



Are men victims of Gender Based Violence (GBV)? Why the deafening silence among men in institutions of higher learning?

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Abstract

Gender-based violence (GBV) is a very serious pandemic that has been prevalent in society for a very long time. Its impact has been felt, and exacerbated by the Covid 19 pandemic globally, especially in sub-Saharan Africa. Most studies, have shown that women are the majority of victims of GBV. However, very little has been said about men as victims. This study helps explain why a highly literate country like Zimbabwe, has very high GBV rates. This study interrogates why men aged between 18 years and 25 years old, and attending institutions of higher learning in Harare remain mum in the face of GBV. The study adopted a qualitative research design and data was collected using focus groups discussions, and semi-structured interviews. To do so effectively, 12 women and 12 men were interviewed in focus groups separately, the former, to explain why they remain silent when abused and the latter to help understand why they abuse men. The findings showed that men remained silent because of cultural norms and prejudices pertaining masculinity, that men cannot be victims of GBV. Men also remained silent due lack of knowledge on where/how to get help as victims and the fear of emotional instability that would come once they disclose they were victims of GBV. Recommendations include having campaigns that educate that men can be victims of GBV and have more resources that help all victims of GBV.

KEYWORDS: men, literacy, gender-based violence, abuse, Zimbabwe, higher learning institutions



Introduction

Zimbabwe is ranked as the 5th country with the highest literacy rate in Africa, with 88% of its population being literate (UNESCO, 2021). Yet, for such a highly educated nation, there is a high rate of gender-based violence (GBV) with 1 in every 3 women, and 1 in every 7 men having been victims of GBV (UNHCR, 2022). The statistics, and the definitions provided, show that GBV is a cause for concern for various genders (female, male and/or transgender) and broadens the scope that both men and women can either be victims, perpetrators or both, depending with obtaining situations.

Between February 2020 and June 2020, GBV sub-cluster partners assisted 164 033 individuals. Of these 66 026 were males and 98 007 were females showing that GBV in Zimbabwe affects both genders though women are the most affected (Zimbabwe Cluster Status, 2021). To combat GBV, existing organisations, legal structures, and pressure groups are in place, however, predominantly to address female-based GBV issues (Mashiri, 2013).

Organisations like the *Musasa Project*, offer shelters to women and girls who have been victims of GBV, yet men and boys are victims too but currently very few shelters exist for them (Ngwenya, 2012). Few organisations like the *Padare Men's Forum* and *Men-4-Equality*, deal predominantly with abused males. These organisations stress the need for men to have more shelters as 20% of married men are emotionally, financially and sexually abused (being denied conjugal rights) by their spouses (Ngwenya, 2021). The main challenge, however, is that some men remain silent despite efforts to give them the voice.

As such, why this study seeks to establish the reasons for the silence. This study further submits that GBV amongst women is very high and should always be addressed. Some sectors of the society consider GBV amongst men as a 'taboo' and very little research has been done to show men as victims of GBV. When one looks-up for statistics on men as victims of GBV in tertiary institutions in Zimbabwe, particularly in Harare, they simply are not available. The National Gender Policy (2013-2017, pp. 17-18) mentions that one of their policy objectives on gender, education and training is to address gender disparities through addressing key problems like inadequate services, weak institutions for addressing GBV, poor information communication systems, and patriarchal attitudes that restrain men from reporting incidents of GBV.

There is, therefore, a need to reduce GBV by providing policies that aim to institute strong educational systems and information; communication systems, and to shift attitudes on GBV. Men have been found to be silent victims and in order to understand GBV in men at tertiary institutions, this study had to hear from men and women (the former being victims and the latter, perpetrators, for the purpose of this research. The study objectives were to establish where the deafening silence amongst men, victims of GBV in tertiary institutions, where.

This was achieved by establishing how participants define masculinity, views men as victims and perpetrators of GBV. It notes why women abuse men while identify men's reaction to GBV, their coping skills and lastly seek for solutions to GBV from both the victims and perpetrators.

This sheds light and challenges men not to always. Further, is first of its kind at the institution paving the way for institutional change through legislation that clearly defines GBV on campus and enlightens more, creating a human right friendly campus.

Review of literature

This section reviews relevant literature on GBV on males at institutions of higher learning. In order to do this, this paper presents literature on GBV as a global, regional and local problem deeply rooted in all those contexts. After that, sub-themes of GBV and masculinity, GBV in Zimbabwe's institutions of higher learning and under-reporting of GBV in institutions of higher learning are unfolded.

