A Scoping Review of Gender-Based Violence Interventions and Programmes targeted at South African Men.

Submitted as the dissertation component in partial fulfilment of the degree of Master of Social Science in Clinical Psychology in the School of Applied Human Sciences, University of KwaZulu-Natal

Themba Fotrick Mavasa
221116154

Supervised by
Ms Ntokozo Mntambo

Submission Date: October 2022
Declaration

I, Mavasa Themba Fotrick, declare that:

1. the research reported in this thesis, except where otherwise indicated, is my original research.

2. this thesis has not been submitted for any degree or examination at any other university.

3. this thesis does not contain other persons’ data, pictures, graphs, or other information, unless specifically acknowledged as being sourced from other persons.

4. this thesis does not contain other persons’ writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted:
   a. their words have been re-written, but the general information attributed to them has been referenced.
   b. where their exact words have been used, their writing has been placed inside quotation marks, and referenced.

5. this thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, with the source being detailed in the thesis and in the References sections.

Signature                                                                                        Date

18 October 2022
Dedication

I dedicate this dissertation project to God Almighty my creator, my strong pillar, my source of inspiration, wisdom, knowledge, and understanding. He has been the source of my strength throughout this programme and on His wings only have I soared. I also dedicate this work to my mother, Nkhensani Grace Mabasa, who has always loved me unconditionally, and whose good examples have taught me to work hard for the things that I aspire to achieve, and who has been a constant source of support through her prayers and encouragement during the challenges of graduate school and life.

I also dedicate this work to my wife, Lilian Matimba Novela, who has prayed for me, and encouraged me all the way to ensure that I give it all to finish what I have started. I also dedicate this work to my sisters (Basani Cynthia Mavasa and Vutivi Diana Mavasa) and brother (Nkateko Stanley Mavasa) for their genuine support and valuable prayers. I am truly thankful for having you as my family in my life. My love for you all can never be quantified. God bless you.
Acknowledgements

First and foremost, I would like to express my deep and sincere gratitude to my research supervisor, Ms Ntokozo Mntambo from the School of Applied Human Sciences, College of Humanities, University of KwaZulu-Natal, Howard College Campus, for giving me the opportunity to do research and for providing invaluable guidance throughout this research. Her dynamism, vision, sincerity, and motivation have deeply inspired me. She has taught me the methodology to carry out the research and to present the research work as clearly as possible. It was a great privilege and honour to work and study under her guidance. I am extremely grateful for what she has offered me.

My special thanks go to my friend (Dikeledi Sebole) for her genuine support throughout this study. I am extremely grateful to my mentors (Xolile Sibuyi and Tshemba Trust Manzini) for being there for me throughout the entire Master’s programme. Both of you have been my best cheerleaders. I would also like to extend my special thanks to my friend and a fellow Master’s candidate at the University of KwaZulu-Natal, Kgothatso Magagane, who encouraged and supported me throughout this study.

Finally, my thanks go to all the people who have supported me directly or indirectly in completing this research work.
# Table of Contents

Chapter 1: General Introduction.................................................................................................. 3
1.1. Introduction and Background............................................................................................... 3
1.2. Problem Formulation and Problem Statement ..................................................................... 4
1.3. Rationale of the Study .......................................................................................................... 5
1.4. Objectives of the Study ....................................................................................................... 8

Chapter 2: Literature Review ...................................................................................................... 11
2.1. Background........................................................................................................................... 11
2.2. Violence Against Women .................................................................................................... 11
2.3. The Prevalence of Violence Against Women in South Africa ............................................ 12
2.4. Causes of Gender-Based Violence Against Women............................................................ 13
2.5. Interventions Responding to Gender-Based Violence Against Women in South Africa ....... 18
2.6. Present Gaps as Described in the Literature ....................................................................... 19

Chapter 3: Methodology ............................................................................................................ 21
3.1. Research Design .................................................................................................................. 21
3.2. Location of the Study .......................................................................................................... 22
3.3. Research Procedure/Methods ............................................................................................. 22
3.3.1. Stage 1: Identifying the Research Questions............................................................... 22
3.3.2. Stage 2: Identifying Relevant Studies .......................................................................... 23
3.3.4. Stage 4: Charting the Data........................................................................................... 29
3.3.5. Stage 5: Collating, Summarising, and Reporting the Results ....................................... 30
3.4. Quality Appraisal ............................................................................................................... 31
3.5. Ethics ................................................................................................................................... 32
3.6. Dissemination .................................................................................................................... 32

Chapter 4: Results ..................................................................................................................... 33
4.1. Search and Selection of Scoping Reviews ........................................................................... 33
4.2. Description of Studies ....................................................................................................... 34
4.3. Description of Outcomes ................................................................................................... 45
4.3.1. Stepping Stones ........................................................................................................... 45
4.3.2. Stepping Stones and Creative Futures ........................................................................... 48
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.3. One Man Can (OMC)</td>
<td>49</td>
</tr>
<tr>
<td>4.3.4. The OMC Fatherhood Project</td>
<td>56</td>
</tr>
<tr>
<td>4.3.5. Tsimba (&quot;working together&quot;)</td>
<td>58</td>
</tr>
<tr>
<td>4.3.6. Khululeka Men’s Support Group</td>
<td>60</td>
</tr>
<tr>
<td>4.3.7. Sonke CHANGE Trial</td>
<td>63</td>
</tr>
<tr>
<td>4.3.8. Political Advocacy</td>
<td>70</td>
</tr>
<tr>
<td>4.3.9. PIPV Programme</td>
<td>72</td>
</tr>
<tr>
<td>4.3.10 Agisanang Domestic Abuse Prevention and Training Organisation (ADAPT)</td>
<td>82</td>
</tr>
<tr>
<td>4.3.11. Perpetrator Rehabilitation</td>
<td>87</td>
</tr>
<tr>
<td>4.3.12. CSVR’s Gender-Based Violence Programme</td>
<td>89</td>
</tr>
<tr>
<td>Chapter 5: Discussion</td>
<td>91</td>
</tr>
<tr>
<td>Chapter 6: Limitations, Recommendations and Conclusions</td>
<td>123</td>
</tr>
<tr>
<td>References</td>
<td>126</td>
</tr>
<tr>
<td>Appendices</td>
<td>134</td>
</tr>
</tbody>
</table>
List of Figures

Figure 1: PRISMA Flow Diagram for the Scoping Review Process
List of Tables

Table 1: Eligibility Criteria/Inclusion Criteria.

Table 2: Piloted Databases.

Table 3: The General Characteristics/Description of Studies Included in this Review.

Table 4: Different Gender-Based Violence Interventions.
List of Acronyms

ADAPT – Agisanang Domestic Abuse Prevention and Training organisation
CAT – Community Action Team
CM – Community Mobilisation
CSVR – The Centre for the Study of Violence and Reconciliation
CBOs – Community-Based Organisations
GBV – Gender-Based Violence
HIV – Human Immunodeficiency Virus
HSSREC – Human Social Sciences Research Ethics Committee
IPV – Intimate Partner Violence
IMAGE – Microfinance for AIDS and Gender Equity
JBI – Joanna Briggs Institute
MMAT – Mixed-Method Appraisal Tool
n = Number
NICRO – National Institute for Crime Prevention and the Reintegration of Offenders
OMC – One Man Can
PCC- Population, Concept, and Context
PIPV – Perpetrator Intimate Partner Violence
PRISMA-ScR – PRISMA Extension for Scoping Reviews
SA – South Africa
SADC – Southern Africa Development Community
SAPS – South African Police Service
TTBC – Teddy Bear Clinic
UNICEF – United Nations International Children's Emergency Fund
WHO – World Health Organization
Abstract

Background: The phenomenon of gender-based violence is a global concern (Tappis, Freeman, Glass & Doocy, 2016). Neither women nor men are immune to gender-based violence (GBV); however, the findings from different studies have found that women are more susceptible to GBV perpetrated against them by men (Peate, 2019; Radzilani-Makatu & Chauke, 2019). South African men play a vital role in perpetuating gender-based violence. Therefore, due to their role as perpetrators or potential perpetrators of gender-based violence, intervention measures targeting them should be prioritized (Navindhra & Nadvi, 2013).

Aim: The focus of this study review was on interventions and programmes targeting South African men as a key means for addressing gender-based violence (GBV) against women in South Africa. The aim was to address the following question: “What was the available evidence of interventions and programmes targeting men as a key strategy for the prevention of gender-based violence against women in the South African context?” South Africa has been grappling with GBV for many years. New laws and programmes have been developed since 1994 – yet the scourge seems to worsen (Department of Higher Education and Training, 2019). Despite multiple interventions and research papers conducted on gender-based violence, it was unclear or at least unknown how men were included in these interventions (Tappis et al., 2016).

Methods: To ‘unlock’ these interventions and programmes targeting men, the researcher utilised a scoping review approach. This study looked at 25 studies that included a total of 7 084 participants.

Results: Men's participation in gender-based violence interventions had been reviewed extensively and it appeared to have significantly reduced gender-based violence (Gibbs, Dunkle,
Mhlongo, Chirwa, Hatcher, Christofides & Jewkes, 2020). The findings indicate that interventions had many positive impacts on participants (Graaff & Heinecken, 2017).

**Conclusion:** Even though the interventions produced positive impact, however, the impact of interventions appeared to be more behavioural than attitudinal, affecting specific 'problematic' behaviours rather than changing men's attitudes regarding gender inequality in general (Graaff & Heinecken, 2017). Some studies argued that this was because men had not rejected their patriarchal power, had difficulty adopting gender-equitable behaviour, as well as sustaining positive change, especially when their emotions were high (Treves-Kagan, Maman, Khoza, MacPhail, Peacock, Twine, Kahn, Lippman & Pettifor, 2020; Graaff & Heinecken, 2017).
Chapter 1: General Introduction

1.1. Introduction and Background

Gender-based violence is a global concern (Tappis et al., 2016). Neither women nor men are immune to gender-based violence; however, the findings from different studies have found that women are more susceptible to gender-based violence perpetrated against them by men (Peate, 2019; Radzilani-Makatu & Chauke, 2019). Globally, one in three women is a direct victim of either sexual or physical violence, perpetrated by either their intimate partner or a stranger (World Health Organization (WHO), 2021). A key focus of this study review was on interventions and programmes targeting men as a key means of addressing GBV against women in South Africa.

