009). In African contexts where patriarchal structures are integral to customary law, policy reform should take into account two areas: formal statutes and customary law, which also bind the lives of many communities in Africa. (Lerner, 2023)

### 2.5.3 Zimbabwean and Local Evidence on Solutions

There is limited evidence, however, growing in Zimbabwe that shows the solutions for male-inclusive GBV. Mwanga (2017) asserted that the invisibility of male victims in GBV program

messaging directly reproduces the invisibility of male victims in program service utilisation, and recommended that male victimhood be explicitly referenced in programme messaging in Zimbabwe. UNICEF (2017) also requested Zimbabwe's Ministry of Public Service to establish GBV service standards to include men, because the existing policy framework does not specify how the services are to be received and responded to by male survivors. Chireshe (2015) recommended that the police training of police officers in Zimbabwe should be restructured to incorporate specific units on male victimisation and provide documentation of the increased likelihood of male survivors' disclosures being handled sensitively and appropriately by officers who had received this training. The community's orientation to local authority and the general mistrust of formal institutions found in the background literature suggests that solutions developed at the community level that involve the local community's own leadership structures, such as ward councillors, community development committees and religious leaders, will be most effective in Bindura Ward 6. The limited economic resources available in the ward also indicate that the solutions should focus on accessing community services and resources that are available without cost, such as peer support, awareness creation, and referral networks, rather than services that are formal and costly, which the local government may not be able to sustain.

### 2.6 Research Gaps

The review of literature that follows indicates that there are several key knowledge gaps that will be bridged with this study. First, there is a conceptual gap, that is, the existing GBV scholarship has provided little conceptual understanding of GBV victimhood as an experience and social phenomenon, most of the theory and research focus on GBV perpetration rather than on GBV victimisation. Second, there is a methodological gap: while some studies on MGBV use qualitative approaches that reflect the lived experience, emotional texture, and social meaning of male victimisation, most of the existing quantitative studies only measure prevalence of male victimisation without accounting for the mechanisms by which cultural norms, economic conditions, and institutional arrangements produce and sustain male victimisation. Third, there is a gap between the context and the research: little research is available on MGBV in Zimbabwean urban communities, and there is no empirical work available in the context of a ward, such as Bindura Ward 6, where the combination of economic precarity, cultural conservatism and

underdeveloped institutions provides a unique and under-researched environment for violence. Fourth, the gap involves a period of time: Little is known about how MGBV patterns, attitudes and institutional responses change over time, so it remains unclear whether current interventions are leading to lasting changes or whether cultural norms are shifting as a result of broader social and economic changes. This study directly tackles the conceptual, methodological and contextual gaps by bringing the qualitative methodology to uncover the causes, consequences and solutions of MGBV in the specific socio-cultural and institutional context of Bindura Ward 6, thereby providing evidence that is both experiential and locally-grounded that is not provided in the existing literature.

## 2.7 Chapter Summary

This chapter provided the theoretical and empirical basis for the study, using Social Learning Theory and Feminist Intersectional Theory as complementary analytical lenses, as well as conducting a review of literature from across the globe, Africa and Zimbabwe based on the three research objectives. The literature consistently shows that MGBV is the result of a complex intersection of culture, economy and institutions; that the impacts of MGBV are psychological, social and physical, and compound and interdependent in the absence of support; and that solutions will be complex, require multi-level coordinated interventions, and involve simultaneously addressing cultural change, community support and policy reform.The review also identified significant gaps, particularly the absence of qualitative, ward-level research on MGBV in Zimbabwe, which this study addresses. Chapter 3 now outlines the research methodology adopted to generate the empirical evidence needed to fill these gaps in the specific context of Bindura Ward 6.

# CHAPTER 3: RESEARCH METHODOLOGY

## 3.0 Introduction

The methodological framework used in the study Exploring Causes, Consequences, and Solutions to Male GenderBased Violence in Bindura Ward 6 is outlined in this chapter. As genderbased violence is complex, a qualitative methodology approach was used to capture the depth of individual experiences as well as the breadth of patterns at the community level. The qualitative component involves interviews and focus group discussion which gives rich information, of the psychological, social and physical impacts of male gender based violence. The research design, population, sampling, data collection instruments, data collection procedures and ethical considerations, and the techniques for data analysis are described in this chapter. The methodological choices together give a strong framework to study the multiple nature of the male GBV in Bindura Ward 6.

## 3.1 Study area/Setting

The study was conducted in Bindura District , particularly Ward 6 which is located within Mashonaland Central Province, specifically falling under the jurisdiction of the **Bindura Municipality** (urban local authority).The residential areas which fall under this ward includes Chipadze ,Chiwaridza extention as well as Garikai .The researcher was able to consult some of the key informants/ experts such as the community leader,police officer social workers among others.

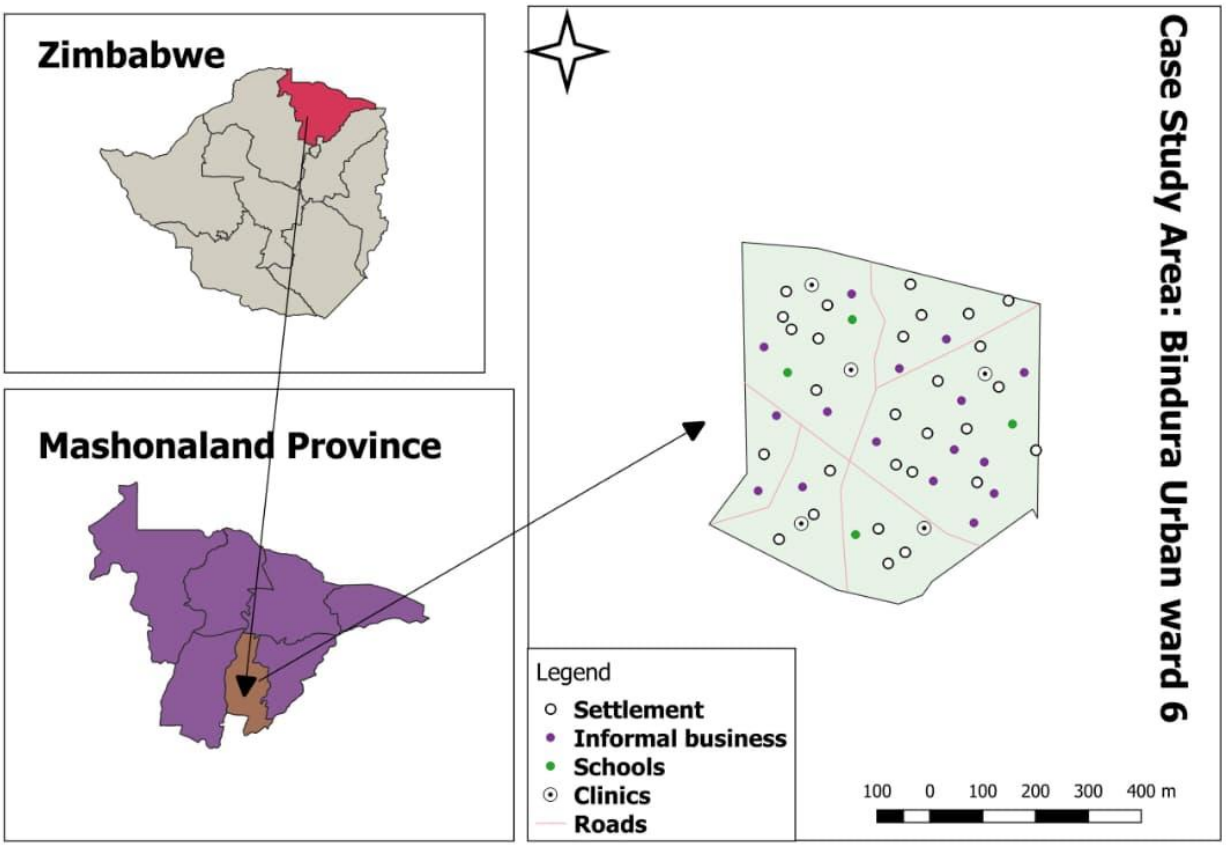



**Fig 3.1: Map showing study area ward 6 Bindura Urban**

### 3.2 Research Design /Method

According to Rahma (2023), a research design is a blueprint of a research study which spells out the procedures for collecting and analyzing data. This study used a qualitative methodology research design as it is a comprehensive study for understanding the causes, consequences and solutions to the male gender based violence in Bindura Ward 6. Qualitative methodology research involves gathering and analysing data from qualitative sources to gain a comprehensive understanding of the subject (Creswell & Plano Clark, 2018). This approach enables a comprehensive exploration of the of the complex issue of male gender based violence (GBV) by proving rich ,contextual narratives .This design was selected because GBV is a multi-dimensional issue which cannot be captured solely through numbers, and incorporating qualitative findings will ensure the voices and reality of the participants are included. The triangulation of findings from

qualitative methods adds to the validity and reliability of the study and provides a more in-depth analysis, which connects trends with personal and social circumstances.