An international perspective on GBV

In a study on sexual assault on American campuses, Karjane, Fisher and Cullen (2002 as cited in Davids, 2020), found that sexual assault is widely considered the most underreported violent crime in America. They studied 27 institutions of higher learning with 150 000 respondents where 63% of female students reported sexual harassment and 43% of males also reported incidents of sexual harassment. This shows that American male students do report GBV but the limitation is that it is unknown if those that did not report did so because they were not victims or because they were scared victims. Another interesting finding of the study was that most sexual assaults on campuses are committed by acquaintances of the victims; and that this may explain, in part, why these crimes are underreported (Belknap & Erez, 2007;

In the United Kingdom (UK), universities had largely failed to recognise GBV, and have only begun to give attention to the matter following the establishment of a task force by the government in 2015 (Anitha & Lewis, 2018 in Davids, 2020). According to a survey by the National Union of Students (NUS) of 2000 students, studying in England, Wales, Scotland, and Northern Ireland, one in seven female students had been victims of serious sexual assault or serious physical violence, while 12% had been stalked (NUS, 2010, cited in Anitha & Lewis, 2018). Tertiary institutions internationally in the UK and United States of America (USA) are more liberal but still get high statistics on GBV. This increasing prevalence of GBV despite different geographical, political, social and economic contexts makes it necessary why GBV exists in campuses and why it persists, seemingly unabated. This study answered these questions in the later section, looking at why GBV occurs in institutions of higher tertiary institutions.

Universities have been the African meeting around biting GBV occurring within campuses, and how to be prevented and eliminate it. The second iteration of the African University Gender Equality Forum, was hosted by the Shared Value Africa Initiative (SVAI) and the #ITSNOTOK movement (SVAI, 2022). Here, the representative for the African Leadership University in Mauritius emphasised the importance of protecting all students from GBV through trauma support for GBV survivors by having legislation, policies and robust, survivor-centred campus support and response structures, both on and off-campus. Lack of clear policy guidelines was mentioned as re-victimising the victim as they have to go through multiple channels to get action on the perpetrator.

A study at Lukenya University (Kenya) showed that at least one in every three women, and one in every seven males experienced GBV in their lifetime (Wafula, 2017). Male survivors experience similar physical, social and psychological violations only that they are less likely to seek medical help due to stigma and prejudice regarding male sexuality or masculinity (Wafula, 2017). Therefore, silence in male victims seem to be a global phenomenon.

GBV in Zimbabwe's neighbouring country, South Africa, is even higher and more prevalent both in the homes and tertiary institutions. The President, Cyril Ramaphosa, pronounced GBV a national pandemic coming only second to the coronavirus. One in every three women, and one in every six males have been victims of GBV at some point in their lives (Dlamini, 2012, Falkof, Phadke and Roy, 2022). President Cyril Ramaphosa went on to stress how South Africa had

been labelled the 'rape capital of the world' by Interpol with one in every five people having been sexually abused at some point in their life (Falkof, Phadke and Roy, 2022). GBV violence against men and women is very high in the country, and also in tertiary institutions despite South Africa being a liberal country that embraces the (Lesbian, gay, bisexual, transgender queer intersex and asexual, also known as the LGBTQIA) community through the legislation and the constitution.

A study at Rhodes University showed that previous victimisation (those that had been abused or the abusers), age (youths between 18 and 23 were at a higher risk factor), alcohol and drug consumption (the higher the intake, the greater the risk of victimisation), gender-inequitable attitudes and beliefs were individual risk factors for victimisation and perpetration of GBV on campus (Culatta, Clay-Warner, Boyle & Oshiro, 2017). Blade Nzimande, the Minister of Higher Education in South Africa said that the formation of masculinities in families, communities and society as a whole was a critical dimension in tackling GBV and the struggle for gender equity (Siebritz, 2022). Therefore, men must be part of the initiatives that challenge negative masculinity in order for change to occur.

Masculinity in the African context, which is highly patriarchal, means that men are considered strong and powerful, hence, when men become victims of GBV, their gender identity becomes tentative and fragile (Medzani, 2019). This might also explain why they remain silent even when they are being victimised.

GBV statistics on men as victims reported by the Zimbabwe Republic Police (ZRP) show a rise in men reporting GBV cases more than women in 2016, with a 23% rise of cases reported by men with women's cases dropping by about 10% from 2016 (Health Times, 2019). To give more context around the statistics, 1 993 men and 17 673 women reported cases of GBV in 2017 than in 2018, 2183 men reported whilst only 10 064 women made reports of GBV. The rise in reported cases of GBV against men has been attributed to more awareness and more organisations to report to.

