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### An Assessment of Gender-Based Violence Against Men in Urban Areas: A Case Study of Chawama Area in Lusaka

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#### Abstract

Gender-Based Violence (GBV) has predominantly been framed as a women-centered phenomenon, leading to limited attention towards male victimization globally and within Zambia. This study investigates the experiences, forms, perceptions, and coping mechanisms of men who face GBV in Chawama Compound, Lusaka. A mixed-method research approach was employed, combining descriptive qualitative analysis with supportive quantitative data from 105 male respondents selected purposively. Data were collected using structured questionnaires and interviews and analyzed thematically alongside frequency counts and percentages.

Findings revealed that men experience multiple forms of

GBV, with psychological and emotional violence being the most prevalent, followed by physical, economic, and sexual abuse. Despite this, cases remain highly underreported due to stigma, cultural expectations of masculinity, fear of ridicule, and institutional bias in GBV support systems. Men coped through silence, social withdrawal, emotional suppression, and informal support networks such as friends and relatives. The study concludes that GBV against men is a neglected public health and social concern. It recommends gender-neutral policy reforms, inclusive victim support systems, and awareness interventions to address silence and institutional invisibility of male victims.

**Keywords:** Gender-Based Violence, Men, Masculinity, Chawama, Coping Strategies, Zambia

#### 1. Introduction

Gender-Based Violence (GBV) refers to any act that results in physical, sexual, psychological, or economic harm directed at an individual based on socially constructed gender norms (UN, 2015) <sup>[16]</sup>. While GBV has historically been associated with violence against women, contemporary research indicates that men are also victims, although their experiences remain socially invisible and academically underrepresented (Mberengwa, 2019) <sup>[11]</sup>. In Zambia, most GBV programs, legal frameworks, interventions, and reporting structures focus primarily on women, unintentionally reinforcing the belief that men cannot be victims and positioning them instead as perpetrators (Zulu, 2020) <sup>[20]</sup>. This creates a silent crisis in which male-oriented abuse lacks recognition, support, and documentation.

Urban informal settings such as Chawama Compound present socio-economic conditions where household conflict, unemployment pressures, alcohol use, and shifting gender power dynamics contribute significantly to domestic violence. Yet, men who suffer violence often do not report due to fear of losing their masculine identity and social respect. In many African cultural contexts, men are expected to be strong, resilient, dominant, and emotionally contained; reporting abuse is often perceived as weakness, shameful, or unmanly (Simba, 2018). This discourages disclosure and denies male victims access to help.

Research further shows that institutional frameworks such as police, GBV units, and community support structures sometimes doubt or mock male cases, reinforcing silence and psychological trauma (Mwansa, 2021) <sup>[13]</sup>. Limited documentation of male GBV cases means policymakers, NGOs, and scholars lack data for gender-inclusive programming. Therefore, understanding male experiences of GBV is critical to developing balanced interventions.

This study explores GBV against men in Chawama Compound by examining perceptions, forms of abuse, and coping strategies adopted. The research contributes evidence necessary for inclusive policy development, bridging the knowledge gap

in Zambian gender studies.

### 1.1 Background

Gender-Based Violence is widely recognized as a critical human rights violation and public health problem. Globally, GBV discourse has historically focused on women due to their high vulnerability, prevalence statistics, and historically patriarchal social systems that placed men in dominant roles (WHO, 2016) <sup>[19]</sup>. As a result, research, funding and interventions have heavily prioritized female survivors, leaving male victimization underreported, socially trivialized, and academically marginalized. However, emerging studies indicate that men increasingly experience violence from intimate partners, spouses, and social institutions, albeit silently, due to masculine expectations that discourage vulnerability (Kambarami, 2006) <sup>[7]</sup>.

In African patriarchal societies, including Zambia, men are culturally perceived as heads of households, financially responsible, physically strong and emotionally stable. These gender norms are internalized by both men and women, creating environments where male suffering is normalized or dismissed. When men experience abuse, society often labels them as weak or failures, causing psychological distress, suppressed emotional expression, and reluctance to report (Munyenyembe, 2017) <sup>[12]</sup>. The Zambia Police Victim Support Unit (VSU) primarily handles female-reported violations, meaning male cases rarely progress or receive attention. Consequently, male GBV victims remain invisible within legal and health systems.