South Africa has been grappling with gender-based violence for many years. New laws and programmes have been developed since 1994 – yet the scourge seems to worsen (Department of Higher Education and Training, 2019). In 2019/2020, the highest record of GBV crimes was reported to the South African Police Service (SAPS) crime statistics. In 2018/2019, 52 420 cases of sexual offence were reported, which escalated to 53 293 in 2019/2020 (SAPS, 2020). Although there has been an increase in the number of interventions, strategies, and programs addressing GBV, particularly domestic violence and sexual violence against women, gender-based violence remains a significant concern in society (Tappis et al., 2016).

Despite these interventions and multiple research papers on gender-based violence, it was unclear or at least unknown, how men were included in these interventions. The inclusion of men as a key strategy of gender-based violence prevention efforts remained an area that required further evaluation and evidence-based research as a basis for justifying the continuation or revision of recommended GBV programs and activities implemented in a wide variety of humanitarian settings (Tappis et al., 2016).
Taking into consideration the ongoing need for evidence-based research, this study aimed to provide a comprehensive overview of published research on interventions, strategies, and programmes involving men as a key strategy in combating GBV against women in the South African context.

1.2. Problem Formulation and Problem Statement

A research problem is defined by Creswell (2012) as “a general educational issue, concern, or controversy addressed in research that narrows the topic”. Pardede (2018) defines a research problem as a statement that describes an issue of concern to be handled, a situation that needs improvement, a challenge that needs to be addressed or eliminated, a gap in the scholarly literature (or theoretical or practical controversy) that requires a meaningful understanding and deliberate investigation. Therefore, this study’s identified research problem was the gap in terms of evidence-based research regarding the inclusion of men as a key strategy of GBV prevention efforts. Despite the increase in interventions, strategies, and programmes to prevent and respond to gender-based violence, especially violence against women, however, gender-based violence remains a significant concern in society (Tappis et al., 2016).

Despite multiple interventions and research papers conducted on gender-based violence, it was unclear or at least unknown how men were included in these interventions. The inclusion of men as a key strategy of GBV prevention efforts remained an area that required further evaluation and evidence-based research as a basis for justifying the continuation or revision of recommended gender-based violence programs and activities implemented in a wide variety of humanitarian settings (Tappis et al., 2016).
In response to the gap identified and the continued need for evidence-based research, this study aimed to provide a comprehensive overview of published research on interventions, strategies, and programmes involving men as a key strategy for addressing GBV against women in the South African context.

1.3. Rationale of the Study

The rationale of a research study is described by Moola (2015) as “a set of reasons or logical basis that explains to the reader why the research question or study is needed in the relevant field of study”. Gender-based violence is a global concern (Tappis et al., 2016). Both women and men can experience gender-based violence; however, the findings from various studies indicated that women are more susceptible to violence perpetrated against them by men (Peate, 2019; Radzilani-Makatu & Chauke, 2019). Globally, one in three women is a direct victim of either sexual or violence, perpetrated by either their intimate partner or a stranger (WHO, 2021).

While the above is a global statistic, women are also subjected to a high level of violence in South Africa. According to Graaff and Heinecken (2017), despite being seen as a successful example of peaceful integration between racial division and democratic freedom, South Africa continues to have a high level of gender-based violence. Since 1994 when South Africa gained its democratic freedom, violence against women has become more severe. In recent years, South Africa has faced extreme levels of violence and GBV (Graaff & Heinecken, 2017). Despite the numerous laws and programmes that have been developed since 1994 to address gender-based violence in South Africa, the problem seems to be worsening (Department of High Education and Training, 2019).
According to Yaliwe, Selebogo and Ojakorotu (2013), approximately 60% of South African women experience some kind of abuse at some point in their lives, and every 35 seconds, a woman is raped. In recent years, South Africa has been rated among the most violent countries in the world. The South African government aimed to eliminate GBV, specifically those committed against women and children, by pledging its commitment to international, regional, and national legal instruments that protect women against abuse and by ratifying key legal instruments. This includes being part of the SADC Protocol on Gender and Development, which aims to reduce violent acts perpetrated against women and girls by 5% a year until they are eradicated. However, despite the country's legislation and its progressive and responsive legislative framework being adopted internationally, GBV, particularly violence against women, continues to exist (Yaliwe et al., 2013).

Gender-based violence is one of the predominant and significant problem areas in the world, and in world statistics, South Africa (SA) ranks highly (Mngoma, Fergus & Jolly, 2016). There is an increasing occurrence of GBV, as described by the 2019/20 crime statistics (SAPS, 2020). Sexual offences reported between 2019 and 2020 increased by 1.7% when compared to those in 2018/2019. According to SAPS, 52 420 cases of sexual offence were reported in 2018/2019, which went up to 53 293 cases in 2019/2020 (SAPS, 2020). A total of 38 356 cases related to domestic violence were reported in the 2019-2020 SAPS crime statistics (22 864 cases of common assault, 14 020 cases of assault with intent to inflict grievous bodily harm, and 655 cases of attempted murder and murder). The recorded perpetrators of the above-mentioned cases are the victim’s boyfriend or girlfriend, ex-partner, or spouse (SAPS, 2020).

There is a need for a multisectoral response to eliminate tolerance for violence, increase prevention investments, and strengthen services for survivors of GBV. For the past two decades,
increased attention has been paid to developing and implementing programs that prevent violence against women worldwide (Arango, Morton, Gennari, Kiplesund & Ellsberg, 2014). Most African nations have not established laws to protect women from GBV. However, South Africa continues to have some of the most comprehensive and progressive laws, policies, and programmes for addressing GBV (Enaifoghe & Idowu, 2021). Despite the increased number of interventions, strategies, and programmes to prevent and respond to GBV, it remains a significant problem in society (Tappis et al., 2016). The impact of direct interventions with women survivors will never reach global prevention goals (Gibbs et al., 2020).

Numerous interventions and research papers have been conducted on GBV, but it remained unclear how men were included in these interventions (Tappis et al., 2016). As a result of a limited amount of evidence-based research, and resources about this phenomenon, this study aimed to provide a comprehensive overview of published research on interventions, strategies, and programmes involving men as a key strategy for addressing GBV against women in the South African context. It was therefore important that the inclusion of men as a key strategy regarding this phenomenon be studied in more depth and understood in context and time, because this remains an area that requires more research. There was a need for further evaluation and evidence-based research as a basis for justifying the continuation or revision of recommended GBV programs and activities implemented that include men as a key strategy of GBV prevention efforts in diverse humanitarian settings, as it seems clear that the majority of those who perpetrate GBV are male (Tappis et al., 2016). Programmes designed to prevent GBV and intervene against the perpetrators are crucial to ending violence against women. A context such as South Africa should offer new and innovative ways of intervention that consider the multifaceted experiences of men
while engaging them in the fight against violence against women (Boonzaaier & Van Niekerk, 2018).

This scoping review played a central role in providing a comprehensive overview and mapping of interventions and programmes targeting men as a key strategy for preventing GBV against women in the South African context; identifying and presenting its effectiveness and gaps as provided in the literature; and also advocating for further research focusing on men as the key strategy to prevent GBV against women, because skilful and effective interventions with men are crucial for future GBV prevention, and these interventions can be tailored to meet the needs of specific contexts and situations to address the questions of what works and for whom (Gibbs et al., 2020).

1.4. Objectives of the Study

To achieve the aim of this study, the study was guided by the following objectives:

a) To provide a comprehensive overview and mapping of interventions and programmes targeting men as a key strategy to address GBV against women in the South African context.

b) To identify and present gaps found in the literature and to advocate for further research targeting men as the key strategy to address gender-based violence against women.

1.5. Research Questions

1.5.1. The Main Research Question

What was the available evidence of interventions and programmes targeting men as a key strategy for the prevention of GBV against women in the South African context?
1.5.2. Research Sub-Questions

a) What interventions and programmes targeting men as a key strategy were used to address GBV against women in the South African context?

b) What were the gaps in the literature and the need for further research in addressing GBV in the South African context?

1.6. The Outline of the Chapters

This research report is divided into six chapters, as discussed below.

Chapter 1: General Introduction

Chapter 1 outlines the general overview of the study, including the introduction, problem formulation, and rationale behind the study. In addition, this chapter outlined the research question, goal, and objectives. The ethical considerations to be kept in mind during the research project are outlined.

Chapter 2: Literature Review

Chapter 2 consists of an overview of the previously published works regarding the phenomenon being studied.

Chapter 3: Research Methodology

Chapter 3 focuses on describing research methods in depth, including the location of the study and the methodology that has been applied in this study.

Chapter 4: Research Results

Chapter 4 contains the raw data from the articles reviewed in this scoping review, the general descriptions of studies included in this review, and the description of outcomes.
Chapter 5: Discussion

Chapter 5 contains the themes derived from the process of data analysed from the reviewed articles.

Chapter 6: Conclusions, limitations, and recommendations

Chapter 6 contains a summary of the research findings and presented the conclusions obtained from the reviewed articles. This chapter also outlines the limitations identified and recommendations for additional research.
Chapter 2: Literature Review

2.1. Background

Gender-based violence (GBV) is described as acts of violence committed against an individual or group of individuals depending on their gender. It includes behaviours that have the potential to cause physical, psychological, sexual, economic, or emotional harm to another person and that result from gendered power inequalities (Yaliwe et al., 2013). Similarly, the United Nations (1993) stated that gender-based violence refers to violent acts, threats, force, or denial of basic human rights, whether committed publicly or privately, which cause physical, psychological, or sexual harm to a person.

It remains one of the more significant human rights violations that occur worldwide (Peate, 2019). Neither women nor men are immune to gender-based violence, which occurs in various contexts and institutions, such as home, work, and communities (Magezi & Manzanga, 2019). The occurrence and classification factors for gender-based violence depend largely on the interpersonal relationship between perpetrator and victim (intimate partner violence (IPV) or non-intimate partner violence) and the type of violence perpetrated (Muluneh, Stulz, Francis & Agho, 2020).

