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Research Article

A Subdued Patronage on Gender-based Violence Directed to Men from the Lenses of South African Black Men in Eastern Cape Province: A 2023-2024 Study

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Abstract

Although the South African government has a policy that protects all survivors of GBV regardless of gender, male survivors of GBV continue to lack of support, recognition, and acknowledgement. Socially, GBV is regarded as a phenomenon that only affects females. Significantly It is of great necessity for cultural norms and traditions to renegotiate its terms of masculinity. The study sought to establish the psychological impact of gender-based violence suffered by men; to assess the psychosocial support systems provided by social workers and public/private stakeholders for men that are confronted by gender-based violence, to establish gaps in the existing policies in relation to men suffering from gender-based violence in Mdantsane Township, Eastern Cape province. The research population for this study was comprised of male participants from Mdantsane (N. U. 3). One-on-one interviews and focus group discussions were conducted to gather information from the purposively selected participants. The findings identified intermittent contributions of psychological deficits caused by GBV to men that could be used to spread awareness. Nexus between trauma and coping mechanisms employed by male survivors of GBV; men under the spell of love potion are victims of GBV; unemployed men are susceptible to GBV; cultural and societal stereotypes hinder men from reporting GBV. Further, misinformation and distrust; there are irregularities of legal protection towards men confronted by GBV; the Constitution of the Republic of South Africa does not overly support men faced with GBV. This study encourages that South Africa government to intensify its advocacy towards male survivors of GBV and discourage cultural stereotypes, skewed attributes to masculinity, myths, beliefs and discrimination towards them. Perhaps, social work department need to strengthen its efforts to fight GBV by striving for gender equality and gender justice by producing new approaches and programmmes that will allow and encourage to use systems provided for them.

Keywords

Gender-based Violence (GBV), Men, Subdued Reality

1. Introduction

Remarkably, gender-based violence against men is an under-theorized and under-noticed topic though it is becoming increasingly apparent that this form of violence is widespread [7, 33]. The world has been saddled by the expeditious increase of the consequences of gender- based violence, especially the African populace [12]. Seemingly, males are also

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affected by the psychosocial deficits of gender-based violence, and this is becoming a crucial problem that needs to be dealt with by many governments in Africa [27]. Gender-based violence is a global phenomenon without national, economic, religious, geographic, and cultural boundaries. It has negative consequences for social welfare, children, families, and the community at large. The WHO, as cited in Krug et al. [20], defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, or against a group or community that either results in or has a high likelihood of resulting in injury, death, physical harm, mal development or deprivation". Gender-based violence against men does not only come in the female perpetrator facet, but also in cultural stereotypes. It encompasses physical, emotional, sexual, psychological, and economic abuse, harassment, and intimidation.

2. Objectives

The primary objective of this paper is to explore a subdued patronage on gender-based violence directed to men from the lenses of South African black men in Eastern Cape province. Other objectives include to establish the psychological impact of gender-based violence suffered by men in the Eastern Cape province, to assess the psychosocial support systems provided by social workers and public/private stakeholders for men that are confronted by gender-based violence, and to establish gaps in the existing policies in relation to men suffering from gender-based violence.

3. Theoretical Underpinnings

Several theorists and authors have endeavored to bring out theories that explain gender-based violence and gender indifferences. The theories used are reasonably relevant to this paper. Amongst the record of theories that can be used in this paper, the following have been chosen by this paper with the assumption that they are relevant to the study and can help to bring more explanations or discussion to the study. Such theories are Human Rights theory, Gender Role Strain paradigm, and Trauma theory.

3.1. Human Rights Theory

The human rights theory was prominent in the works of Marx, Durkheim, and Weber, with emphasis on the notion that the human rights approach is a critically important way of protecting people from abuse and oppression [9]. Conventions and declarations such as the Universal Declaration of Human Rights and the various treaty bodies of the UN are important common reference points and international standard [30]. These stipulate that human rights are based on a belief in our common humanity, the principle of universality, and that we all share the same rights and responsibilities regardless of differences of culture, religion, gender, ability, nationality, and other attributes [13].

