BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

EXPERIENCES OF MALE GENDER-BASED VIOLENCE SURVIVORS. CASE OF PADARE MEN'S FORUM, HARARE

BY

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B220056B

A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

SUPERVISOR: MISS GAMBIZA

DECLARATION

DECLARATION

I **Prisca David (B220056B)** declare that this dissertation on the topic: Experiences of male gender-based **violence** survivors. Case of Padare Men's Forum, Harare is my own work and all the sources used in this dissertation have been acknowledged by means of references. This work has not been previously included or submitted to this or any other institution.

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I certify that I supervised Prisca David in carrying out this research titled: **Experiences of Male Gender-Based Violence Survivors. Case of Padare Men's Forum**, in partial fulfilment of the requirements of the Bachelors of Honors Degree in Social Work and recommend that it proceed to examination.

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The Departmental Board of Examiners is satisfied that this dissertation/report meets the examination requirements and therefore recommends acceptance of the research project.

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ACKNOWLEDGEMENTS

Firstly, my deepest and heartfelt gratitude goes to Jehovah God for taking me this far in my academic journey. I would also like to thank my Supervisor Miss Gambiza who not only guided me, but also supported me throughout this project. My profound gratitude to the participants of this study for sharing their valuable insights and experiences with me, for whom without their contributions this research would not have been a success. Last but the best, my sincere appreciation to my parents, Mr and Mrs David, for their unwavering love, support, and encouragement throughout this journey. Their sacrifices and belief in me made this work possible. And to my siblings and friends, Fred and family, Jerina, Darryl, Silika and Bangtan, thank you all for the love and support.

DEDICATION

To myself, for believing when it felt impossible, and for male survivors of GBV whose stories deserve to be heard.

ABSTRACT

This study explored the experiences of male gender-based violence (GBV) survivors at Padare Men's Forum in Harare, Zimbabwe. Guided by the Strength-Based Theory, the study employed a qualitative case study design involving five male survivors and three key informants. Data were collected through face-to-face interviews, focus group discussions, and key informant interviews and analyzed using thematic analysis. Findings revealed that male survivors experienced physical, verbal, psychological, economic, and spiritual abuse. Survivors employed coping mechanisms including avoidance and denial, social isolation, substance use, faith-based coping, and help-seeking. Padare Men's Forum provided counselling, peer support, legal advocacy, community awareness programme, and referral services, although economic empowerment support remained limited. The study concludes that male GBV is a significant but under-recognized social problem in Zimbabwe and that culturally responsive, gender-inclusive interventions are required. The study recommends strengthening support services, improving awareness, expanding economic empowerment initiatives, and promoting gender-inclusive policies and social work practice.

ACRONYMS

FGD – Focus Group Discussion

GBV – Gender-Based Violence

NGO – Non-Governmental Organization

PTSD – Post-Traumatic Stress Disorder

UN – United Nations

WHO – World Health Organization

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

Gender Based Violence is still a universal human rights and social justice issue which transgresses gender. Although women and girls have always been the subject of GBV discussion, it is now becoming evident that men too suffer from GBV, albeit unrecognized. The social stigma, gender norms and lack of institutional supports for GBV survivors can lead to a lack of voice and accountability for male survivors. This study aims to examine the experiences of male gender violence survivors in the city of Harare with a case study of Padare Men's Forum. Padare is one of the few organisations in Zimbabwe which tackles the gender issues from a male perspective as they promote positive masculinity, equality and the participation of men in gender justice work.

1.2 Background of the study

Worldwide, it has been found that men are a victim of physical, emotional and sexual violence and due to cultural norms, they are not encouraged to seek help as discussed by Tsui (2010). Gender-based violence (GBV) is any act of violence or abuse directed at an individual based on their gender, which is caused by gender inequality and power imbalances. While female victims of GBV are disproportionately affected, men and boys are also victims and their experiences are under-reported (World Health Organization 2021). Studies like that of Lysova and Dim (2022) emphasize the problem of the underrepresentation of male victimization in intimate relationships in both policy and practice. Tilbrook, et al. (2010) note that male survivors experience psychological distress that is similar to that of female survivors, and Douglas and Hines (2011) find that when men do disclose abuse, they are sometimes dismissed as unworthy of belief or laughed at by service providers and communities.

Jewkes (2015) argues that, in African cultures, masculinity is linked to strength and control, which makes it challenging for men to admit if they are a victim. Connell (2005)

describes in the theory of hegemonic masculinity, vulnerability is interpreted as weakness, and according to Addis and Mahalik (2003), this renders help-seeking behaviours unappealing. This manifests practically in coping strategies like drug abuse, social withdrawal, etc., as noted by Anderson and Umberson, (2001) and by excluding men from the discourse of GBV, harmful gender binaries are reinforced.

The GBV interventions in Zimbabwe primarily target women, with little consideration for men's experiences, as stated by Dube and Makombe, (2018). Legal measures, like the Domestic violence Act 2007, have helped to secure women's rights, but are in some way coercing male survivors. As reported by Kambarami (2006) and Chikovore (2013), masculine norms act as barriers for men to admit that they are vulnerable or seek health care. Meanwhile, institutionalised attitudes of police and social workers continue to reinforce the notion that GBV impacts only women (Mukungu and Mafumbate, 2019). As a result, a number of male survivors suffer from stigma, emotional isolation and secondary victimization as per Goffman (1963) and McCarrick (2016). Interventions can be ineffective or can actually exacerbate marginalization if they do not do an aetiological analysis of the ways in which male survivors engage with GBV services.

In this context of neglect and barriers to the inclusion of men in prevention, CBOs have become vital places where male victimization can be addressed. In this regard, Gokova (2007) argues that Padare Men's Forum in Zimbabwe offers an alternative where men are seen as potential victims of GBV and a platform for dialogue and support. To date, however, little attention has been paid to the survivors' experiences of and understandings of Padare's support (Peacock & Barker, 2014). Hence, the narrative inquiry approach as stipulated by Lieblich, (1998), will be used in this study to gain insight into the lived experiences of male GBV survivors at Padare, their coping strategies and how this organization helps them heal and reconceptualize masculinity in Zimbabwe. It was with this background that the researcher wanted to carry out this research study.

1.3 Statement of the problem

Although gender-based violence (GBV) is becoming increasingly recognised, the stories

of men who have experienced GBV are still underrepresented in research, policy and service delivery. At the international level, GBV as a phenomenon has been primarily defined as violence against women, with men experiencing violence being overlooked and not adequately addressed (Douglas & Hines, 2011; WHO, 2021). In Zimbabwe, a male victim may find it hard to label himself as such and seek help as men are expected to be dominant, strong and emotionally in control in a patriarchal society (Connell, 2005; Jewkes 2015). This silence is compounded by institutions that consider GBV a "women's issue", leaving male survivors who try to disclose the abuse they face to be disbelieved, stigmatized, and subjected to secondary victimization (Mukungu and Mafumbate, 2019). While some organizations such as Padare Men's forum have tried to involve men in the gender equality and GBV prevention and response, still little is known about men survivors experience, interpretation and how they cope with violence, or how it is supported by organizations. Research from a male survivors' perspective perspective has resulted in knowledge gaps in psychological, social and cultural aspects of male victimization. Thus, the issue that this study aims to solve is the experiences, coping strategies and support services available to male survivors of gender-based violence in Harare city, Zimbabwe especially in the context of Padare men's forum.

1.4 Aim

The aim of the study is to explore experiences of male gender-based violence survivors at Padare Men's Forum in Harare.

1.5 Research Objectives

1. To explore the forms of gender-based violence experienced by male survivors at Padare Men's Forum in Harare.
2. To examine the coping mechanisms employed by male gender-based violence survivors at Padare Men's Forum in Harare.
3. To assess the support systems provided to male gender-based violence survivors

at Padare Men's Forum in Harare.

4. **To suggest intervention strategies that can be used to help male gender based violence survivors at Padare Men's Forum in Harare.**

1.6 Research questions

1. What forms of gender-based violence are experienced by male gender-based violence survivors at Padare Men's Forum in Harare?
2. Which coping mechanisms are employed by male gender-based violence survivors at Padare Men's Forum in Harare?
3. What are the support systems provided to male gender-based violence survivors at Padare Men's Forum in Harare?

1.7 Significance of the study

The study has contributed to a crucial research gap in the study of gender-based violence by concentrating on the male survivor group, which has been overlooked in other studies. This study aims to fill the lacuna of the literature with regard to why gender-based violence against men is becoming predominant. Findings will help inform social work practice and policy on gender in Zimbabwe and evidence for inclusive GBV interventions. It will also raise awareness of social workers towards the special situation of male victims and give guidance to health care providers and medical institutes on how to establish gender-sensitive support systems.

1.7.1 To the Community

This study is important to the Zimbabwean communities as it helps to sensitize the target population on GBV against men. Men who are victims of gender violence face problems that have been overlooked because of ingrained notions of male non-violence

and women as victims. Male victims of GBV in Zimbabwe have been known to resort to negative coping mechanisms, including substance abuse, affecting their mental well-being and social behaviour. This study is an attempt to break the silence about male victimisation, challenge traditional gender stereotype and to raise awareness about GBV against men. It will minimize stigma, victim blaming, and help men reach out for assistance and create safer environments for men on the healing journey. These experiences will be documented, thereby enhancing the resilience of the communities and gender inclusive violence prevention (Mawadza, 2018).

1.7.2 To Social Workers and Social Work Practice

This study is important for social workers in Zimbabwe and the world as it addresses an important gap in the knowledge of male GBV survivors needs. The literature reveals that social workers are generally inadequately trained to deal with issues that impact the unique experiences of male survivors, and interventions are mostly geared toward women. The results will contribute to social workers' knowledge of psychological and social problems of male survivors, including concerns about being perceived as weak and a lack of support services for male survivors. This will contribute to the design of inclusive interventions and enhance the effectiveness of social work practice.

1.7.3 To Policymakers and Government Institutions

This study is a source of evidence for Zimbabwean policy makers to design more inclusive GBV policies. Previously, Gendered language is also a problem in existing laws, such as the Domestic Violence Act (2007) and the Sexual Offences Act (2001) which do not address male survivors. The importance of gender neutral GBV policies and context-specific interventions has been noted (Chireshe and Nyoni, 2022). This research speaks to the Zimbabwe National GBV Strategy (2023-2030) and aims to inform legal reforms and the allocation of resources to male-focused programming by identifying gaps and challenges in reporting GBV in Zimbabwe by men. The research will be useful for enhancing national action plans and coordination between providers of services.

1.7.4 To Healthcare Providers and Medical Institutions

This study is important because healthcare spaces are often the initial places that GBV survivors engage with, in Zimbabwe. Lindsay and Grant (2020) suggest that health care workers lack awareness of the unique health needs of male survivors and may hold negative attitudes about their male survivors' health. Male survivors are subjected to severe health impacts such as physical injuries, mental health concerns and substance abuse disorders. The findings of this research will help in the development of clinical protocols, healthcare workers training and the establishment of male friendly services. The study will raise awareness on the issues of healthcare experiences of male survivors, making male GBV services more accessible and better medical responses.

1.8 Assumptions

The researcher assumes that the participants will be able to accurately recall and describe their experiences of GBV scouting the nature of the abuse. That the participants will be honest and truthful in their accounts of their experiences, to gain an understanding of their coping mechanisms. The experiences of the participants are typical of the experiences of other men victims of gender based violence.

1.9 Limitations of the study

There are some limitations in this study which are not in the control of the researcher. Some of the potential participants may be hesitant to share their experiences in full as gender-based violence against men is a sensitive and stigmatized issue in Zimbabwe, which may impact on the richness, and accuracy of the data. However, GBV against men may not be fully reflected in the study due to the under-reporting of such violence. The sample consists of male survivors that have attended Padare Men's Forum and thus cannot speak for all men that have been impacted by GBV in Harare or the country at large. There can also be a response bias because people might not report things they are embarrassed about, or because of trauma or fear of judgement. Also, resources and

time are limiting factors so that it is only possible to compare one organisation with itself and not with other organisations in the wider picture.

1.10 Delimitations of the Study

The study is purposefully restricted to adult male survivors of gender based violence (GBV) who have utilized support services at Padare Men's Forum (Harare). It is not inclusive of those men that have suffered GBV without seeking help or other organisations that offer similar services. The research focuses specifically on the lived experiences of men and does not include other forms of violence (political, community, economic), or women, adolescents or other groups. Geographically the study is only limited to Harare and only the Padare institutional setting and not other districts or regions in Zimbabwe. These boundaries support the scope being manageable and to develop an in-depth understanding of a particular support context related to male GBV experiences.

1.11 Definition of key terms

1.11.1. Gender-Based Violence (GBV)

Gender based violence as defined by Heise, (1998) is any violence which causes, or is likely to cause, physical, sexual or psychological harm or suffering to people on the basis of socially constructed gender roles or expectations. World Health Organization (2021) defines gender based violence as all forms of violence directed against a person on the basis of gender, including acts that cause or are likely to cause physical, sexual or mental harm, threats, coercion, deprivation of liberty. Gender-based violence is defined by the United Nations (1993) as any act of physical, sexual, psychological or economic harm inflicted on a person on the basis of gender or socially constructed gender roles.

1.11.2. Survivor

Sinko and Saint Arnault (2020), describe a survivor as someone who is in a social, spiritual, cultural and psychological process of attempting to pursue a sense of wellbeing, to embrace their experience of GBV as part of their identity, and to live a life in which they are not constrained by their experience of GBV from relating to others and achieving their goals and aspirations. Herman (2015), asserts that survivors are individuals who undergo a three-stage recovery process involving establishing safety, remembrance and mourning, and reconnection with ordinary life, emphasizing that recovery is based upon empowerment of the survivor and restoration of relationships after the disempowerment and disconnection caused by trauma. Further, Wathen (2021) views survivors as people whose history of violence and experience of current violence should be understood psychologically and socially and who should be cared for using an approach that considers the impact of both systemic and interpersonal violence as well as structural inequities on their lives.

1.11.3. Male Survivor

According to Hines and Douglas, (2011), a male survivor is a man who has suffered abuse, violence or coercion, often in an intimate or domestic relationship, and whose experience has often been minimized or dismissed because of societal gender norms. Male survivors are those men who have survived violence but whose experiences are not always understood or recognized, according to Hearn (2012) because of society's notions of masculinity and male invulnerability. Barker and Ricardo (2005) conceptualize male survivors as men who have been impacted by social and structural violence, such as sexual, emotional and physical violence, and have been constrained in expressing vulnerability or seeking support. For the purposes of this study, male survivor is defined as a Zimbabwean man who has been a victim of GBV and has accessed GBV assistance/ programmes through Padare Men's Forum.

1.11.4. Padare Men’s Forum

Peacock and Barker, (2014) define Padare Men's Forum as an organization based in

Zimbabwe that engages men in advocacy, education and empowerment of men to promote gender equality and is combating harmful masculinities and supporting social transformation. Padare Men's Forum (PMF) is a Zimbabwean non-governmental organization incorporated in 1995 and working with men and boys to advocate for gender equality, positive masculinity and social justice (Padare Men's Forum, 2020). Chitando and Chirongoma (2012) define Padare Men's Forum as a male liberation group that seeks to promote gender transformation and to question patriarchy values which affect both men and women in Zimbabwean society. According to Muzvidziwa (2019) Padare is a platform that encourages dialogue and discussion between men to change their behaviour and attitudes in accordance with human rights and gender equality.For the purpose of this study, Padare Men's Forum is the organisation under study, which works with men who are survivors of GBV in the areas of counselling, advocacy and community.

1.11.5. Social Work

Social work is a practice and an academic discipline that seeks to enhance the social functioning of individuals and groups and to foster their social development and cohesion, as well as their empowerment and liberation. (International Federation of Social Workers (IFSW) 2014). Social work is the professional activity of helping individuals, groups, or communities improve or recover their functioning in society and to foster environments that enable them to reach this objective, according to Zastrow (2017). Payne (2014) states that social work is a human rights oriented profession, which relies on its values, theory and practice to promote social justice and the well-being of people in their social context.

1.12 DISSERTATION OUTLINE

1.12.1 Chapter 1: Introduction and Background of the Study

This chapter provides background on the study in order to gain understanding for the exploration of the experiences of male survivors of gender based violence at Padare Men's Forum in Zimbabwe. It has pointed out the invisibility of the male victims in the prevailing GBV issues and has indicated the research void it has been filled and the purpose, questions, and relevance of the study. The chapter has also explained the scope of the study, identified its limitations and provided definitions of the key terms used in the study for the purpose of conceptual clarity. Lastly the study gives an outline of the chapters of the whole research project.

1.12.2 Chapter 2: Literature Review

This chapter provides a review of the existing literature on male gender based violence survivors including the prevalence and impact of gender based violence against men, as well as the factors that contribute to it. There is an elaboration on the chapter on Strength Based Theory as the study's lens from which understanding will be based as there is an explanation on the relevance of the theory to the study. This chapter also provides in-depth literature review on each literature in relation to each objective across the globe, region and country. Outlined is a discussion of existing interventions and policy responses to gender based violence against men and their limitations.