2.2. Violence Against Women

A study by Arango et al. (2014) on interventions to prevent or reduce violence against women and girls found that men and women can both be victims of violence or perpetrators of violence, but women are more likely than men to be victims of violence. Similarly, the studies by Peate (2019) and Radzilani-Makatu and Chauke (2019) concurred with the above statement by stating that there is a higher prevalence of violence perpetrated by men against women.
Women and girls are exposed to a variety of forms of violence, including physical violence, such as punching, kicking, or hitting. In addition, they are exposed to emotional abuse, such as humiliation, controlling actions, insults, and threats. They are also subjected to sexual violence, such as female genital mutilation, and arranged marriages against their will. They experience discrimination in terms of resources, services, and opportunities, including being denied access to financial aid, health, education, and/or control over certain resources (Arango et al., 2014). It is common for women to be the victims of violence in their families, particularly among married partners, with the perpetrators typically being their husbands or ex-husbands, who show power and control (Radzilani-Makatu & Chauke, 2019; Magezi & Manzanga, 2019). Similarly, the WHO concurred with the above statement by stating that one in three women around the world suffers from physical or sexual violence, most often by their intimate partners (WHO, 2021).

According to Arango et al. (2014), it is more likely that women will be physically abused or murdered by someone they know. An analysis of prevalence data from 2000 to 2018 conducted in 161 countries and areas, indicated that nearly 1 in 3 or 30% of women have been physically and/or sexually abused by intimate or non-partner sexual violence (WHO, 2021). Furthermore, women tend to be sexually assaulted or exploited by men in their childhood, adolescence, and adulthood stages than men. Violence against women is a prevalent and pervasive infringement of their human rights and welfare that transcends all social and economic boundaries (Arango et al., 2014).

2.3. The Prevalence of Violence Against Women in South Africa

The prevalence of violence against women is discussed in the rationale of the study. The discussion under the rationale of the study clearly shows that violence against women has risen
over the years regardless of interventions and other preventative measures adopted and implemented to address the issue of GBV in South Africa (Department of Higher Education and Training, 2019).

2.4. Causes of Gender-Based Violence Against Women

Gender-based violence is perpetuated by multiple and complex mechanisms in the individual, community, and societal spheres (Mngoma et al., 2016). In South Africa, gender-based violence is multi-faceted, driven largely by gender inequalities and gender norms that define masculinity as dominance over women, aggressiveness, and sexual conquest (Van den Berg, Hendricks, Hatcher, Peacock, Godana & Dworkin, 2013; Peacock, 2013). These norms about manhood, as well as corresponding norms about womanhood that emphasise the submission of women to men, expectations of female subservience, and women’s ability to exercise autonomy, make women find it difficult to, for example, negotiate the use of a condom or refuse sexual activity (Van den Berg et al., 2013; Peacock, 2013).

According to Peacock (2013) rigid gender norms, and harmful perceptions of what it means to be a man or a woman, which are widespread and socially acceptable, condone men's engagement in high-risk behaviours, justify violence against women, encourage men's dominance and dictate the terms of sex, and make it difficult for women to protect themselves against violence and to divorce or leave abusive partners. Men are often reluctant to apologise, compromise, or share power for fear of being viewed as a lesser man. Most men resort to violence in the face of conflict as an accepted solution, instead of seeing it as women’s abuse (Peacock, 2013). A recent study by Treves-Kagan et al. (2020) concurred with the above statement by stating that gender-based
violence is implicitly condoned in many cultures by negative gender norms, which are culturally constructed based on how women and men should behave.

Violence has also been identified as a learned behavior, both on an individual and interpersonal level (Treves-Kagan et al., 2020). According to a scoping review study conducted by Mathews, Govender, Lamb, Boonzaier, Dawes, Ward, Duma, Baraecke, L., Warton, Artz, Meer, Jamieson, Smith and Röhrs (2016) which aimed at improving violence prevention by identifying the direct and indirect determinants of violence against women and children in South Africa, found that aspects such as poverty, low educational attainment, childhood abuse, higher levels of trauma, control over relationships, views about rape, and multiple sexual partners may be risk factors for gender-based violence. For instance, in the perpetrator groups of the study by Boonzaaier and Van Niekerk (2018) which focused on exploring the subjectivities men construct in their talk about their own violence toward women partners, revealed that several men spoke of having witnessed their fathers abuse their mothers in the past or of having been abused themselves. Moreover, they also reflected on how their childhood experiences of adversity shaped their subjectivities as men, and how this cycle of inequality has also manifested in their adult lives. An earlier recent study by Treves-Kagan et al. (2020) also concurred with the above findings by concluding that childhood experiences of physical or sexual violence are associated with adult re-victimisation as well as perpetration (Treves-Kagan et al., 2020).

In addition, according to Mngoma et al. (2016) psychological distress such as depression and anxiety has been linked to risky sexual behaviour. Men who are depressed and irritable are more likely to commit violence against women. It may be that men with mental health problems have difficulty regulating their emotions, resulting in the use of gender-based violence to ease their emotional pain. A link also exists between gender-based violence and self-esteem. A combination
of low self-esteem and internal factors, such as depression, can contribute to cases of gender-based violence (Mngoma et al., 2016).

Additionally, a growing body of research links violence against women and gender-based violence to gender roles and masculinities (Graaff & Heinecken, 2017). Many cases of violence against women can be attributed to societal values and gender norms that justify and legitimise gender inequality. Therefore, persistent violence against women can be traced to various factors, including gender discrimination, social norms, and gender stereotypes (Enaifoghe & Idowu, 2021). The above statement is similar to the findings of Graaff and Heinecken (2017) who stated that a person's gender is defined by their socially constructed role within a social setting. As a result, the socialisation process that many men in South Africa are subjected to throughout their lives can severely exacerbate the incidences of gender-based violence within their communities (Graaff & Heinecken, 2017).

Graaff and Heinecken (2017) found that gender roles are often learnt through gender role socialisation (positive or negative indicators of gender identity), which shapes how people perceive themselves. A recent study by Enaifoghe and Idowu (2021) on attitudes and perceptions toward sexuality and the social influence on gender-based violence in South Africa concurred with the above statement by stating that gender roles and attitudes are learnt from a young age, and self-concept is influenced by peer group norms concerning appropriate masculine and feminine behaviour and values in the same way nuclear families provide role models.

Furthermore, different societies give preference to particular identities, resulting in power disparities. Consequently, masculine identities are often preferred over feminine ones in many contexts, which can lead to hegemonic masculinities (Graaff & Heinecken, 2017). In the hegemonic masculine paradigm, men are stereotyped as being the primary breadwinners of the
household. They are sexually driven, expected to be physically strong or tough, and use violence to control others. Combining these factors often leads to men resorting to violence and using aggression to solve problems and resolve confrontations. Violence and aggression can also be linked to the emergence of hyper-masculinities. A hypermasculine view sees danger as exciting, accepts violence to demonstrate dominance, and maintains callous sexual attitudes that disregard women's rights. Most men with these characteristics, individually or collectively, tend to commit violence against women more frequently (Graaff & Heinecken, 2017).

In the study of gender-based violence, gender inequality is the primary reason for violence and continues to be perpetuated by entrenched patriarchal tendencies in which men portray themselves as superior to women and believe that they have control over their bodies (Radzilani-Makatu & Chauke, 2019; Mashiri, 2013). Graaff and Heinecken (2017) concurred with the above statement by stating that in societies that adhere to more rigid traditions and conservative views of femininity that males should dominate, gender inequality results in several adverse outcomes, including violence. As a result of this tendency, women are placed in subordinate roles to men, and this fosters a culture of gender-based violence (Graaff & Heinecken, 2017).

Furthermore, women are not treated as valuable in gender-unequal societies, but are viewed as men's property, which leads to men abusing women and the belief that their happiness must come before the happiness of women (Graaff & Heinecken, 2017). As a result, gender-unequal societies often deny women control over their sexual interactions, and consequently, women cannot refuse their male partners sex or negotiate the use of condoms when they do not want to use them. Most sexual aggression occurs in patriarchal societies where male dominance and toughness are expected and physical aggression is acceptable. This occurs because men place a
high value on their pleasures and sexual desires, which makes it difficult for women to refuse sex (Graaff & Heinecken, 2017).

According to Graaff and Heinecken (2017), the notion that men are entitled to have sex with their intimate partners anytime (also known as patriarchal beliefs) accounts for the majority of domestic violence in South Africa. This closely links gender inequality to gender-based violence. Despite legislation being passed to reduce gender inequality, it remains widespread for women and seems to cross racial and cultural lines in South Africa and contributes significantly to the level of violence facing women in this country (Graaff & Heinecken, 2017).

Consequently, the social construct of masculinity in patriarchal societies leads to the oppression and control of women by men, leading to male perpetration and women's vulnerability (Mngoma et al., 2016). Gender-based violence puts women and girls at greater risk of dying, suffering injuries, contracting sexually transmitted diseases, suffering physical and mental illness, and abusing substances. Additionally, violence against women and girls can result in unwanted pregnancies, abortions, and low birth weights in infants (Arango et al., 2014).

As a result of the devastating effects of gender-based violence, some women in abusive relationships adopt unhealthy coping mechanisms (Radzilani-Makatu & Chauke, 2019) such as denial and acceptance (by accepting that the situation is not that severe, and accepting that one can live with the situation); hoping for change, and praying (by believing that things will change when they pray for the situation); submission (by being submissive to the abuser, hoping one day the abuser would behave differently); silence (by remaining silent, just closing the door to the room and not interacting with anyone because they are afraid of the stigma, judgments, and social rejection); and remaining committed to their marriage (by ignoring negative aspects of it and focusing on the positive aspects) (Radzilani-Makatu & Chauke, 2019).
Furthermore, some women withdraw from legal proceedings for psychological and emotional reasons, such as guilt after filing charges, a desire to return to the relationship, a belief that the abuser will change, or an emotional connection to the relationship and fear of consequences if the partner is imprisoned (García-Jiménez, Cala, Trigo & Barberá, 2020). By using these strategies, they are suppressing the internal suffering caused by abusive behaviour (Radzilani-Makat & Chauke, 2019).