The highest numbers of cases reported were in Harare and Matabeleland South. In Mzinyathini (Matabeleland South Province), men suffer GBV more than women who are the perpetrators and Bulawayo is historically known as '*KoMfazi otshay'indoda*', meaning the place where women beat their men (Ndlovu, 2021). The statistics show that men have begun to report GBV cases although more GBV cases still go unreported. Nationally, 3.6% of 9 million women in

Zimbabwe admitted to abusing their men (Demographic Health Survey, 2015). Disparities, inadequate services, weak institutions, poor information systems, and patriarchal attitudes restrain men from reporting incidents of GBV (National Gender Policy, 2013-2017).

Looking at men in tertiary institutions, the First Lady of Zimbabwe, Auxilia Mnangagwa, officially opened the Midlands State University Gender Institute International Conference to tackle GBV and sexual abuse cases. Here, she launched the *Gota/Nhanga/Ixhiba* program that focuses on moulding children's behaviours countrywide in order to tackle GBV from a tender age, and instil better values and perspectives (Rupapa, 2022). Both male and female students explained their experiences on GBV, with the male students explaining that they were being lured by their female counterparts to be intimate in exchange for nice clothes and shared assignments, if they fail to do so female students shamed the male students as weak sexually. Some male students even said female lecturers lured them to have sex with them for better grades. This shows that men are indeed victims of GBV in institutions of higher learning.

Causes of GBV in institutions of higher learning

Kaufman, Williams, Grilo et al. (2019 as cited by Makhene, 2022, p. 241) mentioned students' low social status, perceived academic inferiority, substance use and abuse, extreme social and economic inequality as contributory factors to GBV occurrence in tertiary institutions. This means that those perceived as poor financially, socially or academically are at a high risk of being GBV victims. Davids (2020) states that the high incidents of GBV at universities suggest that educated individuals are more predisposed to committing acts of GBV as they believe that they will get away with it. This is debatable because on one hand, since higher education enhances liberal norms, educated people are significantly less likely to accept GBV as a method of resolving conflicts (Davids, 2020). On the other hand, higher education provides young students with a liberal and perfect environment for experimentation, thus students are potentially more vulnerable to abuse because they lack experience and skills to protect themselves (Davids, 2020). Therefore, it can be concluded that those factors which are supposed to make tertiary institutions a safe space, can be abused and become the perfect environment for breeding and executing GBV.

Institutional response to GBV: Lack of structural policies

Most outrages on tertiary institutions are as a result of high-profile incidents reported in the local and international media like in South African Universities where the Uyinene Mrwetyana case and the Stellenbosch case involving a fellow student urinating on personal property of another student (Davids, 2020). However, these incidents, as reported by the media, are just the tip of an iceberg in comparison to the reality. Most universities do not provide a definitive scope and policies on GBV. As such, victims under report due to lack of knowledge on how to deal with GBV. Attached to this ignorance is the stigma associated with reporting GBV especially to male victims. This is also coupled with the fact that in the event of a programs on GBV, most of them are directed at protecting women and emphasise women as victims which just makes male victims feel more left out (Davids, 2020). This leaves a questionable notion that how can men report if they are 'only' considered abusers?

The universities with policies on the other hand, are faced with students and staff who understand the consequences of sexual harassment but have a general lack of understanding of GBV policies as most policies only address the sexual gender-based violence, and not GBV in its full scope (Davids, 2020). Hence, the suggestion is that universities should be tasked with recognising GBV as a violation of human rights, reconceptualise and transform their policies of GBV to be in line with social justice and human rights. Davids (2020) agrees with this line of thought and says the solution is to transcend beyond disciplinary action as a measure by initiating, mediating and facilitating educational spaces, and programs, which challenge social norms in order to eradicate GBV on campuses

Theories and approaches to GBV

It is commonly accepted that there isn't a single cause or theory that can explain why sexual harassment occurs and the widely accepted theories are natural/biological (Tangri et al., 1982, as cited by Pina, Gannon & Saunders, 2009), sociocultural (Farley, 1987, as cited by Pina, Gannon & Saunders, 2009) and the ecological approach by Bronfenbrenner (1995). Contra power sexual harassment has also been a relevant theory as will be seen below.