1.12.3 Chapter 3: Research Methodology

Chapter 3 presents the methodology to be used in conducting the research in order to obtain data. It elicits methods of research by describing the research methods used, such as focus groups and other data collection methods to be used in the investigation. The target population is given out in this chapter after providing the research approach. For each method will include an explanation for the sampling strategy and recruitment

of participants. There is description of the data analysis methods,including the use of qualitative data analysis techniques such as thematic analysis. A discussion of the ethical issues of the research is included in this chapter, including addressing issues of confidentiality.

1.12.4 Chapter Four: Data Presentation, Analysis and Discussion of findings

This chapter summarizes the key ideas and important conclusions drawn from all the data collection procedures. The researcher, having collected the data, presents them in tables and finally discusses the results. It contains a discussion on how the findings compare with and/or contradict literature and research on domestic violence against married men. There is a presentation of the findings collected explaining how they would have achieved the objectives of the study. In data analysis is a comparison of the findings from different groups of participants, such as male gender based violence survivors from different age groups or socioeconomic backgrounds to bring out their experiences. This chapter will also present the unexpected findings or emerging themes which were not anticipated, the strengths and limitations of the research findings.

1.12.5 Chapter 5: Chapter Summary, Conclusions and Recommendations

The final chapter is a summary of the key findings of the research, and how they contribute to the existing literature on male gender based violence survivors. This is a commentary on the strengths and limitations of research and the potential impact of these on the findings. Future research areas are identified, specific recommendations are made and the chapter reflects on the contribution of the study towards knowledge. This chapter is a reflection on the personal and professional learning that has occurred throughout the research process, concluding the research by highlighting all the important findings and implications for future research and policy development, and suggesting a way forward.

CHAPTER TW0: LITERATURE REVIEW

2.0 Introduction

This chapter summarizes the literature on the experiences of male victims of gender-based violence (GBV), discussing it under three rubrics: types of violence experienced, coping strategies used, and support systems in place. It also explores the Strength Based Theory as a guide to the study. The chapter draws on international, regional and local research and literature to identify key areas that require further research in the field of male GBV victimisation in the context of Zimbabwe.

2.1 Theoretical Framework

2.1.1 Strength-Based Theory

This study is guided by the Strength Based theory which was developed by Saleebey (1992) and further developed in social work practice by Rapp (1998) amongst others. The Strength Based Theory takes a different approach to focus not on deficits, pathologies or problems, but on identifying and building on the individual's strength, capacities and resources. Saleebey (2006) believes that every individual, family, and community has strengths that can be mobilized to overcome challenges and that the practitioner's role is to find, celebrate, and use these strengths instead of documenting weaknesses and deficits. This is especially important in the context of working with male GBV survivors who have been rendered invisible and/or pathologised in mainstream social services.

There are a few basic principles to the Strength-Based Theory. First, it is a belief that everyone has strengths and that these strengths can be the basis for change and recovery (Rapp, 1998). Second, it assumes that resources are available in the environment and that social workers need to assist clients to locate and utilise them.

Third, it claims that client-practitioner interactions should be collaborative, respectful, and motivated by client's goals and aspirations and not by externally imposed treatment plans (Saleebey, 2006). Fourth, it understands that trauma, abuse and illness can be sources of challenge but they can also be sources of opportunity, resilience and transformation. This means that for male GBV survivors, the experience of coping and surviving abuse is a very personal one that requires a lot from the individual – strength, courage and a certain resourcefulness – a resourcefulness that may not be acknowledged by society.

Rapp, Sullivan, and Kisthardt (1989) say that Strength-Based approach is “a deliberate counter to the idea of a broken, damaged, or incapable clients.” This is particularly important when considering male GBV survivors because the dominant narratives about GBV victims can be that male GBV survivors are either pretending to be victims, are too weak to be victims, or simply don't have any business being victims. In contrast, the Strength-Based Theory focuses on the survivor's lived experience and validates their personal strength to survive, adapt and seek assistance. According to Teram, Schachter, and Stalker (2005), working in a strength-based perspective with male trauma survivors can help to validate experiences, do not reinforce victimhood, and can support healing while maintaining the man's masculine identity and dignity.

For this study, the lens of the Strength-Based Theory focuses on what survivors have maintained, built, and responded to violence with. This study has three research questions: What types of violence were experienced, how did the participants cope with the violence, and what support systems did they use to cope with violence? All three research questions are strength-based. Coping mechanisms, for example, are not just classified as survival behaviours, but as adaptive strategies that are a sign of resilience. Likewise, the analysis of support systems is not only focused on identifying gaps, but also on identifying strengths within Padare Men's Forum and the communities it serves. The Strength-Based Theory therefore offers a theoretically sound and practically useful approach for researching male GBV survivors' experiences in Zimbabwe.

2.1.2 Relevence of the Strength-Based Theory to the Study

The Strength-Based Theory is relevant to this study as it is the primary tool used to gain insights into participants' strengths. It allows for a framework to affirm the humanity, resilience and agency of male GBV survivors who are persistently marginalised, disbelieved and invisible in research and service delivery settings. Strength-Based Theory is a departure from the deficit approach to victimhood, and places male survivors as having inherent healing, recovery, and growth capacities in the face of violence. This is particularly important in the context of Zimbabwe's sociocultural norms, where dominant masculine norms are likely to generate high levels of stigma for male survivors and where the cultural narrative has a tendency to ignore male victimisation altogether. A strength-based perspective challenges that story and affirms survivors' experiences and highlights the extraordinary personal strength needed to survive, tell and get support despite these obstacles.

In addition, the three research objectives of this study fit well with the underlying principles of the Strength Based Theory. The first objective, which looks at experiences of violence, is not only about documenting violence but also about recognising that it takes a lot of personal resilience and flexibility to survive more than one, and more than one kind, of violence. The second objective is related to coping mechanisms, seen in a strength-based way, where coping, either adaptive or maladaptive, is viewed as an active process by which survivors cope with and react to adversity, rather than simply suffer. The third is looking at support systems available and both gaps and strengths are explored; this is achieved through the principles of strength-based working as seen in Padare Men's Forum, through counselling, peer support and advocacy. All the aforesaid brings together the Strength-Based Theory as a theoretical and ethically sensitive approach for understanding and voicing the voices and experiences of male GBV survivors in Zimbabwe.

2.2 Conceptualization of Key Phenomena in the Study

2.2.1 Gender-Based Violence

The phenomenon of this study, focused on gender-based violence (GBV), should be approached with caution because of the need to clarify the concept. UN Women's definition of GBV is 'Violence against a person based on their gender or sex; it reflects and reinforces gender inequalities and undermines the health, dignity, security and autonomy of its victims' (UN Women, 2020, p. 12). This definition recognises that although GBV occurs disproportionately amongst women and girls in the world, it can happen to all genders. The World Health Organization (2021) categorizes GBV into four main types physical violence, sexual violence, emotional or psychological abuse and controlling behaviors. These categories are relevant for victims of both sexes, although social responses, consequences and patterns might vary.

2.2.2 Conceptualizing Male Victimization

Conceptual issues need to be addressed when it comes to GBV victimization among men. Traditionally, feminist perspectives have viewed GBV as being grounded in patriarchy, the environment which renders women to be subjugated and subservient to men, and how violence serves to continue its dominance and control, as observed by Johnson and Leone, (2018). This analysis is important for the majority of cases of GBV in the world. Men who suffer victimisation, especially women, tend to clash with these ideals, and thus face a lot of stigma and identity conflict. The dynamic of male victimization is said to lie in a paradox: while men are generally the beneficiaries of a masculinity-enabling patriarchy, individual men who face victimisation are harmed by a rigid masculinity that refuses to acknowledge their vulnerability and does not recognise their suffering (Javaid, 2016). This complexity distinguishes between survivors' experiences and requires grounded understanding in a gender-sensitive manner.

2.2.3 Coping Mechanisms Conceptual Framework

Coping mechanisms are described as 'cognitive and behavioral responses that are used to deal with external and internal demands that are appraised as taxing or exceeding the persons coping resources'. Gender norms, social stigma and resources available to them influence coping strategies for male GBV survivors. Hines and Brown (2007)

studied male victims of domestic violence and found that they coped with psychological abuse, and Migliaccio (2002) examined the stories of men who survived domestic violence and how they coped and reconstructed their masculinity. This study fills an important gap in understanding how male survivors cope, what coping strategies are adaptive or maladaptive, and the role of gender norms in determining coping decisions.

2.2.4 Support Systems Conceptual Framework

Support systems include formal and informal resources of help for survivors emotionally, practically and materially. Male survivors of GBV often find that support systems are lacking or inaccessible because they are only for women, because they are not aware of the disclosure of their situation, or because they are unaware of the services available. Cheung, and Leung (2010) have identified a need for targeted support services for men and Carmo and Grams (2011) have emphasised the need for accessible support services for male victims of IPV. Knowing what support is available, how easily it is accessed and how effective it is for male survivors is a key concern of this research.

2.3 General Overview of the Study

2.3.1 Global Overview

International studies show that violence against men occurs among a large proportion of men but prevalence figures are highly variable, depending on methodology, definition, and cultural setting. According to the detailed multi-country study conducted by the World Health Organization, 3-13% of men in the different countries suffered physical and/or sexual violence by an intimate partner (WHO, 2013). Smith (2018) shares that the National Intimate Partner and Sexual Violence Survey revealed that about 1 in 4 men (25.7%) had been victims of physical violence by an intimate partner and 1 in 10 men (10.6%) had been victims of contact sexual violence by an intimate partner during their lifetime. A systematic review of studies conducted in multiple countries by Tsui (2014)

showed a range of male victimisation rates between 2% to 53%, which was due to the differences in measurement instruments, populations and the cultural contexts. Researchers continually point out, however, that these figures are almost certainly an underestimate because male survivors of sexual violence often do not report the abuse, and their abuse is systematically underreported as a result of stigma, shame, fear of being believed, and lack of specific services (Javaid, 2017).

Additionally, Hines and Douglas's (2010) in-depth study of male victims of intimate partner violence in the United States revealed that men endure physical violence such as being hit, slapped, choked, attacked with weapons, and assaulted when vulnerable or sleeping. Men are usually physically stronger than their female partners, but their research found that many men often did not fight back because they didn't want to face legal action, were culturally reluctant to hit their partners, or were afraid of injuring them. Emotional and psychological abuse can be the most frequent type of violence against men, such as constant criticism, humiliation, threat, isolation from family and friends and undermining self-worth, as reported by Stemple and Meyer (2014). Although it did not leave any visible scars, this kind of abuse had a devastating impact on the psychological health and identity of survivors.

In addition, from the literature it is clear that there are several barriers that intersect in not seeking help for male survivors. Brooks and Greenberg (2013) examined the direct conflict between the norms of hegemonic masculinity that promote strong, self-reliant, and emotionally stoic men and the norms associated with victimhood, and how this makes it difficult for many men to accept their victimization without feeling it is a threat to their identity as a man. They found that cultural conceptions of masculinity lead to strong psychological resistance to disclosure and seeking help. Durfee (2011) carried out a research study on institutional responses to male victims of domestic violence, which revealed that police, healthcare workers and social workers might dismiss or minimise the experiences of men, or view them as potential perpetrators of violence or even question the severity or reality of male victimisation. This institutional bias can result in substantial problems accessing formal supports. In the study of 302 male victims of domestic violence, Douglas and Hines (2011) revealed that many of these

victims received little services, and that most domestic violence shelters and programs are geared towards women. Men seeking services frequently experienced lack of staff who were trained to respond sensitively to male victimisation, and some men reported being turned away from services or facing ridicule for seeking help.

International awareness of the mental health burden among male GBV survivors is increasing. A systematic review of the psychological effects of IPV on male victims was conducted by Randle and Graham (2011) and high prevalence of depression, anxiety, post-traumatic stress disorder (PTSD) and suicidal ideation was found among male survivors. However, they found that male survivors did not differ from female survivors in terms of psychological distress, but were significantly less likely to receive mental health support or to be formally diagnosed. The study emphasized that the current mental health frameworks were mostly designed for women and in many cases, men's experiences of trauma and recovery were not acknowledged and men were underdiagnosed and undertreated. Heavy alcohol use was also reported to be three times more likely and drug dependency two times more likely in men experiencing intimate partner violence than in those who did not experience intimate partner violence, suggesting maladaptive coping strategies are a significant global concern for male survivors (Esquivel-Santovena and Dixon, 2012).

2.3.2 Regional Overview

Research on GBV victimisation in African contexts only pays attention to women and girls, both because of the high prevalence of violence against women and the traditionally strong advocacy efforts that have foregrounded this issue as pointed out by Jewkes (2010). This emphasis has resulted in the neglect of the question of male victimisation and its prevention. One of the few African studies to specifically focus on the male domestic violence victimisation in Swaziland, was conducted by Tsikati (2016). The findings from the study by Tsikati (2016) showed that men were subjected to physical violence, emotional and economic abuse, however, the study participants were subjected to severe social stigma through ridicule, questioning manhood and suggesting that they have failed as men by family members and community members.

The study found no formal support services for male survivors in Swaziland, and that men suffer in silence or on informal often unsupportive networks. Gibbs and Willan (2014) undertook a study in South Africa on men's experiences of victimization set against a backdrop of the larger masculinity literature. Their main concern was violence by men but they observed some men who had been victims of violence from women were reluctant to report, because of cultural messages of male authority and control. Male victims faced great social sanctions as well as loss of social standing in their communities. Furthermore, in a South African study that investigated the psychological implications of traumatic childhood events, participants who reported exposure to childhood sexual abuse and domestic violence were found to have significant long-term emotional distress, substance abuse and relationship difficulties, particularly among males (Madu and Peltzer, 2001). But, the study indicated that males were very hesitant to self-report victimization experiences, so that rates of these experiences may have been understated.

In addition, African cultures have a variety of traditions with many having strong patriarchy and well-determined gender roles. The Silberschmidt (2001) study of masculinity in East Africa indicated that traditional masculine roles such as providers, protectors and household heads make men especially vulnerable during times of socioeconomic crisis when they are unable to fulfil these roles. This economic emasculation can add to the stress in the relationship and hinder efforts by male survivors to seek assistance, given that they may already feel that they failed to meet masculine expectations. Hegemonic masculinity was examined in Southern Africa by Morrell, Jewkes and Lindegger (2012) who revealed that although different masculine ideals exist amongst different ethnicities and regions, the commonalities included physical power, sexual potency, economic support and emotional restraint. The cultural constructions produce strong barriers for the male survivors whose experiences are in sharp opposition to the idealised masculine roles.

In Kenya, Kamau (2013) reported that male domestic violence victims were very much culturally and legally invisible as the laws governing family protection were enforced with a male and female binary. Often, men who sought the help of police or community

elders for intimate partner violence were ridiculed, or were pressured to solve the issues privately or it was considered shameful to ask for help regarding a domestic dispute. In Uganda, Kaye, Mirembe, Ekstrom, Kyomuhendo and Johansson (2005) reported on the experiences of men who had been victims of violence from their partners in rural communities. They found that the experiences of these men were a result of economic hardship and changing gender roles leading to volatile domestic environments in which both men and women were victims of and perpetrators of violence. But men who revealed the victimisation were disgraced within their community and accused of bringing shame to their homes.

2.3.3 Local Overview

Zimbabwean society is characterized by strong patriarchal power structures rooted both as a result of traditional African cultural practices and the history of colonization. Chireshe and Chireshe (2010) explored the role of gender in Zimbabwean society and concluded that men are expected to be the head of the household, the main decision maker, bread winner and protector of the family's honour. Women are expected to be submissive, supportive and respectful of male authority traditionally. These strict gender role expectations pose specific problems when men are victimized because the experiences of being victimized are in many ways the opposite of definitions of proper masculinity in the culture. According to Mawere (2010), the concepts of kinship and communal interdependence play a key role in Zimbabwean cultural values. With this in mind, family harmony and community respect are crucial. Men who report victimisation risk focing shame on themselves and their families, and thus help make the experience of victimisation highly stigmatised and invisible for men.

Studies that focus specifically on Zimbabwean male GBV victimisation are very scarce. One of the few Zimbabwean studies was conducted by Chireshe (2015) and studied attitudes towards men as victims of domestic violence among University students. Chireshe employed a mixed method approach with 200 students and revealed that both boys and girls were skeptical and did not believe that female-to-male violence was as severe as male-to-female violence, nor was it as pervasive as male-to-female violence,

nor did it warrant the same level of response as male-to-female violence. Some participants felt that men who are victims of violence were weak, had brought the violence on themselves, or should "be men" and deal with it on their own. This study found significant stigma associated with male victimization, but did not explore what experiences survivors go through. Ngwaru (2018) found that men are also seeking help for violence experienced, but that there are substantial barriers to this in Padare Men's Forum research. Ngwaru (2028) in his studies, observed that men suffered from physical assaults, insults and psychological abuse and economic control. But, due to societal attitudes, most were not able to either share or seek formal help beyond Padare. Even when men went to the police or mainstream counselors they were spoken down upon, ridiculed, or told to just “put up with it”.

The results of this study offered helpful first step insights but were limited and shallow in nature. In the general population, Zimbabwean men's masculinity and help-seeking behaviours were explored by Mutare (2016), who reported that traditional masculine norms that focus on self-reliance and emotional stoicism hindered men from seeking mental health services, medical services or counselling despite experiencing high levels of distress. Although this research was not specifically directed to GBV survivors, cultural obstacles to help-seeking were pertinent to the understanding of the challenges faced by male survivors.