### Qualitative Methods

This study was qualitative in nature to reflect the lived experiences, perceptions and meanings surrounding male gender-based violence in Bindura Ward 6. Whereas quantitative approaches emphasise prevalence with numbers, qualitative approaches are of depth and context, giving the researcher insight into the psychological, social and physical consequences of violence from the perspective of those directly involved. Survivors, community leaders, and service providers were interviewed using a semi-structured approach to identify the factors that drive violence, such as the effects of learned behaviors, socioeconomic pressures and norms, and community factors. Focus group discussions were also used to foster a conversation amongst the community members, thereby identifying common attitudes and possible community-led solutions. This proved to be especially relevant, particularly to the study, given that there is a complex interplay of culturally entrenched and socially deeply embedded norms and practices of male gender based violence that cannot be captured through surveys alone. Using qualitative approaches, the research was able to reveal what lies beyond the surface of violence, and what factors play a role in the narratives and responses of communities to violence. The findings corroborate the quantitative data, giving a comprehensive view of male gender based violence in Bindura Ward 6.

## 3.2 Data Collection Methods

This study used three qualitative data collection methods: semi-structured in-depth interviews, focus group discussions, and document analysis. These methods were deliberately selected to complement each other, with interviews providing individual depth, focus groups generating community perspectives, and document analysis offering institutional and policy context. Together, the three methods enabled triangulation of data, which strengthened the credibility and richness of the findings.

### 3.2.1 Semi structural In-Depth Interviews

Semi-structured in-depth interviews were used as the primary qualitative data collection technique to gather detailed information on the causes, consequences, and possible solutions to male gender-

based violence in Bindura Ward 6. This method was used with two distinct groups: male survivors of GBV who shared personal lived experiences, and key informants including a police officer, a social worker, and a community leader who provided professional and institutional perspectives. Merging these two groups into a single interview method is justified because both involve one-on-one, semi-structured conversations aimed at eliciting in-depth, individual accounts, with the only distinction being the nature of the participant's relationship to the phenomenon.

According to Whittaker (2012), semi-structured interviews are valuable in providing a wide range of information while allowing participants the opportunity to share their experiences meaningfully. This technique was appropriate because it allowed participants to share personal experiences, emotions, and opinions in a confidential and flexible environment, while also enabling the researcher to probe further through follow-up questions for clarification and deeper understanding. The approach helped to build trust and rapport, encouraging open and honest responses, and enabled the researcher to explore underlying social norms, cultural beliefs, and institutional dynamics associated with MGBV. The detailed narratives obtained from both survivors and key informants contributed to a richer and more contextually grounded understanding of the phenomenon in Ward 6.

### 3.2.2 Focus groups discussion

Focus Group Discussions (FGDs) were used to collect community-level perceptions regarding the causes, consequences, and solutions to male gender-based violence in Bindura Ward 6. This method is often used to explore people's perceptions, experiences, and attitudes on a particular topic (Laurila, 2021). FGDs were conducted separately with men, women, and youth to allow for full expression of ideas without judgment or intimidation. Semi-structured questions guided discussions on cultural norms, community attitudes, and lived experiences of MGBV. The group dynamic fostered open dialogue and consensus-building, which helped to identify common themes and variations across different demographic groups. The FGD data complemented the interview findings by revealing shared community attitudes and collectively held understandings of MGBV that may not emerge in individual interview settings.

### 3.2.3 Document Analysis

Document analysis was used as a supplementary data collection method to provide institutional, policy, and contextual evidence that could not be obtained through interviews or FGDs alone. Document analysis involves the systematic review and interpretation of existing textual sources to extract relevant data pertaining to the research topic (Bowen, 2009). In this study, documents reviewed included Zimbabwe Republic Police (ZRP) annual reports and crime statistics relating to domestic violence and GBV, policy documents from the Ministry of Public Service, Labour and Social Welfare on GBV response frameworks, NGO and civil society reports on GBV prevalence and intervention in Mashonaland Central Province, UNICEF and WHO reports on male GBV in sub-Saharan Africa, and relevant Zimbabwean legislative documents including the Domestic Violence Act.

Document analysis was particularly valuable for this study because it allowed the researcher to assess the extent to which existing institutional frameworks recognize and respond to male GBV victims, compare policy provisions with the realities reported by participants, and situate the Ward 6 findings within the broader national and regional GBV response landscape. The method also helped to identify inconsistencies between official policy positions and actual service delivery experiences reported by participants, particularly in relation to police response and social service provision. Documents were assessed for credibility, authenticity, and relevance, and findings from the document review were triangulated with interview and FGD data to strengthen the overall analytical depth of the study.

## 3.3 Sampling Methods

The sampling strategies used in this study were designed to ensure diversity, representativeness, and depth of insight appropriate to a qualitative methodology. The goal was to recruit participants who could provide authentic, information-rich accounts of male gender-based violence in Bindura Ward 6. According to Kothari (2004), sampling involves selecting a subset of individuals from a population to participate in a study.

### 3.3.1 Purposive Sampling

Purposive sampling was used to select participants with direct relevance to the study's research objectives. As De Vaus (2023) explains, purposive sampling focuses on information-rich cases that yield in-depth understanding rather than statistical representativeness. Key informants

including a police officer, a social worker, and a community leader were purposively selected based on their professional roles and direct engagement with GBV cases in Bindura Ward 6. Male survivors were also purposively identified through community gatekeepers who were aware of their experiences.

### 3.3.2 Snowball Sampling

Snowball sampling was used to access hard-to-reach participants, particularly male survivors of GBV who might not be reachable through formal channels due to stigma or fear of disclosure. Initial respondents recommended others in their networks with similar experiences, thereby establishing a referral process. This method was particularly useful for reaching hidden populations, and while it carries the risk of network bias, this was mitigated through purposive sampling and the achievement of data saturation, meaning no new themes emerged with additional participants.

## 3.4 Target Population

The target population for this study comprised residents of Bindura Ward 6 with direct or professional experience of male gender-based violence. Specifically, the population included;Male survivors of GBV aged 18 years and older Men and women from the broader community with knowledge or experience of MGBV

Key stakeholders including community leaders, social workers, and police officers directly involved in GBV response

This population was selected because it is representative of those directly affected by or professionally engaged with the social, cultural, and institutional dynamics of MGBV in Ward 6.

## 3.5 Sample Size

The sample size was determined based on the qualitative nature of the study, which required depth of insight rather than statistical breadth. The final sample comprised five male survivors who participated in individual semi-structured interviews, three key informants (a police officer, a social worker, and a community leader) who participated in individual semi-structured interviews, seven community members who participated in three focus group discussions conducted separately with men, women, and youth groups, and relevant policy and institutional documents reviewed through document analysis. This sample size was considered sufficient to achieve data saturation,

a point at which no new themes emerged from additional data collection, thereby ensuring the credibility and trustworthiness of the findings (Babbie, 2019).