Contra power sexual harassment

Contra power harassment occurs when the perpetrator enjoys more formal power than the victims and this is a frequent form of insubordination in institutions and organisations, perpetrated against those above the perpetrators in the hierarchy Mawere and Seroto (2022). Contra power harassment is one of the theories that help denote why men can be victims of GBV in tertiary institutions because it explains how men, (normally viewed as strong and masculine) can be abused by women who are of 'lesser power'.

The tertiary institution where this study was held has a student population of 80% female and 20% males, making women more powerful as they are the majority population than males thereby giving them more organisational power. DeSouza and Fansler (2003), Lampman et al. (2016 cited in Mawere & Seroto, 2022) support this notion by stating that whatever the rationale, the concept of female students, individuals with lesser organisational power, confronting male members, individuals with greater organisational power, has become a reality in higher education. However, contra power harassment mostly explains sexual harassment, and not necessarily other forms of GBV, and it does not make it very clear whether both male and female students are involved in sexually harassing both male and female lecturers. This study addresses the opposite, regarding why men are silent victims. Hence, the best theory to explain this is the ecological theory.

The Ecological framework

Bronfenbrenner's (1979; 1995) ecological model fits this discussion while integrating most of the questions surrounding the current debate on women's use of violence. This study uses the ecological framework as it looks holistically at the GBV, addressing causality, identifying and addressing a range of GBV risk factors across different levels of society providing a means of ensuring prevention and intervention strategies and plans. By illustrating the interactions between the individual, psychological (ontogenetic) level within family (microsystem), community (exosystem), cultural and political (macrosystem), this can inform prevention and intervention activities (Bronfenbrenner, 1992). Bronfenbrenner's original model proposes five interactive levels: a) the microsystem, b) the mesosystem, c) the exosystem level, d) the macrosystem, and e) the chronosystem (Bronfenbrenner, 1992).

The Microsystem

The microsystem is the immediate situation or setting in which a person lives and includes family, workplace, relationships, and education (Bronfenbrenner, 1979). It entails the relational aspect in the family and social relationships (patriarchal attitudes/practices, sexually aggressive peer/social groups are generated early in life. This means that people learn how to relate and treat other people from their microsystem/family and this core is the basis for the formation of positive or negative behaviour.

Patriarchal attitudes/practices, sexually aggressive peer/social groups are generated at an early life. These relations can influence how people behave toward each other and the gender biases are promoted within the family. Ontogenetic or individual factors within the microsystem include personal qualities, the influence of childhood experiences and socialisation on attitudes, perceptions and social interactions are influential in the way men perceive and react to GBV (Universities UK, 2016b). For the purposes of this research, the micro system was identified as the backgrounds in which the participants came from, that had an impact on their take on patriarchy and masculinity.

The Mesosystem

The mesosystem includes the connections between two or more microsystems, such as family and education (Bronfenbrenner, 1992). It is where a person's individual macrosystem does not function independently but are interconnected and asset influence upon one another. In this case, the mesosystem would be the relationship between the lecturers and the students; how its positivity creates a safe environment, making the person less susceptible to GBV as they would be regarded 'well-connected' on campus.

The Exosystem

Bronfenbrenner (1992) defines the exosystem as the structures and systems of the society in which the individual lives but may not play an active role and these include facets such as neighbourhoods and community structures. Colleges, universities, schools, workplaces, health, police and social care services, workplaces are part of the exosystem and the culture they cultivate and promote have an influence on the reduction of GBV. In this research, the exosystem will be referring to the tertiary institution that the research participants attend and including the dormitories in which the students are staying.

The Macrosystem

According to Bronfenbrenner (1992) the macrosystem which is the wider context of national and global, social, legal, political, and economic systems which accepts, rejects or condones inequality influences and or minimises GBV through policies, and laws. The macrosystem consists of the larger background, including culture, ethnicity, and gender history (Bronfenbrenner, 1992). For this study, the macrosystem is any policies, legislation or persons that deal directly with the issue of GBV on this campus.

The Chronosystem

It examines the effect the timing of events such as parental death has on the individual's development (Bronfenbrenner, 1992). This will be things like failing an important exam or practical at the institution. For the current research the individual, microsystem, exosystem, and macrosystem were used in question creation. The chronosystem was not used directly in question creation because the focus of the research is not on the effect of the timing of experience with violence. By illustrating the interactions between the individual, psychological (ontogenetic) level within family (microsystem), community (exosystem), cultural and political (macrosystem), this can inform prevention and intervention activities (Bronfenbrenner, 1992).