This study situates GBV against men within the urban high-density community of Chawama Compound in Lusaka. The area presents an environment with economic hardship, unemployment, substance abuse and social instability — conditions known to trigger domestic conflict. Despite this, little empirical evidence exists documenting male GBV experiences within this context. This research therefore responds to a critical knowledge gap in Zambian gender scholarship.

### 1.2 Statement of the Problem

GBV against men has been overlooked in research, policy and community awareness in Zambia. Social expectations that men must be strong discourage them from reporting violence. As a result, incidents remain unrecorded and therefore invisible to the justice and health sectors. Victim support mechanisms remain tailored to women, while male victims often face ridicule or disbelief when they attempt to seek help. Without documentation, GBV against men remains a silent phenomenon with far-reaching psychological, social and health consequences.

The lack of empirical research on experiences of male abuse in Zambia, particularly in high-density areas like Chawama Compound, limits evidence-based interventions. Therefore, there is a need to investigate the forms, prevalence, perceptions and coping strategies men adopt when facing abuse. This study addresses this gap by examining GBV experienced by men and how they respond to it.

### 1.3 Objectives of the Study

#### General Objective

To investigate gender-based violence against men in Chawama Compound, Lusaka.

### Specific Objectives

1. To assess perceptions and experiences of men regarding GBV.
2. To examine the forms and prevalence of GBV experienced by men.
3. To establish coping mechanisms adopted by men who experience GBV.

### 1.4 Research Questions

1. What are the perceptions of men regarding GBV in Chawama Compound?
2. What forms of GBV do men experience most?
3. What coping mechanisms do men use when they face GBV?

### 1.5 Theoretical / Conceptual Framework

This study is guided by **Masculinity Theory**, which argues that gender roles socially construct men as dominant, emotionally stable and resistant to abuse (Connell, 1995) <sup>[3]</sup>. These expectations create stigma around male victimization, causing men to suppress vulnerability and avoid reporting violence. When abused, men internalize suffering due to fear of being viewed as weak or emasculated.

## 2. Literature Review

### 2.1 Understanding Gender-Based Violence

Gender-Based Violence has historically been defined through a female-centered lens, emerging from feminist discourse which positioned women as primary victims of patriarchal oppression (Dobash & Dobash, 1979) <sup>[4]</sup>. GBV involves acts of physical, emotional, sexual, psychological or economic harm rooted in power imbalance and gender norms (UN, 2015) <sup>[16]</sup>. While women statistically report higher cases of violence, recent scholarship acknowledges that men equally experience abuse, although their cases remain hidden due to cultural constructions of masculinity (Mberengwa, 2019) <sup>[11]</sup>.

Traditional gender roles allocate authority to men and submissiveness to women, reinforcing societal assumptions that only women can be victims. These framing limits recognition of men as potential victims and undermines response frameworks. As Sideris (2005) <sup>[15]</sup> argues, failing to acknowledge male victimization contributes to an incomplete gender discourse.

### 2.2 Masculinity, Silence and Underreporting

Masculinity Theory explains that men are socialized to be tough, dominant and resilient (Connell, 1995) <sup>[3]</sup>. This shapes emotional expression and dictates how men respond to victimization. Men are less likely to report violence due to shame, fear of community ridicule, and belief that authorities will not take them seriously (Hines, 2007) <sup>[5]</sup>. When men disclose abuse, they are often dismissed or mocked — reinforcing silence and internalized suffering. Studies in South Africa, Kenya, and Namibia report that male victims are reluctant to seek help because victimization contradicts cultural expectations of manhood (Mathews, 2012) <sup>[10]</sup>. Underreporting results in limited statistical representation, thereby masking the true extent of GBV against men. This silence also restricts academic research, policy development and survivor support.