Padare Men's Forum was set up in 1995, and is one of the few Zimbabwean organisations that offer specialised support to male GBV survivors. Padare has its offices in Harare, with outreach to other provinces, and provides counselling, peer support groups, legal advocacy and community education (Padare, 2020). But very little documentation and assessment of these services have been done and this is an important gap that this study seeks to fill. Other than Padare, there are not many services available for male GBV survivors in Zimbabwe. The leading domestic violence organizations are only concerned with women. Male survivors will not be able to live in shelters. Little training is provided for police and health care providers on male victimisation. The service gap also means that there are very few formal avenues available for male survivors to access support.

Furthermore, the economic situation in Zimbabwe has direct implications for male GBV survivors. Zimbabwe has been in a state of economic instability for a long time characterised by hyperinflation, high unemployment and structural poverty. Economic pressures are a major source of domestic tension (Chikwanda 2016) and men who cannot play a provider role are more likely to feel inadequate and shameful. Women who are primary breadwinners may have altered power dynamics that can lead to partner conflict. Most importantly, if the man is economically reliant on the woman in an abusive relationship, leaving the relationship without any money, job or housing options is nearly impossible. The combination of poverty, gender norms and GBV in Zimbabwe is uniquely complex and existing support mechanisms are not well-equipped to respond to male survivors.

Men who are GBV survivors are also severely limited in accessing health services in Zimbabwe. Economic pressures, brain drain and lack of resources have put a strain on the public health system of the country. Physicians for Human Rights (2009) reported extensive breakdown of health services in Zimbabwe, and although there has been some improvement, there are still significant gaps. Male survivors who seek health services with injuries resulting from intimate partner violence frequently face health care providers who are not trained to identify or address male victimization. Gombe (2019) observed that male patients who present with injuries resulting from domestic violence were not routinely assessed while female patients were assessed systematically at the Harare hospitals. This is an important missed opportunity for early intervention and support.

2.5 Forms of Gender-Based Violence Experienced by Male Survivors

2.5.1 Physical Violence

Physical violence is one of the most evident, yet paradoxically the most hidden forms of GBV against men. In the United States, Hines and Douglas (2009) asked 302 male domestic violence victims about their experiences of physical violence and found that

96 percent of them had been slapped, kicked, punched, choked or attacked with a weapon. The severity of the assaults varied from minor to life-threatening violence, which required medical attention. Research by Morgan and Wells (2016) exploring male survivors' experiences in the United Kingdom identified physical violence often happened during arguments, as men began to be able to leave situations, when they were vulnerable, asleep, intoxicated or incapacitated. A large number of men said that they were attacked with objects like plates, bottles, phones and kitchen implements and as a result sustained injuries. Sometimes the female partners were physically smaller or weaker and were victims of violence, sometimes it was from partners of similar or greater physical strength. Research has shown that often male survivors are able to physically defend themselves but do not. Many of the male victims in the study did not use physical violence on their abusing partners, citing reasons such as fear of injuring their partners, belief that “real men” did not hit women, knowledge that they would be blamed if they retaliated, and that they wanted to avoid further violence (Machado, Hines and Matos, 2016). But research also shows that there are particular problems in the recognition of physical victimization for male survivors. In that study (Durfee, 2011), police responses were analyzed and it was found that males who had visible injuries were sometimes suspected of being the aggressor who had sustained injuries in the process of attacking his partner. The lack of response to male victimization was due to institutional bias resulting from the police training that focuses on women as victims and men as perpetrators.

2.5.2 Verbal Abuse

Verbal abuse is a common type of abuse faced by male GBV survivors as documented in research. Cook (2009) attention is drawn to the fact that abusers frequently attack the male identity by verbally demeaning the man, for example, by saying he is not a real man, or by ridiculing his strength and capabilities. This type of abuse may result in feelings of worthlessness, anxiety and depression, that may lead to the deterioration of self-worth and confidence, as stated by Migliaccio, (2002). Male survivors may be met

with comments that challenge their masculinity, sexuality or ability, which may be part of their hesitation to seek help related to the societal expectations of masculinity. The verbal attacks are often a form of control to affect the victim's feelings and actions in the relationship. Men pointed out that women incite them to violence by their use of language. Some of the words are derogatory and highly offensive, they said.

2.5.3 Psychological Abuse

Psychological violence against men is a subtle violence and highly traumatic. The staggering figure is that 99% of male domestic violence victims are subjected to psychological abuse in the form of belittling, humiliating or emotional manipulation, as revealed in Hines, Brown, and Dunning (2007). This may result in persistent criticism, public ridicule and systematic isolation, leading to the male survivors questioning their perceptions and sanity, Cheung and Leung (2010). Attacks on the perpetrator, often with regards to the issue of male identity, challenge his strength, his ability and his own masculinity, and as Cook (2009) states, can be devastating because it is challenging the very norms of masculinity that would prevent him from seeking help. The effects are far -reaching, as many men say psychological abuse is as harmful as physical abuse, ultimately undermining their confidence, self-worth and sense of identity, long after the abuse has ceased, writes Migliaccio (2002). One of the most frequently mentioned strategies is isolation, which is used by abusers, and which makes it more difficult for men to access a network of support and leaves them less able to leave the abusive situation (Carmo, Grams, and Magalhães, 2011). In addition, gas-lighting and/or threats regarding relationships, finances or reputation can cause male survivors to feel trapped and powerless. Psychological abuse can have a long-term impact, so it is crucial to acknowledge and respond to this type of violence against men.

2.5.4 Economic Abuse

Economic abuse is an emerging yet important type of GBV against men. Postmus et al., (2012) created the Scale of Economic Abuse and discovered that male partners may suffer from the same types of economic abuse (economically controlling, exploiting and

sabotaging) as females. Hines and Douglas (2010) uncovered that some of the forms of economic abuse experienced by male domestic violence victims included earnings controlled by partners, jobs sabotaged and property or possessions destroyed. Economic abuse is especially complex in situations where men are expected to be the breadwinners and the decision makers. Branigan (2004) identified the extent to which male survivors were subjected to shame in relation to the violation of masculine provider expectations as well as the act of abuse itself. Men who felt that their girlfriends controlled their finances felt emasculated, powerless and trapped. In African cultures where there is a cultural emphasis on the roles of men as providers, economic abuse can be particularly harmful to male identity. But there's a lack of specific research that explores the economic abuse of African male survivors.

2.5.5 Spiritual Abuse

Spiritual and ritual abuse is a culturally specific form of gender-based violence, which is under-researched in the Zimbabwean and wider African context. Religious abuse is a type of abuse where religious belief, traditional spiritual practices, threats of witchcraft or threats incurring the wrath of ancestors are used to control, intimidate and cause harm to intimate partners. Mpofu (2014) noted incidents in Zimbabwe where men survivors were threatened with witchcraft by their partners, subjected to rituals aimed to make them submissive or dependent or accused of failing in the spiritual realm for purposes of psychological and physical abuse. The fear resulting from spiritual abuse can be especially powerful in cultures where belief in supernatural forces is deeply rooted and where opposition to such forces is viewed as an affront to the culture. The stigma experienced by male survivors of spiritual and ritual abuse is intensified by the need to expose something they have been abused about, which may also involve challenging community's views of spiritual authority and practice. Dengu-Zvobgo (1994) reported that witchcraft allegations in intimate relationships in Zimbabwe are a form of social control which is challenging for the formal law and social service provision to deal with it due to the sensitive and personal nature of spiritual issues.

2.6 Coping Mechanisms Employed by Male GBV Survivors

2.6.1 Avoidance

Avoidance coping is a form of coping behaviours that attempt to avoid the stressor or deny it. Dutton and White (2013) identified many male survivors who denied the extent of the abuse, and believed that it was "not that bad" or "he could cope on his own. In some instances, this denial helped to keep men from accepting that they were victimized, as adherence to cultural scripts in which “real men” do not become victims also helped to deny men a means of seeking help and avoiding continued exposure to violence. Semmler and Williams (2000) point out that although avoidance coping can be effective in the short term to alleviate emotional distress, it can also be effective at thwarting trauma processing, which can have a cumulative effect over time leading to a growing psychological symptom load. For GBV survivors, the gendered aspect of avoidance is especially important: masculinity that values stoicism and self-reliance can render denial a culturally “correct” and hence a often-sought coping mechanism even if it is detrimental.

In the Zimbabwean context, avoidance coping among male survivors is also reinforced by cultural beliefs and norms that men must be resilient and keep their affairs in their homes. Chireshe (2015) noted that Zimbabwean men were very unlikely to label their experiences as being of abuse, but rather ‘misunderstandings’ or ‘normal relationship conflicts’, and therefore not an issue for external intervention. This way of thinking acts as a cognitive avoidance mechanism which preserves the masculine self-concept at the expense of recognizing the harm. In addition, Hines and Douglas (2010) discovered that male survivors who made use of mostly avoidance coping styles experienced the greatest level of chronic psychological distress, such as depression, anxiety, and post-traumatic stress symptoms, when compared to other coping styles. A Strength-Based perspective also must take note, however, that "avoiding coping" may be a reasonable coping response for a threatening environment, especially when disclosure has serious social implications. The ability of survivors to carry on day-to-day life and to endure further abuse is an indicator of their own resilience, although what they are doing may be the wrong strategy.

2.6.2 Isolation

Social isolation is one of the most common and problematic coping behaviors used by male GBV survivors. Some of the survivors dealt with it by deliberately withdrawing from social situations where they would have to talk about their relationship, or where the victimization would be obvious to others. Hogan and Orme (2011) discovered that isolation offered the short-term respite of being away from the judgment of external others and the prospect of having to once again explain the distressing condition, but it ultimately led to increases in psychological distress over time and systematically reduced the source of social support most crucial to recovery. Walker (2014) also reported that male survivors who avoided friend networks, family and community activities showed a significantly greater depression and suicidal ideation when compared with those who had at least minimal social interaction. This is usually because of anticipatory shame; men think that if they disclose they will be ridiculed, not believed, or lose social status, so they remove themselves from social situations where this is likely to happen. Thus, the avoidance of judgement is an anticipatory act that further normalizes silence and intensifies the survivor's feeling of helplessness and isolation.

Among the coping mechanisms present in the literature on male GBV survivors, isolation is perhaps the most dangerous because in removing the very interpersonal resources that can help to heal, it adds further harm. Within the Zimbabwean context, the expectation of society is that men have to be emotionally cool, independent and composed, and that many male survivors feel they have to project a 'normal' image in public despite being emotionally distraught. Ngwaru (2018) in his study with Padare Men's Forum discovered that many of the male survivors had reclusively moved further and further away from social life for a prolonged period, sometimes for years, before eventually accessing formal help. It was found that there was a progressive withdrawal correlated with mental health, substance use, and in some cases suicidal ideation. Mutare (2016) also noted that the Zimbabwean male who withdrew during times of emotional distress was less likely to see that there was a need for professional intervention, because isolation would lead him to believe that the distress that he was

experiencing was a failure on his part and a valid consequence of abuse. However, from a Strength Based perspective, it is significant that some survivors engaged in strategic withdrawal to contemplate, plan and ultimately find the impetus to seek help, indicating that even this maladaptive strategy had aspects of active self-management, which can be tapped and utilized for more constructive purposes.

2.6.3 Substance Use

Several participants described the use of substances (alcohol in particular) and a variety of behaviours (over-working, redirecting aggression against co-workers) as ways of handling emotional pain when they lacked more adaptive coping skills. Further, Esquivel -Santovena & Dixon (2012) noted that male GBV victims were three times more likely to report heavy alcohol consumption and two times more likely to report drug dependency than those not experiencing GBV, highlighting the strong association between alcohol consumption, drug dependency, and GBV victimization among men. Alcohol and other drugs act as a self medication for many male survivors: it offers short term relief from emotional pain, helps to calm anxiety, and acts as a mental refuge from an abusive home situation which the survivor may feel unable to leave because of financial or child custody issues, or because of social stigma. In environments where there is no socially accepted means for men to be vulnerable or seek emotional help, drugs and booze “fill in the gap” and become a coping mechanism (Cook, 2009).

In the Zimbabwean context, the relationship between substance use and being a victim of GBV among men is further complicated by the cultural acceptance of men drinking as a socialization behaviour and as a symbol of masculine sociability. Spaces like bars and shebeens play a specific social role in Zimbabwean masculine culture, as areas where men can meet without being asked about their feelings or home life, according to Mpofu (2014). For the male survivors of GBV, these are areas of respite from the domestic turmoil and of ever-increasing addiction to substances. The paradox discovered by the participants in several African research studies is that alcohol offers short-term alleviation of the emotional pain but also causes impaired judgment, increased conflict in relationships and creates new problems such as economic pressures, ill health and other issues which further increase the survivor's vulnerability.

Hines and Douglas (2010) also noted that substance use was often linked to feelings of shame and self-blame, which further led to shameful behavior being reinforced through substance consumption, then to excuses for engaging in such behavior, and finally to increased shame and self-blame for engaging in the behavior. In a Strength Based context, participants are able to critically reflect on the destructiveness of substance use, demonstrating an achievement of self-awareness, as a true strength, and a precursor to recovery. The therapeutic work of Padare Men's Forum to increase the number of survivors' learning of coping skills is therefore particularly important in dealing with this pattern.

2.6.4 Help-Seeking Disclosure

Seeking help is one of the most significant, yet underutilized adaptive coping mechanisms especially for male survivors. Even though there were considerable social and institutional obstacles, a substantial number of male domestic violence victims sought help from various sources as identified by Douglas and Hines (2011) such as friends, family members, clergy and formal sources. Men who were able to express their experience and who were supported by their social networks experienced significantly less psychological distress and more confidence in their decisions to act in the situation than those who did not. Men who reported negative reactions (disbelief, ridicule or minimization) following disclosure experienced more shame and greater reluctance to seek additional help. This discovery highlights the necessity of social responses to male survivors' disclosures in terms of helping make help-seeking a path to recovery or a re-traumatising experience.

In the Zimbabwean context, Ngwaru (2018) established that men who sought support from Padare Men’s Forum had most of the time delayed their disclosure for a long time, in some cases for years, before deciding to seek formal help. Often, it took a crisis event, like a severe physical assault, a hospitalization or a threat to the safety of the children for the decision to disclose to happen. Such delayed disclosure is found internationally, and implies that specific outreach and community sensitization efforts are essential to promote earlier help seeking among male survivors. The social environment can be strengthened to make disclosure safer a fundamental intervention

approach.

2.6.5 Faith-Based Spiritual Coping

Religion and spirituality are important, yet under-researched coping mechanisms for male GBV survivors, especially in African settings, where religious faith is central in a community's life. According to Pargament (1997), religious coping involves four aspects: prayer, seeking pastoral help, participation in religious services, and finding meaning through religious beliefs to cope with trauma and adversity. In Zimbabwe, the church and other religious institutions are also a place where men who have experienced GBV can access services without having to explicitly disclose the victimization; this is especially the case for male GBV survivors. Baloyi (2009) found that in South Africa, activities of men's survivors often involved going for advice to religious leaders as it was acceptable in the culture of these individuals as opposed to going to a social worker or psychologist. However, the quality of religious support was extremely diverse, with some religious leaders offering validating and helpful guidance, and others reinforcing cultural norms that suggested not disclosing or that men should stay in an abusive relationship for the good of the family.

In Zimbabwe, Moyo (2017) explored the specific dynamics of how African Independent Churches were involved in helping men to recover after domestic violence, and concluded that they existed on a middle ground between the traditional culture and spiritual healing. Male survivors found some informal counselling, prayer and community support invaluable in helping them to deal with their experiences and build a new sense of self and purpose, some of which was offered by some churches. Moyo (2017) also warned that if not done in a trauma-informed manner, religious coping support may inadvertently perpetuate negative gender coping norms or discourage formal help-seeking. To incorporate faith-based resources in a full system of support for male GBV survivors, it is thus important to recognize the role of these resources in their culture, and to take care to ensure that the spiritual guidance provided is consistent with survivor well-being.

2.7 Support Systems Provided to Male GBV Survivors

2.7.1 Counseling and Psychotherapy

The individual and group counseling is one of the main interventions for male GBV survivors. Nathanson and Rhatigan (2012) treated male survivors of domestic violence with trauma-focused cognitive-behavioral therapy, which resulted in a significant decrease in PTSD levels, depression and anxiety. Trauma-informed interventions that specifically targeted trauma outcomes of intimate partner victimization were more effective than generic mental health treatment. Brooks (2010) determined that it is better for men to use solution-focused, skill-focused interventions, rather than focusing on just emotional expression. Brooks, however, warns against the process of emotional suppression and believes that effective therapy needs to allow men to tap into and experience those emotions in their own way.

2.7.2 Group Therapy and Peer Support

Even though there is limited research, peer support groups for male survivors are promising. Hogan and Orme (2011) assessed a group for survivors of domestic abuse in the UK, and found that the group offered positive value for the men, who felt that they were able to connect with others who shared similar experiences, leading to a lessening of the feelings of isolation and normalisation of their responses and challenges to their beliefs that they were alone and abnormal. Groups were an opportunity to collectively challenge restrictive masculine norms and to develop healthier masculine identities that include vulnerability. Brayford (2020) explored the experiences of male survivors of domestic abuse in support groups and found that all-male groups offered a safer environment for disclosing experiences of domestic abuse, compared to mixed-gender groups, because it was felt that men would be less judged by other men who had been subjected to domestic abuse.