Methodology

This research used the qualitative paradigm. Babbie and Mouton (2017) and De Vos et al. (2005) define the qualitative paradigm as a generic research approach in social research where the researcher always attempts to study human action from the perspective of the insider through describing and understanding human behaviour. A qualitative research paradigm was used in this study as it is compatible with the topic of why there is silence amongst men affected by GBV in tertiary institutions, looking to get a descriptive and detailed narrative from those involved.

Sampling

This study used the purposive sampling as it is suitable for cases where one cannot select the kind of sampling used in large scale surveys (Babbie & Mouton, 2017). Hence, it was used to recruit male victims and female perpetrators of known GBV to establish whether there was silence in men when it came to

GBV. The sample size for the study was 24 students, 12 male youths and 12 female youths. Because as aforementioned, youths are at risk of GBV, they also constitute the majority of the tertiary population.

Due to the sensitivity of the issue under study, data was collected using focus groups, to ensure maximum participation as their conventional aim was to appreciate perspectives and analyse processes of social interactions, in this instance, GBV, being a social construct (Millward, 2012). This study split the participants into four groups, with six participants each. The demographics of these four groups were two groups consisting of the male students and the remaining two groups consisting of the female students.

Tape recorders were used for all the groups and field notes while taking into account the various contexts amongst all groups. In this research, patterns/themes that reappeared and were common in all the focus groups were then used to determine findings.

Ethical considerations

The nature of any research, especially qualitative, naturally calls for intimate and highly personal information to be divulged hence, ethical considerations are a necessity (De Vos et al., 2005). Participation in this study was exclusively on a voluntary basis. The researchers obtained informed consent after debriefing the identified respondents on what the study aimed to achieve. The participants were informed that their real names and the name of the institution would not be used. Moreover, all participants were informed that the findings of this study would be for research purposes only so as to create a safe environment for the focus group discussions to take place.

Results and Discussion

Causes and forms of GBV experienced by male youths in tertiary institutions

Gender based violence was defined by 100% of the respondents as the abuse that women go through at the hands of their intimate partners with all the men mentioning that they had physically abused at least one of their partners in the past. One of the participants (referred to as Mr A) said:

Murume anofanira kuchengera mudzimai wake kuti vanhu vazvize kuti ndiye baba vemba. Ivo mai kana vasingateereri zvinotaura baba vanofanira kurohwa.

A man has to be overprotective to his wife to show that he is the man of the house. If the wife does not want to adhere to what the husband says, then he has to beat her up.

All the female respondents also mentioned that they had also experienced physical violence at some point in their lives. Two of the female students mentioned the following:

Isu takatoraiwa kuti murume kana akurova, zvinoratidza rudo (Student 1).

We were socialised to believe that a man hits his woman as a sign of love.

Ini ndakatombodanana neumwe student pano asi aindihurira apa achindirova, saka ndakazosiya relationship yacho ndaona kuti ndinofira mahara (Student 2).

I once dated a student who was unfaithful and would assault me time and again. I had to leave him realising the abuse could have led into my death.

The concept of masculinity in higher institutions of learning

In this study, all the twelve male respondents mentioned masculinity as a God-given power and gender that makes them superior to women, meaning that men do not cry, cannot be hurt and should block away all emotions to prove their strength. Phrases like ‘*Murume hangochemi-chemi*’ (man should not be a baby-cry) “*Ezendoda ziwela esifubeni*” (men’s tears are not to be seen) were some of the sentiments that were echoed by participants. Unfortunately, this masculinity pretext makes men who become victims of GBV to become silent as reporting the crime and following the ends of justice can be viewed as men being weak.

Looking at the context of masculinity, in Zimbabwe, due to the literacy levels aforementioned, educated men tend to hold a higher position in society than the uneducated. Thus, when they become victims, it is a violation of their masculinity and to deal with such contra power harassment just proves to be difficult, which means that the silence prevails. The 12 female respondents agreed with this, meaning collectively that a real man would be intelligent, healthy, educated and well-off, meaning financial status, academic prowess and health defined the ideal man on campus. One of them said, “*Semurume haungaita dofo woshaya mari futi*”, meaning a man who is not academically gifted should at least be well-off financially.

Causes of GBV

When asked on what caused GBV, all 24 participants agreed that poverty, drug abuse, social background and worsening economic situation were the main leading causes. One of the male participants mentioned that when they were

off campus during the weekends, they would binge drink to drown in their sorrows as directly quoted below:

Pana weekends almost tese tiripano tinenge tiri kumabhawa kunopedza stress; kudoro.