### 2.3 Forms of GBV Against Men

Research demonstrates that men experience multiple forms of violence, including:

Type of Abuse	Manifestation in Male Victimization
Physical	beating, slapping, choking, assault
Psychological/Emotional	insults, humiliation, threats, verbal abuse
Economic	withholding finances, controlling income
Sexual	forced intercourse, sexual coercion, denied intimacy
Social Violence	isolation, public shaming

Psychological abuse appears most prevalent among males, followed by physical and economic forms (Walker, 2014) [18]. Emotional abuse is often subtle but leads to severe long-term mental distress.

### 2.4 Global Overview of Male GBV

In the United States and UK, surveys indicate that approximately one in four men have experienced domestic violence in their lifetime, but fewer than 10% report to formal authorities (CDC, 2018) [2]. Europe has witnessed increased acknowledgement of male victimization with specialized shelters emerging in Germany and Sweden (Lundgren, 2010) [8].

Despite progress, services centered around men remain limited, and many countries lack male-friendly counselling and legal support. Scholars argue that gender discussions must shift towards inclusivity without minimizing violence against women (Hogan, 2016) [6].

### 2.5 GBV Against Men in Africa

In Sub-Saharan Africa, traditional patriarchal systems reinforce the idea that men must not show weakness. Studies in Zimbabwe revealed that male victims were often ridiculed by police officers or advised to "man up" instead of being assisted (Kambarami, 2006) [7]. Research in Nigeria found that men facing domestic abuse rarely press charges due to cultural stigma and lack of institutional support (Okafor, 2013) [14].

Findings across Malawi, Tanzania and Mozambique indicate similar patterns of underreporting, psychological trauma and social isolation among male victims (Manda & Banda, 2018) [9]. In all contexts, women-centered GBV programs dominate donor funding and policy leg frameworks, leaving male cases unprioritized.

### 2.6 GBV Against Men in Zambia

Zambia has made tremendous progress in addressing violence against women through laws such as the Anti-Gender-Based Violence Act of 2011. However, the legislation remains female-oriented with limited focus on men as victims (Mwanza, 2021). The Police Victim Support Unit (VSU) reports show that majority of documented GBV cases involve female survivors, not necessarily because men experience less violence, but due to underreporting (VSU, 2020) [17].

In urban compounds such as Chawama and Kanyama, household financial pressures, alcohol misuse, and shifting economic roles contribute to domestic conflict. However, research on male GBV experiences in Zambia remains scarce, creating a knowledge gap that this study seeks to address.

### 2.7 Summary of Research Gaps

The literature shows:

1. Male GBV is global but underreported.
2. Few studies document male experiences within Zambia.
3. Masculinity norms silence victims and discourage reporting.
4. Little empirical evidence exists about coping strategies for male victims.

No contextual study extensively explores GBV against men in Chawama Compound.

## 3. Research Methodology

### 3.1 Research Design

The study adopted a **mixed-method research design**, combining qualitative and quantitative approaches. A descriptive qualitative approach was used to capture lived experiences, perceptions, and personal narratives of male victims of GBV, while quantitative summaries supported analysis through frequency tables and percentages. This triangulation strengthened reliability and validity of findings by enabling both statistical representation and narrative depth (Creswell, 2014) [1].

### 3.2 Study Area

The research was conducted in **Chawama Compound**, located within Lusaka District, Zambia. Chawama is a high-density, low-income urban settlement characterized by unemployment, substance abuse, domestic conflict, and socio-economic instability. These conditions heighten vulnerability to GBV and make it a suitable site for studying abuse dynamics among men.

### 3.3 Target Population

The target population consisted of **adult men aged 18 and above living in Chawama Compound**. Men were selected based on residence and ability to narrate GBV experiences either personally or by observation within households.

### 3.4 Sampling Design and Sample Size

A purposive sampling technique was used to select respondents with relevant lived experiences. The sample size for the study was **105 male participants**, considered adequate to provide rich qualitative information supported by quantitative representation. Key informants included community leaders, married men, separated men, and social service providers, enabling diversification of responses.

### 3.5 Data Collection Instruments

Two primary tools were used:

1. **Structured Questionnaires** — used to gather demographic information and quantitative summaries on types and frequency of GBV.
2. **Semi-structured Interviews** — used to explore deeper experiences, perceptions, emotional responses and coping strategies.