### 3.6 Data Analysis Procedures

Data analysis in this study involved the systematic organization, coding, and interpretation of qualitative data gathered from semi-structured interviews, focus group discussions, and document analysis. According to Sharma (2017), data analysis involves examining data gathered by the researcher from transcripts, notes, and other texts to gain understanding of the topic under study. All interview and FGD recordings were transcribed verbatim, with responses originally in Shona translated into English by the researcher. Transcripts were reviewed for accuracy before analysis began. Document analysis findings were recorded in structured analytical notes organized by document type and thematic relevance.

#### 3.6.1 Thematic Analysis

Thematic analysis was the primary analytical technique used to process data from interviews and focus group discussions. This involved reading and re-reading transcripts to identify recurring patterns, coding data segments into categories, grouping codes into subthemes, and organizing subthemes under three main themes corresponding to the research objectives. The themes that emerged were: the root causes of MGBV, the consequences of MGBV, and community and institutional solutions. Document analysis data was analyzed separately and then integrated with interview and FGD findings during the interpretation phase to provide institutional context and triangulate key findings.

### 3.7 Limitations of the Study

This study was conducted with certain limitations. First, the research was confined to Bindura Ward 6, which limits the generalizability of findings to other wards or regions with different socio-cultural contexts. Second, the sensitive nature of MGBV may have led some respondents to underreport or provide socially desirable responses. Third, resource and time constraints limited the scale of data collection, potentially narrowing the diversity of perspectives captured. Fourth, the cross-sectional design prevented longitudinal analysis of changes in attitudes and behaviours over time. Finally, while triangulation was used to strengthen validity, self-reported data remains inherently subjective and must be interpreted with appropriate caution.

### 3.8 Ethical Considerations

A range of ethical considerations were observed throughout the research process to protect participants and maintain the integrity of the study. Informed consent was obtained from all participants prior to data collection, with participants given detailed explanations of the study's purpose, procedures, and their rights. Participation was entirely voluntary, with participants free to withdraw at any time without consequence. Confidentiality was maintained through anonymisation, with all personal identifiers removed and participants referred to by coded names throughout. Data was stored securely and accessible only to the researcher. Questions were designed to minimize psychological distress, and support referral information was made available to any participant who appeared distressed during or after interviews. The research also sought to give back to the community by ensuring findings could inform local policy and practice.

### 3.9 Chapter Summary

This chapter outlined the research methodology adopted for the study on the causes, consequences, and solutions to male gender-based violence in Bindura Ward 6. A qualitative research design was employed, using three complementary data collection methods: semi-structured in-depth interviews with male survivors and key informants, focus group discussions with community members, and document analysis of relevant institutional and policy documents. Purposive and snowball sampling ensured that participants were information-rich and relevant to the study objectives. Thematic analysis was used to process and interpret the data, with document analysis findings integrated to provide institutional context. Ethical considerations were observed throughout. The following chapter presents and discusses the findings of the study organized thematically around the three research objectives.

# CHAPTER 4: PRESENTATION AND DISCUSSION OF FINDINGS

## 4.1 Introduction

This chapter presents and discusses findings from in-depth interviews, focus group discussions, and semi-structured questionnaires conducted with residents of Bindura Ward 6. The data are organized thematically around the three research objectives: identifying the socio-cultural, economic, and institutional root causes of male gender-based violence (MGBV); analysing its psychological, social, and physical consequences; and exploring community-based and institutional solutions. Throughout the discussion, participant voices are integrated with interpretation drawn from Social Learning Theory (Bandura, 1977) and Feminist Intersectional Theory (Crenshaw, 1989), the two frameworks adopted in Chapter 2, alongside empirical literature reviewed in that chapter. The chapter moves from describing what participants said toward explaining what it means for the social fabric of Bindura Ward 6, before presenting a proposed integrated response model and concluding with a chapter summary.

**Table 4.2 Characteristics of Participants in Bindura ward 6**

| Participant | Role/Category | Age | Gender | Education | Area of Experience |
|---|---|---|---|---|---|
| Participant 1 | Male Survivor | 34 | Male | Secondary | Personal GBV experience |
| Participant 2 | Male Survivor | 28 | Male | Primary | Domestic violence victim |
| Participant 3 | Male Survivor | 41 | Male | Secondary | Community knowledge of MGBV |

| | | | | | |
|---|---|---|---|---|---|
| Participant 4 | Male Survivor | 36 | Male | Secondary | Witness/survivor of IPV |
| Participant 5 | Male Survivor | 45 | Male | Tertiary | Social services experience |
| Participant 6 | FGD Member | 29 | Female | Secondary | Community awareness of MGBV |
| Participant 7 | FGD Member | 33 | Male | Primary | Community member |
| Participant 8 | FGD Member | 38 | Female | Secondary | Youth work/community |
| Participant 9 | FGD Member | 22 | Male | Secondary | Youth at risk |
| Participant 10 | FGD Member | 47 | Female | Tertiary | NGO volunteer |
| Participant 11 | FGD Member | 31 | Male | Secondary | Ward resident |
| Participant 12 | FGD Member | 26 | Female | Secondary | Ward 6 community |
| Key Informant A | Police Officer | 39 | Male | Tertiary | GBV case handling, ZRP |

| | | | | | |
|---|---|---|---|---|---|
| Key Informant B | Social Worker | 44 | Female | Tertiary | Victim support services |
| Key Informant C | Community Leader | 55 | Male | Secondary | Ward 6 governance/culture |

The primary participants comprised twelve individuals, five of whom were male survivors of gender-based violence aged between 28 and 45 years, and seven focus group discussion members drawn from the broader Ward 6 community. The survivors had varied educational backgrounds ranging from primary to tertiary level, and all had direct personal or observed experience of male gender-based violence. The FGD members included both men and women aged 22 to 47, representing community volunteers, NGO workers, and general residents whose everyday lives intersect with gender violence dynamics. The deliberate gender and age mix ensured that the data captured both the experience of victimization and the wider community's awareness and attitudes toward it.

Three key informants were purposively selected for their professional engagement with GBV cases in Bindura Ward 6. Key Informant A was a serving officer with the Zimbabwe Republic Police (ZRP) with direct exposure to reported MGBV cases. Key Informant B was a qualified social worker providing services to survivors of domestic and gender-based violence. Key Informant C was a community leader deeply familiar with local governance and cultural norms. These informants provided an institutional and systems-level perspective that complemented and at times challenged the personal accounts of primary participants, adding analytical depth to the study.

### 4.3 Presentation and Discussion of Themes

Thematic analysis produced three main themes corresponding to the three research objectives. Each theme is introduced briefly, followed by three subthemes, each developed through participant voices and interpreted through the theoretical and empirical literature established in Chapter 2.

### 4.3.1 Theme 1: Roots of Male Gender-Based Violence in Bindura Ward 6

Participants consistently pointed to overlapping cultural, economic, and institutional causes that enable and sustain MGBV in the ward. These causes rarely operated independently; they reinforced each other in ways that normalized violence and made underreporting the default response.

***Thematic Findings***

#### 4.3.1.1 Subtheme: Cultural Silence

Across all instruments, culture emerged as the most deeply embedded driver of MGBV. Participants described a social environment in which prevailing ideas about masculinity make it almost impossible for men to identify as victims. The expectation that men must be strong, self-sufficient, and emotionally inexpressive creates conditions where victimhood becomes a form of social failure rather than a harm requiring response. Participants did not describe isolated incidents of ridicule; they described a community-wide architecture of silence, actively maintained through peer pressure, family expectation, and community norms, that prevents any conversation about male suffering from beginning.