Tinotorarako Friday, tozodzoka kuhostel Sunday manheru.

during the weekend, almost all of us here will be at night clubs to relieve our stress.

We go there Friday and return Sunday evenings.

Forms of abuse experienced by male students on campus

On being asked on the forms of abuses that they frequently met at the institution, male participants cited economic, sexual, physical, verbal and emotional abuse.

Economic violence

The findings showed that male students who came from 'poor backgrounds', often faced emotional and verbal abuse from female students and physical violence from male counterparts. This poor background was unanimously defined as failing to have a laptop and a decent phone, inability to afford meals on campus, struggling with fee payment and dressing poorly as witnessed by a constant repetition of clothes. The female students agreed to this saying that they would belittle their male counterparts saying their poverty stinks and they are lesser males as seen below:

Mamwe mastudents varume vanonhuhwa nhamo, unotoona nedressing kuti hapana mari apa. Saka munhu haana confidence because anongoshorwa paanotaura something.

Some male students are drenched in abject poverty and it is seen in how poorly they dress. Even when that person wants to participate, he ends up not doing so as he is always belittled due to his socio-economic status.

A male participant also said,

Kana tiri kumahostels panogara paine mafights especially kana munhu akashorwa kuti murombo. Handingaita murombo ndokundwa futi zvi bhakera.

At the hostels, physical fights are a daily occurrence as male students fight. They argue that I cannot be poor financially and physically feminine. One has to at least prove that they are 'men'.

The experience was different for financially well-off students, popularly known by the vernacular term '*mbinga*' (rich). Financially well-off students -*mbinga*, also experienced GBV in the form of economic and sexual abuse. The economic abuse they faced was aligned to constant bother by other not-

so-financially-well students to help them financially through 'loans'. Most of these loans were never repaid and the pressure of constantly having to keep up with being a 'mbinga' resulted in more stress and in some cases, poor academic performance. Some females who owed these loans were reportedly offering to repay in 'sexual' terms, and the fear of being viewed as 'weak' resulted in multiple affairs. Statements such as a drop in the ocean "*ndiyo ingachemerwa neminga*" (the amount is 'too' small for a rich guy to lose sleep over).

A service for forced sexual favours

Male students explained that female students initiate the sexual violence by offering sexual favours in return for money or academic information. Statements such as, '*ndiitirewo, ndinozoona zvekuita*' (please do it for me and will see how I can return the favour). To this, most male students echoed that it would show weakness to refuse an offer by a female student even though one was not in the mood.

Female students opined that men are easy to abuse because they will not report the case for fear of stigmatisation. It was indicated that "*Varume havataure zvinhu zvakadaro* (Men do not talk about such issues) "*murume anotaura izvi anenge akapusa*" (A man who report such cases is foolish).

Verbal, psychological and emotional abuse

These are the forms of abuse that men face in higher institutions of learning. The research found out that male and female students, and lecturers alike were the common perpetrators of verbal abuse. Statements like, "*vakomana muripi murikukundwa nevasikana*" (Men where are you? You are being surpassed by females?) "*Nyika yoenda nemadzimai*" (Women are taking the world). These are some of the statements echoed against men who then feel pressured to participate or show their presence even though they may lack the capability. Male participants reiterated that by saying when such a statement is echoed in their presence their masculinity is affected. "*Unozongoita kuti usaratidze kupusa*" (You end up doing it so that you do not appear weak and foolish).

Of the respondents, 80% agreed that they cornered their fellow male counterparts into helping them with assignments through bribery, like threatening to expose their (male students) affairs on campus to their respective spouses. Hence, male students felt obliged to this emotional GBV rather than jeopardise their marriages.

Looking at the male respondents, their understanding was that indeed they could be victims of GBV but it would show weakness to report and they chose to uphold their masculinity instead. One of the male respondents mentioned this and all the other respondents nodded in agreement.

Chokwadi chaicho ndechekuti almost tese pano tiri married but tine mabhebhi edu pacampus. Zvitori nani kuitira ma assignments vakadzi vanoziwana namadam so that havataure kumba kuti ndozvandiri kuita (Student 6).

The truth is that almost all of us make students here are married but we have our girlfriends on campus. It is rather better for us to write assignments on behalf of female students who are friends to our wives so that we are not blackmailed in exchange of silence.