2.5. Interventions Responding to Gender-Based Violence Against Women in South Africa

The prevention of gender-based violence requires a multisectoral response to eliminate tolerance of violence, to increase prevention investments, and to strengthen services for survivors of gender-based violence. In the last two decades, increased attention has been paid to developing and implementing such interventions (Arango et al., 2014). Although most African nations have not established laws to protect women from gender-based violence, South Africa continues to have some of the most comprehensive and progressive laws, policies, and programmes for addressing this problem (Enaifoghe & Idowu, 2021).

These interventions, strategies, and programmes include the 16 days of activism against women and children abuse, Microfinance for AIDS and Gender Equity (IMAGE), the Shukumisa Campaign, PREPARE, Skhokho Supporting Success, Thuthuzela Care Centres, Sexual Offence Courts, Victims Charter, Victim Support, Specialised Sexual Offences Courts, Soul City, Rape Crisis, and Teddy Bear Clinics (TTBC), which are women-focused interventions, and provide support services for survivors of violence (Peacock & Barker, 2014; Shai & Sikweyiya, 2015; Yaliwe et al., 2013; Graaff & Heinecken, 2017).
There are survivor-focused interventions that help facilitate survivors’ recovery, such as counselling, medical treatment, legal and court assistance, support groups, and shelters. In addition, they are partnered with during the judicial process if they choose to file charges. In spite of the fact that these programs are important for survivors, there is little evidence to suggest they contribute to reducing violence (Graaff & Heinecken, 2017) as gender-based violence remains a significant problem in society (Tappis et al., 2016). Clearly, direct interventions with women survivors will never be successful alone in achieving global prevention goals (Gibbs et al., 2020).

2.6. Present Gaps as Described in the Literature

Considering that violence against women has complex and multifaceted root causes, therefore, there is a need for ambitious and holistic prevention strategies (Peacock, 2013). For the past two decades, increased attention has been paid to developing and implementing programs that prevent violence against women worldwide (Arango et al., 2014). Graaff and Heinecken (2017) and Tappis et al. (2016) concurred with the above statement by stating that numerous interventions provided support services to women survivors of violence and research papers were written on gender-based violence. However, although there has been an increase in the number of interventions and programs addressing GBV, but it remained unclear how men were included in these interventions (Graaff & Heinecken, 2017; Tappis et al., 2016), while the scourge of violence against women continues to worsen (Department of Higher Education and Training, 2019).

Clearly, direct interventions targeting women survivors will not achieve global prevention goals alone (Gibbs et al., 2020). Since the majority of those who perpetrate gender-based violence are male, it is essential to include men in programs designed to prevent and intervene against these violent acts if violence is to be stopped. The effective and skilful interventions with men are crucial
for future gender-based violence prevention (Gibbs et al., 2020). A context such as South Africa should offer innovative and more effective ways to engage men in ending violence against women while taking into account their multifaceted realities while working with them to end violence against women (Boonzaaier & Van Niekerk, 2018). Men's inclusion as a key strategy continued to be an area in which more evaluation and evidence-based research were required to revise gender-based violence interventions and programmes implemented in different humanitarian contexts (Tappis et al., 2016).

In response to the gap identified of a limited amount of evidence-based research about this phenomenon, this study aimed to provide a comprehensive overview of published research on interventions and programmes targeting men as a key strategy for addressing gender-based violence against women in the South African context. It was therefore important that the inclusion of men as a key strategy regarding this phenomenon be studied in more depth and understood in context and time, because this remains an area that requires more research.

The outcome of this scoping review helped the researcher to identify the available interventions and programmes targeting men as a key strategy for preventing GBV against women in the South African context. This study also helped the researcher to identify the gaps in the existing interventions and programmes targeting South African men for the prevention of gender-based violence, which played a central role in advocating for the justification of the continuation and revision of existing GBV interventions, programmes and policies implemented in the South African context. On the basis of the findings of this study, the researcher advocated for the development and implementation of interventions and programs targeting South African men in the fight against gender-based violence. In addition, the findings also helped the researcher to also advocated for future research targeting men on the fight against GBV.
Chapter 3: Methodology

3.1. Research Design

In this study, a scoping review was conducted, which involved reviewing and collecting data from already published sources in order to synthesize the research evidence (Pham et al., 2014). In a scoping review, the researcher identified, and reviewed published and unpublished articles to achieve comprehensive and in-depth results (Arksey & O'Malley, 2005). The aim was to identify existing literature in a field of interest and to present an overview pertaining to the field of interest (Pham, Rajić, Greig, Sargeant, Papadopoulos & McEwen, 2014).

As part of this method, researcher assessed the scope, range, and type of research conducted in a field of interest and examined and described the key ideas. In addition, the researcher identified the major sources of evidence available, pointed out gaps in the literature, clarified key issues, and reviewed relevant and useful sources for practice (Levac, Colquhoun & O'Brien, 2010). Arksey and O'Malley's (2005) framework for scoping reviews was used in this study to guide the researcher in formulating the research question, identifying relevant studies, selecting the appropriate ones, charting the results, and disseminating the findings (Arksey & O'Malley, 2005).

The scoping review was applicable to this study in reviewing 25 studies that included a total of 7,084 participants. This review provided a comprehensive overview of interventions and programmes targeting men as a key strategy for addressing GBV against women in the South African context. This method of scoping review also played a central role in helping the researcher to identify and present gaps regarding this phenomenon. It also helped the researcher to justify the continuation and revision of identified GBV interventions, programmes and policies implemented in the South African context. In addition, it helped the researcher to advocate for more research focusing on men as a key strategy to address GBV against women in the South African context.
3.2. Location of the Study

The researcher conducted a scoping review that provided an overview and synthesis of already published sources focusing on men as a key strategy for addressing gender-based violence against women. The review focused on research undertaken in the South African context in the last ten years and was able to identify relevant studies using electronic databases of published literature, such as PsycInfo, WorldCat, BMJ Online, Scopus, EBSCOhost, Google Scholar, JSTOR, Medline, PubMed, Sabinet, SAGE Journals, UKZN eBook Collections, and UKZN e-Journals A-Z list, to capture all relevant information.

3.3. Research Procedure/Methods

The methodology for this scoping review was based on Arksey and O'Malley's (2005) framework and subsequent recommendations by Levac et al. (2010). This review involved five key phases: (1) identifying the research question, (2) identifying relevant studies, (3) making the study selection, (4) charting the data, and (5) collating, summarising, and reporting the results. The optional ‘consultation exercise’ of the framework was not conducted.

3.3.1. Stage 1: Identifying the Research Questions

Research question, as the first step in the scoping review methodology framework proposed by Arksey and O'Malley (2005), laid the groundwork for subsequent stages. It was broad and clearly defined since it affected the search strategies and seeks to cover a broad range of content (Levac et al., 2010). A clearly articulated research question was necessary as a clear rationale for undertaking research. It also made it easier for the researcher to decide on the study selection and extraction (Levac et al., 2010). The guiding research question of this study was "What was the
available evidence of interventions and programmes targeting men as a key strategy for the prevention of gender-based violence against women in the South African context?”

To arrive at the guiding research question, the researcher adopted the PCC (Population, Concept, and Context) concept to provide valuable details about the scope, focus, and applicability of the review (Peters, Godfrey, McInerney, Soares, Khalil & Parker, 2015). The research utilised JBI’s approach which built on Arksey and O'Malley's (2005) and Levac et al.'s (2010) work to uncover multiple formats for the PCC mnemonic. The Population, Concept, and Context were the three rigorous and defined components developed to provide guidance in identifying information to include in the review question for this scoping review (Pollock, Davies, Peters, Tricco, Alexander, McInerney, Godfrey, Khalil & Munn, 2020). In this study, PCC referred to three distinct concepts: “P” to a population (men), “C” to a concept (interventions to address gender-based violence against women) and “C” to the context (South Africa).

3.3.2. Stage 2: Identifying Relevant Studies

During this phase the researcher explored where to begin the search, what keywords to use, what literature to search, and which language to use. A strength of scoping studies is that they thoroughly review the evidence in each field (Levac et al., 2010). A scoping review identifies all existing studies (published and unpublished) and evaluates them in relation to the research questions (Arksey & O'Malley, 2005). To achieve this, the researcher adopted the following processes:

3.3.2.1 Eligibility Criteria/Inclusion Criteria. As a first step, the researcher conducted database searches based on broad inclusion criteria. The protocol specified the criteria for sources eligible for inclusion in the scoping review, which was clearly defined. By following these criteria,
the reader will have a better understanding of what the researcher was researching, and the researcher was provided with a guide on which sources to include in the scoping review (Peters et al., 2015). To determine whether a study should be included or excluded in this scoping review, the researcher used the following criteria:

Table 1

*Eligibility Criteria/Inclusion Criteria*

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articles available in full text</td>
<td>Studies not focusing on men as the key strategy to address gender-based violence</td>
</tr>
<tr>
<td>Articles in English</td>
<td>Studies published before 2011</td>
</tr>
<tr>
<td>Studies focusing on men as the key strategy to address gender-based violence</td>
<td>Studies published in languages other than English</td>
</tr>
<tr>
<td>Studies conducted in South Africa</td>
<td>Studies not available in full text</td>
</tr>
<tr>
<td>Studies published between 2011 and 2021</td>
<td></td>
</tr>
<tr>
<td>All study designs</td>
<td></td>
</tr>
</tbody>
</table>

**3.3.2.2 Databases.** The researcher accessed the following electronic databases to identify relevant studies and also to collect appropriate information: PsycInfo, WorldCat, BMJ Online, Scopus, EBSCOhost, Google Scholar, JSTOR, Medline, PubMed, Sabinet, SAGE Journals, UKZN eBook Collections, and UKZN e-Journals A-Z list. In addition, the researcher examined the bibliographies of all studies that were included in order to identify any other studies that were relevant in this context (Lima, Schoeller, Knihs, Vargas, Tholl, Lopes, Martins & Hammerschmidt, 2017).
3.3.2.3 Search Strategy. Electronic databases: Using a comprehensive electronic search strategy, the researcher identified published and unpublished primary studies relevant to the study's inclusion criteria (Peters et al., 2015). Using these databases, the researcher was able to search and identify studies relevant to this study. Research questions and key concepts were used to develop the search strategy for electronic databases (Arksey & O'Malley, 2005). The researcher searched online databases for studies published between 2011 and 2021. The researcher used the year 2011 as a baseline to determine the best current scientific information relevant to the topic. Only English language papers were searched. The PCC terms and text words were used to search studies relevant to this phenomenon.

