

MALE SURVIVORS OF GENDER-BASED VIOLENCE: COMMUNITY-BASED INTERVENTIONS IN CHIPINGE DISTRICT, ZIMBABWE

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Abstract

Gender-based violence (GBV) against men remains largely invisible in Sub-Saharan Africa, with traditional masculinity norms creating silence and marginalising rural Zimbabwean men from support services. In Chipinge District, the absence of accessible formal and culturally appropriate support systems leaves male survivors without culturally relevant pathways to healing and recovery. This study develops a community-based, culturally appropriate support model for male GBV survivors, using participatory action research. Data collection involved in-depth life history interviews with 25 male GBV survivors, 48 participants in focus group discussions (traditional leaders, church leaders and community health workers) and key informant interviews with 12 existing service providers and district officials. This was complemented by community mapping exercises and participatory workshops. The Intersectionality Theory and the Ubuntu/Hunhu Philosophy were used to examine how gender, class, age, ethnic identities and rural-urban dynamics intersect to shape men's GBV experiences. Findings reveal barriers, including fear of social ridicule, masculinity, threats, limited financial resources and the absence of male-friendly community support environments as affecting male survivors' access to support. The

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proposed model integrates traditional healing practices with contemporary support mechanisms. This includes community dialogue programmes, training for traditional leaders, confidential peer support circles, culturally appropriate reporting mechanisms and economic empowerment initiatives.

Keywords: *community-based services, masculinity, rural Zimbabwe*

INTRODUCTION

Gender-based violence (GBV) constitutes a widespread and critical violation of human rights, impacting millions globally. However, the experiences of male survivors remain largely invisible within academic discourse, policy frameworks and service provision models (Ngobeni and Sekgobela, 2025) . Although international efforts have appropriately prioritised addressing violence against women and children, the systematic exclusion of male experiences from GBV research and policy has resulted in a notable gap in the comprehensive understanding of GB. (Kasa, 2025). This invisibility is particularly pronounced in Sub-Saharan Africa. The region's adherence to rigid masculinity norms, cultural expectations of male strength and invulnerability, and entrenched patriarchal social structures collectively contribute to a silencing effect surrounding male victimisation (Thobejane, Mogorosi and Luthanda, 2018).

Emerging evidence suggests that 15-30% of men in countries, including South Africa, Uganda and Ghana, have experienced intimate partner violence (IPV), sexual violence, or other gender-based harm during their lifetime (Chadha *et al.*, 2021; Rehman, Habib and Tahir, 2023; Ngobeni and Sekgobela, 2025). Rural men

face particular vulnerabilities due to economic stress, social isolation and limited access to formal support services (Mphatheni and Ntsika, 2022). Zimbabwe exemplifies these regional challenges, where the National Gender-based Violence Strategy (2023-2030) allocates over 85% of resources to women and children's services, with less than 3% directed toward male-specific programming (Dzinamarira *et al.*, 2024). However, existing coordination mechanisms continue to marginalise traditional leaders, religious organisations and community-based actors, despite their crucial role as primary support providers for male survivors in rural settings (Matumbu, 2023).

This study addresses these critical gaps by developing a culturally appropriate, community-based intervention model, specifically designed to support male GBV survivors in Chipinge District through participatory action research methodology. The research objectives are: (1) examining how masculinity norms and cultural practices influence male GBV experiences and help-seeking behaviours; (2) identifying existing community-based support mechanisms and their capacity for addressing male survivors' needs; (3) developing a culturally appropriate intervention model that integrates traditional healing practices with contemporary support approaches; and (4) creating sustainable implementation frameworks that build upon existing community assets while addressing identified service gaps. This study follows six main sections: the literature review examines existing knowledge on male GBV experiences globally and in African contexts; the methodology outlines the participatory action research design and data collection methods; the findings present key themes from

community consultations; the discussion analyzes policy and practice implications; while the conclusion offers recommendations for scaling up community-based interventions across rural Zimbabwe and similar Sub-Saharan African contexts.

CONCEPTUAL FRAMEWORK

This conceptual framework illustrates how intersectional vulnerabilities (gender, rurality, ethnicity, age, economic status) and cultural barriers (masculinity norms, stigma, institutional gaps) create the problem context requiring intervention. Grounded in the Intersectionality Theory and *Ubuntu/Hunhu* Philosophy, the framework employs participatory action research to engage traditional leaders, religious organisations, community health workers and traditional healers in collaborative intervention design. The process transforms identified problems into culturally appropriate solutions through community mapping, stakeholder engagement and cultural integration activities. Expected outcomes operate at individual levels (increased help-seeking, access to support, healing) and community levels (transformed attitudes, reduced stigma, enhanced capacity). The intervention produces five framework components: community awareness programmes, leader capacity-building, survivor support services, economic empowerment and family relationship support. This *Ubuntu/Hunhu*-centred, intersection ally-informed approach creates sustainable, community-owned support systems that honour traditional knowledge while addressing contemporary male GBV challenges in rural Zimbabwean contexts. The framework is illustrated in Figure 1.