There has been quite a lot of discourse, exclusivity, and bias towards men when human rights are involved. To elaborate on a few, in South Africa there is a nationwide cry by men pleading the government to also recognize them as victims of gender-based violence. Tobetjane, Luthada, and Mogorosi [34] published that women are only recognized as people who can suffer from GBV and not perpetrate it. The subdued patronage of this phenomenon can be linked with the lack of support provided to men either by social workers, SAPS, the justice system, and the community towards men who have experience or continue to experience GBV. Especially, black communities condone GBV towards men [12]. In our communities, we have seen many men being beaten either by a group of people or by their partners, but you would never find anyone intervening or calling the police but if it is vice versa, immediate intervention comes through.

Notwithstanding the origins of the human rights theory in areas of protecting people from abuse and oppression, prejudice and injustice, discrimination, and bias, the theory has been extended to several other areas where its application has provided insight into new novel areas of investigation. [9] states that the theory has gained prominent insight in both macro and micro-level applications and extensions. In this study, the human rights theory was applied to explain the growth and development of the muted reality of the psychosocial deficits associated with gender-based violence experienced by men in South Africa. Before attempting to demonstrate the feasibility and utility of the human rights theory in explaining the attitudes of the public, private, and justice system stakeholders towards male GBV survivors as applicable in this study, it is of paramount importance to provide a brief outline of the socioeconomic transformations in South Africa that could be responsible for the current perceived state of human rights. Durante, Fiske, Gelfand, Crippa, Suttora, Stillwell, and Teymoori [10] states that in the past several decades South Africa has experienced several structural challenges and transitions, including a brutal apartheid political system, extreme racial segregation, political revolution, socio-economic inequality, gender inequality, poor social service delivery, and many riots. These transitions resulted in a highly polarized, fragmented, and unequal society that is perpetually at loggerheads with each other [11]. In addition, the country is known for its high rates of corruption, violence, unemployment, poverty, and poor health [18].

In this study, the human rights theory has provided a great analytical framework to think about and interpret the attitudes of the Constitution of South Africa towards male survivors of gender-based violence. The theory provided an opportunity to interrogate micro-level applications of the various socio-economic transformations in South Africa and how these were shaping the attitudes of the private, public, and social services practitioners towards male survivors of gender-based violence. The principle of the human rights theory stipulates that it aims to protect people from abuse and oppression, prejudice and

injustice, discrimination, and bias. The principle has enabled the study to assess how proactive this has been towards male survivors of GBV who have come reported the issue and for those who have not.

3.2. Gender Role Strain Paradigm

The gender role strain paradigm was propounded by Pleck in 1981 and it is based on the notion that gender roles are not as biologically constructed but rather as socially constructed entities that arise from and serve to maintain and protect social and economic order [23]. The social norms that have been constructed are gender-based violence caused by the notion that if you do not adhere to them, one faces harsh societal consequences. Because of this, males suffer the psychosocial deficits. The gender role theory also alludes that gender roles are operationally defined by gender stereotypes and norms and violating these leads to social condemnation. Therefore, the traditional masculinity ideology has put strain and pressure on men, in particular constellation of standards and expectations of social norms put before them. Hence, there are unreported cases of intimate partner violence against men. Traditional masculinity ideology refers to the beliefs regarding the norms for men's roles that sustain practices [23], for example that men should strive to be respectful and successful; men should not be feminine ("no sissy stuff"), and men should never show weakness ("the sturdy oak"). Consequently, it is such norms that have historic negative influences on men who want to report gender-based violence perpetrated against them.

The gender role strain paradigm provides theoretical groundwork that outlines the conditions under which traditional ideology enhances the harmful effects of specific stressors while having no effect on others. In short, the gender role strain theory posits that stress occurs when demands and life circumstances conflict with beliefs about roles (e.g., believing men should be primary breadwinners and simultaneously having a wife who earns more) [21]. Arellano-Morales, Liang, Ruiz, and Rios-Oropeza [1] concur that gender role conflict, and higher levels of gender role strain are associated with elevations of depression and psychosocial stress. Furthermore, gender role strain theory would suggest that role strain would increase stress and mental health symptoms broadly but may be most associated with disorders that represent problems with stress-related emotions and negative effects, specifically depression and generalized anxiety [24]. For individuals with high degrees of traditional affiliation, the inability to respond to such conflicts may then contradict aspects of male social dominance and patriarchal superiority.

Having a fear of being stereotyped and an inability to respond to laid ideologies of men in our societies may threaten components of male dominance that have been found to be central to the construct of traditional ideology, ideas such as that men "fight when challenged," "have bills in their name," or never appear "weak" [24]. Other work has suggested that men who endorse traditional ideology may attempt to cope with stress by restricting their emotions to conform to the masculinity ideal, which may in turn lead to an exacerbation of symptoms [3].