The following PCC terms guided the search for articles in this study: “P” population (men), “C” concept of study (interventions to address gender-based violence against women), and “C” context (South Africa). The PCC (Population/Concept/Context) framework is recommended by Joanna Briggs Institute (JBI) to help the researcher identify the main concepts as specified in the scoping review questions (University of South Australia, 2023). This scoping review included the element of "population" because it is a significant characteristic of participants relevant to this review's objective and questions (Peters, Marnie, Tricco, Pollock, Munn, Alexander, Mcinerney, Godfrey & Khalil, 2020). Based on the research question, the "population" in this study was limited to men, so men were a suitable group to be included in this review. The core "concept" was clearly articulated in this review to guide the scope and breadth of the study (Peters et al., 2020). The “concept” of this scoping review was also broad, covering any kind of intervention to address gender-based violence against women. Furthermore, the "context" was included in this review since it contains information about the specific setting where sources of evidence were collected (Peters et al., 2020). The ‘context’ was limited to the South African context. This framework
informed the researcher’s search strategy, and as a result of breaking down the research question in this way, it helped the researcher to check for any omissions of inclusion and exclusion criteria (Peters et al., 2020; University of South Australia, 2023).

The research results were documented, and references were imported into separate folders using Endnotes software. The researcher then analysed the title and abstract of the papers retrieved and the keywords used to describe the articles (Peters et al., 2015). The researcher first piloted the search strategy to see whether the databases and keywords selected were suitable before implementing it fully. The piloting process allowed for refinement, to check if technical search skills were available for assistance, and to estimate the potential costs of utilising electronic databases, interlibrary loans, and printing of full articles (Arksey & O'Malley, 2005) (see table 2 on page 27).

The researcher used or combined the following search terms to conduct an electronic literature search: “Gender-based violence”; “Domestic violence”; “Intimate partner violence”; “Partner violence”; “Spousal violence”; “Sexual abuse”; “Violence against women”; “Gender-based violence interventions”; “Gender-based violence strategies”; “Gender-based violence programmes”; “Preventative measures for gender-based violence”; “Perpetrators of gender-based violence”; “Gender-based violence in South Africa” and “Men as perpetrators of gender-based violence”. The search conducted retrieved 1 535 potentially relevant articles. The researcher kept track of publications found and the date the literature was searched or cited using Endnotes.
Table 2

*Piloted databases*

<table>
<thead>
<tr>
<th>Piloted Database</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>PsycInfo</td>
<td>20 December 2021</td>
</tr>
<tr>
<td>WorldCat</td>
<td>20 December 2021</td>
</tr>
<tr>
<td>BMJ Online</td>
<td>20 December 2021</td>
</tr>
<tr>
<td>Scopus</td>
<td>20 December 2021</td>
</tr>
<tr>
<td>EBSCOHost</td>
<td>20 December 2021</td>
</tr>
<tr>
<td>Google Scholar</td>
<td>21 December 2021</td>
</tr>
<tr>
<td>JSTOR</td>
<td>21 December 2021</td>
</tr>
<tr>
<td>Medline</td>
<td>21 December 2021</td>
</tr>
<tr>
<td>PubMed</td>
<td>21 December 2021</td>
</tr>
<tr>
<td>Sabinet</td>
<td>21 December 2021</td>
</tr>
<tr>
<td>SAGE Journals</td>
<td>22 December 2021</td>
</tr>
<tr>
<td>UKZN eBook Collections</td>
<td>22 December 2021</td>
</tr>
<tr>
<td>UKZN e-Journals A-Z list</td>
<td>22 December 2021</td>
</tr>
</tbody>
</table>

3.3.2.4 Reference Lists. The researcher also found a bibliography of literature via the database search to be valuable as it revealed more studies relevant to the purpose of this study (Arksey & O'Malley, 2005). As such, the researcher looked for additional sources through the reference lists or citations in each article identified.

3.3.3. Stage 3: Study Selection

For this study, the researcher used the criteria for inclusion and exclusion in the study selection procedure. In reading the literature searched, the researcher was able to identify which studies were to be included and excluded based on inclusion and exclusion criteria, while guided by the research question. This research searched peer-reviewed articles, grey literature, and
government publications addressing the research question. All studies (qualitative and quantitative) with different study designs were included in the electronic search. The following databases were accessed to search for literature: PsycInfo, WorldCat, BMJ Online, Scopus, EBSCOhost, Google Scholar, JSTOR, Medline, PubMed, Sabinet, SAGE Journals, UKZN eBook Collections, and UKZN e-Journals A-Z list. In the study selection, the researcher focused on three stages: title, abstract, and article selection.

Firstly, the researcher reviewed and analysed abstracts and titles of retrieved articles to identify articles that were eligible for further consideration (Lima et al., 2017). During the literature search, the researcher included studies with titles that appeared relevant to this study and excluded those that did not. All the titles the researcher found in the search database were downloaded into Endnote. On Endnote, the researcher also created groups to keep track of numbers, removed duplicate titles, and placed the titles he intended to keep in 'titles kept' groups.

In the second step, the researcher read and analysed the abstracts of articles retrieved in the search to identify potentially eligible articles (Lima et al., 2017). Using the inclusion and exclusion criteria, the researcher read through every abstract from the kept titles and determined whether they met the study's requirements. Where the researcher identified that the abstract did not provide enough information or where the researcher was unsure whether to include or exclude the study, the study was saved in the "abstracts kept” folder in the Endnote system.

As abstracts were not assumed to represent an article's full scope, it was imperative for the researcher to study the articles before making a final decision regarding their inclusion or exclusion (Arksey & O'Malley, 2005). The researcher then determined whether the full-text articles were eligible for inclusion and exclusion (Lima et al., 2017). During the final stage, the researcher read each article in Endnote in detail to select and keep the articles relevant to this review. During this
stage, the researcher selected articles from the 'abstracts kept' folder in Endnote. Any full-text articles that did not address this study's central research question were re-evaluated a second time, and then eliminated. Any full-text articles that were duplicates were also eliminated. The researcher kept track of the number of papers included or excluded in each stage.

3.3.4. Stage 4: Charting the Data

At this stage, the researcher extracted data from the included studies. This method of extracting data is referred to as charting in scoping reviews. Using this approach, the reader is provided with descriptive and logical results that are in line with the study's objectives and questions (Peters et al., 2015). Charting data refers to a process of analysing and interpreting information by screening, charting, and categorising material according to key themes (Arksey & O'Malley, 2005).

The researcher used a descriptive-analytical approach to obtain process-oriented information from each study. Within the narrative tradition, descriptive-analytical methods entail applying the same method to every included study and gathering standard information about each (Arksey & O'Malley, 2005). The researcher conducted a descriptive analysis focusing on extracting relevant outcomes from the included studies by summarising process information in a meaningful manner. The researcher developed the data-charting form (PRISMA-ScR chart) and entered the themes and variables into the chart (Levac et al., 2010) (see figure 1 on page 34).

The researcher provided the following information on the data charting form: author and year of publication, intervention and duration, methodology or methods, study design, sample size, study population and age, and setting or country of origin (Arksey & O'Malley, 2005). By charting
each study, the researcher became familiar with the sourced results and continued updating the charting table to ensure all relevant results were extracted (Peters et al., 2015).

3.3.5. Stage 5: Collating, Summarising, and Reporting the Results

This study reviewed the existing evidence and summarised its conclusions (Sikweyiya, Nduna, Khuzwayo, Mthombeni & Mashamba-Thompson, 2015). Data extracted from the included papers were presented in a diagram, and descriptively, based on the objectives and scope of the review. For the data to be appropriately mapped, PCC inclusion criteria were followed (Peters et al., 2015). Therefore, at this stage, the researcher used descriptive and thematic analysis in order to give a brief overview of the content of the literature being reviewed and presented the results in a descriptive and tabular form in relation to the review questions and objectives. This included the list of included types of interventions, and their study reference (Levac et al., 2010).

The researcher also conducted a thematic and descriptive review of all reviewed studies and provided a summary of all data reviewed in descriptive form. The descriptive outcomes of the study included information on the interventions reviewed, aims or purposes of the study, setting, study population, sample size, outcome measures, key findings relating to the scoping review question, most significant findings, and conclusions. All studies were coded independently. After all the studies had been analysed and coded, the researcher then critically analysed the resulting themes to see how they related to the research question. Moreover, the researcher analysed the results of the scoping study in relation to the overall research goal and discussed the findings in the discussion theme. The researcher also analysed the findings from the scoping review and then discussed the implications of the findings for future research, practice, and policy development or needs (Sikweyiya et al., 2015).
3.4. Quality Appraisal

As part of the scoping review research, it was also important to evaluate the quality of the methodology used in the studies to be included by using the critical appraisal tool to validate it (Levac et al., 2010). To critically appraise the methodological validity of the included studies, the researcher applied the Mixed-Method Appraisal Tool (MMAT), version 2018, as the methodological rigour. The researcher used the MMAT for evaluating the methodological quality of reviewed studies (qualitative, quantitative, and mixed-method studies) (Hong, Fàbregues, Bartlett, Boardman, Cargo, Dagenais, Gagnon, Griffiths, Nicolau, O’Cathain, Rousseau & Vedel, 2018).

This study applied the MMAT appraisal tool to evaluate whether studies intended for inclusion had a clearly defined research question and whether collected data would help address the research question. The researcher also assessed qualitative articles to determine whether the qualitative approach used in the study was appropriate for answering the research question, and to make sure the conclusions drawn from the qualitative data were accurate.