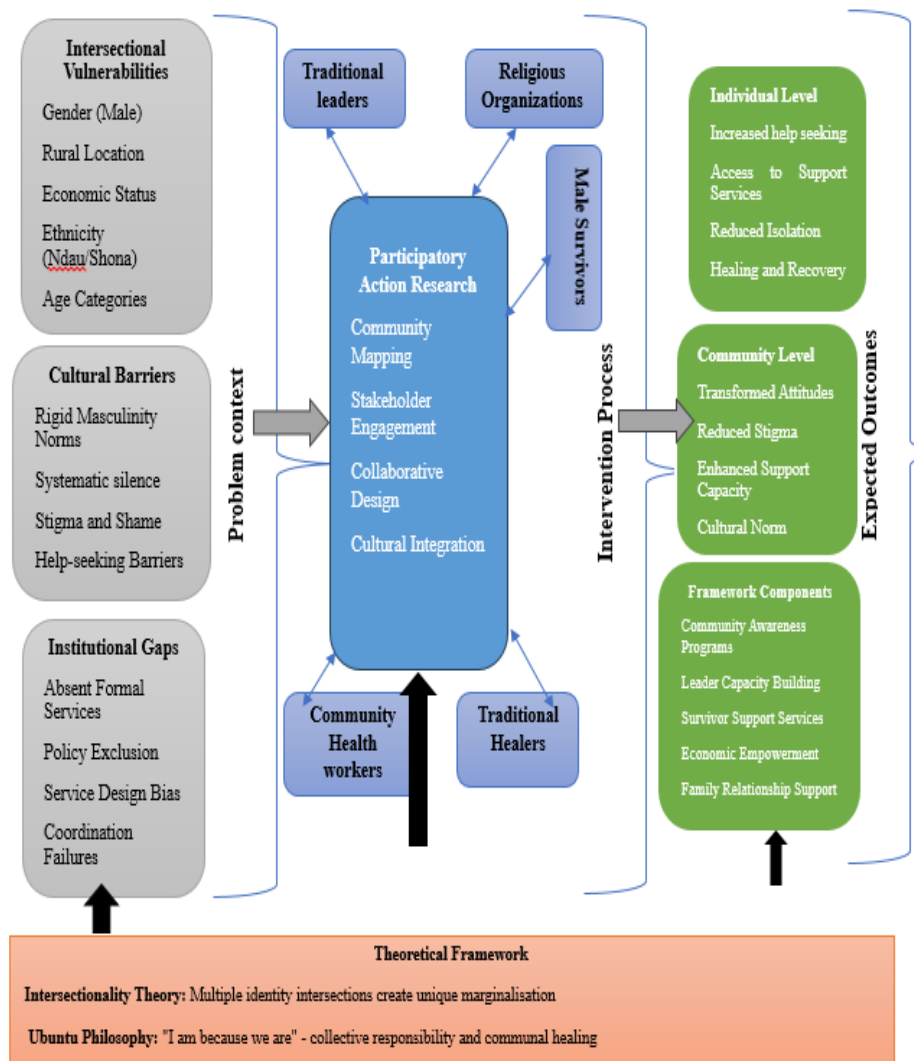


Figure 1: Community-based male GBV intervention conceptual framework (Author)

THEORETICAL FRAMEWORK

This research utilises a dual theoretical lens, integrating the Intersectionality Theory and the *Ubuntu/Hunhu* Philosophy, to investigate male experiences of GBV and the development of

community-based interventions in the rural Chipinge setting. This integrated theoretical approach offers analytical tools for comprehending the complexities inherent in male experiences of GBV, while simultaneously providing culturally relevant foundations for the development of contextually appropriate interventions. These interventions aim to acknowledge local knowledge systems and address underlying structural inequalities.

INTERSECTIONALITY THEORY

The Intersectionality Theory, pioneered by Kimberlé Crenshaw, offers a critical lens for understanding how overlapping social identities create unique experiences of marginalisation and privilege (Gutterman, 2023). Moving beyond additive models, it posits that the intersection of factors such as gender, race, class, age and geographic location generates qualitatively different lived realities (*ibid.*). For male survivors of GBV in rural Zimbabwe, this implies that their experiences are not exclusively determined by their gender. Rather, they are significantly shaped by factors such as rural isolation, economic constraints and the prevailing cultural norms within their respective ethnic communities. These intersecting factors give rise to specific vulnerabilities and barriers to accessing support, which differ considerably from those encountered by female survivors or men in urban areas. The application of intersectionality to this study underscores how these intersecting identities produce compounded disadvantages, thereby influencing access to support services, cultural expectations and overall societal responses to violence. This approach is crucial in ensuring that interventions recognise the heterogeneity inherent in male experiences, avoiding essentialist

assumptions regarding masculinity or the existence of universal male needs.

UBUNTU/HUNHU PHILOSOPHY

The *Ubuntu/Hunhu* Philosophy, rooted in the Southern African maxim "I am because we are", provides a culturally grounded framework emphasizing interconnectedness, collective responsibility and communal healing (Nicolaides, 2022). It understands individual well-being as intrinsically linked to community harmony and social relationships, positioning personal healing within broader contexts of community restoration and collective welfare. *Ubuntu/Hunhu* aligns with traditional Zimbabwean approaches to conflict resolution and social support, prioritising relationship repair and community dialogue over individualistic interventions (Ngondo and Klyueva, 2022). In the context of male GBV, *Ubuntu/Hunhu* reframes individual trauma as a community concern, legitimising collective responses and reducing stigma through shared responsibility (Bojuwoye and Moletsane-Kekae, 2018). It emphasizes dialogue, consensus-building and inclusive decision-making, engaging traditional leaders and community networks in creating supportive environments (Arthur, Issifu and Marfo, 2015). This philosophy guides the research by providing culturally authentic foundations for community-based interventions that honour traditional knowledge, while addressing contemporary challenges.