3.3. Trauma Theory

Trauma theory emerged from an originally fragmented (psychiatric, psychoanalytical, and sociological) discourse on reactions to devastations in the wake of the Vietnam War and received its more solid status as a topic of inquiry at the moment of its codification [18], in 1980, as PTSD by the American Psychiatric Association [32]. Trauma theory validates that the psychological injury of acts such as adult sexual contact with children, or the psychological, or physical abuse either by an intimate partner or another person [19], demonstrates that distress can be very severe and long lasting [32]. In other words, trauma theory has been used interchangeably as a label for the injurious event itself (instead of naming the violence) and as a psychological condition caused by being exposed to violence or other extreme stressors [34]. According to Tobejane and Luthada [34], the trauma approach to understanding the harm caused by GBV had tremendous appeal to men. Trauma paradigm does not blame the survivors of traumatic events for being complicitous in their own victimization. Although this was a refreshing alternative to the victim-blaming stance, traditional ideologies towards male GBV survivors continued [29]. Only women found a "home" under the trauma theory umbrella.

In the early and recent years of the development of the male GBV phenomenon, scholars and the public domain found it difficult to name and document the reality of violence in men's lives to prove the existence of so much hidden and privatized harm in the face of public and professional denial. With so little known about the existence of GBV against males, health professionals often responded to men's victimization with theories and treatments that looked for a pathological source within the individual man. Unfortunately, men were, and still are, typically being blamed for being "weak" or "sissy" by bringing the abuse to themselves. It was within this historical impact of psychological traumatic events and inability to report violence that suicide among men peaked.

4. Research Methodology

The study adopted a qualitative approach that included the use of direct quotes from the participants to reveal their perceptions and views on the psychological deficits of gender-based violence, men's perspectives in Mdantsane Township. A case study design was employed to make direct observations and collect data from a limited sample to generate information in a natural setting [24]. A case study design refers to the data-collection strategy applied to a relevant small geographical area or a predetermined number of people as subjects of a study [28]. The current study's case was drawn from Mdantsane township (N. U. 3) and was descriptive and explorative. The qualitative

data were collected through in-depth interviews with representatives of government departments and community representatives. These participants also took part in focus group discussions during which men were part of and they discussed the psychosocial effects of gender-based violence to men. The in-depth interviews and focus group discussions were guided by prepared interview guides with open-ended questions.

5. Sampling Procedures and Techniques

The study adopted a purposive sampling technique to select government departments, community representatives and participants that were thought to have rich information about the psychosocial deficits of GBV towards men [22]. In line with the objectives, the researchers selected participants from government institutions who occupy GBV offices in Mdantsane Township. A few health care professionals were also selected to gather their perspectives about men who seek health care due to physical bruises that may have resulted to GBV. Key informants were purposively selected from within the above-mentioned organizations.

6. Data Analysis

The study adopted qualitative data-analysis techniques, specifically thematic analysis, which is a process of identifying, analyzing, and reporting patterns and themes derived from the data. Nyumba, Wilson, Derrick and Mukherjee [28] posit that thematic analysis seeks to uncover the relevant themes in a text at different levels, while thematic analysis aims to enable the structuring and depicting of these themes. The researchers formed themes and sub-themes through the application of codes, and, in the process, unnecessary data were removed to produce relevant patterns. The themes and sub-themes that emerged from the data were validated by capturing the participants' sentiments and phrases verbatim. The thematic analysis was strengthened by listening to the audiotapes of the interviews and transcribing them to sieve for appropriate data. The themes were arranged to correspond to the study's research objectives and questions. The thematic analysis process was completed manually.

7. Ethical Considerations

Considering the involvement of human participants in this study, the researchers sought to be vigilant in protecting their human rights and dignity during the research process. Leavy [22] agrees that ethical principles guide behavior, expectations and conduct when interacting with experimental subjects. The participants in this study were forehand provided with a written consent form to sign before volunteering to take part in the research. The informed consent forms highlighted the participants' rights and protection. Firstly, the researchers formally requested permission from governmental department (department of social work, SAPS, clinic) to include them in the study. Then the information about the research was provided to available and willing participants through verbal communications, a written letter together with the ethical clearance from the institutions' research ethics committee. To ensure the participants' privacy, anonymity and confidentiality, the researchers ensured participants that they could not be traced in the report or from the information they shared as the researchers will use code names. The researchers ensured that the meeting venue was private, that only the researchers knew who was connected to which code name. The data-collection tools and the relevant research questions were submitted to the University of Fort Hare Research Ethics Committee for an ethical clearance certificate. There were no conflicts of interest in this study and its quality was assured. The researchers wrote letters to obtain permission from the leaders of the relevant township, and government institutions.