Interview guides allowed probing for clarity, ensuring rich descriptive data.

### 3.6 Data Collection Procedure

Data collection involved face-to-face administration of questionnaires and scheduled interviews. Respondents were briefed on the purpose of the study and confidentiality assurances prior to participation. Interviews were recorded

in written notes and summarized thematically.

### 3.7 Data Analysis

Quantitative data were cleaned, coded and analyzed using descriptive statistics such as frequencies and percentages. Results were presented in tables, pie charts and bar graphs. Qualitative data were analyzed through **thematic analysis**, involving transcription, coding, categorization and theme development based on patterns emerging from narratives. Findings from both data forms were triangulated for credibility.

### 3.8 Ethical Considerations

Ethical procedures were adhered to throughout the research. Participants were informed about the purpose, voluntary participation, and right to withdraw at any time. Confidentiality was maintained by excluding personal identifiers in data reporting. The study avoided psychological harm by using respectful interview approaches and ensuring privacy.

## 4. Results and Findings

The study examined forms, prevalence, perceptions and coping mechanisms related to GBV against men in Chawama Compound. Findings are presented using descriptive statistics, tables and thematic summaries.

### 4.1 Demographic Profile of Respondents

A total of **105 male participants** took part in the study. Table 1 summarizes key demographic characteristics:

**Table 1:** Demographic Characteristics of Respondents

Variable	Category	Frequency (n=105)	Percentage (%)
Age	18–30	37	35%
	31–45	46	44%
	46+	22	21%
Marital Status	Married	61	58%
	Single	19	18%
	Divorced/Separated	25	24%
Education Level	Primary	22	21%
	Secondary	56	53%
	Tertiary	27	26%

#### Interpretation:

Most respondents were between ages 31–45, suggesting GBV is prevalent among economically active men. Majority were married, implying intimate partner relationships as GBV sites.

### 4.2 Forms of GBV Experienced by Men

Findings reveal men face various forms of GBV. Psychological abuse was highest, followed by physical and economic abuse.

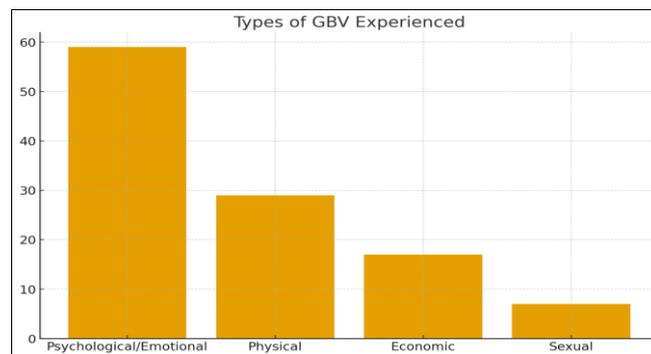
**Table 2:** Types of GBV Experienced

Type of Abuse	Frequency	Percentage (%)
Psychological/Emotional	59	56%
Physical Abuse	29	28%
Economic Abuse	17	16%
Sexual Abuse	7	7%

#### Interpretation:

Psychological violence dominates, including insults,

humiliation, and threats. Physical abuse exists but less acknowledged. Economic abuse often involved women controlling income or refusing household contribution. Sexual abuse was least reported but sensitive due to taboo.



**Fig 1:** Representation of Abuse Types

### 4.3 Perceptions Toward Male Victimization

Respondents expressed that society rarely acknowledges men as victims.

**Table 3:** Community Perception of Male GBV

Perception Statement	Agree	Disagree
"Men can experience GBV"	88%	12%
"Society takes male GBV seriously"	14%	86%
"Men reporting abuse are viewed as weak"	79%	21%
"Women are the only real victims"	62%	38%

#### Interpretation:

Majority agreed men face GBV, but believe society dismisses their cases. Masculinity expectations discourage reporting.