LITERATURE REVIEW

The literature review focuses on male experiences of gender-based violence and explores it using four interrelated themes. It starts with prevailing patterns of global prevalence and theoretical frameworks and shifts to the African-specific cultural aspects of

male GBV such as traditional masculinity concepts and community support frameworks. The analysis on community-based interventions and traditional healing methods is reviewed as alternative to formal service provision models. Lastly, it discusses norms of masculinity, help-seeking behaviour and support systems within the community. Throughout, the review identifies critical gaps in existing research, particularly regarding culturally appropriate interventions for male survivors in rural African contexts.

GLOBAL PERSPECTIVES ON MALE EXPERIENCES OF GENDER-BASED VIOLENCE

Research on male experiences of GBV across the globe has gained momentum over the past years, challenging traditional conceptualisations that position men exclusively as perpetrators rather than potential victims (Mphatheni and Ntsika, 2022). Global prevalence studies indicate that between 10-20% of men worldwide have experienced IPV, with rates varying significantly across cultural contexts and geographical regions (Chadha *et al.*, 2021; Rehman, Habib and Tahir, 2023). Male survivors report experiencing physical violence, psychological abuse, sexual coercion and economic manipulation, often accompanied by unique forms of gender-based humiliation that target masculine identity and social status (Chadha *et al.*, 2024).

However, male victimisation remains significantly under-reported due to social stigma, fear of not being believed, concerns about masculine identity threats and limited availability of male-sensitive support services (Mphatheni and Ntsika, 2022). Research also demonstrates that male survivors face distinct barriers including societal assumptions about male invulnerability, legal

frameworks that inadequately recognise male victimisation and service provision models designed primarily for female survivors that fail to address men's specific needs and experiences (Thobejane, Mogorosi and Luthanda, 2018).

Current theoretical frameworks addressing help-seeking behaviours, particularly Connell's (1995) Hegemonic Masculinity Theory, provide valuable insights into how societal gender expectations create barriers to disclosure and service access among male survivors. However, these frameworks require cultural adaptation when applied to non-Western contexts where masculinity concepts may operate through different cultural logics and social structures (Ngobeni and Sekgobela, 2025). The inadequacy of existing theoretical models becomes apparent when examining African contexts. This is so because traditional masculinity concepts intersect with colonial legacies, economic transformations and evolving gender dynamics in ways that Western masculinity theories cannot fully capture.

AFRICAN CONTEXTS AND CULTURAL DIMENSIONS OF MALE GBV

The transition from global perspectives to African-specific contexts reveals how continental and regional factors create distinct patterns of male GBV that require specialised analytical approaches. Within African contexts, male experiences of GBV intersect with complex cultural constructions of masculinity, traditional gender roles and community-based support systems that significantly influence both victimisation patterns and help-seeking behaviours. Studies from countries that include South Africa, Uganda and Ghana, reveal that African men experience GBV at rates comparable to global averages (Chadha *et al.*, 2021). They face additional cultural barriers related to expectations of

male strength, emotional stoicism and protective roles within families and communities(*ibid.*; Mphatheni and Ntsika, 2022; Ngobeni and Sekgobela, 2025).

Traditional African masculinity concepts, while diverse across ethnic groups and regions, often emphasize men's roles as providers, protectors and decision-makers, creating cognitive dissonance when men experience victimisation that challenges these fundamental identity constructs (Mphatheni and Ntsika, 2022). Research in rural African contexts demonstrates that men who experience GBV often struggle with shame, emasculation and fears of social rejection compounded by limited understanding of male victimisation within traditional community structures (Maripfonde, Mavondo and Chamisa, 2020; Matumbu, 2023). The intersection of poverty, economic stress and changing gender dynamics in contemporary Africa has created new vulnerabilities for men while simultaneously undermining traditional support mechanisms that historically provided assistance during times of crisis.

COMMUNITY-BASED INTERVENTIONS AND TRADITIONAL HEALING APPROACHES

Building on the cultural specificity required for African contexts, examination of intervention approaches reveals significant potential in community-based models that can integrate traditional knowledge systems with contemporary support mechanisms. Community-based interventions for GBV have emerged as promising alternatives to formal service provision models, particularly in resource-constrained contexts where institutional support systems are limited or inaccessible (Mannell and Dadswell, 2017). Research demonstrates that community-

driven approaches can effectively mobilise local resources, build on existing social networks and integrate cultural knowledge systems to create sustainable support mechanisms for GBV survivors (Ragavan *et al.*, 2019).

In African contexts, traditional healing practices and indigenous knowledge systems (IKS) offer valuable frameworks for understanding trauma, facilitating healing and restoring social harmony following violence (Bojuwoye and Moletsane-Kekae, 2018). Community-based approaches have shown promise in addressing male GBV as they can adapt to local masculinity norms, utilise trusted community figures as intervention agents and provide discrete support mechanisms that protect survivor privacy and dignity (Rowlands, 2025). However, critical analysis reveals substantial limitations in existing community-based intervention research. Most studies focus on female survivors, with minimal attention to gender-specific adaptation requirements for male survivors who may require different engagement strategies, confidentiality approaches and therapeutic modalities.