8. Findings of the Study

Table 1 presents the demographic profile of the key informants from the various government departments (social development, SAPS and clinic's health care nurses) in Mdantsane that took part. Of the total of twenty-four (24) participants, ten (10) were key informant participants (KIP). The participants described in this table were code-named KIP and numbered from KIP1 to KIP10.

Table 1. *Demographic details of the participants from government departments.*

Pseudonym	Age	Gender	Race	Marital status	Educational qualification	Occupation
KIP1	34	F	Black	Married	Grade 12	Police officer
KIP2	44	F	Black	Married	Degree	Nurse
KIP3	45	F	Colored	Divorced	Degree	Nurse
KIP4	38	F	Black	Married	Degree	Social worker
KIP5	29	F	Black	Single	Degree	Social worker

Pseudonym	Age	Gender	Race	Marital status	Educational qualification	Occupation
KIP6	42	F	Black	Single	Grade 12	Police officer
KIP7	45	F	Black	Married	Grade 12	Police officer
KIP8	55	M	Black	Married	STD 11	Security guard
KIP9	60	M	Black	Married	STD 5	Pensioner
KIP10	65	M	Black	Married	STD 6	Pensioner

Table 2 presents the demographic information of the participants from the focus group. The researchers employed codes instead of names to maintain the participants' anonymity and protect their rights and privacy. Out of the twenty-four (24) participants, sixteen (16) participants formed part of the focus group. The participants in this table were code-named P and numbered from P1 to P16.

Table 2. *Demographic details of the participants from focus group.*

Pseudonym	Age	Race	Marital status	Educational qualification	Occupation
P1	25	Black	Single	Grade 12	Unemployed
P2	25	Black	Single	Grade 12	Unemployed
P3	28	Black	Single	Diploma	Self-employed
P4	30	Black	Single	Grade 12	Employed
P5	25	Black	Single	Grade 12	Unemployed
P6	28	Black	Single	Grade 12	Employed
P7	30	Black	Single	Grade 12	Unemployed
P8	24	Black	Single	Grade 12	Unemployed
P9	33	Black	Single	Diploma	Unemployed
P10	35	Black	Married	Diploma	Unemployed
P11	40	Black	Married	Diploma	Employed
P12	45	Black	Married	Grade 12	Employed
P13	30	Black	Married	Diploma	Unemployed
P14	28	Black	Single	Degree	Employed
P15	35	Black	Married	Degree	Unemployed
P16	32	Black	Single	Grade 12	Unemployed

9. Thematic Findings

Table 3 presents the thematic findings.

Table 3. *Thematic findings.*

The nexus between trauma and coping mechanisms employed by male survivors of GBV
Men suffer long-term psychological effects

The nexus between trauma and coping mechanisms employed by male survivors of GBV
Unemployed men are susceptible to GBV
Men under the spell of love potion experience GBV
Cultural and societal stereotypes hinder men from reporting GBV
Misinformation and distrust
There are irregularities of legal protection towards men confronted by GBV
RSA constitution does not overly support male survivors of GBV

9.1. The Nexus Between Trauma and Coping Mechanisms Employed by Male Survivors of GBV

The interviews revealed that there is a close relationship between psychological trauma and coping mechanisms employed by male survivors of GBV. Specifically, the sentiments of the cohorts enlightened that substance and alcohol abuse are one of the major coping mechanisms men employ to trickle down than to go through the process of going through feelings of hurt and sorrow. The following interview extracts support these findings.

As a man I can't cry or talk about my problems, so when I don't feel good, I go buy weed and smoke. (P2-25 years.)

For me my sister, I am unemployed, I am always reminded how useless I am so when the shouting starts here at home, I go to the tavern. (P4-30 years.)

My sister, when my friend comes for a visit and starts telling me about his problems, I quickly interject and offer him weed or beer so that he can feel better. (P7-30 years.)

The excerpts above indicate that men do not employ the correct coping mechanism to deal with trauma. It is also evident that even among themselves they fail to advise the correct intervention strategies to cope with psychological trauma. This is why the majority of men have been found to be abusers of alcohol and substances.