2.7.3 Legal Advocacy and Support

Legal advocacy helps survivors through the justice process, secure protection orders, discuss custody issues and seek legal recourse. Male survivors were especially helped by advocates who could validate their experiences, give them information about available legal options and help them to deal with law enforcement agencies who may

have responded to them in a skeptical manner (Douglas and Hines, 2011). But a study shows limited effectiveness of protection orders for male survivors. Although some men were able to receive orders issued, there was skepticism from judges, higher rates of denial for male applicants, and reluctance from police to enforce orders when female partners transgressed them, as found by Machado and colleagues (2016).

2.7.4 Economic Support and Empowerment

Economic interventions assist survivors in becoming economically independent, which is a key in leaving abusive relationships safely. Postmus and Plummer (2016) assessed programs designed to help women who have experienced domestic violence become economically empowered and learned that those that included financial literacy, employment readiness, credit repair and asset development had a significant positive impact on economic stability and for women to not return to an abusive partner. But the majority of the economic empowerment programs are directed towards the empowerment of women. There is almost no research on economic interventions in particular for male survivors. For men under GBV, gender-responsive economic interventions are needed, particularly because they may have different economic concerns, such as the control of their earnings, and/or may lose assets during divorce proceedings, due to cultural expectations of their role as providers.

2.7.5 Community Education Awareness Campaigns

Increasing public awareness of male victimization through education can help decrease stigma, increase help-seeking, and enhance community responses. But these campaigns need to be well planned. Huntley and others (2019) warn that there may be anti-feminist backlash or a minimising effect when campaigns promote the idea of a victimisation equality between women and men. Research shows that effective campaigns recognise that GBV happens across all genders, but at different intensities and in different ways; that male victimisation is real and serious, and needs to be addressed; that supporting male survivors does not detract from preventing violence against women; and that challenging rigid gender norms benefits everyone (Flood, 2011).

2.8 Gaps in Previous Research

Although there is an increasing literature on gender-based violence (GBV), there are still very few studies on the experiences of men who are victims of violence, especially in Zimbabwe. The literature reviewed identifies gaps in the extent, socio-cultural relevance, and assessment of current knowledge and interventions.

2.8.1 Limited Research on Male GBV Survivors

Although studies on gender-based violence have tended to focus on women and girls, male survivors have not been adequately explored. There is a dearth of studies on male victimisation especially in Zimbabwe, although international studies recognise that men are victims of physical, psychological, sexual and economic abuse. There are some locally produced studies that offer insights on victimization of males, but these studies are limited in scope and depth, including one by Chireshe (2015) and another by Ngwaru (2018). This leads to a lack of understanding of the lived experiences of male GBV survivors and represents a major knowledge gap this study aims to fill.

2.8.2 Insufficient Understanding of Culturally Specific Coping Mechanisms

Previous research has established coping strategies like avoidance, isolation, substance use, and seeking help, but several of these studies have been done in Western cultures. Cultural and religious beliefs can also influence coping strategies, Pargament (1997) reported, indicating perhaps that survivors from various societies may react in a distinctive manner. Cultural norms and values around masculinity, community expectations and beliefs can play a substantial role in male survivor's responses to abuse in Zimbabwe. But little has been investigated into such culturally specific coping mechanisms in the context of Zimbabwean GBV survivors, who are men. This gap underscores the need for research to incorporate the study of coping strategies in the context of local socio-cultural realities.

2.8.3 Lack of Evaluation of Support Interventions

Research has reported a range of support interventions for GBV survivors such as counselling, peer support groups, legal advocacy and community awareness campaigns.

Little research, however, has been conducted to test the effectiveness of these interventions for male survivors. For instance, peer support groups have been found to reduce isolation and enhance emotional wellbeing in the lives of male survivors (Hogan and Orme 2011), although evaluations are still limited, particularly in Africa. Padare Men's Forum is a forum that offers specific support services to men who have been victims of GBV, but there is a lack of systematic evaluations of the effects and effectiveness of such interventions in Zimbabwe. This highlights the need for research that can assess the effectiveness of current support services to meet the needs of male GBV survivors.

2.9 Statutory Instruments and Legal Frameworks

2.9.1 Global Instruments

2.9.1.1 United Nations Declaration on the Elimination of Violence Against Women (1993)

International policy frameworks have also started to recognise male victimisation but it has moved slowly. The United Nations Declaration on the Elimination of Violence Against Women (1993) has been criticized for only addressing violence against women, and gender-inclusive frameworks for domestic violence policy have been proposed, which take account of the bidirectional nature of intimate partner violence (IPV) but do not downplay the differential burden faced by women (Dutton, 2012; Straus, 2010). The Domestic Abuse Act (2021) is an important step in the United Kingdom because it includes a gender neutral definition of domestic abuse where men are explicitly included as potential victims. That legislative change has gone hand-in-hand with an increase in funding for male survivor services and public awareness campaigns. Even where male victimisation is legally acknowledged, gender-responsive service delivery is not consistent, and many jurisdictions continue to have a framework of services mainly focusing on women, leaving male survivors without enough support, according to Bates (2020).

2.9.1.2 Universal Declaration of Human Rights (1948)

In 1948, the United Nations General Assembly adopted the Universal Declaration of Human Rights (UDHR) which offers a universal basis for the protection of human rights globally. The Declaration states that all human beings are born free and equal in dignity and rights, and have a right to be protected from discrimination, violence and degrading treatment. Particular attention is drawn to the guarantees of the right to equality, security of person and freedom from inhuman, degrading or cruel treatment in the first, third and fifth articles respectively. While the UDHR does not speak directly to gender-based violence, it does provide a universal human rights foundation to protect all victims of violence – including male survivors of GBV. The Declaration also contains broad principles of human rights, which, according to Donnelly (2013), can be used as a fundamental way to acknowledge the problem of male victimisation and to ensure that male victims have equal access to protection and support services.

2.9.1.3 International Covenant on Civil and Political Rights, (1966)

The International Covenant on Civil and Political Rights (ICCPR) (1966) builds on the principles set out in the UDHR, albeit in the form of binding obligations for the states that sign it. The Covenant protects the right to life, dignity, equality before the law and freedom from torture and cruel inhuman or degrading treatment. All protections are gender neutral. Nowak (2005) has suggested that the ICCPR commits governments to take steps to protect individuals from violence in the public and private life, including domestic violence and abuse. Although the Covenant does not directly mention male victims of GBV, the gender neutral provisions in the Covenant represent an important legal framework to protect male victims' rights and to access justice and effective remedies.

2.9.2 Regional Instruments

2.9.2.1 The Maputo Protocol (2003)

On the legal and policy level, a majority of the countries in Africa have laws and policies on domestic violence and GBV, and in almost all cases, victims are defined as a female

population group. The African Charter on Human and Peoples' Rights as well as the Maputo Protocol on the Rights of Women in Africa (2003) also include protection from gender-based violence, albeit in a framework that is based on women's vulnerability. Though instruments like these are of critical importance at the legal level for the protection of women, scholars like Peacock and Levack (2004) also point out that many of them do not contain gender neutral provisions, and that in much of the continent, male survivors are legally unprotected and socially invalidated. Regional organisations also have gender based violence prevention structures, including the Southern African Development Community (SADC), but these are also predominantly woman-centred and fail to provide significant direction for member countries on how to tackle male victimisation. This policy gap further contributes to the invisibility of male GBV survivors in the African region.

2.9.2.2 African Charter on Human and Peoples' Rights (1981)

The Organisation of African Unity adopted the African Charter on Human and Peoples' Rights in 1981, which is the main human rights instrument in Africa. The Charter provides for the right to dignity, to equality before the law, to personal security and protection from all degrading treatment. The Charter does not directly reference male victimisation but is applicable to all African citizens no matter their gender. The Charter provides an important legal framework for the protection of victims of violence and places a duty on member states to respect the rights and dignity of all people, according to Viljoen (2012). The Charter offers a human rights framework for the GBV region where the problem of violence, discrimination and exclusion from services can be understood and addressed for male GBV survivors.

2.9.2.3 SADC Protocol on Gender and Development (2008)

In 2008, the Southern African Development Community (SADC) Protocol on Gender and Development was adopted, which aims to promote gender equality and eradicate gender-based violence in the member countries of the region. The Protocol calls for governments to take legislative and policy steps that will prevent violence and enhance services for survivors. Although the Protocol's main emphasis is to combat violence

against women and girls, it also encourages 'inclusive approaches to human rights and protection from violence'. Lowe-Morna and Moyo (2014) indicate that the Protocol has contributed immensely to enhancing regional commitments for GBV prevention and service provisioning. With the implementation, however, it is predominantly addressed to women victims and male survivors are not being well seen in the regional GBV interventions.

2.9.3 Local Instruments

2.9.3.1 Domestic Violence Act [Chapter 5:16] (2007)

The law on gender-based violence in Zimbabwe is mainly based on the Domestic Violence Act [Chapter 5:16] (Government of Zimbabwe, 2007), which offers the most comprehensive statutory protection against domestic violence in Zimbabwe. It specifically provides a broad definition of domestic violence, which includes physical, sexual, emotional, verbal and psychological violence, harassment and stalking and, importantly, gender neutral language, so that victims are defined as any person in a domestic relationship. The gender neutral language, in theory, also applies to male survivors, thus allowing them to apply for protection orders and access legal remedies. In practice, however, the operation of the Domestic Violence Act has been very woman-centred and police, magistrates and social welfare officers have tended to interpret the Act in an approach that sees men as perpetrators and women as victims, as Ncube and Moyo (2015) note. Male complainants have claimed that they have been refused protection orders, ridiculed when invoking the Act, or turned away from police stations.

2.9.3.2 Criminal Law (Codification and Reform) Act [Chapter 9:23] (2004)

Also, the Criminal Law (Codification and Reform) Act [Chapter 9:23] (Government of Zimbabwe, 2004), which further criminalises forms of physical and sexual violence, also contains many gender-neutral provisions. Criminal justice responses for male survivors of sexual GBV are supported by the recognition of sexual offences against males under the Act, such as sexual assault and aggravated indecent assault. But enforcement is

not uniform. Feltoe (2014) documents how Zimbabwean courts have on some occasions used stereotypical notions of masculinity and what it means to be a victim of sexual violence, which makes for an unfair adjudication of cases where the alleged victims are male. The protection of male members of the LGBTQIA+ community, especially adult male survivors of sexual violence committed by female partners, has also been a topic of criticism in relation to the Sexual Offences Act.

2.9.3.3 The Constitution of Zimbabwe (2013) and Statutory Instrument 104 of 2017

Constitutionally, Zimbabwe has a Constitution of 2013 which offers a wide protection of human rights, such as the right to equality and non-discrimination guaranteed under Section 56 and the right to dignity under Section 51. These provisions apply to all, irrespective of sex. The National Gender Policy (2013-2017) and the next framework also prioritize gender-based violence, with the policy documents being mainly on violence against women and girls. The National Action Plan on Gender Based Violence, also under the Ministry of Women Affairs, is also focused on victimisation of women, with little mention of gender neutral service delivery or male survivors. The regulations for the operation of the Domestic Violence Act in Statutory Instrument 104 of 2017 don't explicitly address male survivors, as they do not specifically make provision for the accommodation of male survivors, thereby leaving a regulatory gap that reinforces exclusion. Overall, these statutory instruments indicate a considerable gap between the legal protection, on paper, for male survivors and actual delivery of protection on the ground. This gap can only be addressed by a cultural change in the way that GBV is thought of and dealt with by both state and non-state actors in Zimbabwe in addition to legal reform.

2.10 Chapter Summary

This chapter presented the literature review pertinent to the study of the experiences of male GBV survivors at Padare Men's Forum in Harare. This chapter provided an overview of the Strength-Based Theory as the underpinning theory for understanding survivors' experiences. A specific section was added on the relevance of the Strength-Based Theory to this study, which explains how the Strength-Based Theory focuses on

the capacities, resilience and resources of survivors instead of deficits. The chapter also examined literature from diverse scholars on the dimensions of violence, coping strategies and support systems of male survivors of GBV. It explored the global, regional and local contexts, with a particular emphasis on the lack of research and intervention in Zimbabwe. The review revealed gaps such as; lack of research on male GBV in Zimbabwe, lack of understanding of culturally specific coping mechanism and lack of evaluation of support interventions. This study is intended to fill these gaps by exploring in detail the issues of male survivors at Padare Men's Forum.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

The purpose of this chapter was to describe the research methodology that was employed to examine the experiences of survivors of gender based violence with a focus on males at Padare Men's Forum in Harare. It included research approach and design, population, sampling techniques and tools, data collection techniques and tools, data analysis, data presentation, and ethics. Methodology is a way of imposing a structure on research that allows meaningful understanding to be drawn. These factors collectively led to systematic and ethical research.

3.1 Research Approach

The method of this study was qualitative research which is a method to obtain in-depth knowledge of lived experiences of male survivors of gender-based violence. Denzin and Lincoln (2000) claimed that the focus of qualitative research is the clarification of

occurrences in their natural settings to make logic in terms of the meaning that individuals give to these settings. Qualitative methods were suitable as they enabled the participants to give their own accounts and provide in-depth information about their experiences of GBV and their coping mechanisms, as well as the support they received to help them cope. The use of this approach was favored because of its emphasis on the subjective meanings and interpretations of the participants, something that cannot be achieved by quantitative measures. Data were obtained directly from the male survivors who were involved in the Padare Men's Forum in order to get the first-hand information of their experiences in their natural social and cultural setting.

3.2 Research Design

The researcher used the case study design to find out about the experiences of male survivors of gender based violence who attend Padare Men's Forum in Harare. The design enabled the researcher to see the whole picture, the personal experiences of the survivors and the organizational environment hence giving a holistic picture of the context in which the survivors faced their problems (Sarfo, 2021). The study focused on what survivors experienced in terms of gender-based violence, how they coped and the ways they accessed support services. This helped the researcher to explore the experiences of the survivors in the context of the social, cultural and institutional environment. It also enabled patterns, challenges and best practice to be identified in the provision of support, resilience-building and empowerment strategies. The case study design allowed the collection of rich and contextually sensitive data on both personal and institutional issues affecting recovery, and the often dynamic interactions that occurred between survivors' experiences and the programs, policies, and support systems of the Padare Men's Forum.

3.3 Study Population

Creswell and Creswell (2018), The target population was all the people who shared common characteristics and were appropriate for the study from which the sample was drawn. It was a reflection of the population with the desired characteristics pertinent to the study. These were chosen as they would have first-hand experiences of the types of

GBV they faced, how they coped and how supportive mechanisms worked for them. To capture the voices of male GBV survivors, the study recruited male GBV survivors who had direct contact with Padare's GBV services, such as counselling, advocacy, etc, through the program registers and networks. The age of the participants ranged from 18 to 35 years. Shefer (2017) found this group to be in an active stage of social, economic and relational development, and the themes of identity, masculinity and vulnerability were the most prominent. Men in this age group were likely to have had more exposure to gender-related pressures and/or society's expectations, and it is possible that this affected their experiences and how they responded to GBV. The age of 18 was cut-off as participants under this age were legally minors and may have had less autonomy and confidentiality due to the presence of parental consent. Arnett (2000) reported that males over 35 years were not included as they were more likely to have different life stages, coping mechanisms, and social experiences that were not of focus in the study of young adult male survivors. The focus on the 18-35 age group enabled the study to examine the experiences of younger men – the ones who are often neglected in GBV research yet are key to the changing gender and masculinity norms in Zimbabwe.

3.4 Sampling

Sampling is the systematic selection of the units or individuals from a large population for a study. It allows researcher to draw conclusions about the population when samples are studied instead of the entire population. Sampling as defined by Etikan and Bala (2017) is the selection of the participants in a way that they will represent the characteristics of the target population to ensure the findings are valid and credible.

3.4.1 Sample Size

Strydom and Delport (2005) alluded that the size of a sample hinged on what the investigator desired to identify, the tenacity of the study, the accessible period and resources and what was suitable and reliable. In this study there were 8 participants. The primary informants were the 5 male survivors and the key informants were the 2 social workers and 1 facilitator. This number of participants was suitable for qualitative

research since it was required to gain an in-depth analysis of the experiences and not make generalizations. The participants were selected from the Padare Men's Forum community, meaning that the data collected was context specific and represented the Zimbabwean context.

3.4.2 Data Saturation

Data saturation was reached with the 8 participants. After interviewing the 5 male survivors, the facilitator, and 2 social workers, no new themes or insights emerged. Responses began to repeat around stigma, service gaps, and coping strategies. This suggests that while the sample is small, it was sufficient to capture the core experiences relevant to the research questions. Qualitative research prioritizes depth over numbers, and saturation indicates that additional interviews would likely yield redundant information.

3.4.3 Sampling Techniques

A purposive sampling method was used to choose individuals with first-hand experiences of gender-based violence and who were willing to share their stories. Bala (2017) contended that purposive sampling enables the researcher to choose a case under study and also the respondents who are most appropriate to provide the necessary and relevant information. This approach enabled the researcher to select information rich cases which provided rich data to gain insights into the experiences and coping strategies of male survivors.