Reactions to GBV

When the respondents were asked how they react to GBV, 75% of the respondents mentioned that silence was the tool used to combat GBV by all respondents, meaning, they did not report GBV to the relevant authorities. Of the male respondents, 20% had previously reported their matter to campus security and were told to deal with it like 'men' and one was quoted saying

Ndakarohwa kuhostel nemusikana ndikanotaura kuma security but vakangoti tipedzerane.

I was assaulted at the hostels by a female student and reported the incident to campus security. But I was told by the guards to personally resolve the matter.

Why Students remain silent?

Four reasons came up from participants on why they remained silent were cultural norms, lack of knowledge, suicidal tendencies and emotional instability.

Cultural norms

Participants cited social isolation and cultural prejudices of masculinity emerged as some of the reasons why they kept silent. Sentiments included "*unotosekwa nevamwe varume ukazvitaura.*" (You will be laugh at if you report that you were abused by a woman). Other sentiments mentioned were "*unonzi uri mukadzi*" (they will say you are a woman). Therefore, victims preferred to remain silent than be called women (weak), and in patriarchal terms was derogatory to them.

Lack of knowledge

Of the male participants, 83% expressed ignorance on where they could seek help. Questions arose during the focus group discussion like, “*Tinoziva paMsasa Project yemadzimai, kune kunobatsirwawo varume here?*” (We only hear of Msasa Project where women GBV victims get help, are there any shelters that help men too?). Those who knew that help / counselling teams were available on campus mentioned that they did not seek help there due to fear of stigmatisation. However, they were reluctant to seek help because the counselling was done by academics and lecturers who worked closely with the students, as such lack of trust that their issues would be confidential exacerbated the silence.

One of them said they were scared to confide their personal GBV-related matters to the counsellors because they were also their lecturers and they feared there would fail to maintain confidentiality:

Vanhu vacho vecounselling ndivo vanotidzidzisa. Ndotya kuti vanozoudza vamwe vavo kuti idzi dzinorohwa nemukadzi.

Counsellors are also our lecturers and I fear that they will share my ordeal with their peers saying that one gets beaten up by a woman.

Suicidal tendencies

Of the male participants, 75% felt that when one is exposed to Gender-based violence, it is better to keep quiet because nobody will believe them and if they do, they would think lowly about the victim. One participant said, “*Kuzvipedza kunyarara kana kungozviuraya pane kunzi idzi dzinorohwa nemukadzi*” (The only way is to keep quiet or commit suicide rather than getting to be known as men who is always being abused by a woman).

Emotional instability

Men who are exposed to GBV tend to be guilty with no cause. One participant expressed that one tends to think that there is something that they are not doing right. “*Pamwe pachu unoshaya kuti wakanyatsotadzei*” (Sometimes you fail to understand what it is that you are not doing well). Of the participants, 83% agreed that they felt guilty most of the time.

Copying skills used by male victims of GBV

When asked on their copying skills, the male participants mentioned that very few of them sought help (from police, courts, counselling or spiritual help). Most of them mostly dealt with this destructively through use of alcohol or

substances to drown and forget the sorrow, desertion of their homes, divorce, suicide and suicide ideations.

Reporting to the police and going to court

All the male participants mentioned that they did report the abuse to the police at some point in their lives, whether assisting a friend or on personal circumstances. However, this was to no avail as they were victimised as weak, made fun of. In some cases, the police refused to open a docket of the cases. Hence, while this option could help abused men, the Victim Friendly Units do not seem very friendly towards abused men and when the abuse happens again, they are less likely to report.

The 25% male participants who went to courts also explained some of their experiences of how they were not taken seriously; they were given less time to testify unlike their spouses, receiving unfair court rulings and women being found guilty, but receiving leniency or sentenced less. One participant mentioned that when he was explaining his experience in court, there was a lot of mockery and laughter and the judge had to call for order several times as quoted below:

Ini ndakati ndaenda kucourt ndikatsanangura maroverwo andaitwa namadam ndikabva zino. Vanhu vakatanga kuseka apa judge achingodeedzera kuti nyararai. Zvaisetsa nekuti harichambomera futi.

During trial, I explained how I got assaulted to a point of losing my tooth. People in the gallery laughed unceasing and the judge continued to call for order. I found nothing laughable to my testimony.

Effectiveness of their coping strategies

All male participants agreed that they were more likely to use destructive ways to cope. For example, if a woman asks for help with an assignment in exchange for a sexual favour, they are more likely to agree than decline despite knowing that such affairs can result in contracting STIs or even HIV. One participant noted:

Handingasiye ka muriwo uchienda, ndozosekwa kuti ndiri weak. Tinotobatsira mabhebhi ma assignments vozotipa muriwo ka segift.