9.2. Men Suffer from Long-term Psychological Effects

It also emerged that men's inability to employ the correct coping mechanism results in them suffering long-term psychological impacts. Social workers and SAPS representatives in KIP interviews indicated that men suffer long-term psychological effects because they choose to stand by their "belief" that a man does not cry, a term which can be interpreted as men not talking about the issues and problems they encounter through life. This perception has perhaps created men with mental health issues such as PTSD, depression, anger, and anxiety. Some participants showed sentiments of being hoodwinked by the misconception of men do not cry. This would be attributed to the high rate of suicide committed by men. The following excerpts from the interviews illustrate this claim.

Two months back, one of our members in the community whom we all knew lived under abusive circumstances by his wife committed suicide by hanging himself. (KIP10-60 years.)

My sister, I once climbed that mountain. When I got there, I screamed and cried very hard then came back. When I was engaging with people I acted as if everything was okay even though I was going through depression and feelings of suicide. (P12- 45 years.)

Go to the tavern and you will find people sitting in groups but there will be that one guy who isolates himself from people to avoid being asked questions, my sister men are not okay mentally, but they are unable to speak out. (P14-28 years.)

The above sentiments portray that men harbor feelings which lead them to suffer long-term psychological impacts embedded in gender-based violence. This causes them to suffer silently to a point where suicide may seem like the only option to end the suffering.

9.3. Unemployed Men Are Susceptible to GBV

The interviews revealed that unemployment contributes to male GBV, especially in relationships where the female spouse is working, and the male is unemployed. Sentiments from the participants around this question were very high and the researcher could observe that indeed the high levels of unemployment in our country has taken away the dignities and abilities to provide for their families from many men. The excerpts below support this statement.

I am unemployed and my partner works in retail, everyday I'm expected to clean after her, prepare the kids for school, and make sure there's supper for when she comes back; if she ever comes back to none of that, she will call me by all names and the whole township will hear her shouting how useless of a man I am. (P11-40 years.)

I have seen my neighbor being beaten and called useless by his partner because he cannot provide for her. (P3- 28 years.)

Men are protectors and providers of their homes, now once you fail to meet that primary sense of a man, you lose all the respect and dignity from your spouse and your community.

(KIP2- 44 years.)

The statement above indicates that unemployment has taken away men's dignity and has made them vulnerable to GBV from their spouses, peers, and communities.

9.4. Men Under the Spell of Love Potion Are Victims of GBV

The interviews revealed that the spell of love potion casted on men makes them vulnerable and predisposes them to GBV. The participants also revealed that the main aim of a love potion is to make a man weak, controllable, and to trip off his manhood. Although the KIPs did not want to comment much on this, they were able to give a snippet of their sentiments on the issue of love potion by expressing that men under the spell of the muti stand a very high chance of being victims of GBV. The following excerpts are in support of the above.

It is very painful to see a man under the spell of love potion, the way their partners treat them, the violence they endure, and the embarrassment they go through. That is why they end up killing themselves. (KIP8-55 years.)

Love potion is very dangerous I wish traditional healers can tell people about the consequences embedded by it before they give it to anyone, this thing leads our brothers to sanity and even death. (P16- 32 years.)

Men who have been fed with the muti of love potion have their brains and mental state altered, weakened, and brainwashed they do things unnaturally, they stand a very high chance of being abused day in, day out. (KIP6- 55 years.)

Love potion has been normalised so much, many girls believe it the right way to tame a man and tame a man; and we have lost many men because of that, some are roaming the streets naked and have lost their sanity because that's how dangerous the muti is. (KIP10- 65 years.)

The extracts above indicate misuse of traditional medicine by traditional healers and by society. In fact, altering a person's mental state should be illegal and considered a crime in South Africa. Traditional medicine should be used to heal people; however, it is often used for witchcraft. This has taken away the purity of African traditional medicine. In addition, the misuse of traditional medicine has caused havoc in families and communities; people have lost their lives, and some have lost their sanity because they were made to love someone in a way that they could never see the importance of life without that person.