> **Participant 1 (Male Survivor) noted:** "In this community, if you say a woman beat you, people laugh. They say you are not a real man. So you stay quiet and carry it alone."
>
> **Participant 3 (Male Survivor) remarked:** "Even my brothers told me to sort it out quietly. There is no space for men to say they are suffering."
>
> **Key Informant A (Police Officer) had this to say:** *"We receive very few reports from male victims. The cultural stigma is real. Men are afraid of being mocked even by officers at the station. The system was not designed with them in mind."*

Social Learning Theory (Bandura, 1977) provides the most direct explanation for this pattern: silence is not merely a response to individual circumstances but a learned behavior. Boys in

Bindura Ward 6 observe older men absorbing violence without speaking, and they replicate this modeled stoicism, because their social environment reinforces quiet endurance and penalizes disclosure. Powers, Cochran, Maskaly and Sellers (2017) confirmed this dynamic through structural equation modelling, showing that prior exposure to normalized violence and strong masculine peer norms are significant predictors of both victimization and non-disclosure in intimate partner violence contexts. Feminist Intersectional Theory (Crenshaw, 1989) deepens the analysis by showing that silence is not uniform: men from lower-income backgrounds in Ward 6 face a compounded version of this pressure, because their economic vulnerability makes them additionally reluctant to be seen as weak. Warrier (2021) confirmed that survivors at the intersection of economic marginalization and gender stigma carry double burdens that intensify every dimension of harm. Connell's (2005) concept of hegemonic masculinity, drawn upon in Chapter 2, explains the overarching cultural script that produces these individual silences  a system-level norm that renders victimhood incompatible with accepted masculine identity, and which is reproduced daily through the very interactions participants described.

#### 4.3.1.2 Subtheme: Economic Stress

Economic hardship was raised by nearly all participants as a significant contributing factor to violence in the home. Unemployment, poverty, and financial instability generated tensions that frequently escalated into physical or psychological abuse. Several participants explained that men who could not provide financially faced ridicule and control from partners, and that this financial humiliation sometimes escalated to violence. The relationship between poverty and MGBV in Ward 6 is bidirectional: economic stress both exposes men to violence and generates conditions in which they become perpetrators. Critically, poverty also constrains the options available to men who want to leave violent situations.

> **Participant 2 (Male Survivor) noted:** "When I lost my job, everything changed at home. She started calling me useless, throwing things. I had nowhere to go because I could not even afford transport to leave."
>
> **Participant 5 (Male Survivor) emphasized:** "Money is power here. When you do not have it, you lose respect  even in your own house. That is when things turn violent."

> **Key Informant B (Social Worker) highlighted:** *"Most of the male cases we see have an economic component. Financial stress does not cause violence on its own, but it creates the environment where it becomes more likely, especially when men feel their identity is tied to providing."*

Onaolapo and Makhasane (2025) contend that socioeconomic pressures intensify maladaptive learned behaviors, an argument that maps directly onto Ward 6 findings: men socialized through Social Learning Theory (Bandura, 1977) to equate manhood with financial provision, then stripped of that provision by structural unemployment, respond in ways that reflect social conditioning rather than individual character failure. Stith, Smith, Penn, Ward and Tritt (2004) identified economic stress as a consistent predictor of intimate partner violence across multiple national contexts, confirming that the Ward 6 data reflects a recognized global pattern rather than a local anomaly. Feminist Intersectional Theory (Crenshaw, 1989; Hill Collins and Bilge, 2020) adds the essential insight that economic precarity does not affect all men equally: those whose identities are multiply marginalized  poor, culturally conservative, without formal education  face the heaviest burden when economic identity collapses, because they have fewest alternative sources of social standing. Flood (2011) argued that any community-level intervention addressing GBV must address economic inequality as a structural driver, not merely an associated risk factor, a recommendation with direct implications for solutions in Ward 6.

#### 4.3.1.3 Subtheme: Institutional Gaps

Participants expressed consistent frustration with institutional responses to male GBV. Police, courts, health facilities, and support organizations were described as systems built for female victims, leaving men without formal recourse. Participants recounted being turned away at police stations and dismissed by officers. The result was a deep distrust of formal structures, further entrenching silence. Institutions were not experienced as neutral  they were experienced as active contributors to the stigma that prevents men from seeking help, because when the institutions a man finally approaches treat him as a source of amusement rather than a person requiring protection, the social message is louder than any policy statement could be.

**Participant 4 (Male Survivor) remarked:** "I went to the police once. The officer told me to go home and be a man. I never went back."

**Participant 7 (FGD Member) noted:** "There are no shelters for men here. Everything is for women and children. It is like men are supposed to just handle it."

**Key Informant C (Community Leader) had this to say:** *"The legal framework does not recognize male victimhood the same way. Men fall through the cracks. We have raised this at ward level but there is no political will to change it yet."*

Hearn (2022) argues that legal systems and social services in many countries were designed with an implicit assumption that GBV victims are women, creating structural blind spots that prevent male survivors from accessing justice  a pattern clearly reproduced in Ward 6. Hill Collins and Bilge (2020) extend this through an intersectional lens, documenting how institutions reproduce the exclusion of those at the intersection of multiple marginalized positions; in Ward 6, male survivors who are also poor and socially marginalized face compounded institutional invisibility. Cho, Crenshaw and McCall (2013) argued that intersectionality is analytically generative precisely because it asks why certain groups remain invisible within policy frameworks, which is exactly the question the institutional data from this study demands. Barker (2005) noted that even in countries with formal GBV policies, implementation consistently skews toward female victimhood, leaving male survivors effectively outside the state's protective architecture  a finding that Ward 6 participants confirmed through direct, personal experience. Chireshe (2015) specifically recommended that police training in Southern African countries be redesigned to include male victimization modules, and UNICEF (2017) called for Zimbabwe's Ministry of Public Service to develop male-inclusive GBV service standards  both recommendations that remain unimplemented in the Ward 6 context.

### 4.3.2 Theme 2: Living with the Consequences

The consequences experienced by Ward 6 participants were severe, wide-ranging, and mutually compounding. They did not remain in the body alone; they fractured mental health, dismantled social connections, and deepened economic vulnerability. What emerged was not isolated

suffering but a cascading pattern in which one consequence triggered another, making recovery increasingly difficult without external support.

***Thematic Findings***

#### 4.3.2.1 Subtheme: Psychological Harm

Psychological damage was the most consistently reported consequence of MGBV. Survivors described persistent anxiety, depression, low self-esteem, and in several cases, suicidal ideation. The psychological toll was worsened by the absence of support structures and the cultural expectation that men must cope silently. Being unable to speak publicly about their experience added a second layer of trauma to the violence itself. Participants described feeling trapped not just in violent situations but inside their own minds, carrying harm that had no socially acceptable name.

> **Participant 1 (Male Survivor) noted:** "After years of it, I stopped sleeping properly. I was anxious all the time. I did not see a reason to keep going at some point."
>
> **Participant 5 (Male Survivor) emphasized:** "The worst part is not the physical pain. It is the shame. You start to believe you deserve it because no one tells you otherwise."
>
> **Key Informant B (Social Worker) highlighted:** *"The men I work with show classic trauma responses  PTSD, chronic anxiety, withdrawal. But because they never sought help early, the damage is usually deep by the time they reach us."*

Mahalik, Good and Englar-Carlson (2003) identified the mechanism through which Social Learning Theory (Bandura, 1977) intensifies psychological harm: men who have internalized norms of toughness and self-reliance through socialization are more likely to dismiss their own symptoms, avoid professional help, and deny that what they have experienced constitutes harm, leading to escalating untreated psychological damage. Levant and Wimer (2013) found that male GBV survivors suffer elevated rates of depression, anxiety, and PTSD, with severity significantly worsened by the absence of social support  a pattern that Ward 6 participants described in direct and precise terms. Feminist Intersectional Theory (Crenshaw, 1989; Warrier, 2021) explains why some men suffer more than others: male survivors from low-income, culturally conservative

communities carry the compounded stigma of being both victim and poor man, and this layered disadvantage intensifies distress in ways that more privileged male survivors do not experience. Jewkes (2002) noted that the psychological consequences of intimate partner violence include a progressive erosion of self-worth and agency, as the combination of violence and social disbelief compounds into a profound sense of powerlessness which is precisely the psychological state that Participant 1 and Participant 5 described with clarity and without apparent exaggeration.