I cannot let 'easy' prey escape, after which I am laughed at as being weak. I will help female students with assignments after which they sexually offer themselves as a reward.

When asked on the solutions to ending GBV, all the responders mentioned that there was a need for forums that tackle GBV on campus to be initiated. This would help victims share their ordeals, get help and be empowered to be survivors of their story, rather than victims.

How can GBV against men end in tertiary institutions?

The general consensus amongst tertiary male students was that they did acknowledge that they were victims as much as they were perpetrators, yet, tertiary institutions overlooked the victimisation and only dealt with them as offenders. This notion also came up with the female respondents where they stated that they could abuse men on campus and be able to get away with it for the same reasons.

Thus, students in tertiary institutions suggested that educational interventions were a necessity as they would put an end GBV on campus; university programs have to come up with preventative measures that recognise and intervene before, during and after violence has occurred rather than focusing on males as perpetrators and females as victims

One of the solutions perceived by male students was media campaigns that would help normalise males as victims of GBV not only in tertiary institutions but in all spectres of life. While media interventions are highly successful, the only flaw is that they also resonate with the laws of the nation. If the law can mention that men can be raped, then the media can also bring this to light and help raped men seek solutions. The other delimitation to media campaigns is that only those who tune in get to the programs have a positive perception and those without access are highly unlikely to change their perception.

Conclusion

Men are victims of GBV and women attested to this. GBV was mostly defined as when men abuse women in several forms. Some did mention that men could be victims of GBV but do not report the violence due to fear of stigmatisation because of culture.

The main cause of GBV reported was the economic background, with students coming from an economically disadvantaged backgrounds experiencing emotional and physical abuses. Students who were economically advantaged experienced economic abuse, wherein other students took advantage of their money and did not pay back loans taken. Sexual abuse, however, was not

distinguished by economic backgrounds, with most male students helping their fellow female students academically in exchange for sexual favours.

Physical abuse mostly happened between male students, and in their academic hostels or halls of residence.

To cope with GBV, most students ended up abusing alcohol and other substances to drown their sorrows and proactive avenues of help like the police and wellness team on campus not being fully utilised again due to fear of stigmatisation.

To reduce and eliminate GBV on campus, it was suggested that media campaigns be introduced to normalise the thinking that GBV could happen to men too, and this was very important both on campus and nationally. Also, clear policies on the academic institution on all forms of GBV were deemed necessary as a tool of reducing GBV on campus. The tertiary institutions mostly separated the academic/intellectual individual from the economic, social and psychological aspects of their lives. This was seen by how the lecturers were in charge of student wellness, thus reducing the rate of individuals reporting incidents of GBV. As such, institutions should have strict policies on GBV that go beyond disciplinary procedures but aim for solutions to preventing and ending GBV.

To end GBV, it will take everyone's involvement from government, media outlets, institutional structures like the police stations, and hospitals; ministries like the education, social welfare and health departments, academics and the community at large to demystify and challenge toxic masculinity and toxic femininity.

Recommendations

- Men experience GBV and in all forms as already established. The study recommends mass media campaigns in order to set precedence to the conversation then the talk in tertiary institutions can happen. Once this national education and enlightenment has happened then tertiary institutions would have adequate laws and legislation as well as experienced counsellor's forums in place to prevent and eliminate GBV.
- Community interventions and forums that help bring awareness on GBV especially on how men can be abused. Men's forums like Padare and Men-4-Equality are already very few to cope with the general populace and under-funded so they should have more government funding as they

have been instrumental in providing the psychosocial support given to male victims.

- By overtly including men in the picture as victims of GBV, this helps break cultural barriers, prejudices and delusions that GBV is a feminine or women only problem. This broad inclusion and normalisation, that anyone regardless of their gender can be a victim of GBV might help in more men seeking help instead of the continued silence from men. GBV Campaigns that focus on human beings and not just certain ages or genders as victims of GBV will help break cultural prejudices.
- A quantitative large scale is necessary to provide the missing links in statistics to males as victims of GBV.

A holistic multi-faceted collaboration of government and civil society, for example the Ministry of Higher and Tertiary Education and the Ministry of Social Welfare should collaborate and form/introduce wellness programs. Already, most tertiary institutions have a sick bay where students go to the nurse if they are not feeling well. The same should be done with wellness programs, where social workers and psychologists help students with their psycho-social well being. This might increase confidence in people reporting GBV on campus as the social workers are bound by confidentiality.

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