Additionally, existing research often romanticises community capacity without adequately examining potential harmful traditional practices, power dynamics, or resistance to recognising male victimisation that may undermine intervention effectiveness. The theoretical frameworks guiding community intervention development in Africa frequently draw from Western community psychology models that may inadequately address traditional authority structures, indigenous decision-making processes and cultural healing concepts that shape African community responses to violence (Ngobeni and Sekgobela, 2025). Nevertheless, existing literature reveals significant gaps in understanding how

community-based interventions can be specifically designed and implemented to address male survivors' unique needs, particularly in rural contexts where traditional gender norms may be more entrenched while formal services remain absent or inaccessible.

MASCULINITY, HELP-SEEKING AND COMMUNITY SUPPORT SYSTEMS

The progression from intervention approaches to understanding help-seeking behaviours shows the complex relationship between gender identity construction and willingness to access support services following traumatic experiences. Studies on masculinity and help-seeking behaviours reveals complex relationships between gender identity constructions and willingness to access support services following traumatic experiences (*ibid.*). Studies consistently demonstrate that traditional masculine norms, emphasizing self-reliance, emotional control and independence create significant barriers to help-seeking among male GBV survivors (Thobejane, Mogorosi and Luthanda, 2018; Keratiloe *et al.*, 2022; Matumbu, 2023). In African contexts, these barriers are often intensified by cultural expectations that men should resolve conflicts independently, maintain family honour and demonstrate resilience in the face of adversity (Thusi and Mlambo, 2023). However, emerging research suggests that community-based support systems can mitigate these barriers by providing culturally congruent pathways to assistance that align with local masculinity norms and social expectations (Maripfonde, Mavondo and Chamisa, 2020). In light of such discussions in literature, this study adopts traditional male mentorship systems, elder councils and peer support networks to offer a framework for developing interventions that respect masculine identity while facilitating healing and recovery processes.

The literature review shows that while global recognition of male GBV has increased significantly, intervention responses remain inadequate, particularly in African rural contexts where cultural factors, resource constraints and traditional support systems require specialised approaches. The progression from global perspectives through African contexts to specific intervention and theoretical considerations demonstrates the need for culturally grounded, community-based models that can address male survivors' unique needs while leveraging existing traditional support capacity. Current research limitations, including Western theoretical bias, urban focus, female-centred intervention models and inadequate integration of traditional healing approaches create substantial knowledge gaps that limit effective practice development. This study contributes to addressing these gaps through systematic examination of community-based intervention possibilities in rural Zimbabwean contexts, offering insights relevant for similar African settings where traditional support systems remain primary resources for addressing GBV while formal services remain absent or inadequate.

METHODOLOGY

RESEARCH DESIGN AND SETTING

This study employed a participatory action research (PAR) design using a qualitative case study approach to develop community-based interventions for male GBV survivors in Chipinge District, Zimbabwe. PAR methodology was selected for its emphasis on community ownership and collaborative knowledge production that aligns with *Ubuntu/Hunhu* principles of collective responsibility and shared decision-making (Bradbury and Reason,

2008). Chipinge District was purposively selected due to its cultural diversity, rural characteristics, limited formal services and strong traditional leadership structures.

PARTICIPANTS AND SAMPLING

This study recruited 85 participants using purposive and snowball sampling. Initial recruitment of 25 male GBV survivors involved community health workers and traditional leaders, trained in ethical practices, who identified eligible participants. Snowball sampling evolved organically, respecting confidentiality concerns. The survivor sample represented diverse ages, ethnicities and GBV experiences. Six focus groups (48 participants) engaged various community leaders, each group formed separately to minimise power dynamics. Key informant interviews (12 participants) provided institutional and cultural insights. Focus group facilitation acknowledged authority hierarchies, adapting to each group's norms while maintaining research objectives.

DATA COLLECTION METHODS

Data collection occurred through multiple methods. In-depth life history interviews with male survivors explored GBV experiences, help-seeking behaviours and community responses. Focus group discussions examined community perceptions of male victimisation, existing support mechanisms and intervention preferences. Key informant interviews gathered institutional perspectives and cultural insights. Community mapping exercises identified traditional support networks, while participatory workshops engaged stakeholders in collaborative intervention design.

DATA ANALYSIS

Thematic analysis, following the Braun and Clarke (2006) framework, was employed, with coding conducted in English, Shona and Ndaou to preserve cultural nuances. Analysis involved data familiarisation, systematic code generation and theme development based on frequency, significance for intervention development and cultural relevance. Participatory analysis workshops enabled participants to identify intervention priorities and design principles.

ETHICS AND STUDY LIMITATIONS

Ethical approval was obtained with additional permission from traditional authorities. Confidentiality protocols protected survivor identities while informed consent emphasized voluntary participation. Limitations included potential response bias due to topic sensitivity, selection bias toward community-comfortable participants and sample homogeneity from snowball sampling. These were addressed through triangulation, community validation and transparent reporting.