#### 4.3.2.2 Subtheme: Social Fracture

MGBV did not remain within households; it rippled outward into social networks, friendships, and community standing. Participants described losing friends, becoming isolated, and withdrawing from community participation. The fear of social judgment prevented many men from discussing their situation even with close relatives. Several reported that their experiences damaged their capacity to trust in relationships generally. Social withdrawal became a protective strategy but one that deepened isolation rather than providing genuine relief, effectively removing men from the informal networks that might otherwise have provided practical support.

> **Participant 3 (Male Survivor) remarked:** "I stopped going to community meetings. I was scared someone would see something in my face. I pulled away from everyone for almost two years."
>
> **Participant 9 (FGD Member) noted:** "When men are suffering at home, they become different people. They stop talking, stop showing up. We just say he is being difficult but really he might be going through something."
>
> **Key Informant C (Community Leader) noted:** *"We lose good men to this. They become ghosts in their own community. No one reaches out because no one realizes what is actually happening."*

Social Learning Theory (Bandura, 1977) explains social withdrawal through the lens of social reinforcement: when men who disclose their victimization are met with mockery, they quickly learn that silence is the safer social strategy, and they withdraw from any social interaction that might create a disclosure risk. Stith et al. (2004) found that social isolation functions as both a

consequence of violence and a risk factor for its continuation, because withdrawal removes men from the informal social resources that could interrupt the cycle of abuse  a dynamic vividly illustrated by Participant 3's two-year retreat from community life. Mwanga (2017) confirmed in a Zimbabwean qualitative study that male survivors typically experience severe social consequences after any form of disclosure, including erosion of family relationships and loss of peer networks, which is consistent with what Ward 6 participants described. Feminist Intersectional Theory (Hill Collins and Bilge, 2020) adds the systemic dimension: in communities where masculine social standing depends on economic provision and emotional control, men who have been victimized lose standing on multiple axes simultaneously, which means their social fracture is not merely the consequence of one violent relationship but of the entire cultural system's withdrawal of recognition. Barker (2005) identified peer support networks as one of the most effective interventions for this specific dimension of harm, precisely because they rebuild the social connection that violence has dismantled without requiring men to enter formal institutional systems that have already failed them.

#### 4.3.2.3 Subtheme: Physical Damage

Physical consequences were documented by several participants, including injuries sustained during violent incidents, deterioration of general health linked to chronic stress, and deliberate neglect of medical needs due to shame or cost. Some participants described untreated injuries, citing fear that seeking medical attention would expose the nature of their abuse. The pattern that emerged was troubling in a specific way: men were enduring physical suffering partly because seeking help felt socially riskier than the injury itself, which means the cultural architecture of silence is literally causing physical harm.

> **Participant 2 (Male Survivor) noted:** "I had a broken rib. I told the clinic I fell. I was too embarrassed to say what actually happened. So I just let it heal on its own."
>
> **Participant 4 (Male Survivor) remarked:** "She threw boiling water on me once. I put cold water on it and went to work. I did not want anyone asking questions."

> **Key Informant A (Police Officer) highlighted:** *"Physical injuries from MGBV are underreported in health facilities. Men give false explanations. Without accurate data, the health system cannot respond properly."*

The WHO (2012) documented a global pattern in which male survivors of GBV systematically misrepresent injuries at medical facilities, with fear of social exposure as the primary driver  a finding replicated with precise specificity in the Ward 6 data, where Participant 2 described exactly this behavior in relation to a broken rib. Bandura's (1977) Social Learning Theory provides a direct explanation: men have been socialized through repeated social observation to absorb physical pain without disclosure, because they have watched other men do so and learned that self-treatment is the socially rewarded response to injury. Jewkes (2002) noted that GBV injuries in men frequently go unrecognized in health settings because providers are not trained to look for them, and Chireshe (2015) confirmed that male survivors in Southern African urban settings routinely provide false injury explanations at clinics, resulting in inadequate treatment and the absence of accurate epidemiological data. Feminist Intersectional Theory (Warrier, 2021) explains the economic dimension: for men in Ward 6 who cannot afford private medical care, the public health system is their only option, and when they have learned through experience or observation that presenting at that system creates social risk, the rational response is to avoid it entirely. Key Informant A's observation that this produces data distortion with systemic consequences  the health system cannot respond to a problem it cannot see  makes the point with institutional precision: silence is not only a personal tragedy but a policy failure with measurable public health costs.

### 4.3.3 Theme 3: Pathways to Solutions

Despite the deeply entrenched nature of MGBV in Ward 6, participants were not without ideas. Community members and key informants articulated concrete, locally grounded solutions ranging from awareness and education through to institutional reform. Their proposals reflected an implicit understanding that solutions must operate at multiple levels simultaneously  changing attitudes, strengthening support, and reforming systems  which aligns directly with the multilevel logic recommended by global literature reviewed in Chapter 2.

***Thematic Findings***

#### 4.3.3.1 Subtheme: Awareness and Education

Participants across all instruments emphasized sustained public education as the first line of response. Changing community attitudes toward male victimhood requires deliberate, consistent messaging delivered through trusted channels  schools, churches, and community meetings. Several participants noted that when GBV is framed only as a women's issue, men lose access to both the language and the legitimacy to name their own suffering. Education, they argued, must explicitly include male vulnerability as part of its content, not as a footnote but as a central theme, and it must begin early.

> **Participant 6 (FGD Member) noted:** "We need to teach boys from a young age that it is okay to say when something hurts. If we do not start there, nothing changes."
>
> **Participant 10 (FGD Member) emphasized:** "The church here has a lot of influence. If pastors start speaking about male victims, people will listen. That is the kind of awareness that reaches everyone."
>
> **Key Informant B (Social Worker) had this to say:** *"Community education campaigns need to name male GBV specifically. If the message is always about women, men never see themselves as people who can seek help."*

Social Learning Theory (Bandura, 1977) directly supports education as a primary solution mechanism: if violent silence has been learned through observation of older men, then new, non-violent models of masculinity  modeled by teachers, pastors, and community leaders  can displace those older patterns through the same observational learning process that created them. Onaolapo and Makhasane (2025) demonstrated this empirically, showing that GBV prevention programs grounded in SLT principles and delivered through schools produced measurable attitudinal shifts by replacing harmful masculine models with positive alternatives. Flood (2011) confirmed that school-based programs that explicitly challenge hegemonic masculinity norms can produce meaningful change, though he cautioned these must be paired with parallel community interventions to prevent school-level gains from being undone by wider social pressure. UN

Women (2019) documented that GBV prevention programs delivered through trusted community channels, including religious leaders, achieve significantly greater attitude shifts than programs delivered through NGOs or government offices alone which directly supports Participant 10's instinct that the church is the most credible messenger in Bindura Ward 6. Feminist Intersectional Theory (Cho, Crenshaw and McCall, 2013) adds a critical qualification: education that does not acknowledge the specific intersectional barriers facing poor male survivors in conservative communities risks producing awareness without uptake, because it addresses the general problem without accounting for the particular circumstances of the most marginalized men.

#### 4.3.3.2 Subtheme: Support Services

Participants expressed a clear, urgent need for dedicated support structures for male GBV survivors. The absence of male-friendly shelters, counseling services, and accessible reporting pathways was identified as a critical gap that leaves men with nowhere to go even when they have found the courage to seek help. Several participants noted that even when men summoned the courage to approach support, the infrastructure was not there to receive them. They called for spaces where men could seek support without judgment staffed by trained personnel who understood the specific dynamics of male victimhood.