3.5 Research Procedure

Permission from Padare Men's Forum was obtained and after receiving the ethical clearance from the Bindura University of Science Education, the participants were recruited from the support programs of the Padare. Each participant provided informed consent to ensure they were aware of the purpose, procedures, confidentiality and voluntary nature of this study. Semi-structured interviews and focus group discussions were used and these were held at Padare's offices in Harare, Zimbabwe. All interviews

and FGDs were audio recorded with participants' permission, and then transcribed verbatim for analysis. This process involved systematic, ethical and contextually relevant data collection, which allowed a first-hand account of male survivors' experience of GBV, coping strategies and the importance of support systems.

3.6 Data Collection Methods

The researcher used the following tools in collecting data.

3.6.1 Face-to-Face Interviews

Face-to-face interviews were done with 5 male survivors and 2 social workers to understand their experiences and perspectives on gender-based violence. The interviews with male survivors offered a safe and personal space where they were able to share their personal journeys of GBV, the struggles they experienced and how they coped. Social workers were also interviewed to gather the expert opinion on support systems available and effectiveness of interventions at Padare Men's Forum. A face-to-face interview guide specific to the group was used to guide the interviews, with questions relevant, sensitive and in line with the research objectives. The interviews were recorded with the consent of the respondents, with the understanding that they would be accurately transcribed and analysed.

3.6.2 Focus Group Discussions

As a method of research, focus group discussions (FGD) were used as a valuable tool to address the sensitive and complex issue of GBV against men. The discussions were conducted with male survivors using a focus group discussion guide that was especially created for male survivors. The guide kept the discussion on the themes of the research, but gave freedom to the participants in sharing their experiences. The tool provided a safe space for men to open up, as they were a group of men who were experiencing similar experiences of domestic violence, most importantly, they were provided an opportunity to meet as men to discuss issues that impacted on their gender. It became much easier for men to give accurate information on how societal biases contributed to their abuse in the course of the group discussions. The focus group

discussions allowed for sufficient time to be given to each individual. The researcher held three focus group discussions with one group made up of 5 male survivors.

3.7 Data Collection Tools

Data collection tools were instruments or devices used to collect data such as surveys, questionnaires, interviews, checklists, etc. (Moore & Llompart, 2017). The researcher used three data collection instruments that were designed for each group of participants. Male survivors and social workers were interviewed using a face-to-face interview guide, which allowed the researcher to have a structured but flexible interview and explore individual narratives. A detailed professional perspective on the support networks, intervention methods and institutional responses to male GBV at Padare Men's Forum was gained through the use of an in-depth interview guide for social workers and facilitators. Male survivors participated in focus group discussions using a focus group discussion guide to guide group conversations focused on common experiences. The questions for all these tools were focused on experiences of male survivors of GBV, how they cope and what support systems are available to them in Padare Men's Forum, Harare.

3.8 Data Analysis

Babajide (2022) claimed that data analysis is the process of analyzing and cleaning data, and modeling it to extract useful information from it for the purposes of deriving conclusions and empirical data-driven decisions. Thematic analysis was used to analyse the transcribed data. This approach included finding similarities, organising them into categories and creating general themes that formed a large-scale picture of male survivors' experiences, coping strategies and utilisation of support networks. Braun and Clarke (2006) state that with the analysis the researcher was able to both individual stories and common experiences. The interviews and FGDs held at Padare Men's Forum offices in Harare were systematically analysed to come up with meaningful insights to answer the research questions. Thematic analysis was appropriate for the study as it helped the researcher discover patterns and themes that might not have been obvious at first, while also providing room for interpretation and

working closely with male survivors of gender-based violence. The themes derived from the participants' answers were merged together to make a complete picture of their shared experience. The data analysis process went through the following phases as outlined in the Braun and Clarke (2013) framework.

3.8.1 Familiarization with the Data.

The first step from Braun and Clarke (2013) in conducting a thematic analysis was to get immersed in the data to understand the participants' experiences. The researcher became familiar with the context of the research and the experiences of the participants through all the data obtained from the interviews, observations and recordings. During this stage, the researcher made a note of initial impressions, patterns and emerging themes. At this point, the aim was to develop a deep understanding of the content of the data set and begin to identify aspects that are relevant to the research questions. The researcher interacted with the words in an active, analytical and critical manner. Krueger (2015) emphasized the importance of this phase for establishing the foundation for the whole analysis that will help the researchers develop a sensitive understanding of the data and also to identify emerging patterns and themes.

3.8.2 Generating Initial Codes

The second stage was to highlight phrases and sentences of each interview and the group discussion to generate codes. According to Gibbs (2007), coding is a way of identifying certain texts in a text or other data items and identifying main concepts. This was simply the general points that were brought about from interviews and group discussions that were recorded during the data collection period. The codes that emerged in this data collection revealed the experiences of the male GBV survivors, their coping strategies and their support systems in the Padare Men’s Forum in Harare.

3.8.3 Searching for Themes

At this stage, the analysis was started and the researcher moved from codes to themes. Following Braun and Clarke (2006), a theme names a key element of the data relevant to the research question and shows some degree of response or meaning in the data. The

researcher analysed coded data, looking for commonalities and intersections between the codes. Codes that were similar were clustered together in order to form categories, too. She modified the categories as needed, based on data and the research questions. Krueger (2015) highlighted that the process of categorization was a significant aspect of thematic analysis as it allows the researcher to identify the patterns and themes in the data, and organizing the data in such a way that facilitates analysis.

3.8.4 Reviewing Themes

In this phase, all the themes (master, main and sub themes) were consolidated to refine the themes in more systematic manner. The researcher then tested her themes with the collated extracts of data and considered if the theme was useful in connection with the data. Some of the codes were abandoned, others moved to another theme. She then moved on to the second phase of the review process: reviewing the themes with regard to the total data set, when a clear set of themes had occurred and were working with the coded extracts of data. This meant one last re-read of all the data, checking if the themes were able to capture the whole set of data or part of it and were meaningful. Krueger (2015) believed that this phase is essential to take the knowledge of the data further because it helps to create links across categories and to delve deeper into the data.

3.8.5 Defining and Naming Themes

The main goal of this phase was to further clarify and enhance the theme. It was at this stage that Braun and Clarke (2006) declared it important to identify what aspects of the data each theme reflected and what was the essence of each theme. Thus the researcher looked at the snippets of data collected for each topic and created a story that was coherent and cohesive. The thoughtfulness shown in the story told by each theme reflected the care shown in how the theme supports the overall story she wanted to tell about her data with respect to the research questions.

3.8.6 Producing the Report

The final stage in analysing was the preparation of a report. Braun and Clarke (2006)

indicated that the report of a thematic analysis should convince the readers of quality, trustworthiness and accuracy of the analysis. The last phase of the analysis process was to create the report of the results. In a presentation of a thematic analysis as mentioned by Braun and Clarke (2006) it was critical to persuade the audience of the validity, reliability and significance of the analysis. This resulted in providing a summary, a rational and consistent description of the story told in the data by providing detailed examples and extracts that could effectively summarise the main idea of the argument the researcher was presenting and include sufficient evidence. The illustrations in the form of examples and extract were incorporated well and not only served for the illustration of the story but also to support the research objectives.

3.9 Data Presentation

Data presentation is the way the data from an analysis are presented to the reader. For this study, data was presented in themes, while themes were substantiated by the direct quotations and extracts from the participant's interviews and focus group discussions, which were held at Padare Men's Forum. Creswell and Poth (2018) states that presenting qualitative data thematically helps the researcher to present the depth and complexity of participants' experiences in a clear and structured way. Themes were introduced one after the other and descriptive narratives were used to situate participants' responses so that the perspective of male GBV survivors was preserved throughout the reporting process.

3.10 Ethical Considerations

To ensure that participants were safe, dignified and well, ethical measures were carefully followed throughout this study. It was essential that the work was conducted in line with ethical principles to ensure integrity of the research, particularly around the sensitive issue of gender based violence (GBV). The researcher respected professional ethical standards in line with Zimbabwe Social Workers Council (ZSWC) and Belmont Report (1979) namely: respect for persons, beneficence and justice. Ethical practices were adhered during the recruitment of the participants, data collection, analysis and reporting. Ethical sensitivity was important as male survivors of GBV may have suffered

trauma and/or social stigma and any mishandling could have caused distress or harm. The researcher therefore tried to make sure that the environment was safe, supportive and respectful to all the participants. Specific ethical measures used are described below:

3.10.1 Informed Consent

Informed consent is an ethical principle which requires the participants to agree to participate in the study after being informed about the nature and purpose of the study, the risks and benefits involved, and their right to refuse. Creswell and Poth (2018) states that informed consent increases trust and between the researcher and participants and preserves the autonomy and decision-making power of the participants. A detailed information sheet was given to participants prior to the commencement of data collection which outlined the purpose of the study, how data would be used, measures of confidentiality and the participant's right to withdraw from the study at any time. Before signing a consent form, each participant was provided the opportunity to ask questions regarding their involvement and to fully understand this. Informed consent is not a process that can be accomplished just once, but it is a continuous communication process during the study as emphasized by Babbie (2021). During interviews and focus group discussions, participants were reminded of their rights, therefore. For those who felt uncomfortable signing written forms (because of literacy or privacy concerns), verbal consent was accepted, and permission recorded as evidence. These measures included voluntary and informed participation in accordance with international research ethics standards.

3.10.2 Confidentiality

In qualitative research, especially when dealing with personal experiences, confidentiality is a key element of ethical research. To protect the real identities of the participants all transcripts, reports and publications in this study were presented in pseudonyms. Audio recordings, interview notes and transcripts were kept on a secure device in the researcher's office where he was the only one with access to these materials and had a password. Orb, Eisenhauer and Wynaden (2001) stated that

confidentiality upholds the dignity and trust of participants and stops the harm that may result from revealing personal information. Data was kept confidential and provided only to the third party with the consent of participants as suggested by Neuman (2014), identifiable data was destroyed once the research was completed. These procedures were explained to participants as part of the consent process so they could be reassured of their privacy. To preserve anonymity, all data analysis and reporting were of general themes and not of individual details. The researcher's strict confidentiality of the respondents showed respect to their rights and helped to ensure the ethically sound approach of this study, which minimised the potential of social stigma of the male GBV survivors.

3.10.3 Voluntary Participation

All participation was voluntary and no one was forced or manipulated into the study. As stated by Silverman (2016), a process of free or voluntary participation is one of the cornerstones of ethical qualitative research and ensures that people will participate in research without being influenced in any way. It was made clear to participants that they were free to withdraw at any point and that there would be no negative repercussions if they did so. This was in keeping with the guidelines provided by the American Psychological Association (APA, 2017) on autonomy and freedom of choice in social research. The researcher explained that there would be no repercussion of refusal to participate or withdrawal from the study in relation to Padare Men’s Forum or the researcher. In addition, no monetary reward that might be seen as incentive was given to the participants, although small items of appreciation like refreshments were given to them during the interviews as a sign of respect. The strategy of voluntary participation safeguarded the rights of the participants, and enhanced the credibility and ethical value of the research findings.

3.10.4 Psychological Safety

Given the nature of the topic of gender-based violence, which may trigger emotional pain or distress, participants' psychological safety was put first during the research process. The researcher conducted the interviews with empathy, sensitivity and non-

judgemental listening to provide a safe space for the survivors to share their stories. Ethical work requires being attuned to participants' emotions and ready to address their discomfort in qualitative research (Patton 2015). If the participant experienced an emotional response during the interview, it was paused or discontinued as per their comfort level. Padare Men's Forum was able to offer counselling referrals, psychosocial help and trauma counselling. Liamputtong (2007) said it was important to be emotionally intelligent, reflexive and respect the boundaries of the participants in the research process to avoid re-traumatisation. The researcher also debriefed following each interview to consider the process and participant's wellbeing. These measures showed ethical responsibility and that no harm was to be caused to the participants as a result of the study.

3.10.5 Approval

Ethical clearance was given by the Bindura University of Science Education and permission was sought from Padare Men’s Forum prior to data collection. This process ensured that the research was compliant with the university's ethical guidelines and participants were not harmed, exploited or treated unethically. Resnik (2018) indicates that it is very important to have an ethical clearance from a recognized institution to ensure the protection and welfare of the participants and the accountability of the researcher. Likewise, Cohen, Manion and Morrison (2018) contended that ethics review processes work to improve transparency, prevent misconduct and add to the credibility of the social research. Therefore, the study was approved and the researcher was assured of the integrity of the study and his commitment to professional ethics and institutional responsibility. The researcher ensured all requirements of BUSE and Padare Men's Forum (confidentiality, data protection policies and participant welfare procedures) were respected. Data collection commenced only after a written permission was obtained from both institutions. In this way, the study was not only methodologically rigorous but also ethically justifiable and academically and organizationally acceptable.

3.11 Limitations

There were a number of limitations which were beyond the control of the researcher in this study. Social desirability bias was present in that respondents answered the questions in ways they thought the researcher or Padare staff members would like to hear, especially about the effectiveness of the interventions, which led to positive overrepresentation. The gender of the researcher posed as a threat to the research. Participants may not have felt as comfortable talking about some experiences, especially sexual violence, with a female researcher. There was a loss of meaning or nuance between the English and local languages (Shona and Ndebele), despite best efforts of back-translation. Furthermore, although promised confidentiality, some of the participants were not willing to share all the information they had because of continued shame, fear or trauma.

3.12 Delimitations

The study was bounded by some boundaries as it aimed to effectively capture the experience of male gender-based violence survivors within a manageable scope. The geographical location was appropriate to the research which was carried out at Padare Men's Forum sites in Zimbabwe, mostly in urban and peri-urban areas where Padare was already operating. In addition, only male survivors accessing services provided by Padare were included in the study; men who did not seek formal support were not included. These restrictions were imposed to ensure a research focus and feasibility, and to recognize that the findings were constrained in their ability to be generalized to larger populations and contexts.

3.13 Chapter Summary

Chapter three provided a detailed description of the data collection procedures the researcher used to gather information about the experiences of the male survivors of gender-based violence at Padare Men's forum in Harare. It revealed the research approach by stating the research methods used in the study such as focus group and other data collection techniques used in the study. The research approach was presented in this chapter, with the target population presented. All approaches described the sampling and recruitment of participants. They described the data

analysis used such as qualitative data analysis techniques (thematic analysis). The researcher also noted on research ethics which encompass informed consent, confidentiality, voluntary participation, psychological safety and approval.

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents, analyses, and discusses data collected from male survivors of gender-based violence at Padare Men's Forum in Harare through face-to-face interviews, a focus group discussion, and key informant interviews. Findings are organized around the three objectives which are forms of GBV, coping mechanisms, and support systems interpreted using the Strength-Based Theory.

4.2 Demographic Information of Participants

Demographic information was collected from all participants prior to the commencement of interviews. This served the dual purpose of providing contextual information relevant to the interpretation of findings and confirming participants' eligibility in accordance with the study's inclusion criteria. The demographic profiles are presented below in tabular form.

4.2.1 Total Respondents

Respondent Category	No. of Participants	Role In Study
Male Survivors	5	Face to face interview participants
Social Worker	2	Key informants
GBV Program Facilitator	1	Key informants
Total	8	

The study involved a total of eight participants comprising five male survivors of GBV and three key informants from Padare Men's Forum. The eight participants were purposively selected in line with the study's inclusion criteria. The five male survivors provided first-hand accounts of their experiences of GBV, coping strategies, and engagement with Padare's support services. The three key informants, comprising two

social workers and one GBV programme facilitator, provided professional perspectives on Padare's programmatic response to male GBV victimization. Together, the two groups allowed for triangulation of data across survivor and professional perspectives, strengthening the credibility and depth of the findings.

4.2.2 Age Range and Profile of Male Survivor Participants

The table below presents the demographic profiles of the five male survivors who participated in individual face-to-face interviews at Padare Men's Forum. All participants fell within the 18 to 35 age range consistent with the study's purposive sampling criteria.

Participant	Age	Type of Abuse Reported
P1	29	Physical, Psychological, Economic
P2	35	Psychological, Verbal, Spiritual
P3	26	Physical, Verbal, Economic
P4	33	Emotional, Psychological, Physical
P5	30	Economic, Verbal, Psychological

Table 4.2: Age Range and Profile of Male Survivor Participants

The five male survivor participants ranged in age from 18 to 35 years, reflecting a pattern consistent with international research on male GBV victimization. The types of abuse reported spanned physical, verbal, psychological, economic, and spiritual categories, highlighting the multi-dimensional nature of GBV against men documented by Hines, Brown, and Dunning (2007).

4.3 Forms of Gender-Based Violence Experienced by Male Survivors at Padare Men's Forum

The first objective of this study sought to explore the forms of gender-based violence experienced by male survivors at Padare Men's Forum in Harare. Data from face-to-face interviews, focus group discussions, and key informant interviews converged to reveal that male survivors experience a range of overlapping and intersecting forms of GBV. Consistent with the World Health Organization's (2021) categorization of GBV and the documentation in international literature, these include physical violence, verbal abuse, psychological abuse, economic abuse, and spiritual abuse. Participants frequently described experiencing multiple forms simultaneously, underscoring the cumulative and complex nature of GBV against men. This is a pattern consistent with Hines and Douglas's (2009) finding that intimate partner violence rarely presents as a single isolated form but typically manifests as an interconnected pattern of coercive control.