FINDINGS

This study uncovered extensive male GBV hidden by cultural silence and institutional neglect in Chipinge District. Six themes emerged: hidden prevalence and diverse forms of victimisation; community silence and structural barriers; varying community perceptions and attitudes; inadequate existing support systems; community readiness for intervention; and policy practice implications requiring fundamental reforms to achieve gender-inclusive approaches

HIDDEN PREVALENCE AND DIVERSE FORMS OF MALE GBV

Table 1: Summary of prevalence of male GBV

Sample size	85 participants (25 male survivors, 48 FGD participants and 12 key informants)
Direct victims	20 participants
Secondary knowledge on victims	5 participants
Household prevalence	67% of mapped households in selected study wards
Most common form of GBV	Physical violence with 20 participants. Sexual violence disclosure was 8/25 participants during interviews, higher during workshops
Average duration before seeking help	4 years

Physical violence constituted the most commonly reported form (20/25 survivors), often involving weapons, group assaults, or domestic implements used by female partners. It was established that reports about such incidents were reported to traditional courts, neighbours and church leaders. However, engagements with key informants revealed that traditional conflict documentation systems excluded male victimisation cases. One leader noted:

"Our records show mainly disputes about property and adultery, but men's suffering at home has never been formally documented."¹

A 34-year-old farmer explained that:

"My wife attacked me with cooking sticks, throws plates and once burned my clothes when I came home late from work. The scars on my arms are permanent reminders, but I tell people they are from farming accidents."²

¹ Participatory Workshop Discussion, Paidamoyo, 25/08/25

² In-depth interview, male survivor, Tamandai, 13/08/25

His narrative revealed how physical violence escalated over five years, beginning with verbal insults and progressing to systematic physical attacks witnessed by their three children.

Psychological abuse emerged as pervasive but under-recognised. Twenty-three (23) of the survivors talked about systematic humiliation, threats, economic control and social isolation, with an average duration of four years, prior to seeking any type of assistance. The detailed description of a participant aged 28 showed:

"She tells everyone in the village that I am useless, cannot provide and am not a real man. She controls all the money from our crops and gives me nothing for transport or personal needs. When I resist, she threatens to leave with the children and claim I abandoned the family."¹

Sexual violence was not reported as frequently in the first interviews (8/25), but was more pronounced in the engagement workshops, in which the survivors felt more secure sharing sensitive experiences. Interviews with traditional healers as key informants identified that men often sought a cure to sexual dysfunction and reproductive health issues that, as further revealed, were associated with sexual coercion and humiliation.

The prevalence results shape the need to implement community-wide awareness efforts instead of individual-based interventions. This should highlight systematic documentation protocols to be applied by traditional leaders and healthcare providers to identify

¹ In-depth interview, male survivor, Paidamoyo, 08/08/25

and document cases of male victimisation. The notion that psychological abuse is underreported based on the results means that the components of economic empowerment and community education on psychological abuse recognition are required in the proposed intervention model.

INTERSECTIONAL VULNERABILITIES

Multiple identities created specific vulnerabilities. Younger men (18-30 years) represented 40% of survivors and faced particular risks due to economic dependence, lack of access to formal services available in towns, lack of established social status and challenges asserting authority within relationships. Focus group discussions with women's groups revealed expectations that young men should "prove themselves" through tolerance of difficult relationships, with one women's leader stating:

"Young men must learn patience and endurance to become proper husbands. Some challenges in marriage teach them responsibility."¹

Six Mozambican migrants faced compound vulnerabilities, including language barriers and uncertain legal status. A 42-year-old Mozambican participant explained:

"I cannot report anything because I fear deportation. My wife knows this and threatens to call the police when she wants to control me. "²

These intersectional findings require tailored intervention components including legal advocacy for migrants, economic empowerment for young men and culturally specific support addressing different ethnic group needs.

¹Women Focus Group Discussion 1, Joppa, 09/018/25

² In-depth Interview, male survivor, Mabheka, 12/08/25

COMMUNITY SILENCE AND STRUCTURAL BARRIERS

MASCULINITY NORMS AND SOCIAL STIGMA

All stakeholder groups identified rigid masculinity expectations as the primary help-seeking barrier. Traditional leaders emphasized cultural positioning of men as protectors and providers, making victimisation incompatible with masculine identity. Participatory workshops revealed that traditional praise names and cultural narratives exclusively celebrated male strength, bravery and control, providing no cultural scripts for male vulnerability or victimisation.

One chief detailed:

"In our culture, a man who cannot control his household brings shame to his lineage. Our ancestors' spirits judge such weakness. How can such a man come to seek help like a woman or child? It disrupts the natural order established by our forefathers."¹

This perspective was reinforced by women's focus groups, where participants expressed confusion about male victimisation legitimacy.

Male survivors described intense shame and social fears. A 39-year-old survivor shared:

"If people know that my wife beats me, I become a laughing stock. Men will mock me at beer halls, women will disrespect me and even children will question my authority. It is better to suffer in silence and hope things improve eventually."²

These findings inform the need for community dialogue programmes that reframe help-seeking as strength, male peer

¹ Key Informant Interview, traditional healer, Paidamoyo, 23/08/25

² In-depth Interview, male survivor Daura, 10/08/25

support circles that provide safe spaces and traditional leader training on supporting male vulnerability while preserving dignity.

INSTITUTIONAL AND SERVICE PROVISION FAILURES

District officials revealed comprehensive system failures, with protocols, structures and training exclusively focused on female victimisation. One social worker acknowledged:

"Our GBV protocols assume male perpetrators and female victims. We have no procedures for male survivors, no safe spaces for men and our staff lack training on male victimisation issues. Our forms don't even have categories for recording male victims."¹

A police officers described institutional biases about case handling procedures. She explained:

"When a man reports domestic violence, our first assumption is that he must have done something to provoke his wife. We often advise him to go home and sort out family issues privately. Our training teaches us that domestic violence means men hitting women, not the reverse."²

A senior nurse revealed diagnostic blind spots saying:

"Men often present with injuries but give vague explanations like falling or work accidents. We don't probe deeper because we're not trained to recognise signs of domestic abuse in men. Our GBV screening tools are designed for women patients only."³

These institutional failures necessitate community-based alternatives that bypass formal services, while building advocacy capacity to eventually transform institutional responses through policy change initiatives.