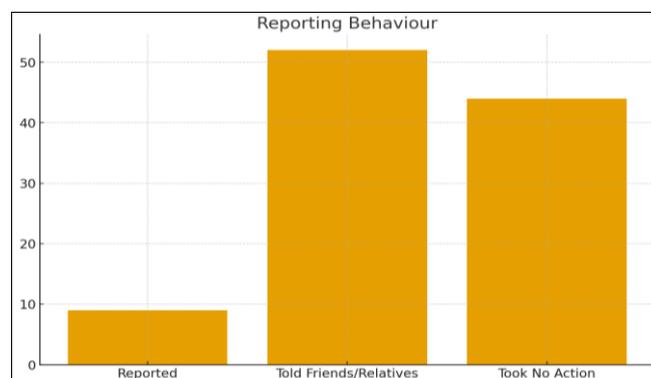
### 4.4 Reporting Behavior and Barriers

Few men reported abuse formally. Reasons included fear of mockery and lack of support structures.

**Table 4:** Reporting Response

Reporting Action	Frequency	Percentage (%)
Reported to Police/VSU	9	9%
Told Friends/Relatives	52	50%
Took No Action	44	41%

#### Key Barriers Identified:



**Fig 2:** Bar Graph of Reporting Behavior

- Fear of being labelled weak
- Belief that police will not take men seriously

- Shame and social ridicule
- Lack of awareness of male victim support

#### 4.5 Coping Strategies Used by Men

Men mainly internalized pain or sought informal support, rarely legal recourse.

**Table 5:** Coping Strategies Identified

Strategy	Frequency (%)
Silence/Endurance	42%
Seeking friends/family support	31%
Withdrawal/Avoidance	18%
Alcohol or escapism	6%
Reporting to VSU	3%

#### Interpretation:

Silence and withdrawal were dominant coping approaches. Support-seeking was informal, showing absence of male-friendly reporting systems.

#### Summary of Key Findings

- Psychological abuse is the most common form affecting men.
- Reporting levels remain extremely low (9% formally).
- Social stigma and masculine identity norms suppress disclosure.
- Men cope privately rather than through institutional channels.
- GBV against men is a real yet hidden phenomenon in Chawama.

#### 4.6 Discussion

The results demonstrate that GBV against men in Chawama Compound is a significant but underreported social issue. Psychological violence emerged as the most common form experienced by men, aligning with global findings that emotional abuse is often the first form of violence men face (Walker, 2014) [18]. The dominance of psychological abuse suggests that GBV against men may manifest subtly, gradually eroding mental well-being rather than through immediate physical harm.

The results also support Masculinity Theory, which argues that cultural expectations of male strength and dominance discourage men from disclosing abuse (Connell, 1995) [3]. Men in this study feared ridicule and loss of respect if they reported abuse, demonstrating how gender norms can silence male victims. Similar observations have been documented in South Africa, Kenya and Nigeria, where male reporting of GBV is culturally stigmatized (Mathews, 2012; Okafor, 2013) [10, 14].

Only 9% of respondents reported cases to authorities, confirming that men rarely seek formal assistance. Instead, coping strategies such as silence, endurance, withdrawal and informal social support were preferred. This aligns with findings by Hines (2007) [5] that men tend to adopt internal coping mechanisms rather than legal or institutional pathways.

The low reporting rate suggests the presence of institutional barriers. The Victim Support Unit (VSU) primarily attends to female cases, reinforcing gender bias and discouraging male engagement (VSU, 2020) [17]. Without gender-neutral support structures, men remain unprotected and invisible in policy frameworks. This calls for a paradigm shift that acknowledges both genders as potential victims.

#### 4.7 Conclusion and Recommendations

The study concludes that **GBV against men is widespread yet socially invisible in Chawama Compound**. Men experience emotional, physical, economic and sexual abuse, but rarely report due to stigma and masculine identity expectations. Institutions lack male-centered support frameworks, leading to underrepresentation in GBV statistics and policy.

#### Recommendations

1. Develop gender-neutral GBV policies recognizing male victims alongside women.
2. Establish male-friendly reporting and counselling services within police and community structures.
3. Increase awareness campaigns to challenge perceptions that only women are victims.
4. Train VSU and health personnel to handle male GBV cases professionally.
5. Conduct more comprehensive national studies including rural and urban settings.
6. Encourage community dialogues that destigmatize male vulnerability and emotional expression.

#### 5. Acknowledgements

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