> **Participant 5 (Male Survivor) remarked:** "There needs to be a place where a man can go and not be asked silly questions. Just be taken seriously and given help."
>
> **Participant 11 (FGD Member) noted:** "Even a hotline would help. Something quiet where men can call without being seen going into an office."
>
> **Key Informant B (Social Worker) emphasized:** *"We have absolutely no dedicated male survivor facility in this ward. Men sometimes come to our office but they are uncomfortable. The space itself is gendered in a way that discourages them."*

Mann and Takyi (2009) identified peer support networks and community self-help groups as cost-effective alternatives to formal services in resource-constrained African settings, noting that community-organized support reaches men who would never approach formal institutions because of stigma or cost a finding that speaks directly to the Ward 6 context where formal services are

absent and informal community structures are the primary social resource. Social Learning Theory (Bandura, 1977) supports this approach: peer support works partly because it provides new social models of help-seeking behavior  men who observe other men in similar positions seeking and receiving support without social penalty learn that help-seeking is possible and safe, disrupting the modeled silence they have previously observed. Mwanga (2017) found in a Zimbabwean context that male survivors were more likely to engage with support services when those services were explicitly gender-inclusive, and that even small design changes  such as naming male survivors in signage or training workers in male-appropriate communication  significantly increased male uptake. UN Women (2019) called for inclusive GBV service standards at the national level, while UNICEF (2017) specifically identified Zimbabwe's policy gap on male survivor services  a gap that Key Informant B's account of the inadequate, implicitly female-oriented office environment in Ward 6 confirms has not been addressed at the local level.

#### 4.3.3.3 Subtheme: Policy Reform

At the institutional and legal level, participants called for formal policy changes that would explicitly recognize male victims of gender-based violence. Current legislation, policing protocols, and government programs were experienced as gender-blind to male suffering. Participants argued that without legal recognition and enforcement mechanisms, community-level efforts remain unsupported and ultimately ineffective, because there is no institutional architecture to give them backing when cultural resistance pushes back. Several called specifically for police training, judicial sensitivity, and government-funded programs explicitly designed for male GBV victims.

> **Participant 4 (Male Survivor) noted:** "The law must say clearly that a man can be a victim. Right now it feels like we do not exist in the system."
>
> **Participant 12 (FGD Member) remarked:** "Government programs for GBV only talk about women. Even the forms at the police station do not properly account for male victims."
>
> **Key Informant C (Community Leader) highlighted:** *"We need national policy that explicitly includes men. Without it, local solutions only go so far. The government must lead on this."*

The absence of explicit legal protections for male GBV victims in the legal frameworks indirectly perpetuates the culture of male invulnerability, a finding that is echoed by the accounts of the participants in Ward 6 of the police and justice system's approach to male victimhood as a social impossibility, rather than a legal category. It can be argued that policy reform is the highest leverage intervention available as structural changes at the state level cascade down to the community and individual level where they will enable and legitimate community and individual level changes which would otherwise be precarious and reversible (Jewkes et al., 2015). Cho, Crenshaw and McCall (2013) used this argument in an intersectional way, observing that policies that do not mention any specific marginalized group effectively exclude them from the protective authority of the state – exactly what the participants did when they said men are just not in the system. Chireshe (2015) corroborated the evidence of the increased sensitivity and appropriateness of police officers who had undergone GBV training, specifically on how to respond to GBV, which lends weight to the feasibility of the training reforms that participants called for and underscores that institutional culture is malleable and open to deliberate change. The evidence presented shows that gender-inclusive language and reporting mechanisms is still not being used in the Zimbabwean context and has been recommended as a minimum standard by WHO (2012) for national GBV frameworks.

### 4.4 Model: Integrated Community Response to Male GBV in Bindura Ward 6

The findings overall do not just show that there is GBV among men in Ward 6. They expose the structural arrangement of the community, through culture, economy and institutional design, to make it invisible. The data is not indicative of any failures of courage, at the individual level. It refers to a system: a system where silence is reinforced socially, where institutions do not absorb the burden of violence, but on the contrary pass, rather than internalize, the blame to the man who seeks assistance, a man who has been taught by the central principle of Social Learning Theory, observation and reinforcement, that he is not a man if he seeks assistance. The feminist intersectional theory also shows that this burden is not distributed equally; the men who are most affected are also the most economically and socially marginalized, and whose multiple disadvantages compound all aspects of disadvantage and all avenues of relief. The three structural

conditions of silence, economic exclusion and institutional indifference must be broken at the same time in any solution that anyone can imagine implementing. This is not something that can be done through piecemeal awareness campaigns. What Ward 6 needs is a multi-layered, coordinated response model that builds on the various components, with policy reform complementing and reinforcing community education and support for victims and survivor groups. The logic in the structure proposed below is integrated.

**PROPOSED INTEGRATED RESPONSE MODEL**

**LEVEL 1: POLICY AND LEGAL REFORM**

Gender-inclusive GBV legislation | Male-specific reporting frameworks | Funding mandates for male services

↓

**LEVEL 2: INSTITUTIONAL REFORM**

Police sensitivity training | Male-friendly health protocols | Social work inclusion standards

↓

**LEVEL 3: COMMUNITY SUPPORT INFRASTRUCTURE**

Male survivor shelters | Peer support networks | Accessible hotlines and counselling

↓

**LEVEL 4: COMMUNITY EDUCATION**

School curricula reform | Church and local leader messaging | Positive male role model programs

↓

**OUTCOME: VISIBLE, SUPPORTED MALE SURVIVORS**

Reduced MGBV | Increased reporting | Healthier masculinity norms | Community-wide safety

The four levels are not sequential they must operate in parallel and in mutual reinforcement. Policy without community infrastructure is unenforceable. Support services without cultural change remain underused. Education without institutional backing loses credibility and is easily undone by social pressure. The model's logic is drawn from the two frameworks adopted in Chapter 2: Social Learning Theory provides the rationale for education and peer modeling as the means of displacing harmful learned behaviors; Feminist Intersectional Theory provides the rationale for targeting the most marginalized men specifically and for reforming the institutional systems that currently exclude them. Together they produce an intervention architecture that is theoretically coherent, empirically grounded, and based on the evidence reviewed in Chapter 2 likely to produce durable change if implemented with genuine political will.

### 4.5 Chapter Summary

The findings from Chapter 4 confirm that male gender-based violence in Bindura Ward 6 is neither isolated nor random. It is produced by identifiable structural conditions cultural, economic, and institutional and sustained by learned social behaviors that Social Learning Theory explains, compounded by intersecting disadvantages that Feminist Intersectional Theory illuminates. The evidence gathered provides a clear mandate for multilevel action, beginning with the straightforward recognition that men in this community are suffering in silence, and that this silence is structurally produced and entirely preventable.

# CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Introduction

This study investigated the causes, consequences, and solutions to male gender-based violence (MGBV) in Bindura Ward 6, Zimbabwe. The main research question was whether there is a structural silencing of male victimhood in this community, or whether it is an incidental, or whether it is created by a combination of overlapping cultural norms, economic pressures, and institutional neglect. Inquiry outcomes included three objectives which were identifying the root causes of MGBV in Bindura Ward 6, analysing the manifold psychological, social and physical impacts of the MGBV on its victims, and examining community-based and institutional solutions to the problem of MGBV in Bindura Ward 6. The chapter brings together these objectives and then concludes based on the evidence and provides specific recommendations for practitioners, community, and policy makers. Those places that did not go as well as intended are recognized and suggestions provided for future studies.

## 5.2 Summary of Findings

### 5.2.1 Objective 1: Root Causes of Male GBV in Bindura Ward 6

The findings from the in-depth interviews and FGDs confirmed that there were three forces that act on MGBV in Ward 6. Firstly, there are deeply ingrained socio-cultural norms that emphasize that it is not masculine to be a victim. Men who had been victims of violence reported a culture of silence, with the consequence that to come forward to report abuse was not only discouraged but met with ridicule and social disapproval. Second, the stress presented in the economy, especially unemployment and poverty, added stress and frustration which led to violence, experienced and perpetrated by men. Third, it was noted that institutional systems such as the police, courts and health facilities implicitly assumed that GBV was a problem for female victims, and there was no formal way for male victims to access these services. These findings corroborate Social Learning Theory (Bandura, 1977) that explains how violent silence is modeled and reinforced across generations and the Ecological Framework (WHO, 2025) that places the causes at the individual, community and societal level. These findings are corroborated by prior literature: Onaolapo and Makhasane (2025) report that socioeconomic pressure is a reinforcing factor of violence; and

Hearn (2022) records institutional reproduction of gender norms as a constraint to inclusive GBV response. The study challenges the simple notion of GBV as solely an individual deviant issue, and shows that it is a result of structural arrangements.