Additionally, the researcher assessed whether the interpretation of the research findings was sufficiently supported by the data collected, and whether there was a logical link between the qualitative sources of data collection, analysis, and interpretation. The researcher evaluated mixed methods articles for their appropriateness in answering the research question and to determine whether qualitative and quantitative components were integrated in order to address the question. In addition, the researcher assessed whether qualitative and quantitative components were described correctly, whether discrepancies were addressed, and whether the qualitative and quantitative aspects of the study supported the quality criteria for each practice of the involved method (Hong et al., 2018).
3.5. Ethics

The researcher opted for the scoping review methodology, which consisted of reviewing and gathering data from already published sources. This study did not require human participants as this was a desktop review of already published sources. The researcher received ethical approval from the HSSREC to conduct this scoping review. The HSSREC reference number is 00013623 (see appendix D for the ethics approval letter).

3.6. Dissemination

Dissemination is described by Siddiqui (2016:20) “as a process that aims to ensure that key messages are conveyed to specified groups via a wide range of methods such that it results in some reaction, some impact or implementation”. Therefore, this research project’s findings were presented in the form of a dissertation to the University of KwaZulu-Natal, School of Applied Human Sciences, in view of obtaining a Master of Social Science in Clinical Psychology degree. The research findings were prepared in an article to be submitted for review, and if possible, to be uploaded to the University’s library repository and published in a professional journal. The researcher ensured that this report was accurate, objective, and acknowledged.
Chapter 4: Results

4.1. Search and Selection of Scoping Reviews

There were 1,535 potentially relevant citations found in the search conducted. On critical appraisal, 1,403 articles were excluded at title and abstract because the data was not reported in a relevant form or relevant data was not obtained from those articles, and others had an unclear case definition and data. Therefore, following duplication and relevance screening, 132 citations were found to meet the selection criteria based on title and abstract, and the corresponding full-text articles were found and reviewed. After data characterisation of the full-text articles, 107 articles were excluded because they were not relevant, and others were duplicates. After excluding studies that did not have an empirical approach, 25 studies were used in the final sample.

Twenty-three of those were published in journals, while one was a research report, and one was a report from the organisation. Figure 1 illustrates the process of identifying articles to their final inclusion. In the 25 included studies, different gender-based violence intervention strategies were highlighted and discussed. The participants were men and women, and both studies were conducted in South Africa. The studies discussed several different gender-based violence interventions, including Stepping Stone, Stepping Stones and Creating Futures, the OMC Campaign, the OMC Fatherhood Project, Tsimba (“Working Together”), Khululeka Men’s Support Group, Sonke Change Trial, Political Advocacy, the PIPV Programme, the Agisanang Domestic Abuse Prevention and Training Organisation (Adapt), Perpetrator Rehabilitation, and CSVR’s Gender-Based Violence Programme.
4.2. Description of Studies

An overview of the general characteristics and descriptions of the studies included in this review can be found in Table 3. Gender-based violence and its intervention strategies have received more attention and been the subject of more research in the past few years. A number of studies had been conducted to support interventions primarily focused on providing support
services for survivors of violence, with a particular focus on women and children. These interventions tend to include a number of components, such as counselling, medical care, legal and court support, support groups, and shelters for survivors. Some of the studies that focused on masculinities-focused interventions were from a period of over 20 years ago and are therefore not included in this review. This review included studies published between 2011 and 2021. In most studies, the length of time taken to conduct the review was not reported (19% – 6/25) [3, 4, 6, 17, 18, 19]; for the 81% (19/25), that reported the duration, the mean length was approximately 5 years [25] with a range from 4 days [9]; 22 weeks [1] to 8 months [10,24]; 12 months [7, 16, 12, 13]; 18 months [2]; 2 years [5, 11, 20, 21]; to 3 years [8, 22, 15, 23, 14].

The studies used a variety of methods. Ten studies approached the field with a qualitative approach [1, 8, 9, 10, 11, 14, 15, 16, 21, 23, 25], while one study used a quantitative method [20]. Thirteen studies did not report the methods used to conduct the study [2, 3, 4, 5, 6, 7, 12, 13, 17, 18, 19, 22, 24]. In terms of the sampling techniques used by these studies, one study used non-probability sampling and purposive sampling [16], while the other three focused on a randomised control trial [2, 7, 8], one on snowball sampling [12], and one on positive sampling [15]. Besides this, some studies did not provide information regarding the sampling methods used [1, 3, 4, 5, 6, 9, 10, 11, 13, 14, 17, 18, 19, 20, 21, 22, 23, 24]. In terms of data collection, four studies focused predominantly on in-depth semi-structured interviews [11, 14, 15, 16], one on in-depth semi-structured interviews, focus group interviews and participant observation [9], one on in-depth semi-structured interviews and a phone survey [25], one on in-depth semi-structured interviews and focus group interviews [23], and two studies on in-depth semi-structured interviews and participant observation [2, 10], one on focus group interviews and participant observation [21], one study focused on unstructured narrative interviews and thematic interviews [1], one on group
interviews [5], two on cross-sectional surveys [8, 20], and one on a literature review [22]. A few studies did not provide information regarding their data collection methods [3, 4, 6, 7, 12, 13, 17, 18, 19, 24]. Studies were of various sizes and used between eight and 2356 participants. The largest sample size came from operational research in twenty-two villages in the Agincourt Health and Socio-Demographic Surveillance Site in rural Mpumalanga, South Africa with 2356 (1200 women and 1156 men, aged 18 to 35 years old) participants [20]. Journal articles (98%; 23/25) represented the majority of documents included in the review, followed by an organisational review report (1%; 1/25) and a research report (1%; 1/25). The included reports varied greatly in length, from two pages [4,], which is the study conducted by Dhever (2020), to over 233 pages [9], which is the study conducted by Graaff and Heinecken (2017).

While three studies focused directly on gender-based violence [6, 19, 22], the other three studies were part of a more comprehensive study on intimate partner violence [2, 7, 10]. One study accessed gender norms and intimate partner violence [8] and two studies inquired into gender transformation [25, 24]. Two studies focused on masculinities and gender-based violence [9, 21], and another on HIV and sexual violence [1], three on gender norms [15, 14, 20], and one on gender equality [17]. One study focused on gender relations [5], and one study examined the costs and the cost structure of a community-based HIV and a gender-based violence prevention programme [13]. Another study examined advocacy in South Africa [4], one was on masculinities [21], one on gender, health, and change [3], one on masculinity, gender, and power [23], one on gender relations and preventing domestic violence [16], one on examining men and development [18], and one on community mobilisation intervention for preventing men’s partner violence [11]. Another study investigated the effectiveness of behavioural and structural interventions to promote health and prevent violence [12].
Almost all the studies involved both men and women [8, 25, 9, 7, 15, 20, 23, 14, 12], some of whom were ex-inmates [9], and others were facilitators and key informants [9, 14]. In this review, eight studies focused only on adult men [1, 2, 5, 10, 16, 19, 21, 24], some of whom were perpetrators of gender-based violence [16], and some included key stakeholders [11, 13, 19], while others did not specify the participants [3, 4, 6, 17, 18]. Most studies concentrated only on a rural area and low-income communities [1, 2, 8, 12, 13, 14, 15, 20, 21, 23, 24, 25], some on correctional facilities [9], and others were broadened across different provinces, some in urban informal settlements and some on peri-urban settlements [5, 7, 10, 11, 22]. In comparing the included studies, it was apparent that most were conducted in Gauteng [2, 5, 7, 11, 13, 16, 21, 22], with six drawn from Mpumalanga [5, 8, 13, 14, 15, 20], six drawn from KwaZulu-Natal [5, 7, 12, 13, 22, 24], five from the Western Cape [1, 9, 13, 22, 25], three from the Eastern Cape, [5, 10, 24], three from Limpopo [5, 10, 22] and one from the Free State province [5]. The other studies, although conducted in the South African context, did not report the exact setting from which the study was drawn [3, 4, 6, 17, 18, 19, 23].
Table 3