¹ Key informant interview (Social Worker), 23/08/25

² Key informant interview, Clear Water, 23/08/25

³ Key informant interview, Mt Selinda, 16/08/25

GENERATIONAL AND GENDER DIFFERENCES IN AWARENESS

Community attitudes varied significantly across demographic categories. Older community members (50+ years) demonstrated greater scepticism about male victimisation legitimacy, while younger participants (18-35 years) showed more awareness and empathy. Women's group representatives expressed complex attitudes combining disbelief with occasional recognition. One leader stated:

"Men are naturally stronger than women. If a woman beats a man, he must have allowed it or deserved it through his behaviour. But sometimes we see men who genuinely suffer, though we don't know how to help them."¹

Youth focus groups revealed evolving attitudes among younger generations, with several participants acknowledging male victimisation possibilities while noting peer pressure to maintain traditional expectations. A 23-year-old female participant explained:

"Privately, we know that some men suffer abuse but publicly discussing it makes us appear to challenge our culture and traditional values. We risk being called disrespectful or corrupted by modern ideas."²

This readiness indicates feasibility for community-based interventions requiring comprehensive stakeholder training programmes, peer support facilitation and integration mechanisms between traditional and contemporary support approaches.

¹ Women's Focus Group discussion 2: Chako, 16/08/25

² Youth Focus Group Discussion 1, Gwenzi, 16/08/25

CULTURAL EXPLANATIONS AND TRADITIONAL INTERPRETATIONS

Traditional healers provided complex perspectives on male victimisation, often attributing abuse to spiritual causes, ancestral displeasure, or supernatural influences. One experienced traditional healer explained:

"When a man is repeatedly harmed by his wife, we must examine whether ancestors are punishing him for breaking cultural protocols or failing in his duties as a man. Sometimes evil spirits influence women to attack their husbands. We treat the spiritual causes, not just the physical symptoms."¹

While these explanations validated male suffering, they revealed traditional healers often shifted responsibility away from perpetrators toward victim behaviour or spiritual causation, limiting accountability for abusive partners.

EXISTING SUPPORT SYSTEM INADEQUACIES

TRADITIONAL LEADERSHIP RESPONSES AND LIMITATIONS

Participatory workshops with traditional leaders revealed existing conflict resolution mechanisms' limitations in addressing male GBV effectively. While chiefs and headmen expressed willingness to intervene in family disputes, their approaches typically focused on restoring male authority rather than addressing underlying violence. Community mapping identified 15 traditional courts across the study area, but none had specific procedures for male victimisation cases.

Extended family networks, traditionally crucial for conflict resolution, demonstrated gender-biased responses. Family

¹ Traditional Healers Focus Group discussion, South Down, 11/08/25

members consistently encouraged male survivors to assert dominance or seek traditional medicine to restore masculine power rather than addressing abuse directly. A 45-year-old survivor shared:

"My brothers told me to beat my wife back or use traditional medicines to control her. They said seeking help from outsiders shows weakness and dishonours our family name. But their advice only made things worse at home."¹

STAKEHOLDER WILLINGNESS AND CAPACITY BUILDING NEEDS

Despite significant challenges, participatory workshops revealed substantial stakeholder willingness to support male survivors if provided with appropriate training and resources. Traditional leaders emphasized the importance of culturally appropriate approaches preserving respect for masculinity while providing necessary support. Community health workers demonstrated strong motivation to expand their roles, with training needs assessments revealing enthusiasm for developing male-inclusive counselling skills.

Survivors identified essential intervention features including confidentiality, male peer support groups, integration of traditional healing practices, economic empowerment components and training programmes for community leaders. These preferences emerged consistently across different data collection methods, indicating strong consensus about intervention design priorities that respect cultural values while effectively addressing male survivors' needs.

¹ In-depth Interview, Gwenzi, 16/08/25

FINDINGS IMPLICATIONS FOR POLICY AND PRACTICE

The results indicate severe gaps in current GBV paradigms which require the reformation of the fundamental policy in order to attain gender-inclusive policies. Existing policies, protocols and systems of service delivery are based on gendered assumptions that attribute perpetration of violence to men only and institutional blindness to the issue of male victimisation. Policy makers are encouraged to reform national GBV structures by ensuring that these are explicit with male survivors, the use of gender-neutral language in laws and creation of male-friendly standards of services. Practical interventions that are needed are: the development of gender-neutral screening tools in healthcare facilities; reform of police educational programmes to cover the cases of male victimisation; introduction of separate data categories designed to provide service to male survivors; creation of male-safe spaces in the current support networks; and the implementation of compulsory cultural competency training to service providers to address the issues of male norms and male help-seeking behaviour.

Furthermore, it is suggested that policies be adopted to identify intersectional vulnerabilities especially to rural men in general, young men and migrant populations by offering specific protection. Incorporating traditional methods of healing and community leadership into the official GBV-responsive systems necessitates a policy framework that will legitimise the indigenous knowledge systems without breach of the standards of accountability. Most importantly, the results indicate that best

male-inclusive GBV policies should be co-developed with the affected communities to make them culturally fitting and long-lasting to implement in prevailing social systems.