9.5. Cultural and Societal Stereotypes Hinder Men from Reporting GBV

Evidently, one of the challenges that men stumble upon are the cultural and societal attitudes towards male survivors of GBV. Study findings from KIPs revealed that it was discovered that culture and society have attitudes towards men, which is why men find it embarrassing and a dent to dignity to be identified as a survivor of GBV. Many participants also agreed that cultural norms and attitudes have hindered men from attaining the support services they require to embark on a journey of psychological healing. This was attributed to the fact that individual and collective beliefs about masculinity define and profoundly affect men's mental health. Both conformity to culture and psychological conflict with traditional masculine gender role expectations are associated with a wide range of poor behaviors and poor health outcomes among men. These relations are likely to be pronounced in settings that are highly gendered and structured by traditional masculine role norms. The extracts from the interview illustrate this contention.

Men who are known to be abused are stigmatized and laughed at my sister, even myself I laugh at that man. (P12-45 years.)

We'd be chilling with the gents and a topic about you being abused will come up and we will laugh at that gent straight. (P13-30 years.)

KIPs shared the same sentiment thus:

A man is a man by being tough, so once violence is perpetrated to a man, that man is called sissy or weak, so this is why they do not report GBV to avoid stigma. (KIP7-45 years.)

The extracts above lay bare the challenges that male survivors of GBV face because of social and cultural stereotypes and attitudes. This leads to men feeling unrecognized or unheard with lack of social support.

9.6. Misinformation and Distrust

In this study, the findings indicated that there is a lot of misinformation and distrust between men to social service providers like SAPS, social workers, and the courts. Moreso, the participants pointed a few constraints that threatened their trust in these departments while KIPs shared that misinformation, and distrust had influenced male survivors of GBV not to come forth and report these cases. The following interview extracts from participants interviews supports this contention.

I would rather die than have people know I am a victim of GBV. Even the police officers or social workers we go to are the very same people we stay within our communities. So, that alone doesn't guarantee confidence to them. (P1-25 years.)

I have never gone to SAPS or social work offices but from what other men say about them, I can never visit these departments. (P12-45 years.)

The extracts below are sentiments of the KIPs:

Men already have an attitude towards us; you'd find all those that are busy spreading that we laugh at them never came to our offices and they were laughed at. (KIP7-45 years.)

We have been trained to treat all our clients with respect and dignity; men just don't trust us and suffer from cultural affiliation. (KIP6- 42 years.)

The participants' verbatim statements above illustrate a constellation of men's views associated with social service departments. There is evidently immense mistrust by men of the

support departments at their disposal, resulting in low numbers of men reporting GBV cases.

9.7. Irregularities of Legal Protections Towards Men Confronted with GBV

The researcher sought to find out if there were any specific legal protections and remedies provided to male survivors of gender-based violence and to identify any shortcomings. From the interviews, participants revealed that they did not feel or have any protection legally, especially if one cannot afford to pay for a private lawyer. They further expressed that it was not possible to be protected by the same law that was developed according to the experiences of women. In addition, key informant participants indicated that even though there were irregularities and injustices by the justice systems against male survivors of GBV in the past, they were now being addressed.

The following extracts support participants' sentiments:

We do not have any legal protections whatsoever as men; you only stand a chance if and only if you can afford an attorney. (P15-35 years.)

I once went to open a case against my partner; she decided to open hers too against me. Hers was given attention and mine wasn't. I then closed the case, and afterwards she closed hers against me. (P12-45 years.)

The sentiments below were extracted from the KIP interviews:

I understand that GBV officers used to make mockery of men who came to report GBV, but we have shied away from that; men are given the same treatment as females. We are doing our best to regain trust and for them to feel protected by the law. (KIP7-45 years.)

Honestly, I am not supposed to say this, but magistrates do not give men the same attention they give to females; this could be because of the crisis of GBV against females, but that does not justify taking away men's right to justice. Hence, they feel like they do not have legal protection. (KIP7-45 years.)

The extracts above show that there is still a long way to redress GBV perpetrated on men and to afford men legal protection. While there is a crisis of female GBV in South Africa, that should not take away the value of treating every case unique and being treated holistically. GBV policies emphasize gender inclusivity but there is an irregularity when it comes to policy implementers. There is a huge lack of programs specifically developed for male survivors of GBV. That could be one of the reasons men say there is no legal protection and remedies in place for them.

9.8. Constitution of RSA and Support to Male Survivors of GBV

From the study interviews, many participants expressed that they did not have support from the Constitution. They further pointed out biases and injustices in the Constitution, especially with GBV related cases focused on men. Nevertheless, some of the KIPs expressed that the constitution does overly support male survivors of GBV, but it could be the irregularities by authorities which make it seem as if it does not.