The General Characteristics/Description of Studies Included in this Review

<table>
<thead>
<tr>
<th>Author</th>
<th>Year of publication</th>
<th>Intervention</th>
<th>Methodology or methods</th>
<th>Study design</th>
<th>Data collection methods</th>
<th>Sample size</th>
<th>Study population</th>
<th>Age</th>
<th>Setting or country of origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boonzaaier &amp; Van Niekerk</td>
<td>2018</td>
<td>PIPV programme</td>
<td>Qualitative method</td>
<td>Qualitative methodology</td>
<td>Unstructured narrative interviews, thematic narrative analysis</td>
<td>26</td>
<td>Men</td>
<td></td>
<td>Cape Town</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perpetrator rehabilitation</td>
<td>Qualitative method</td>
<td>Qualitative methodology</td>
<td>Unstructured narrative interviews, thematic narrative analysis</td>
<td>26</td>
<td>Men</td>
<td></td>
<td>Cape Town</td>
</tr>
<tr>
<td>Christofides, Hatcher, Rebombo, McBride, Munshi, Pino, Abdelatif, Peacock, Levin &amp; Jewkes Colvin</td>
<td>2020</td>
<td>Sonke CHANGE trial</td>
<td>Cluster randomised controlled trial</td>
<td>Cluster randomised controlled trial</td>
<td>Participant observation and in-depth interviews</td>
<td>150</td>
<td>Men</td>
<td>18–40</td>
<td>Johannesburg</td>
</tr>
<tr>
<td>Dhever</td>
<td>2020</td>
<td>Political Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Authors</td>
<td>Year</td>
<td>Study Details</td>
<td>Sample Size</td>
<td>Gender</td>
<td>Age Range</td>
<td>Areas of Operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>--------</td>
<td>-----------</td>
<td>-------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dworkin, Colvin, Hatcher &amp; Peacock</td>
<td>2012</td>
<td>OMC Campaign</td>
<td>Focused group interview</td>
<td>78</td>
<td>Men</td>
<td>18-70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Gevers, Jama-Shai &amp; Sikweyiya</td>
<td>2013</td>
<td>OMC Campaign</td>
<td>Cluster randomised controlled trial</td>
<td>289</td>
<td>Men</td>
<td>Durban</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Gibbs et al.</td>
<td>2020</td>
<td>Stepping Stones and Creating Futures Sonke CHANGE trial</td>
<td>Cluster randomised controlled trial</td>
<td>803</td>
<td>Men</td>
<td>Gauteng</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gottert, Pulerwitz, Haberland, Rebombo, Spielman, West, Julien, Twine,</td>
<td>2020</td>
<td>Tsimas (“working together”)</td>
<td>Randomised Cross sectional surveys</td>
<td>2 338</td>
<td>Men and women</td>
<td>18-49</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peacock, Dufour, Gómez-Olivé, Pettifor, Lippman &amp; Kahn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Agincourt, Mpumalanga</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Authors</td>
<td>Year</td>
<td>Study Type</td>
<td>Qualitative Method</td>
<td>Sample Size</td>
<td>Participants</td>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------------</td>
<td>------</td>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Graaff &amp; Heinecken</td>
<td>2017</td>
<td>OMC Campaign</td>
<td>Qualitative method</td>
<td>Participant observation, focus group interview, and one-on-one interview</td>
<td>28</td>
<td>Men, women, facilitators, and workshop planners</td>
<td>Cape Town in Ceres and Gugulethu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stepping Stone</td>
<td></td>
<td></td>
<td>Case study, participant observation, focus group interviews, and one-on-one interview</td>
<td>28</td>
<td>Men, women, facilitators, and workshop planners</td>
<td>Cape Town in Ceres and Gugulethu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tsimas (“working together”)</td>
<td></td>
<td></td>
<td>Case study, participant observation, focus group interviews, and one-on-one interview</td>
<td>28</td>
<td>Men, women, facilitators, and workshop planners</td>
<td>Cape Town in Ceres and Gugulethu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perpetrator rehabilitation</td>
<td></td>
<td></td>
<td>Case study, participant observation, focus group interviews, and one-on-one interview</td>
<td>28</td>
<td>Men, women, facilitators, and workshop planners</td>
<td>Cape Town in Ceres and Gugulethu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Hatcher, Colvin, Ndlovu &amp; Dworkin</td>
<td>2014</td>
<td>OMC Campaign, Qualitative method</td>
<td>In-depth interview</td>
<td>53</td>
<td>Men 18 or older</td>
<td>Eastern Cape – Mhlontlo, Limpopo – Thohoyandou</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Hatcher, McBride, Rebombo, Munshi</td>
<td>2020</td>
<td>Sonke CHANGE trial</td>
<td>Qualitative method</td>
<td>Semi-structured interviews, observation</td>
<td>274</td>
<td>Stakeholders</td>
<td>Johannesburg</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Year</td>
<td>Methodology</td>
<td>Sampling</td>
<td>Sample Size</td>
<td>Sex</td>
<td>Age Range</td>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>-------------</td>
<td>----------</td>
<td>-------------</td>
<td>-----</td>
<td>-----------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khumalo &amp; Christofides et al. (2014)</td>
<td>Stepping Stones and Creating Futures</td>
<td>Snowball sampling</td>
<td>232</td>
<td>Men and women</td>
<td>18-30 years</td>
<td>Little Japan and Mbazwane in Durban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larson, Cele, Girdwood, Long &amp; Miot (2020)</td>
<td>Stepping Stone</td>
<td>Snowball sampling</td>
<td>232</td>
<td>Men and women</td>
<td>18-30 years</td>
<td>Little Japan and Mbazwane in Durban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leddy, Gottert, Haberland, Hove, West, Pettifor, Lippman, Kahn, Mathebula, Reombo, Gómez-Olivé, Twine, Peacock &amp; Pulerwitz (2021)</td>
<td>Tsima (&quot;working together&quot;)</td>
<td>Qualitative method</td>
<td>In-depth semi-structured interview</td>
<td>55</td>
<td>Men, women, and key Informants</td>
<td>Bushbuckridge, Mpumalanga</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Author(s)</td>
<td>Year</td>
<td>Study Title</td>
<td>Study Design</td>
<td>Sampling Method</td>
<td>Data Collection Method</td>
<td>Sample Size</td>
<td>Gender</td>
<td>Age Range</td>
</tr>
<tr>
<td>-----</td>
<td>-----------</td>
<td>------</td>
<td>-------------</td>
<td>--------------</td>
<td>------------------</td>
<td>-----------------------</td>
<td>-------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>15</td>
<td>Maphosa</td>
<td>2015</td>
<td>PIPV programme</td>
<td>Qualitative method</td>
<td>Positive sampling</td>
<td>Semi-structured interview</td>
<td>23</td>
<td>Men</td>
<td>25-55</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Agisanang Domestic Abuse Prevention and Training organisation (ADAPT)</td>
<td>Qualitative method</td>
<td>Positive sampling</td>
<td>Semi-structured interview</td>
<td>23</td>
<td>Men</td>
</tr>
<tr>
<td>16</td>
<td>Maphosa &amp; Rasool</td>
<td>2017</td>
<td>PIPV programme</td>
<td>Qualitative</td>
<td>Non-probability sampling</td>
<td>Semi-structured interview, purposive sampling</td>
<td>8</td>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Peacock, Pino &amp; Weston</td>
<td>2012</td>
<td>Political Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Peacock et al.</td>
<td>2013</td>
<td>Political Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Peacock &amp; Barker</td>
<td>2014</td>
<td>Political Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Pettifor, Lippman, Gottert, Suchindran, Selin, Peacock, Maman, Rebombo, Twine, Gómez-Olivé, Tollman,</td>
<td>2018</td>
<td>OMC Campaign</td>
<td>Quantitative</td>
<td>Survey</td>
<td>1 356</td>
<td>Women and men</td>
<td>18-35</td>
<td>Agincourt in Mpumalanga</td>
</tr>
<tr>
<td>Kahn &amp; MacPhail</td>
<td>Stepping Stone</td>
<td>Quantitative Survey</td>
<td>1356</td>
<td>Women and men.</td>
<td>18-35</td>
<td>Agincourt in Mpumalanga</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Pyke</td>
<td>Agisanang Domestic Abuse Prevention and Training organisation (ADAPT)</td>
<td>Qualitative method</td>
<td>Focus group interviews, direct observation</td>
<td>11</td>
<td>Men</td>
<td>24-60</td>
<td>Alexandra township in Johannesburg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 The Centre for the Study of Violence and Reconciliation (CSVR)</td>
<td>CSVR’s Gender-Based Violence Programme</td>
<td>Literature review</td>
<td>Gauteng, Limpopo, KwaZulu-Natal, Western Cape</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Treves-Kagan et al.</td>
<td>OMC Campaign</td>
<td>Qualitative method</td>
<td>149</td>
<td>Community mobilisers, community action team, men and women</td>
<td>18-35</td>
<td>South Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Van den Berg et al.</td>
<td>OMC Campaign</td>
<td>OMC Fatherhood Project</td>
<td>KwaZulu-Natal in Nkandla, Eastern Cape in Mhlontlo KwaZulu Natal in Nkandla, Eastern Cape in Mhlontlo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>Source</td>
<td>Year</td>
<td>Method</td>
<td>Data Collection</td>
<td>Sample Size</td>
<td>Location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>------</td>
<td>--------</td>
<td>-----------------</td>
<td>-------------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Viitanen &amp; Colvin</td>
<td>2015</td>
<td>Qualitative</td>
<td>In-depth interviews and phone surveys, Focus group discussions</td>
<td>241</td>
<td>Community members, staff, and volunteers in Cape Town in Khayelitsha</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OMC Campaign
Khululeka Men’s Support Group
The studies used a number of different gender-based violence interventions as highlighted in Table 4 below.

**Table 4**

**Different Gender-Based Violence Interventions**

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Ref.</th>
<th>No. of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMC Campaign</td>
<td>[5, 6, 9, 10, 20, 23, 24, 25]</td>
<td>08</td>
</tr>
<tr>
<td>Stepping Stone</td>
<td>[9, 12, 13, 20]</td>
<td>04</td>
</tr>
<tr>
<td>Tsima (“working together”)</td>
<td>[8, 9, 14]</td>
<td>03</td>
</tr>
<tr>
<td>Stepping Stones and Creating Futures</td>
<td>[7, 12]</td>
<td>02</td>
</tr>
<tr>
<td>Sonke CHANGE trial</td>
<td>[2, 7, 11]</td>
<td>03</td>
</tr>
<tr>
<td>Perpetrator of Intimate Partner Violence (PIPV)</td>
<td>[1, 15, 16]</td>
<td>03</td>
</tr>
<tr>
<td>Political Advocacy</td>
<td>[4, 17, 18, 19]</td>
<td>04</td>
</tr>
<tr>
<td>Agisanang Domestic Abuse Prevention and Training</td>
<td>[15, 21]</td>
<td>02</td>
</tr>
<tr>
<td>organisation (ADAPT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khululeka Men’s Support Group</td>
<td>[3, 25]</td>
<td>02</td>
</tr>
<tr>
<td>Perpetrator Rehabilitation</td>
<td>[1, 9]</td>
<td>02</td>
</tr>
<tr>
<td>CSVR’s Gender-Based Violence Programme</td>
<td>[22]</td>
<td>01</td>
</tr>
<tr>
<td>OMC Fatherhood Project</td>
<td>[24]</td>
<td>01</td>
</tr>
</tbody>
</table>

**4.3. Description of Outcomes**

**4.3.1. Stepping Stones**

The Durban study, which involved 232 young men, looked into whether Stepping Stones, combined with a broad economic empowerment intervention, would help reduce violent behaviour among young women and men. The study found that the Stepping Stones participatory intervention, which focused on strengthening relationship skills, decreased violent behaviour among males by 38% (Jewkes et al., 2014). Similarly, Graaff and Heinecken's study in Ceres, Western Cape, with 30 participants in a small farming community, focusing on gender
transformative interventions as an effective method for addressing GBV, also revealed that
Stepping Stones decreased IPV perpetration by 38% after 24 months of the intervention. The study
found that the Stepping Stones program had a number of beneficial effects, including a decrease
in young, rural African men's sexual risk-taking and violence, as well as men becoming more
compassionate and less aggressive as a result of the intervention. Participants' behaviour changed
as a result of the intervention (Graaff & Heinecken, 2017).