4.3.1 Physical Violence

Physical violence is the use of bodily force to harm, injure, or intimidate a partner. It includes acts such as hitting, slapping, kicking, and assaulting with objects, and is often the most visible form of GBV because it leaves physical marks. Despite widespread cultural assumptions, men can be and are seriously physically victimized by female partners, and participants at Padare Men's Forum described patterns of sustained physical aggression causing both bodily harm and profound psychological distress.

Participant 1 spoke openly about the physical attacks he sustained over three years, describing how violence escalated from occasional slaps to severe assaults with cooking utensils:

> *"She used to hit me because I came home late from work, throwing food at me and eventually hitting me with cooking utensils. I went to the hospital a few times, but I never reported to the police because I feared they would see me as the aggressor in my own home." –P1*

Participant 3 spoke deeply about the dilemma of not retaliating despite enduring physical attacks. He said:

> *"Tinoziva kuti isu varume tine simba rinopfuura revakadzi, asi kana mukadzi wako akakurova, unorova here? Nekuti Kana ukamudzorera unotozogumisira*

wafungirwa kuti ndiwe ukumushungurudza. Saka kutongoshinga hapana zvekuita."(We know that as men we are physically stronger than women, but if your wife hits you, do you hit back? If you retaliate, you will be assumed to be the abuser. So we have no choice than to just endure.) — P3

Key Informant 1 confirmed the pattern and provided critical professional context:

"Physical violence is the most visible form of abuse that brings men to Padare. By the time a man walks through our door with a bruise or a broken rib, he has usually also been living with years of psychological abuse, constant verbal degradation, and in many cases economic control. The physical injury is the tipping point, not the beginning." –KI 1

The results are in line with those of Machado and Matos (2016), who state that men who have been victim of a physical aggressions often opt to not react in self-defence, for fear of legal sanctions, or because of cultural values regarding retaliating against women.Strength-based practice considers the ability to not retaliate, even when we have the physical means to do so, to be a deeply held moral restraint, and a commitment to non-violence, and thus a personal strength, and the beginning of recovery, and that is what the survivors in this case did.

4.3.2 Verbal Abuse

Verbal abuse is when a partner is persistently demeaned, humiliated and controlled by words, tone or language. For male survivors, it often is manifested in attacks on masculinity, on their ability to provide, on their ability to be a man, on their ability to be a partner. This kind of abuse is especially harmful because it taps into the cultural expectations regarding masculinity, and leaves the victim with deep wounds to his sense of self that are more difficult to name and that he must more often escape than the abuse itself.

Participant 5 who had gone through years of continual verbal degradation spoke about its weight:

Zuva nezuva aigara, achindiyeuchidza kuti ndaiva, ndisina basa svinu, achindituka kuti handisi murume chaiye akanyatsokwana. The poor sow's piglets are not

given a chance to suckle. "Mashoko ake aindirwadza kudarika kurohwa chaiko".(Every day she would lecture me that I should be better employed, that I was not a man, that I was not a proper individual, that she had given me her child unthinkingly. I was hurt more than if I had been hit by her words. — P5

Participant 2 also explained how his verbal abuses were used in the open to shame him in front of his family members, and that added to his shame, making disclosure even harder:

Aigara achindituka uye kundinyadzisa pamberi pevaenzi uye hama dzangu achiti handisi murume akakwana . Saka kuudzwa izvozvo mazuva ese zvinoita kuti ugare uchifungisisa zvichivhiringa pfungwa usingatarisire. (She would shout at me in front of visiting relatives, humiliating me in front of family members. If someone tells you every day that you are not a man, that you are not good enough, that destroys you mentally, little by little, without you even realizing it.) — P2

This was corroborated clinically by Key Informant 3:

"In my work with men at Padare, the most difficult aspect of verbal abuse to talk about is the identity work that is involved. Physical abuse leaves marks; verbal abuse leaves words a man hears day after day, telling him he's worth nothing and that he's not a man. Treating verbal abuse requires intensive identity work not just safety planning." –KI 3

These findings are consistent with Migliaccio (2002), who concluded that verbal insults gradually diminish self-esteem and help to create anxiety and depression in male survivors and this was supported directly by the participants' statements. The Strength-Based lens values survivors' ability to become aware and to think critically about the effects of verbal abuse as a sign of emerging self-awareness and of true strength that can be used as the foundation for identity reconstruction and recovery.

4.3.3 Psychological Abuse

Psychological abuse is a pattern of behavior that is aimed at destabilizing a partner's mental and emotional functioning. It contains gaslighting, isolating from social networks, constant criticism, threats and distorting reality. Participants reported a universal experience of this and called it the most destructive and insidious type of GBV that they had faced, which worked invisibly and quietly, undermining a person's reality and self-perception from the inside.

Participant 4 spoke of systematic social isolation, initially being encouraged to keep away from his friends and later from his family and being left completely isolated and even more vulnerable to continuing abuse:

> *""Aindiudza kuti ndisiyane neshamwari dzangu , achiti dzaindifurira. Akabva atanga kuudza vehukama nevemumhuri zvinhu zvakasiyana siyana nezvangu zvakaita kuti varegedze kutondishanyira zvachose.Ndakanga ndasara ndega zvino. (She started by encouraging me to distance myself from my friends, saying they were a bad influence on me. Then she turned on my family, telling them things to discourage them from visiting. I was left completely alone.) —P4*

The focus group resulted in a shared reflection on a range of structures that allow psychological abuse to function without challenge:

> *“Mukadzi anotokuparadza pfungwa nekuti hapana anotombovimba nezvaunotaura. Chero akaenda kumapurisa vanotofunga kuti kunyepa, vemumhuri vanongokuudzawo kuti shinga semunhurume. Saka unoramba uchingoshungurudzwa mupfungwa.”(A wife can destroy your mind precisely because no one will believe your voice. See the police and they assume you are lying. You reach out to family and family says man up, thus you find yourself alone with her manipulation.)— P3*

Key Informant 2 placed psychological abuse in the context of Zimbabwean culture:

> *“Here, psychological abuse against a man is a lot worse because the culture already told him not to feel bad, to be strong, to not show weakness, to deal with his problems within. And then she tells him that his problem isn't real, hence weaponizing the very cultural norms that defined his life and upbringing. It's*

devastating."

These findings concurs with the findings of Chireshe and Chireshe (2010) study that drew the conclusion that Zimbabwean men are expected to manage problems on their own and this expectation can also be exploited by their abusive partners to make disclosure of victimisation difficult and to make it easy for himself to not be considered a victim. This demonstrates the interplay of gender norms and masculinity with the infliction of psychological abuse.

4.3.4 Economic Abuse

Economic abuse is where a partner takes control and/or exploits or sabotages their partner's money, financial resources or employment. It has a special cultural connotation in Zimbabwean context because of the expectations that are accrued to men as providers. Economically abusive behaviours reported comprised of having access to income denied, employment prospects undermined, and earnings controlled. In this context, economic abuse is one of the most traumatic and least talked about forms of abuse because for the male survivors of this, it is one of the most threatening to masculine identity.

Participant 3, who was the main earner in his family in both years, said that it was a very disempowering experience to have his income completely in control:

> *"Panguva yatagara tose ndaiva nebasa rinobhadhara asi mari yacho yese aida ipinde muaccount yake. Saka pese pandaida chinhu ndaitotanga ndakumbira kwaari kuti ndishandise mari yacho. Ndainge ndatova muranda pamusha pangu". (I had a good job, but I would be sending all my earnings to her account. She said I must deposit everything into her bank account and whenever I needed anything, I had to request it from her. I was a slave in my own house.) — P3*

The focus group discussion participants explored the cultural aspects of economic abuse and Participant 4's reference to the masculine provider expectation that made men particularly susceptible to the control of economic abuse.

> *“Sevarume tinofanira kuriritira mhuri dzedu tichidzigovera zvadzoda asi mukadzi wako anenge atowana mukana wekukutorera zvese zvaunenge washanda, nekuti anenge achiziva kuti hapana paunombomusiya nemhaka yekuda kuchengeta vana vako.”(As men, we are supposed to provide for the home. But when your wife weaponizes that , taking everything you earn , she knows you will not leave because of how much you care about providing for your children.) — P4*

Key Informant 1 elaborated:

> *"Economy is a form of economic abuse and in our context it's more insidious for men because it undermines men's identity as providers, men who can't control their own money lose not only financial control, but they lose standing in the home, standing in the community and standing in themselves, many of the men who come to us are not really struggling to get out of a violent situation, they are struggling with how they got to the point where they can no longer control their money.”*

These findings confirms Branigan's (2004) assertion that the male survivors of economic abuse suffer a double shame – that of being abused and that of not being able to provide. The participants' narratives revealed how financial control did not only affect them in a material way but also affected their autonomy, self-esteem and their perceived social status as providers. Economic abuse also has psychological implications which can make the disclosure of abuse more difficult and increase the likelihood that survivors of abuse can stay in abusive relationships, especially as the man in Zimbabwe is typically expected to be the main breadwinner.

4.3.5 Spiritual Abuse

Spiritual abuse includes the use of religious authority, threat of witchcraft, ancestor curses or spiritual rituals to intimidate, control and subjugate a partner. As seen in the Zimbabwean context, it is a unique and culturally significant GBV phenomenon that is entangled in local belief systems and hard to report or challenge. Spiritual abuse works differently to other types of abuse in that there is a threat of supernatural consequences,

and victims feel that it is not only socially impossible to escape the situation, but also cosmically dangerous.

Participant 2 reported that rituals were performed behind his back to make him do things he didn't want to do, making him submissive and dependent:

> *“Shamwari yangu akambofamba famba neniwo kuma profita uku , ndopandakanzwa kuti mukadzi wangu aipinza mumhu mumba anoita zvemishonga achigadzira zvinhu zvangu zvakadai sembatya. Saka zvese izvozvi ndozvaiita kuti ndingoteerera zvese zvaataura ndisina pfungwa dzanguwo".(A friend of mine connected me with some people who deal in traditional rituals and witchcraft. Later I found out that my wife had been bringing someone to the house who was said to be doing things to my belongings making me dependent on her and losing a mind of my own).—P2*

Key Informant 2 agreed that spiritual abuse is a unique form of abuse that is not adequately dealt with in the standard professional training:

> *“Spiritual abuse is the kind of GBV that we are least trained to deal with, and yet it is the kind that most paralyses our male clients, because when a man feels that if he leaves his partner, it will have a supernatural effect on him or his children, no safety planning protocol can address that fear. We have developed culturally grounded counselling responses that validate the cultural significance of these beliefs whilst also enabling men to identify spiritual threats as a form of GBV, irrespective of the cultural context.”*

These findings are consistent with Ward's (2013) definition of spiritual abuse as the use of religious or spiritual beliefs to control, instill fear in and exert power over another person. The accounts of the participants showed that spiritual abuse is done through fear, intimidation, and beliefs in supernatural consequences and was found to be a difficult form of abuse to challenge or leave. In the Zimbabwean culture where religious and traditional belief systems are powerful, a spiritual threat can cause psychological distress and can keep the survivors dependent on the abuser. The findings thus stress

the need to adopt culturally sensitive approaches in counselling and support services for male GBV Survivors.

4.4 Coping Mechanisms Employed by Male GBV Survivors at Padare Men's Forum

The second objective focused on the coping strategies used by male GBV survivors at Padare Men's Forum. Coping mechanisms according to Hines and Brown (2007) are cognitive and behavioural strategies used to deal with external and internal demands that are or are not beyond available resources. For male GBV survivors, these are influenced by gender norms, social stigma and the structures and resources available. This section's analysis is based on the concept of coping strategies as positive, not passive, reactions to adversity, as posited in the Strength-Based Theory. These coping themes were organized into five major themes: avoidance and denial, isolation, substance use and behavioural displacement, faith based spiritual coping and help seeking and disclosure.

4.4.1 Avoidance

Avoidance and denial are characterised as minimising, rationalising, or denying the abusive nature of one's situation. They were the most commonly reported initial coping responses among male survivors at Padare. Avoidance may be a self-protective strategy that enables them to survive, while providing a way to not recognize their victimization in one context where it is not aligned with what it means to be a man.

Participant 1 recalled his own long period of self-talk that the violence was just for a while. He said:

> *"Ndaigara ndichizviudza kuti nekufamba kwenguva achazongorega kudaro.Semunhurume ndakazvisimbisa kuti zvinhu zvaizochinja .Saka ndakakwanisa kudzivisa kufunga kuti zvinhu zvainge zvatoipa."(I kept telling myself that she would stop soon. I told myself that I was strong enough and that things would improve. I also managed to avoid thinking that things were as bad as they were.) — P1*

Participant 5 also suggested comparative minimization, which is a point unde theirr own perceived threshold of real victimization. The focus group resulted in a shared formulating of the avoidance as connected with masculine identity expectations:

Another participant described comparative minimization, positioning his experiences below an imagined threshold of genuine victimization. The focus group produced a collective articulation of how avoidance was rooted in masculine identity expectations:

> *“Varume hatione sekuti kushungurudzwa kwakafanana nekurwara asi kuti unenge uine pausina kunyatsosimba, saka tinobva tangosiyana nazvo. Asi panozongoitika chimwe chinhu chihombe ndopaunoona kuti ehe patori nedambudziko rakakura chaizvo.(Men do not think about such things as abuse in the same way as illness because it just means you have a weakness. So we just ignore it. Until something catastrophic happens, that is when it finally hits you that yes, there is a real problem here.) — P5*

Key Informant 3 offered a Strength-Based reframing of avoidance, noting that:

> *"When men first come to Padare they often present with denial still partially intact, framing their situation as a marital conflict rather than abuse. Padare’s approach of not challenging this immediately recognizes that avoidance has been serving a protective function building trust and safety conditions under which the man can begin to see his experience more clearly.*"

The findings resonate with Saleebey's (2006) emphasis on the client directed, collaborative approach that is at the core of strength-based practice. The results indicated that avoidance was not just a form of resistance or denial but was also a coping strategy to deal with the overwhelming emotional distress experienced by the survivors. However, the extended avoidance/rejection contributed to the delayed recognition of abuse and the late access to support services, so it is important to have safe settings that allow for the gradual recognition of the victimisation.

4.4.2 Isolation

Isolation is a coping mechanism whereby the individual purposefully withdraws from

social relationships in response to shame, confusion and psychological distress caused by the abuse. It is a temporary way to avoid social condemnation but it also isolates the survivor from the very people who could assist him or her, thereby further entrenching the abuse and making it increasingly difficult to seek help.The following participant's experience was especially disturbing with respect to suicidal ideation:

> *“Ndakagara ndega kwenguva ndisina shamwari kana vemumhuri vandaiwirirana navo. Ndaigara ndichizvibvunza kuti semurume hupenyu hwacho hwaizovei. Saka kushungurudzikana ikoko ndiko kwakaita ndiuye kuno kuPadare.” (I stayed alone. No friends. No family to talk to.. I would ask myself if life had any prospects. It is that desperation that made me come to Padare.) —P4*

Key Informant 1 also claimed that

> *“Padare is actively engaged in community outreach to get to men who have become so disengaged from the community that they can no longer call on a support network and to whom isolation and GBV can be a lethal cocktail, as they have no cultural permission to talk about emotional pain.”*

These findings corroborate Randle and Graham's (2011) take on the link between male GBV victimization and suicidal ideation as an important public health aspect of GBV. Through participants' narratives it was found that withdrawal from family, friends and community networks heightened the sense of loneliness and hopelessness and emotional distress. Further, the findings indicate that social isolation may restrict access to support as well as risk higher rates of the more severe psychological outcomes such as depression and self-harm ideation.

4.4.3 Substance Use

Substance use, particularly excessive alcohol consumption, and behavioural displacement including overworking and redirected aggression were reported as coping mechanisms employed to manage emotional pain in the absence of more adaptive alternatives. They provide short-term relief but deepen long-term harm. P1 described how alcohol had become his primary coping mechanism, giving him a brief mental escape while acknowledging its destructiveness. A further account showed the

collective shared perspective of this among participants:

> *“Bhawa ndorega randainyatsonzwa ndakasununguka ndakachengeteka. Kana urimubhawa so unanyatsonzwa kuti ndiri pane vamwe varume pasina mubvunzo. Usiku ihwohwo matambudziko panenge pasina but mangwana makuseni ndopaunozoona kuti dambudziko richiripo. Doro harina zvarabatsira.”(The bar was a safe place of freedom. You are there among other men without being questioned. For that evening you have no problems. But the next morning the problem is still there. The alcohol didn't help.) — P3*

Key Informant 2 provided a clinical perspective saying

> *"Acohol is a way of self-medication for all the emotional pain that men don't have a socially approved outlet to do, and a part of Padare's therapeutic work is to give survivors some other ways of coping. "*

The results are similar to those of Esquivel-Santovena and Dixon (2012) and their finding that men who had been victims to intimate partner violence were three times more likely to report heavy alcohol consumption. The experiences of the participants highlight the use of alcohol as a coping mechanism to emotional suffering, stress and helplessness in relation to abuse. While it did offer some short-term relief, survivors knew that drugs and alcohol did not solve the problem and, in the long term, they often led to more emotional and social problems.