The following extracts support the participants' sentiments:

Men who are under GBV do not have support; we might as well call it female-based violence act. (P3-28 years.)

How can the same constitution that is always fighting for women supportive towards men. It's not! (P9- 30 years.)

The excerpts below support KIPs statements:

People may judge the constitution as biased and unjustified, but it is because most times it is used to protect women; otherwise, it is inclusive. (KIP1-34 years.)

There may have been irregularities in implementation here and there, but the constitution fully supports male survivors of GBV. (KIP7- 45 years.)

From the extracts above, it is evident that men have a different view about what the domestic violence act stands for. It is also evident that because of many injustices that male survivors of gender-based violence have suffered, they were all influenced to have a negative attitude towards the act and lose faith in it.

10. Discussion

The demographic profile regarding age indicated that the majority of the participants from the relevant business entities ranged from 24 to 45 years of age, while the key informants ranged from 29 to 65 years of age. Notably, the majority of the participants belonged to the middle-age group of society, which is typically the experienced and productive segment of society. This information is also validated by Mroczek and Little [30] who indicated that middle-age usually ranges between 36 and 55 years of age. Madhavan, Schatz, Gómes-Olivé and Collinson [25] corroborate this by asserting that people between the ages of 34 and 55 years are the middle-age group who are both socially and economically productive. The results revealed gender equality among the key informants, with more women occupying office spaces. Considering the democratic dispensation in South Africa that brought hope of eliminating gender inequalities in the labour market, women are now being considered in the same way as men [8, 11]. This implies that South African legislation is slowly but surely in its course to eliminate gender disparities in the workplace.

This study determined that most of the participants were either single or divorced. This reflects the South African demographic profile indicating that the majority of the citizens are single. This freedom (from marriage commitments) may have an effect on the culture of substance abuse, particularly with regard to the consumption of alcohol. The number of single adults has escalated significantly in South Africa among people in the age range of 18-34 years and within the middle-age group.

The findings indicated that the participants who had secondary education outnumbered those with tertiary education. The results also indicated that most of the key informants with

tertiary education outnumbered those with secondary education, this therefore showed that they were rich in knowledge and understood the dynamics associated with gender-based violence. They could be trusted to perform a modest analysis of the GBV problem. The demographic data pertinent to occupational rank established that the participants were unemployed positions with some having acquired tertiary qualification. Addressing and preventing GBV requires a diversity of professional experts. Addressing the challenges associated with GBV requires the application of a multidisciplinary approach whereby a variety of skilled professionals collaborate with and complement one another [35].

The findings established that there is a nexus between trauma and coping mechanisms employed by male survivors of GBV, Men suffer long-term psychological effects, Unemployed men are susceptible to GBV, and Men under the spell of love potion experience GBV. With these three findings combined, it was revealed that there is a dearth of literature from men on employing the correct mechanisms to cope with trauma. In fact, masculinity stands in the way of men to consider going for counselling as a correct way to deal with traumatic experiences. To substantiate this, the Department of Social Development has reported to having little to no records of men using their facilities to get psychological intervention [6]. This can also be traced from the stats published by World Stats where men recorded the highest number of suicide across the world [31]. The most common coping mechanism men employ is the use of alcohol and substance abuse. South Africa is known to rank the highest in substance and alcohol abuse consumption. South African Demographic and Health Survey reported prevalence rates for alcohol use of 70.3% for men. Alcohol-producing industries have been slow in accepting corporate social responsibility against harmful drinking [27].

The findings indicated Cultural and societal stereotypes hinder men from reporting GBV. Evidence abounds that certain elements of cultural and societal stereotypes influence men from reporting GBV. From a very young age, boys are raised with these constructions of masculinity and are quickly admonished if they fail to achieve expectations in any one of the four areas [19]. In addition, some scholars have described the idea of "chivalry" as another aspect of traditional masculinity. This notion posits that men are socialized to view themselves as "protectors" of women, thereby reinforcing the assumption of femininity as weak or vulnerable [5]. Furthermore, boys and men who fail to meet the expectations of masculinity are quickly accused of either acting like a girl or being gay (Kilmartin, 2010). Thus, male displays of femininity, vulnerability, and emotional expression are considered signs of weakness for which the consequence may be verbal abuse, homophobic bullying, or physical violence. social pressure to conform to gender stereotypes typically begins in early childhood; by preschool, children understand gender categories and begin to experience the social pressure to conform to the category and assume the characteristics associated with their biological sex [17, 26]. Although a few of the men noted that their experiences of gender-based violence were a series of isolated events, others stated that they were taunted or excluded on a daily basis. Specifically, participants reported that family members, neighbors, colleagues, and others would harass them verbally, physically, or via online forums, or through social exclusion due to the perception of them as feminine, and because they did not participate in traditionally masculine activities or behaviors.