### 5.2.2 Objective 2: Consequences of MGBV on Victims

Participants' experiences of the consequences of MGBV were deep, complex and cumulative. Survivors described psychological symptoms such as anxiety, depression, post-traumatic stress and suicidal ideation. Socially, many felt unworthy of community, friends, or family and felt fear of being judged. Physically, injuries were not treated as this could reveal the nature of the abuse and put the victim in danger. One trend became clear: without support structures, each consequence felt like a domino.What came from this was a clear pattern that each consequence compounded social withdrawal and withdrawal compounded psychological consequences. The results align with and build on the existing literature, such as Levant and Wimer (2013) who reported that male GBV survivors were less likely to seek health services, Mwanga (2017) who found that social withdrawal was a frequent coping mechanism for male GBV survivors in Zimbabwe, and WHO (2017) who noted that physical injuries in male GBV survivors were undertreated. Analytically, this was essential and we are indebted to Feminist Intersectional Theory (1989, by Crenshaw; 2021, by Warrier) for explaining how the intersecting identities of men – the poor, the male, the members of a patriarchal community – compounded every facet of harm. The results challenge the physicalist notion of the consequences of MGBV, which suggests that violence disintegrates men's entire social and psychological landscape.

### 5.2.3 Objective 3: Solutions to MGBV in Bindura Ward 6

The solutions identified by the participants showed a tacit ecological approach to the problem, as they were seen in various levels. From the cultural perspective, a strong community education program via schools, churches, and local meetings, was viewed as the basic step to changing attitudes. It was at the community level that they made a strong request for community-based support services, both for men and women, such as counseling, shelter and easy reporting structures. Violence, legal recognition of male victimhood, sensitivity training for the police and the establishment of government-funded MGBV programs were identified as essential systemic changes at institutional and policy level. These solutions align very closely with the levels in the Ecological Framework (WHO, 2025). Jewkes et al. (2015) also find that norm change and

structural reform are the most effective ways of preventing. Onaolapo and Makhasane (2025) show that targeted educational programmes have an impact. Based on these findings, the proposed integrated response model, presented in chapter 4, is a four-level intervention model (policy, institution, community and education) with every level reinforcing the others. Most importantly, the participants did not see any one-level answer to the evidence identified in Ward 6; they saw a need for a coordinated, multilevel response.

### 5.3 Conclusions

The study finds that gender-based violence in Bindura, Ward 6 is not isolated or peripheral but is a social reality generated and perpetuated as a result of certain structural situations. The study finds that socio-cultural norms about masculinity are the main reasons for the occurrence of MGBV and the reasons why MGBV is reported so little. Ideas that “men don't cry” and “don't show your feelings” foster a society that discourages recognition of victimization, or taking steps to rectify it. Second, the study suggests that economic marginalisation is a compounding risk factor, that increased the chances of violence committed, and reduced the chances of recovery. A lack of economic resources not only generates stress, but leads to an insecure sense of masculinity, which can result in conflict and abuse within communities. Third, the study found that institutional systems in Ward 6 have been unsuccessful in delivering a comprehensive support to male GBV survivors. Male victimhood is not part of the assumptions of police, health and support services, and there is a structural vacuum in which men suffer, with no reversion. Fourth, the study demonstrates that the effects of MGBV are psychological, social and physical and they are interlinked and escalating, therefore, early intervention is important to prevent long-term damage. Fifth, the study finds that there is a need to take action at cultural, community, and policy levels simultaneously, none of which is enough. Ultimately, the study concludes that male gender-based violence is not invisible because it is rare; it is invisible because the social architecture of Ward 6 has been designed, through both conscious norms and institutional neglect, to keep it that way. Making it visible is the first act of intervention.

## 5.4 Recommendations

### 5.4.1 Government and Policymakers

National GBV legislation and policy should be updated to make provision for male victimhood; that GBV reporting mechanisms, legal protections, and public funding extend to male survivors. There should be a minimum one Gender inclusive support space per Ward in high density urban areas like Bindura Ward 6, which should be made mandatory by the Ministry of Public Service, Labour and Social Welfare. Police training programmes need to be revised to reflect the unique nature of male GBV and to break the institutional culture which currently means that men are deterred from reporting. National monitoring of GBV needs to be done on the basis of gender of violence victimization in all types of violence and broken down to facilitate evidence-based policy making.

### 5.4.2 Social Workers and Health Practitioners

Social work practitioners need to design and apply male-sensitive intake and assessment procedures that allow for a judgment-free entry points for male GBV survivors. Health facilities should make sure that their clinical staff are trained to sensitively question unexplained physical injuries and offer referral to GBV support services to male patients. Counselling programmes should be tailored to be male-friendly, as men may express and experience trauma differently to women. Practitioners must speak out in public about the need to extend GBV service requirements to male survivors and let them know that they do not have to use a system designed for women.

### 5.4.3 Community Leaders and Organizations

Traditional leaders, church leaders and ward councillors should speak out and make it clear that male victimhood exists and should be protected in the community in all public forums, services and community gatherings, setting new norms. Schools in Bindura Ward 6 should incorporate gender sensitive education from primary school level which are explicit in challenging myths about masculinity and vulnerability. Community-based peer support groups for male survivors of GBV, with informal, non-judgemental areas where men can meet and share with peers. Local NGOs should implement male inclusive community engagement initiatives and report back and track progress as evidence for funding and policy advocacy.

## 5.5 Areas for Further Study

### 5.5.1 Geographical Expansion

This study was conducted in Bindura Ward 6 only which made it difficult to generalize the results of this study. Future studies should focus on other wards in Bindura and to other urban and rural districts in Mashonaland Central Province and beyond. A comparative study between urban and rural communities would be very useful to see if there are differences in MGBV dynamics depending on the access to services, economic structure and intensity of traditional gender norms. National scale surveys would add quantitative depth to what is being added here; these would also need to be larger in scale.

### 5.5.2 Longitudinal Research

The cross-sectional design of this study restricted the ability to draw conclusions about the evolution of MGBV over the time course of relationships, economic cycles or community change. The current study would not be able to capture the issues of harms, recovery, and engagement with service that are illuminated by long-term research with male GBV survivors. This type of research would be useful in assessing the medium and long-term effects of any interventions that are implemented in response to the recommendations made in this study.

### 5.5.3 Perpetrators and Female Perspectives

This study was intentionally grounded in male survivor voices, because there is a gap in the research findings that foregrounds voices from male survivors. A parallel study to explore the experiences of female perpetrators, including why they engage in violence, their context of violence, and the cultural narratives that support female-initiated violence, would significantly enhance the understanding of MGBV dynamics. Likewise, to include the voices of women in the community in a more central role would highlight the co-construction and maintenance of gender norms between genders, adding depth to the analysis and design of interventions. Future research needs to also examine the experiences of LGBTQ+ people in Ward 6, as they may have other intersecting vulnerabilities not explored in the current study which adversely impact their experiences of GBV.

### 5.5.4 Intervention Evaluation

Perhaps the most urgent missing element is the lack of tested MGBV interventions that are pertinent to the Zimbabwean context. Community and institutional response to MGBV need to be designed, implemented and thoroughly tested and evaluated to create the evidence base that is currently missing from the literature. Randomized or quasi-experimental studies could be used to test the effectiveness of educational programs, peer support networks, or police sensitivity training in reducing the incidence of MGBV or in boosting reports of MGBV. The evidence would help strengthen advocacy for GBV services that are inclusive of men, but without evidence, this advocacy will continue to be significant without being substantiated.

## 5.6 Chapter Summary

The findings from the study were synthesized across the three study purposes, conclusions were drawn, and recommendations were made based on evidence. The study concludes that MGBV in Bindura Ward 6 is structurally produced and it requires a multi-level response. Additional areas for future research and inquiry were identified in the areas of geography, method, participant perspective and intervention evaluation, thus setting a clear research agenda for those who follow this work beyond the scope of this dissertation. The overall conclusion of the study is clear: male gender-based violence is a reality, its origins can be understood, its impact is significant, and a lack of coherent response cannot be coincidence. This is a decision, and one that can be reversed.