DISCUSSION OF FINDINGS

The results show a paradox to rural Zimbabwe's response to male GBV, where victimisation is a generalised condition, co-existing with institutional invisibility and community silence. This confirms the main idea of the Intersectionality Theory that various identities bring forth different experiences of marginalisation. The prevalence of male GBV in mapped households implies that prevalence is much greater in rural African settings because of economic instability, geographic seclusion and strict cultural demands.

The findings diverge from existing African masculinity literature that has focused primarily on urban contexts and perpetration patterns (Mphatheni and Ntsika, 2022; Ngobeni and Sekgobela, 2025). Rural male survivors experience intersectional disadvantage, simultaneously vulnerable to victimisation, yet invisible to protection mechanisms designed around urban, female-centred models. Cross-border migrants, young economically dependent men and ageing males with declining physical capacity, face distinct vulnerability patterns. It demonstrates how traditional protective masculine roles become sources of risk when economic and social conditions prevent their fulfilment. Particularly significant is the finding that institutional failures in Chipinge District speaks more to those documented in

existing literature (Thobejane, Mogorosi and Luthanda, 2018; Matumbu, 2023), with a complete absence of recognition systems, training protocols and service delivery mechanisms for male survivors, suggesting that rural African contexts require more fundamental service transformation than mere addition of male-inclusive components to existing women-centred programming.

The *Ubuntu/Hunhu* Philosophy emerges as both a perpetuating factor in male GBV silence and a transformative resource for community-based intervention development. It reveals the theoretical framework's sophisticated analytical capacity for understanding cultural contradictions and healing possibilities that binary approaches cannot capture. While *Ubuntu/Hunhu*'s emphasis on collective responsibility and interconnectedness theoretically supports community care for all members in distress (Ngondo and Klyueva, 2022; Nicolaides, 2022), the findings demonstrate how patriarchal interpretations have distorted this philosophy to prioritise male authority preservation over genuine healing and support, creating "instrumentalised *Ubuntu/Hunhu*" that maintains harmful power dynamics while appearing to uphold traditional wisdom.

This finding diverges from romanticised applications of *Ubuntu/Hunhu* in development discourse that assume its inherently liberatory potential. Instead, findings reveal how indigenous philosophies require critical examination and conscious transformation to realise their healing capacity, a theoretical contribution that extends current *Ubuntu/Hunhu*

scholarship beyond descriptive applications toward critical analytical frameworks. However, the stakeholders expressed willingness to support male survivors when provided with culturally appropriate frameworks. This validates *Ubuntu/Hunhu*'s transformative potential when applied through intersectional lenses that challenge oppressive interpretations while building on authentic community values. The community readiness identified across traditional leaders, religious figures and younger generations, despite significant attitudinal barriers, suggests that effective interventions must work within rather than against cultural frameworks.

FRAMEWORK

COMMUNITY-BASED MALE GBV SUPPORT FRAMEWORK

Based on the research findings and community consultations, this section presents the Community-based Male GBV Support Framework (CMGSF) developed through participatory processes with Chipinge District stakeholders. The framework consists of five interconnected components designed to transform community capacity for supporting male survivors while respecting cultural values and traditional knowledge systems. The framework is clearly represented in Table 2.

Table 2: Framework components and activities distributed in four phases

Framework Components	Phase 1 1-6 months	Phase 2 7-12 months	Phase 3 13-24 months	Phase 4 25-36 months
COMMUNITY AWARENESS & ATTITUDE TRANSFORMATION Key Dependencies: Must establish trust before awareness activities	Community Entry & Mapping • Stakeholder identification • Cultural assessment • Trust building	Traditional Leader Engagement • Monthly dialogue sessions • Storytelling integration • Proverb utilisation	Intergenerational Dialogue • Quarterly forums • Youth-elder exchanges • Evolving masculinity discussions	Attitude Assessment • Impact evaluation • Sustainability planning • Model documentation
	Baseline Attitude Survey • Community perceptions • Stigma measurement	Religious Leader Integration • Spiritual messaging development • Compassion frameworks	Gender-Inclusive Education • Community sessions • Anti-competition narratives	Replication Preparation • Best practice documentation • Training material finalization
	Baseline	Engagement	Education	Evaluation
COMMUNITY LEADER CAPACITY BUILDING Key Dependencies: Foundation building must precede training delivery	Leader Identification • Mapping key leaders • Influence assessment • Engagement strategy	Traditional Leader Training • 5-day training modules • GBV recognition skills • Response strategies	Advanced Skill Building • Refresher workshops • Case study practice • Peer learning sessions	Certification & Sustainability • Competency certification • Train-the-trainer programs • Leadership handover
	Training Material Development • Cultural adaptation • Local language translation	Community Health Workers Enhancement Program • Male GBV identification • Counselling basics	Religious Leader Certification • Pastoral curriculum • Theological frameworks	Network Strengthening • Referral system optimization • Quality assurance systems
	Identification	Training	Practice	Certification
MALE SURVIVOR SUPPORT SERVICES Key Dependencies: Requires capacity building completion before full implementation	Service Planning • Needs assessment • Location identification • Privacy protocols	Infrastructure Development • Peer support group setup • Volunteer recruitment • Basic training Delivery	Full-Service Implementation • Weekly peer circles • Traditional healing integration • Mobile counselling launch	Service Evaluation • Outcome assessment • Satisfaction surveys • Service optimization
	Traditional Healer Engagement • Healer identification • Collaboration protocols	Crisis Response Setup • 24-hour network design • Emergency procedures	Legal Support Networks • Paralegal training • Legal information provision	Sustainability Planning • Community ownership • Resource mobilization
	Planning	Setup	Implementation	Evaluation