The findings indicated that there is misinformation and distrust between men and government departments like SAPS and social workers. This finding corroborates the work of Gudyanga [18] who submits that men are still held on to the traditionalist incidents that used to happen at government offices where men who came to report GBV were laughed at. Perhaps modernisation and development in South Africa gains mistrust from people who are used to how things used to be done [32].

The study revealed that there are irregularities of legal protection towards men confronted by GBV. Tobetjane and Luthada [34] also submit that men suffer injustice because of irregularities in the legal protections they are provided with. Notably, all processes of GBV start from the justice departments (SAPS and court), participants in this study suggest that there is a possibility that cases of men who report GBV to the police are not given the same attention as women, unless there is physical injury. This could be because of the pandemic of women abuse in South Africa. In addition, records show that there are more females to less or no males reporting GBV cases. More so, statistics have shown that there are very few men who trust the justice system enough to go and report incidents of GBV [15]. This could be associated with irregularities in the legal protection systems or the cultural stereotypes which cause these men fear. The researchers opine that the government should rethink ways of addressing unequal service delivery in society. This is because the South African Social Attitudes Survey reports that over 80% of the South African population has negative attitudes towards the justice system.

Lastly, the findings of this study revealed that RSA constitution does not overly support male survivors of GBV. Without directive provisions that guarantee their welfare and protection, Mfecane [26] contends that men who are victims of GBV suffer institutional violence and discrimination. Precisely, negative attitudes of social workers, SAPS, community leaders, religious leaders, and the community at large. Makhaye states that these social entities have been spotted making some remarks which herald abhorrence to men who are confronted with GBV. Furthermore, it has not been uncommon for the SAPS to engage in advocacy campaigns geared towards outlawing GBV perpetrated against females only [16]. Without substantive constitutional and legislative prescriptions advocating for men, it is difficult to sustainably guarantee their safety and well-being. To this end, Gudyanga [18] argues that the silence of the constitution in terms of some incidents of GBV towards men helps perpetuate the gross stereotype and discrimination of their fundamental human rights

that are enshrined in the Bill of Rights appended in the national constitution of South Africa [4].

The above discussions find support in the gender role strain paradigm, whose underpinnings reject that men can be victims of GBV [14]. Arguably, therefore, the stereotypic views and attitudes received by male survivors of GBV are full-proof testimony that the arm of the lacks in protecting them. This is because if the Constitution safeguards all, why then allow so much stereotype and discrimination against men confronted with GBV [12].

11. Recommendations

This study was informed by perspectives from social work. The global agenda for social work and social development emphasizes that social workers should be on the frontline in improving the health of individuals, groups and communities. With regard to this, the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) recognizes gender-based violence as a severe mental health problem that requires as much attention as any other disease [2]. On the same note, the South African government is not winning the war against GBV. This study supports mobilizing the assistance of communities with social workers as brokers, that are deemed appropriate partners because of their capacity. The study encourages South African social workers and police departments to include men in their GBV social awareness programs. Social work and social development practice need to introduce innovative holistic approaches to fight GBV, which poses a significant threat to the community's stability. Therefore, social workers need to strengthen their gender-based violence policies and support agendas.

12. Conclusion

This article explored the subdued patronage on gender-based violence directed to men from the lenses of South African black men in eastern cape province. It was found to be important for the government to adopt proactive methods to mobilize the relative departments to assist in the battle against gender-based violence. It is argued that men are willing to report GBV and are willing to participate in its programs, but the government institutions that are responsible for gender-based violence interventions have been lagging behind. Lastly, GBV policies need to highlight both men and women and strengthen its programs in addressing the problem.

Abbreviations

GBV	Gender–Based Violence
KIP	Key Informant Participant
PTSD	Post Traumatic Stress Disorder
RSA	Republic of South Africa
SAPS	South African Police Service
UN	United Nations

Conflicts of Interest

The authors declare no conflicts of interest.

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