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# APPENDICES

## APPENDIX 1 :IN-DEPTH INTERVIEW GUIDE

### INTRODUCTION AND PURPOSE

My name is Michelle N Mugabe, and I am currently pursuing a Bachelor of Science Honors degree in Development Studies at Bindura University. As part of my dissertation requirements, I am conducting research on the topic, **Exploring the causes ,consequences and solutions to male gender-based violence in Bindura ward 6**, which seeks to explore the factors driving male gender based violence (MGBV) within the context of Bindura Ward 6 community. Despite existing social support programmes and awareness campaigns, many male victims continue to face challenges such as social stigma, limited access to support services, and psychological trauma. This in-depth interview aims to gain rich, detailed insights from individuals with lived experience of these issues. Your experiences and perspectives are deeply valued and will contribute significantly to the development of recommendations for improved responses to male gender based violence in Bindura Ward 6. Please note that this interview is solely for academic purposes, and your responses will be treated with confidentiality and anonymity. Your input is valuable, and I assure you that your responses will not be published or shared elsewhere. Your cooperation will be greatly appreciated.

### CONSENT STATEMENT

I have been informed about the purpose of this study and understand that it is being conducted for academic research purposes. I have been given the opportunity to ask questions and have received satisfactory answers.

**I understand that:**

Participation in this study is entirely voluntary.

You may withdraw or decline to answer any question at any time without consequence.

All information shared will be treated with strict confidentiality and used for academic research purposes only.

Your identity will remain anonymous in all research outputs The interview may be audio-recorded with your explicit permission to ensure accuracy of the information collected.

**Agreement: By signing (or agreeing verbally), I confirm that I voluntarily agree to participate in this study.**

**Participant's Signature/Consent: _____**

**Date: _____**

## DEMOGRAPHIC INFORMATION

**Name (optional): _____**

**Age: _____ Gender: _____ Occupation: _____**

**Years of Experience/Involvement in Community: _____**

## SECTION A : ROOT CAUSES OF MALE GENDER BASED VIOLENCE

(Linked to Objective 1: Identify the socio-cultural, economic and institutional root causes of MGBV in Bindura Ward 6)

What socio-cultural beliefs in your community make it difficult to recognise men as victims of gender based violence?

Why do you think male gender based violence continues to persist despite existing awareness programmes in Bindura Ward 6?

How have economic factors such as unemployment or financial stress contributed to gender based violence against men in this community?

How do institutions such as the police or courts respond when male victims of gender based violence come forward?

## SECTION B : CONSEQUENCES OF MALE GENDER BASED VIOLENCE

(Linked to Objective 2: Analyse the multifaceted psychological, social and physical consequences of MGBV on victims)

How has experiencing gender based violence affected your mental health and emotional well-being?

What physical injuries or health problems have male victims commonly experienced as a result of gender based violence?

How has gender based violence affected the family life and social relationships of male victims in this community?

Why do many male victims choose not to report their experiences, and what consequences does this silence have on them?

## SECTION C :SOLUTIONS TO MALE GENDER BASED VIOLENCE

(Linked to Objective 3: Explore community-based and institutional solutions to address MGBV in Bindura Ward 6)

What community-based initiatives or programmes do you think would most effectively reduce male gender based violence in Bindura Ward 6?

How can traditional leaders, churches, and local organisations be better involved in addressing male gender based violence?

What support services do male victims of gender based violence need most urgently in this community?

What policy or legal changes would you recommend to better protect male victims of gender based violence in Zimbabwe?

## CLOSING QUESTION

*Is there anything else you would like to share about male gender based violence in Bindura Ward 6 that we have not yet discussed?*

**THANK YOU**

Thank you very much for your time and valuable insights.

## APPENDIX 2 :FOCUS GROUP DISCUSSION GUIDE FOR THE PARTICIPANTS

### INTRODUCTION AND PURPOSE

This interview is part of a research study titled Exploring the Causes, Consequences and Solutions of Male Gender Based Violence in Bindura Ward 6. The study seeks to explore the factors driving male gender based violence (MGBV), particularly within Bindura Ward 6 community. Despite existing social support programmes and awareness campaigns, many male victims continue to experience difficulties such as social stigma, limited access to support services, and psychological trauma. These challenges often hinder their ability to seek help and recover fully. The main purpose of this study is to understand the root causes, consequences, and possible solutions to male gender based violence. Specifically, the study aims to: (1) Identify the socio-cultural, economic and institutional root causes of MGBV in Bindura Ward 6; (2) Analyse the multifaceted psychological, social and physical consequences of MGBV on victims; (3) Explore community-based and institutional solutions to address MGBV in Bindura Ward 6. Your experiences and views are very important in helping the researcher gain a deeper understanding of these issues and in developing recommendations that may improve support systems for male gender based violence victims in Bindura Ward 6.

### CONSENT STATEMENT

I have been informed about the purpose of this study and understand that it is being conducted for academic research purposes. I have been given the opportunity to ask questions and have received satisfactory answers.

**I understand that:**

My participation in this study is voluntary.

I am free to refuse to answer any question or withdraw from the interview at any time without any negative consequences.

The information I provide will be treated with strict confidentiality and will be used for research purposes only.

My identity will remain anonymous, and no personal identifying information will be disclosed in the research findings.

The interview may be audio-recorded with my permission to ensure accuracy of the information collected.

**Agreement: By signing (or agreeing verbally), I confirm that I voluntarily agree to participate in this study.**

**Participant's Signature/Consent: _____**

**Date: _____**

## DEMOGRAPHIC INFORMATION

**Age Group: _____**

**Gender: _____**

**Occupation/Role in Community: _____**

## SECTION A :ROOT CAUSES OF MALE GENDER BASED VIOLENCE

(Linked to Objective 1: Identify the socio-cultural, economic and institutional root causes of MGBV in Bindura Ward 6)

What do you think are the main reasons why men become victims of gender based violence in this community?

## SECTION B : CONSEQUENCES OF MALE GENDER BASED VIOLENCE

(Linked to Objective 2: Analyse the psychological, social and physical consequences of MGBV on victims)

How does gender based violence affect male victims in terms of their mental health, social life, and physical well-being?

## SECTION C : SOLUTIONS TO MALE GENDER BASED VIOLENCE

(Linked to Objective 3: Explore community-based and institutional solutions to address MGBV in Bindura Ward 6)

What solutions do you think would best help address male gender based violence in Bindura Ward 6?

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**THANK YOU**

Thank you sincerely for your time, cooperation, and willingness to share your experiences. Your contribution is greatly appreciated and will play an important role in shaping the findings and recommendations of this study. All information shared will remain strictly confidential.

**APPENDIX 4:A Letter of approval from Municipality of Bindura**

# MUNICIPALITY OF BINDURA

All Communications To
Be Addressed To The
**TOWN CLERK**
P O Box 15,
BINDURA
**ZIMBABWE**

565 Thurlows Avenue
Bindura, Zimbabwe
Phone (582 07513/7361
0662107513/6329
Email: binduramunicipality@gmail.com

Our ref: **S4/0003**
Your ref:

04 May 2026

Michell Mugabe
Bindura University
741 Chimurenga Road
**BINDURA**

Dear Madam

**RE: PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH PROJECT**

We acknowledge receipt of your letter on the above received on 04 May 2026.

Please be advised that you have been granted permission to carry out your research as requested. The permission is granted on the following conditions: i) that you should share the results of your research with Council in order for her to learn from your findings ii) that the research findings will be used for academic and no other purposes.

Should you require any more information in connection with this issue please contact the undersigned.

Yours Faithfully

W. Masimba
Chamber Secretary
***For Town Clerk***

MUNICIPALITY OF BINDURA
CHAMBER SECRETARY
04 MAY 2026
P.O. BOX 15, BINDURA
TEL: 0662107513/7361
SIGNATURE:

**THE END**