ECONOMIC EMPOWERMENT & LIVELIHOOD SUPPORT Key Dependencies: Requires stable support services before economic activities	Economic Assessment •Livelihood mapping •Market analysis •Resource identification	Program Design • Cooperative planning •Skills training design • Microfinance partnerships	Project Implementation •Income generation launch •Agricultural projects •Business development	Impact Evaluation •Income improvement measurement •Sustainability assessment •Market linkage evaluation
	Partnership Development •MFI engagement •Agriculture extension links	Financial Literacy Training •Budgeting workshops •Savings group formation	Skills Development Programs •Technical training delivery • Market linkage facilitation	Scaling Preparation • Success story documentation • Replication planning
	Assessment	Design	Implementation	Evaluation
FAMILY & RELATIONSHIP SUPPORT Key Dependencies: Requires community awareness and leader capacity before family work	Family Systems Assessment •Household dynamics mapping •Conflict pattern analysis •Cultural practice review	Intervention Development •Couples counselling adaptation •Mediation training design •Healthy relationship curricula	Service Delivery •Family mediation services •Parenting support programs •Community dialogue sessions	Family Outcome Evaluation • Relationship quality assessment •Conflict resolution improvement •Family functioning measurement
	Traditional Mechanism Review •Conflict resolution mapping •Cultural value integration	Facilitator Training •Elder and religious training •Communication skills building	Integration with Traditional Systems •Traditional court •Relationship education delivery	Model Refinement •Cultural adaptation optimization •Sustainability planning
	Assessment	Development	Delivery	Evaluation

COMMUNITY-BASED MALE GBV SUPPORT FRAMEWORK: AUTHOR'S OWN

The framework represents a paradigm shift from externally imposed solutions toward culturally grounded, community-owned responses that honour individual healing needs and collective social transformation. Unlike conventional interventions that add male components to female-centred programming, this framework fundamentally reconceptualises support through five interconnected components: community awareness transformation, leader capacity-building, survivor support services, economic

empowerment and family relationship support. The 36-month implementation strategy ensures systematic progression from foundation building through service delivery to sustainability planning, recognising that cultural transformation requires sustained engagement. Implementation demands strategic coordination, beginning with community entry processes that establish trust, map resources and engage traditional leadership as authentic partners. The framework emphasizes cultural authenticity, requiring teams with deep local understanding and respect for traditional knowledge systems, while challenging harmful practices. Integration of traditional healing, elder councils and peer support requires careful negotiation between cultural preservation and progressive transformation.

The framework's significance extends beyond Chipinge District, offering a replicable model for rural Sub-Saharan African contexts with similar cultural diversity, limited formal services and strong traditional leadership structures. Its theoretical innovation demonstrates that the Intersectionality Theory can be integrated with African philosophical systems to create analytically rigorous yet culturally authentic interventions, contributing to masculinity studies, community development practice and decolonised social service provision. The framework addresses critical gaps in Zimbabwe's National Gender-based Violence Strategy through evidence-based mechanisms for engaging male survivors, while building sustainable community capacity. Policy implications require fundamental GBV response system transformation to recognise male victimisation, train providers in male-inclusive approaches and allocate resources for community-based interventions. Success depends on government commitment to policy reform, budget allocation and recognition that effective

prevention requires addressing all gender-based harm forms. The urgency is underscored by existing approaches' comprehensive failure while rural communities demonstrate willingness to support male survivors when provided appropriate frameworks, training and recognition.

CONCLUSION

This study reveals the profound crisis of male GBV in rural Zimbabwe. The findings indicate that male victimisation is a reality, yet survivors remain systematically invisible within existing support systems. The research further exposes how rigid masculinity norms, institutional failures and cultural stigma create compounded invisibility. This is exemplified by participants like the 34-year-old farmer whose wife's repeated attacks left permanent scars he attributed to "farming accidents" to preserve his masculine identity. The Community-based Male GBV Support Framework directly addresses these findings through five interconnected components. These are community awareness transformation that tackles stigma and silence; capacity-building that trains traditional leaders identified as trusted actors; survivor support services that provide the confidential, male-friendly environments participants desperately sought; economic empowerment that addresses the financial vulnerabilities that exacerbate abuse; and family support components that heal the relationship dynamics underlying violence. The framework's 36-month implementation progresses systematically from foundation building (months 1-6) through capacity development (7-12) and service delivery (13-24) to sustainability consolidation (25-36), ensuring community ownership while respecting cultural values that participants identified as essential for intervention acceptance.

Despite limitations, including geographic specificity and potential selection bias, this research demonstrates transformative possibilities for addressing male GBV across rural African contexts where similar cultural dynamics and institutional gaps persist. The CMGSF's *Ubuntu/Hunhu*-centred approach offers a replicable model that honours indigenous wisdom, while challenging harmful practices, contributing to global discussions on inclusive GBV programming beyond Western-centric frameworks. The study's broader significance lies in validating community-based solutions as viable alternatives to formal services in resource-constrained settings, with implications for policy reform across Sub-Saharan Africa. Future research must examine cross-cultural effectiveness, long-term sustainability and integration possibilities between traditional healing and contemporary trauma treatment. However, the urgency of implementation cannot be overstated. Every delay perpetuates suffering among countless male survivors who, like study participants, suffer in silence, while communities demonstrate readiness to support them when provided with culturally appropriate frameworks and recognition of their legitimate needs for healing and social transformation.

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