4.4.4 Faith-Based Spiritual Coping

Faith-based coping is a response to the experience of abuse that involves finding meaning, strength, and practical direction in and through religious beliefs and prayer, as well as the church community. Faith and spirituality were mentioned as other sources of support with church communities as informal support spaces in a context where formal help-seeking is associated with stigma. In many men's lives, the church was the only place they felt secure enough to admit that something was wrong at home.

> *“Zvekunamata hazvina kumbibvira zvauya mumusoro asi nekufamba kwenguva ,*

kurumwa uye kushorwa kwaiwedzera. Saka ndipo pandakatozotanga kuendako kuchechi nekuti ndaingotiwo Mwari vanoona zvinoitika kwandiri".(Prayer was the one thing I had never really thought about. But as time went on and I realized the insults kept on coming, it's surprising that's when I actively returned to church. I believed that God saw what was being done to me.) —P2

The focus group generated a complex community response, recognizing the strengths and challenges of faith-based coping, and identifying some pastors who counsel endurance and others who help the survivors take positive action.

Key Informant 3 explained Padare's approach of working with people by stating:

“Our organisation is collaborating with faith based institutions, affirming survivors' spiritual basis and developing with religious leaders to ensure that faith support is a pathway to professional help and is sophisticated, strength based practice that reflects the reality of the culture of the communities we work with.”

This is similar to Moyo (2017) who noted that faith communities in Zimbabwe can offer a source of support while upholding the cultural norms of not accessing formal help. Prayer, religious belief and church fellowship gave hope, emotional comfort, and a sense of meaning in their lives during times of abuse for many of the participants. Meanwhile, the role of religion in coping can be complex, as certain religious messages to endure and preserve the relationship may inadvertently discourage survivors from engaging in professional intervention.

4.4.5 Help-Seeking Disclosure

Help-seeking and disclosure is the choice to officially recognize the abusive situation and look for professional/organizational help. This was reported as the most adaptive coping style, but all participants indicated that it was a time-consuming process, that it took great courage, and usually involved a crisis event. While there are many social and institutional obstacles, male survivors are able to and do access services; this is an act of resilience.

A focus group respondent described very well the internal conflict between need and masculine norm:

> *“Pandakanzwa nezve musangano unobatsira varume nematambudziko avo , ndakatya kunotsvaga rubatsiro nekuti ndaifunga kuti vanogona kuzotadza kundinzwisisa sezvo taisazivana. Asi mamiriro ezvinhu kumba ndiwo akazoita kuti ndizvishingise kutsvaga rubatsiro nekuti ndainge ndashungurudzikana. Kubvira ipapo ndakanzwa zvirinani.”(When I heard about an organisation that helps men , but was very unsure if it was wise to disclose all that was happening with me to some people. I guess I thought that they wouldn't understand me, but I also needed help, it was really getting out of hand back at home. After that I felt better)—P5*

Key Informant 1 described Padare's awareness stating that:

> *“For every man who enters, many others have stood at the gate and turned back driving investment in community outreach and radio programming to normalize help-seeking.”*

These findings are in line with Saleebey's (2006) description of the building blocks of the therapeutic process. The participants' narratives revealed that disclosure was a major milestone in their recovery journeys and was frequently preceded by significant silence, fear and uncertainty. Strength Based approach puts the survivor's decision to seek support and disclose abuse at the very heart of the conversation, demonstrating survivors' own personal courage, resilience, and agency in taking proactive steps toward safety, healing and empowerment.

4.5 Support Systems Provided to Male GBV Survivors at Padare Men's Forum

The third objective was to evaluate the support structures at Padare Men's Forum in Harare for male GBV survivors. The data from the focus group discussions and key informant interviews showed that there are multiple layers of support: individual

counselling, group therapy/peer support, legal advocacy, community education and awareness programming, and economic support. The accounts of the participants provided information about the strengths and weaknesses of these systems, and the key informants shared their professional views about the effectiveness of the programs and any gaps that needed to be taken care of in priority.

4.5.1 Counselling and Psychotherapy

All the survivor participants agreed that Individual counselling was the most important strand of support that they received at Padare Men's Forum. It gave a safe, non-judgemental environment where participants could share their experiences fully and be professionally recognised, as this was very transformative, as they had been met with disbelief elsewhere.

Participant 2 shared his experience of immediate and enduring professional validation in his initial counselling:

> *“Ndakagara pasi ndikataura zvese zvandaisangana nazvo. Ndaifunga kuti zvimwe ndichanzi ndaingotsvagawo nyaya kana kunzi ndiigadzirise neimwe nzira. Asi vakandibatsira kuti ndione kuti ndaishungurudzwa uyewo yaisava mhosva yangu. Mashoko iwayo akaita ndinzwe kusununguka nekuti ndakange ndane makore mana ndichizvipa mhosva". (I sat down and explained everything to the counsellor, I wanted to hear that I was making excuses or that I should have done something else. Rather, she said, what you have described is abuse, and it is not your fault. Those words had an impact on me that I'll never forget. For four years I had been saying to myself, I’m at fault)—P2*

Another participant commented on the counselling giving him conceptual clarity to change his understanding of his situation. The counselling professional, Key Informant 2, explained Padare's therapeutic approach:

> *" We take a trauma-informed approach, which means we never start with the diagnosis or with confrontation; we start with where the man is and affirm what he has survived, and build the therapeutic relationship incrementally. There is a great deal of masculine identity work, many of our clients have had their sense of*

manhood systematically dismantled and rebuilding that in a healthy direction is a central therapeutic task."

These results are consistent with those of Nathanson and Rhatigan (2012) who evaluated the effectiveness of trauma focused cognitivebehavioural therapy for male survivors of domestic violence, finding significant decreases in trauma-related symptoms of PTSD, depression and anxiety. Padare's counselling model is commended from a Strength-Based perspective because it focuses on the existing capacities of adaptation and recovery of survivors, which is in line with the Saleebey's (2006) core formulation of strength-based practice of affirming rather than of pathologising..

4.5.2 Group Therapy and Peer Support

Group therapy and peer support allow survivors to collectively meet and provide mutual support for their experiences and to collectively confront restrictive masculine norms. The peer dimension was represented as being able to offer something that professional support cannot—normalisation of the experience and softening the extreme isolation experienced to be a victim of GBV.

One participant explained how it felt to be at his first peer support group meeting:

"Ndakashamisika nekuti ndaifunga kuti ndini ndega ndaive nemudzimai anoshungurudza . Asi ndakaona kuti kuno varume vemizera yose , anoenda kubasa neasingaende varikusanganawo nemamiriro ezvinhu akadaro muupenyu hwavo sezvandaingoitawo."(I was shocked. I had believed that I was the only one among men who had been beaten by his wife. Here, working and non-working men of all ages. I then realized that other men were all going through things similar to what I was experiencing.) —P1

Key Informant 3 explained more on the Padare structured peer support model stating:

"Men who finish the cycle demonstrate a measurable change in emotional regulation, isolation and willingness to keep in touch with formal support systems".

These findings align with Hogan and Orme's (2011) assessment of support groups for

male domestic abuse survivors where they discovered that participants appreciated coming together with others who understood them and were able to break the sense of isolation and abnormality. Group therapy was also reported by participants in this study to be a place where they were able to feel that they were not alone in their experiences, which helps to alleviate feelings of shame and self-blame. Survivors could find a sense of belonging and hope for recovery through sharing stories and encouraging each other. The peer support model is a Strengths Based approach that places persons who have survived trauma as experts in their personal healing and recovery, using their strengths and capacities as the basis for the peer support process.

4.5.3 Legal Advocacy and Support

Legal advocacy involves professional assistance for male survivors in applying for protection orders, reporting to the police and family court proceedings. Though the Zimbabwean Domestic Violence Act Chapter 5:16 of 2007 is gender neutral, male survivors regularly face institutional disbeliefs and barriers when claiming legal protection in the formal justice system, professional advocacy is a necessity not an option.

One participant spoke of the difference when Padare's legal advocate went with him to the police: "I was taken aback that the second time I went to the police, Padare's legal advocate was with me and my initial dismissal was taken seriously as a complaint. Key Informant 1 gave solid institutional context:

> *“Our legal advocates work within a system that has not fully internalized the gender-neutral provisions of the Domestic Violence Act Chapter 5:16] (2007). Male clients who approach magistrates’ courts for protection orders encounter skepticism that female clients do not face. We have had applications denied on grounds that are essentially cultural rather than legal. Our advocacy work therefore requires not only supporting the client through the process but proactively educating judicial officers about their obligations under the Act.”*

These findings are in line with Douglas and Hines' 2011 findings on how male applicants are viewed as less deserving of protection orders than female applicants.

The participants' experience suggests that legal issues arise not so much because of the lack of legislation, as because of negative perceptions of male victimisation in legal institutions. The legal advocacy aspect of Padare's work, thus, is a key link between the survivors and formal protection avenues, and the findings indicate that in order to facilitate equitable legal protection to male survivors, there is a need for a more widespread institutional sensitization and for systemic reform in the judiciary as well.

4.5.4 Community Education and Awareness Campaigns

Community education and awareness program seeks to minimize stigma, confront negative gender norms and foster a social environment where male survivors can seek support without being ridiculed or disbelieved. In communities where the issue of victimization of men by GBV is not yet recognised or acknowledged, awareness creation is a prerequisite for having any avenue for support.

Key Informant 3 explained about Padare's community education and awareness:

> *"Padare facilitates community dialogues with community leaders, teachers and church authorities and also uses radio and social media, consistently using messages that reinforce that GBV is for all genders, and that changing gender norms will benefit all community members."*

One focus group participant, who heard a Padare radio programme, vividly illustrated how this affected individual survivors' willingness to seek help. He heard on a Padare radio programme that a man publicly came out as a survivor, and talked about it and thought that if another man could come forward and tell people about it, then supposedly he could be helped too.That's when he decided to reach out following that broadcast.

Key Informant 2 was honest in acknowledging the challenges of community education work saying:

> *"In some communities Padare is still trying to get the basic premise across that male victimisation is real and that it is an issue, and that going in with respect to the culture and using community wellbeing terms as opposed to individual rights*

is the way to achieve this."

These results are in line with Huntley's (2019) study which found that community education campaigns should be culturally sensitive to prevent adverse reactions. The data show that awareness campaigns have an important part to play in dispelling myths and stigma about male victimisation and seeking help. Quotes from the participants also indicated that community dialogues, media campaigns and public discussion can boost awareness of abuse and motivate people who have suffered abuse to seek out available supports.

4.5.5 Economic Support and Empowerment

Economic support and empowerment programming is intended to tackle financial vulnerability through financial support and re-establishment of economic independence following economic abuse or control. Participants and key informants identified it as the largest current gap in support provision in Padare. Padare makes referrals to livelihood programming and also microfinance institutions, but we do not yet have economic empowerment programming for the male survivors, which was one of the most cited types of violence.

One participant who had faced severe economic control described how he had no monetary resources or savings when he left his abusive relationship and had lived on family for months, and that there would be no way for men without a family to have any recourse. Another explained how he was economically entrapped and continued to be abused as a consequence.

Key Informant 1 identified that economic support is a priority development area and said:

> *"Currently Padare is in discussion with livelihood partners to create a pilot economic empowerment programme focusing on financial literacy, prepare for employment and access to seed capital for self-employment for male GBV survivors."*

These results are in line with those of Postmus and Plummer (2016) who evaluated the

effect of economic empowerment programmes on the stability and rate of return to relationships with intimate partners who commit domestic violence and found there to be a significant effect. The financial insecurity of the survivors is illustrated in the accounts of those participating in this study, and it is a factor that can make it difficult for survivors to escape from their abusers and stay out of the relationship. This would also help to strengthen economic empowerment projects, which would help the survivors to be financially independent and would help them to have confidence in themselves, leading to a betterment of their lives without the abuse.

4.6 Discussion of Findings

4.6.1 Forms of Gender Based Violence Experienced by Male Survivors

From this study, the multi-dimensional male victimization which involved physical, verbal, psychological, economic and spiritual abuse was deduced. The data challenge the entrenched cultural and institutional belief that “gender-based” violence must happen to women, and that men are not victims of gender-based violence, whether inside or outside of intimate relationships. Physical violence was the most obvious form of violence that was identified as having triggered help-seeking behaviour, but it was always accompanied by, and often preceded psychological, verbal and economic abuse, thereby supporting Hines and Douglas (2009) and extending the Zimbabwean context to their analysis. The inclusion of spiritual abuse as a culturally-specific form of GBV is a significant contribution and offers new empirical evidence of the reality and utterly paralysing effects of spiritual and ritual control. This highlights the need for culturally responsive practice and the lack of research focusing specifically on this area.The Strength-Based Theory's contribution to the analysis of forms of violence is to begin seeing the different kinds of violence that the participants in this study endured not just as evidence of abuse and harm, but also as evidence of endurance and adaptive capacity. Living under multi-dimensional abuse, survivors function as parents, workers, and members of their community, all of which indicate personal strengths to build on in Padare's counselling and peer support work.

4.6.2 Coping Mechanisms Employed by Male Gender Based Violence Survivors

The study identified five strategies employed by Male survivors that are avoidance, isolation, substance use, faith based spiritual coping and help seeking and disclosure. Indigenous masculinity norms demonstrated to be influential in suppressing disclosure of victimisation and help-seeking (Brooks & Greenberg, 2013) may account for the dominance of avoidance and isolation in early coping patterns encountered in this study. The Strength-Based lens, however, does not dichotomize coping strategies as adaptive or maladaptive Avoidance was a protective strategy when disclosure was too risky; substance use was a destructive strategy that helped to regulate emotions when culturally accepted ways of dealing with distress were unavailable. Faith-based coping and eventual help-seeking were found to be true coping mechanisms that some of the participants referred to as turning points in their recovery process.

4.6.3 Support Systems Provided to Male survivors of Gender-Based Violence at Padare Men's Forum in Harare

Findings indicated a full range of services which are culturally responsive and helpfully meet the needs of male GBV survivors within substantial resource limitations. Counselling, peer support, legal advocacy, and community education all exhibit strengths that are based on strength-based practice principles, including: survivor centredness, drawing on survivors' existing strengths, collaborative working relationships and changing the environment that runs against survivors' choices. The lack of economic support programming is a major limitation, however, and limits the comprehensiveness of Padare's response.

4.7 Chapter Summary

This chapter shared the results of five male survivor interviews, eight focus group participants and three key informants at Padare Men's Forum following the Strength-Based Theory. Five forms of GBV were identified as physical, verbal, psychological, economic and spiritual abuse, with spiritual abuse being culturally specific and under-researched, and psychological abuse being the most prevalent. Five coping strategies

were recorded and according to the analysis these were active coping strategies, including help-seeking as a personal courageous act. The support services were identified by Padare's as comprehensive and individual counselling was the most identified gap with economic empowerment. The next chapter presents the summary, conclusions, and recommendations.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study sought to find out the experiences of male survivors of GBV at Padare Men's Forum in Harare, Zimbabwe. The study adopted the qualitative case study approach based on three research objectives and using Strength-Based Theory as a framework, data was gathered from sixteen 8 participants via face-to-face interviews, focus group discussions and key informants interviews. This chapter summarises the salient findings, provides conclusions, implications for social work practice, recommendations for relevant stakeholders, and areas for future study.

5.2 Summary of the findings

5.2.1 Forms of GBV experienced by Male Survivors

The first aim was to understand the nature of GBV faced by male survivors at Padare Men's Forum. Results showed that male survivors suffered five types of GBV, often in combination, namely: physical, verbal abuse, psychological, economic and spiritual abuse. Sustained attacks by household objects that caused physical injury sometimes leading to hospitalisation, were the most frequently reported precipitating factors for formal help-seeking by physical violence. Physical abuse, however, was always accompanied by other forms of abuse which were of a longer duration and had equal, or even more, psychological impact.

Survivors were specifically picked on and abused verbally for their failure to live up to their masculine role as provider, partner and provider. The participants noted that sometimes verbal abuse seemed to be more harmful than physical abuse, which confirms the findings, as verbal attacks are harmful, taking place gradually and continuing long after the abuse is over. Psychological abuse was consistently experienced by all participants and was reported as the most common and most harmful of the types of abuse. This involved gaslighting, social isolation, criticism and outright denial of reality. Therefore, almost 99% male victims of domestic violence suffer from psychological abuse and it is the most common form of abuse worldwide.

Economic abuse was also found to be a medium to high level of GBV, with participants describing how their earnings were managed, their employment was undermined and their property destroyed. Within the Zimbabwean context, where there are cultural expectations that men are the providers of the family, the economic abuse was doubly shameful, not only for the violation of the woman by the perpetrator of the abuse, but because of the violation of the provider role of the man. Spiritual abuse was identified as a cultural issue, and one that is under researched, and is pertinent to Zimbabwe. Participants reported being threatened with witchcraft; being put under spells to make them submissive; and being manipulated with threats of ancestral curses. This type of abuse was the most unique to disclose and respond to according to findings on the paralysing nature of spiritual threats in intimate partner violence situations.

The second objective looked at coping strategies used by GBV survivors of men. Five main coping strategies emerged: avoidance and denial, social isolation, substance use and behavioural displacement, faith-based spiritual coping and help-seeking and disclosure. The most frequently mentioned coping strategies at the outset included avoidance and denial, wherein participants said they tried to convince themselves for a prolonged period of time that either the violence was temporary or or under control. This is in line with the findings that one of the most common coping strategies employed by male survivors was to downplay the seriousness of the abuse in order to maintain their sense of masculinity.

Social isolation was used by some survivors as a strategy to avoid being seen and possibly found out, and one participant's description of his journey from isolation to suicidal thoughts show the psychological toll of male GBV victimization. When asked about coping strategies, substance use, and especially over-ingestion of alcohol, was described as a form of self-medication for the emotional distress which was lacking of culturally sanctioned options few of the participants found spiritual coping through faith to be important as it gave meaning, connectedness and affirmation of their identity in the church during times of abuse.

5.2.2 Coping Mechanisms Employed by Male Gender Based Violence Survivors

The second objective examined the coping mechanisms employed by male GBV survivors. Five primary coping strategies were identified: avoidance and denial, social isolation, substance use and behavioural displacement, faith-based spiritual coping, and help-seeking and disclosure. Avoidance and denial were the most commonly reported initial coping responses, with participants describing sustained periods of self-persuasion that the violence was temporary or manageable.

Social isolation was employed by several survivors as a means of avoiding scrutiny and potential disclosure, with one participant's account revealing a trajectory from isolation toward suicidal ideation. Sbstance use, particularly excessive alcohol consumption, was described as a self-medication strategy for emotional pain in the absence of culturally sanctioned alternatives in which male GBV survivors three times more likely to report heavy alcohol use. Faith-based spiritual coping was significant for several participants, with church and pastoral guidance providing meaning, community connection, and identity affirmation during periods of abuse.

The most adaptive coping strategy help-seeking and disclosure was also the most challenging for participants to engage in, and usually occurred as a result of the crisis event and not a gradual process of recognizing the need. In Zimbabwe, all the participants indicated that there was a delay in disclosure that lasted over years before they reached Padare Men's Forum. Under Strength Based, the final decision to seek formal help was seen as personal courage, and agency and resilience, rather than weakness.

5.2.3 Support Systems Provided to Male Gender Based Violence Survivors at the Padare Men's Forum

The third objective evaluated the support mechanisms that would be offered for male survivors of GBV at the Padare Men's Forum. Five aspects of support were found:

individual counselling, group therapy and peer support, legal advocacy, community education and awareness programs, and referrals for economic support. All survivor participants found individual counselling to be the most important and valued type of support received. The transformative validation by professional administration of trauma-informed counselling resulted in significant reduction of PTSD symptoms, depression and anxiety among male domestic violence survivors.

Group therapy and peer support were recognized as especially effective in decreasing isolation and proving male survivors' experiences as being normal. Although legal advocacy has been important, there was persistent bias from the judiciary in the application of the Domestic Violence Act [Chapter 5:16] and as observed by Ncube and Moyo (2015), the Act is still heavily woman-centred in practice. Community education (including via radio) was seen as integral to stigma reduction and increasing early help-seeking, with one participant stating a radio broadcast was directly responsible for giving him the courage to go to Padare.

The greatest opportunity for expanding Padare's existing support was seen with economic empowerment programming. This is an important gap to address, as economic abuse was one of the most frequently identified types of violence documented and economic dependency was one of the main reasons survivors continued to be exposed to violence. To stress the need for this is economic empowerment was a significant factor in increasing the stability of survivors and decreasing their return to the abusive relationship.

5.3 Conclusions

This study has revealed that gender-based violence against women is a reality, a complex issue, and highly underestimated in Zimbabwe. Men survivors at Padare Men's Forum are facing multiple physical, verbal, psychological, economic and spiritual abuse in intimate relationship. Men can also be victims of GBV, yet the dominant cultural and institutional belief that they cannot be is not only empirically wrong but is also harmful as it acts as a barrier to disclosure, help-seeking, and further contributes to secondary

victimisation. Although the Zimbabwean law in theory provides gender neutral protection to male survivors in the gender neutral provisions of the Domestic Violence Act [Chapter 5:16] the law is never actually applied in a gender neutral way because of entrenched institutional biases.

Male GBV victimisation in Zimbabwe is uniquely compounded by the socio-cultural context. The cultural norms and expectations of masculinity, which align with traditional notions of manhood that demand men to be strong, stoic about their emotions and the figure of the provider, make men vulnerable to abuse and inhibit effective help-seeking. When, as in the case of individual men suffer harm from the same structures that men as a class nominally benefit from, then those structures can be said to be patriarchal. Spiritual abuse, weaponization of witchcraft and of authority of ancestors in intimate relationships is a culturally located aspect of male GBV victimization in Zimbabwe, which has received limited attention in the literature.

Even in the face of great structural barriers, male GBV survivors show amazing resilience, agency and ability to recover. As guiding theory for this study, the Strength-Based Theory allowed for a lens on the understanding of the endurance, coping mechanisms and eventual help-seeking of survivors as a sign of strength rather than a sign of pathological weakness. The approach of Padare Men's Forum (PMF) – culturally responsive, strength affirming service delivery, is a meaningful institutional response to a critical service gap in Zimbabwe.

This is why Padare Men’s Forum plays an important role that the state and mainstream civil society hasn't adequately taken in Zimbabwe today. If not for Padare, there would be virtually no formal institutional means for male survivors to access support in Harare. The organisation's counselling, peer support, legal support, and community education initiatives all address important aspects of survivors' needs, and yet, there are no specific economic empowerment initiatives created a gap which urgently needs to be filled. The results confirm that investing in male-inclusive GBV services is not an antimovement to gender justice, rather it is fundamentally part of gender justice.

5.4 Implications for Social Work

5.4.1 Practice

Social workers need to be gender and culturally responsive to GBV and understand that men are potential survivors. Practitioners need specific training related to male victimisation dynamics, disclosure barriers and cultural manifestation of GBV which include spiritual and economic abuse in Zimbabwe .

5.4.2 Service Delivery Settings

Services provided by social workers in the health services, police victim support units, courts, schools and community organisations need to be adapted to welcoming male victims without stigma and institutional bias. Social workers need to be proactive in their workplaces in promoting environments for delivering services that are gender-neutral.

5.4.3 Methods

There is good evidence for trauma-informed, strength-based counselling that focuses on survivors' agency and resilience. Male GBV recovery programming should incorporate all-male peer support groups and economic empowerment approaches and components such as financial literacy, livelihood skills and access to seed capital.

5.4.4 Ethics

Social workers will need to adopt client-focused, non-judgemental and empowerment-enhancing values in their practice with male GBV survivors. It is professionally unethical to not accept or value male survivors' stories and must be challenged through reflective practice and supervision in line with the International Federation of Social Workers (2014).

5.5 Recommendations

The following recommendations are provided based on the findings of this study and

are framed around Zimbabwe's Education 5.0 system, whilst targeting specific stakeholders.

5.5.1 Policy and Programmatic Recommendations

Ministry of Women Affairs, Gender and Community Development to update National Action Plan on Gender Based Violence to specifically incorporate male survivors as a recognised population of services with specific provision in the programme and budget. Amendment of the statutory Instrument 104, 2017 to make it explicitly state that service providers should also provide for male survivors with clear compliance and accountability measures. District level Gender neutral service delivery standards should be included in the National GBV Strategy (2023–2030).

Padare Men's Forum urgently needs to develop and test an exclusive economic empowerment programme, which includes financial literacy, employment skills training and access to microfinance in collaboration with existing livelihood bodies for male GBV survivors. This programme should have measurable outcomes such as financial independence indicators, reduced return to abusive relationship, and evaluation should be incorporated into the design of the programme.

5.5.2 Stakeholder and Partners Based Recommendations

All police officers assigned to the Victim Friendly Units and domestic violence response teams must be trained by the Zimbabwe Republic Police on male GBV victimisation explicitly to stop institutional dismissals of male complainants. By 2027, training results are to be evaluated using survivor feedback mechanisms.

Healthcare institutions need to formulate clinical guidelines for screening and referral of GBV survivors males. Medical training curricula should include male GBV victimization as a compulsory course for students in medical schools, such as the University of Zimbabwe College of Health Sciences, as of the 2026-2027 academic year.

It is recommended that the Judiciary of Zimbabwe should sensitize magistrates and

family court judges on the gender neutral aspects of the Domestic Violence Act [Chapter 5:16] through a compulsory training. To ensure monitoring of the outcomes of protection orders for gender, a monitoring framework should be put in place by the Zimbabwe Magistrates Court from 2026 onwards.

5.5.3 Community and Research Participants- Based Recommendations

Community leaders such as ward councillor, village heads, church leaders, school heads etc. should be involved as partners in community dialogue programme to confront cultural norms that stigmatize male victimisation. Train community focal points to provide a male-friendly pathway for disclosure and support communities to develop these. Padare Men's Forum should reinforce and increase its radio and social media campaign for the gap between a man realising that he needs help, and asking for it.

5.5.4 Social Work-Based Recommendations

Male GBV victimisation should be introduced as a topic or a module in Bindura University of Science Education and other social work training institutions in Zimbabwe, as this will help inform students about the forms of male GBV, barriers to help-seeking, culturally competent assessment and strength-based intervention. There is a need for a CPD framework to be developed by the Zimbabwe Social Workers Council that will introduce GBV practice as a core competency for registered Zimbabwean social workers by 2028 with structured pathways.

There should be supervised field placements in a GBV service context with male survivors. It is encouraged that all social workers who work in all practice settings should have routine GBV screening in intake assessments, through the use of validated tools that can be adapted to the Zimbabwean context.

5.6 Areas for future study.

5.6.1 Spiritual and Ritual Abuse as a Form of Male GBV

Spiritual and ritual abuse of men must be studied as a form of GBV in Zimbabwe and other African contexts. Future research needs bigger, geographically more varied samples to provide a picture of the prevalence, the type of spiritual abuse, and its psychological effects on male survivors, and to develop evidence-based intervention models that take account of the cultural complexity of spiritual abuse.

5.6.2 Experiences of Male Survivors Without Formal Support

A comparative study between GBV survivors who have accessed formal help and those who have not, and between male and female GBV survivors, will give insight into the extent to which male GBV survivors experience victimisation in Zimbabwe, and the barriers that hinder help-seeking by male GBV survivors. The sample for the present study consisted of male survivors who had previously sought formal assistance, and this could have been a source of selection bias towards more empowered or crisis motivated survivors.

5.6.3 Long-Term Outcomes of Padare Men’s Forum Interventions

Future research is needed on long-term outcomes of Padare Men's Forum interventions such as counselling, peer support, and legal advocacy , employing longitudinal designs that asses individual survivors' wellbeing, economic stability, and relationship safety over two to five years post-intervention. At present, there is virtually no evidence in the literature of the effectiveness of male GBV survivor services in Africa in the long term.

5.6.4 Service Provider Perspectives and Training Needs

A study exploring attitudes and needs of service providers (including social workers, magistrates, healthcare workers, and police) towards male GBV victimisation will complement the evidence generated from a survivor's perspective by this study and

would serve as an evidence base for the institutional training reforms above.

5.6.5 Economic Abuse and Masculine Provider Identity

In this regard, a study that explores economic abuse as a specific and distinct type of GBV against men in a Zimbabwean context, where economic abuse intersects with masculine provider identity and economic vulnerability would fill a gap identified by this research.

5.7 Chapter Summary

Thisl chapter is a summary of the key findings of the research, and how they contribute to the existing literature on male gender based violence survivors. This is a commentary on the strengths and limitations of research and the potential impact of these on the findings. Future research areas are identified, specific recommendations are made and the chapter reflects on the contribution of the study towards knowledge. This chapter is a reflection on the personal and professional learning that has occurred throughout the research process, concluding the research by highlighting all the important findings and implications for future research and policy development, and suggesting a way forward.

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APPENDIX 1: FACE TO FACE INTERVIEW GUIDE

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



EXPERIENCES OF MALE GENDER-BASED VIOLENCE SURVIVORS. CASE OF PADARE MEN'S FORUM, HARARE

Face-To-Face Interview Guide for Male Survivors of Gender-Based Violence

Instructions: *The following questions are designed to guide a face-to-face interview. Please answer as openly and honestly as you feel comfortable. Your responses are confidential and will only be used for academic research purposes.*

Section A: Forms of GBV Experienced

What forms of violence did you experience in your relationship, and how did they affect your daily life?

How long did the abuse go on before you recognized it as gender-based violence?

In what ways did the abuse change or escalate over time?

Section B: Coping Mechanisms

When the abuse was happening, what did you do to manage the pain and stress you were feeling?

Were there things you turned to, such as alcohol, isolation, or keeping busy, to help you get through difficult periods?

Looking back, which of those ways of coping helped you the most and which ones made things harder for you?

Section C: Support Systems

What made you decide to come to Padare Men's Forum, and what did you expect to find there?

What specific services at Padare have made the biggest difference in your recovery?

What support do you feel is still missing for men going through what you went through?

APPENDIX 2: FOCUS GROUP DISCUSSION GUIDE

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DEPARTMENT OF SOCIAL WORK



EXPERIENCES OF MALE GENDER-BASED VIOLENCE SURVIVORS. CASE OF PADARE MENS FORUM, HARARE

Focus Group Discussion (FGD) Guide For Male GBV Survivors

Instructions: *This is a group discussion. Everyone's views are valued and there are no right or wrong answers. Please feel free to share your experiences openly. All responses are confidential.*

Section A: Forms of GBV Experienced

From your experiences and those of men you know, what types of abuse do men face most commonly in relationships?

How does society's view of men make it harder to recognize certain behaviors as abuse?

Which form of abuse do you think causes the most lasting damage to a man, and why?

Section B: Coping Mechanisms

As a group, what are the common ways men deal with abuse when they feel they cannot speak openly about it?

How do gender expectations, like the idea that men must be strong, shape the ways men cope with violence at home?

What healthier coping strategies do you think men should be encouraged to use, based on your own experiences?

Section C: Support Systems

What has your experience been like accessing support from Padare or any other organization as a male survivor?

How do family, friends, and the community either help or hinder a man's recovery from GBV?

What changes would you like to see in the support services available to male survivors in Zimbabwe?

APPENDIX 3: IN-DEPTH INTERVIEW GUIDE

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DEPARTMENT OF SOCIAL WORK



EXPERIENCES OF MALE GENDER-BASED VIOLENCE SURVIVORS. CASE OF PADARE MENS FORUM, HARARE

In-Depth Interview Guide For Key Informants — Social Workers and Facilitators at Padare Men's Forum

Instructions: *The following questions are designed for key informants who work directly with male GBV survivors at Padare Men's Forum. Your professional insights are valuable to this study. All responses will remain confidential and will only be used for academic purposes.*

Section A: Forms of GBV Experienced

From your professional experience at Padare Men's Forum, what forms of GBV do male survivors most commonly report when they first seek help?

How do cultural and gender norms in Zimbabwe influence the types of abuse men experience and their willingness to disclose it?

In your observation, are there forms of abuse that male survivors tend to underreport or minimize, and what do you think causes that?

Section B: Coping Mechanisms

What coping strategies do you most commonly observe among male GBV survivors when they first come to Padare Men's Forum?

How does Padare Men's Forum approach help survivors move away from harmful coping mechanisms toward healthier ones?

In your professional view, what barriers prevent male survivors from adopting positive

coping strategies, and how can those barriers be addressed?

Section C: Support Systems

How effective do you consider Padare Men's Forum current support programs in meeting the specific needs of male GBV survivors?

What gaps have you identified in the support systems available to male survivors, both within Padare Men's Forum and in the broader Zimbabwean context?

What recommendations would you give to improve policies and services for male GBV survivors in Zimbabwe?

APPENDIX 4: Consent Form

BINDU RA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

PROJECT TITLE: EXPERIENCES OF MALE GENDER-BASED VIOLENCE SURVIVORS. CASE OF PADARE MEN'S FORUM, HARARE

Consent to take part in research

I voluntarily agree to take part in this research by Prisca David, Student at Bindura University of Science Education. I understand that even if I agree to participate in this research now, I can withdraw anytime and I can refuse to answer some questions. I agree to my interview being audio-recorded and consent the student to use information from my interview in her data collection for school-related research. I have read and understood the nature of the research, its objectives, pros and cons.

I understand that I will not directly benefit from this research because it is voluntary. I understand that the information I will provide for this study will be treated with confidentiality and my identity will remain anonymous. In the case of queries, I understand that I can contact the University for further Clarifications and information.

I hereby give my signature as proof of agreement between me and the researcher.

SIGNATURE OF RESEARCH PARTICIPANT……. DATE……..

SIGNATURE OF RESEARCHER…… DATE…….

APPROVAL LETTER

FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

TO WHOM IT MAY
CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, **DAVID PRISCA**, Student Registration Number ***B220056B***, who is a HBSc **Social Work** student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student in accessing data relevant to the study, and, where possible, conduct interviews as part of a data collection process.

Yours faithfully

Ms. E.E, CHIGONDO
CHAIRPERSON

BINDURA UNIVERSITY OF SCIENCE EDUCATION
DEPARTMENT OF SOCIAL WORK
CHAIRPERSON
16 MAR 2026
FACULTY OF SOCIAL SCIENCE & HUMANITIES
PRIVATE,BAG,1020, BINDURA, ZIMBABWE

PADARE MEN'S FORUM
ON GENDER
25 McMeekan Road , Milton Park Hararé
15 APR 2026
Signature .....