Pettifor et al. (2018), who used Community Mobilisation (CM) to change negative societal
norms about gender, particularly among men, found similar results with the Stepping Stones
intervention, reporting that it reduced IPV perpetration by men and victimisation of women.
Larson et al. (2020) made similar statements about the Stepping Stones intervention in their study
on understanding the costs of implementing GBV prevention programmes. According to their
findings, the Stepping Stones program reduced factors that contributed to domestic violence.
Graaff and Heinecken (2017) found that masculinities-focused interventions such as Stepping
Stones had a positive impact on certain behaviours and contributed to improvements in
participants' attitudes toward gender equality. This showed that masculinities-focused
interventions, such as Stepping Stones, can positively impact gender-based violence-related beliefs
and behaviours (Graaff & Heinecken, 2017).

On a similar note, Graaff and Heinecken (2017) pointed out that, despite these positive
findings, many studies had found that the effects were primarily behavioural and had little impact
on patriarchal attitudes. Consequently, this intervention only resulted in limited changes in the
social norms that maintained inequality. Changes in behaviour were crucial, but they typically only
affected one or two behaviours at once, for example, allowing a wife to work or reducing their
casual sexual relationships over the course of a year. In the absence of a change in attitudes
supporting these problematic behaviours, societal norms that support inequality were not significantly adjusted. The study found that interventions that focused on masculinities helped to alter some behaviours but had less of an impact on the norms that supported those behaviours. Therefore, their ability to address gender-based violence seemed to be restricted. Despite the programme's positive results on behavioural change, the negative results demonstrated that it was difficult to create lasting behavioural change in participants after a programme was completed (Graaff & Heinecken, 2017).

Although these limitations existed, the author argued that interventions focused on masculinities, such as Stepping Stones, were more effective than women-focused interventions in reducing violence because they influenced knowledge and attitudes through educational information, but had limited impact on actual behavioural change. Men's rejection of patriarchal power became a major source of concern. According to Graaff and Heinecken's research, men did not appear to be rejecting patriarchal power. Instead, there was a tendency towards establishing a more "benign patriarchy," in which gender norms were adjusted but power imbalances did not change, implying that the status quo of gender inequality in the places where Stepping Stones was implemented had remained unchanged (Graaff & Heinecken, 2017).

The cost of implementing the intervention was another growing source of concern. According to Larson et al. (2020), if programmes such as Stepping Stones were to be implemented in new areas, more staff training and venue costs would be required. Community-based GBV programs had received a lot of attention to date, but few studies had explored the costs involved in their implementation.
4.3.2. Stepping Stones and Creative Futures

This was the programme where Stepping Stones had been combined with Creative Futures.

The Durban study, which involved 232 participants and looked into whether Stepping Stones, combined with a broad economic empowerment intervention, would help reduce violence among young men and women, demonstrated that IPV experienced by women decreased significantly from 30.3% to 18.9% over a three-month period. Significant improvement was observed in men's attitudes toward gender, as well as a reduction in the amount of control they exercised in their relationships. Overall, the outcomes of Stepping Stones and Creating Futures interventions suggested that the program influenced livelihoods. This is based on men improving their monthly incomes, having less stress at work, and stealing less as a result of the intervention. In addition, men increased their efforts to improve their living conditions. There were significant improvements in both gender-related and violent behaviour in this context. It was found that men displayed more gender-equitable attitudes towards their partners and displayed less controlling behaviour towards them (Jewkes et al., 2014).

The authors emphasised that instead of a complete change in masculinity, men were shifting away from the "harmful" characteristics of dominant masculinity and toward a masculinity that was fuelled by economic provision and attempts to establish stable "households," drawing on aspects of "traditional" masculinity. The livelihoods of men were addressed in the intervention to encourage participation in the intervention on a practical level. Increasing men's livelihoods seemed to provide them with an opportunity to materially express the changes they were seeking to effect in society. Changes in masculinity were one of them. Several men reported a reduction in conflict between them and their intimate partners after this intervention. Men's overall health
improved, and they reported that their living conditions had also improved. Men's mental health was significantly impacted by the intervention, with depression and suicidality significantly reduced and their perception regarding life greatly improved (Jewkes et al., 2014).

The intervention had benefited many elements of mental health, increased livelihoods, and positively impacted gender relations. Another growing area of concern was the programme's cost and accessibility. Sessions for Stepping Stones and Creating Futures were held in Durban at a central location near a taxi rank. Participants were not compensated for participating, but the project provided modest refreshments during sessions. Due to the challenging circumstances, some participants had difficulty affording the taxi fare. Given that challenge, a 60% attendance rate was estimated (Jewkes et al., 2014).

4.3.3. One Man Can (OMC)

Graaff and Heinecken's study, which was conducted in Ceres in the Western Cape with 30 participants in a small farming community, explored gender transformative interventions as a method of preventing GBV by addressing masculinities. Results of this study showed that OMC was part of Sonke's broader work programme, and it had a relatively positive effect on participants that was sustainable. This study revealed that OMC played a role in reducing IPV. It had been demonstrated that OMC programmes had a positive effect on the perception of men regarding the rights of women. This was because they changed the dynamics of power between men and women in their relationships. Furthermore, participants reported a decrease in violent acts committed against children, women, and other men as well. Nevertheless, findings revealed that men had difficulty lowering their levels of violence, particularly in situations where they were emotionally charged and frustrated (Graaff & Heinecken, 2017).
As a result of Dworkin et al. (2012), 78 men who participated in anti-violence and HIV programs revealed similar data with campaigns such as One Man Can in which men were both resistant to, but yet embracing shifts in masculinity, gender roles, and women’s rights at the same time. In the study, a number of men accepted the gender-specific shifts on the ground, particularly regarding female participation and leadership in the community, as well as changes in household labour arrangements. A number of men were of the opinion that women were gaining ground in the broader economy due to the current shifts in gender equality. As reported in the study, men were receptive to women's perspectives. Their inclusion helped to hold them publicly accountable for their claims about gender equality within their communities and within their relationships. According to this study, some men were becoming more accepting of the equality of men and women (Dworkin et al., 2012).

Treves-Kagan et al.’s study examined the factors that support and hinder gender-transformative community mobilisation programmes in rural South Africa at both the individual and community level. The program was found to have enhanced social cohesion and critical thinking for 66 percent of men. There was a statistically significant improvement in men's gender-equitable attitudes between baseline and endline. Violence against intimate partners decreased, but the difference was not statistically significant (Treves-Kagan et al., 2020).

Hatcher et al., (2014) conducted a study with 53 participants in Mhlontlo Municipality, Eastern Cape and Thohoyandou, Limpopo Province, which examined methods for reducing violence against intimate partners among rural South African men. In this study, participants reported that OMC had a significant impact on their decision-making and communication, which affected both their sexual health as well as their violent behaviour. It was noted in several interviews that men agreed that having fewer intimate relationship partners, lowering alcohol
consumption, and redefining masculinity were all mutually beneficial changes. As a result of reducing their alcohol consumption, many participants found that they were able to improve their interpersonal relationships by becoming more respectful and able to effectively communicate. A number of men reported that OMC broadened their ideas of masculinity (such as decision-making authority, violence, and sexual risk-taking) and moved them toward shared decision-making and greater respect for their partners. Changes made by men in one area of their lives in this study appeared to flow into gains in other areas. The findings of this study indicated that OMC had a high chance of success due to its capacity to address numerous, interrelated issues that men face (Hatcher et al., 2014).

A similar study was conducted by Van den Berg et al. (2013) in rural, urban, and peri-urban areas of South Africa in order to determine whether or not One Man Can workshops influenced men's attitudes. Among other things, the OMC program had improved numerous health outcomes as a result of alcohol use reduction, safer sexual practices, and a reduction in violence against women. This was due to a shift in men's perceptions toward power relations and gender equality.

In Graaff and Heinecken’s study, the OMC intervention's primary goal was for men to recognise the cost of masculinities to them. This was on how hegemonic masculinities pressure men into behaviour that threatens their health, as well as that of their loved ones. In the study, it was noted that messages regarding the consequences of masculinity were generally positively received. In the discussion, participants acknowledged that masculinities carried significant costs for the men who attempt to implement them, as well as for their loved ones. A few of these costs include risky sexual behaviour, depression, drug and alcohol abuse, poor health-seeking behaviour, and violence against women (Graaff & Heinecken, 2017).
In spite of this, some contradictory results were found. Participants, however, were reluctant to acknowledge that hegemonic masculinities were socially constructed, believing that they were inherent and unchangeable. As a result, there was a slight shift in gender roles, because gender was less readily accepted as a social construction. Participants were unable to acknowledge the different masculinities within their communities and their own lives, or to admit that their identity did not fit into the hegemonic framework. Based on the findings of this study, some participants were of the opinion that engaging only men in the intervention implies that they were only capable of acting as perpetrators rather than as partners in reducing levels of gender-based violence (Graaff & Heinecken, 2017).

In spite of the fact that the intervention was effective in the short term, many participants had difficulties maintaining these benefits. They felt pressured to resort to violence as a means of dealing with frustrating situations. It appeared that the participants were more concerned with behavioural changes than with attitudes, since they regarded violent behaviour as problematic, when they were not questioning themselves on whether it was appropriate for men to act aggressively in stressful situations (Graaff & Heinecken, 2017).

Viitanen and Colvin's (2015) study, which had a comparison group, revealed similar findings regarding some messages embraced by men involved in OMC programmes. Among the key messages of masculinities-oriented programming was the fact that adhering to dominant male identities and behaviours caused men to incur significant social and health costs (directly and indirectly). The majority of participants in OMC workshops acknowledged and responded positively to the topic of the cost of masculinity. Despite the fact that men participating in these programmes embraced some aspects of these intervention messages, many of them were eluded,
misinterpreted, or rejected by participants in a manner that challenged the goals of gender transformation intervention (Viitanen & Colvin, 2015).

Several young men in one focus group frequently said that "all men in their community", including themselves, acted in a specific manner and adhered to "traditional" beliefs. Participants discussed in-depth the expected conduct of men in intimate relationships, and the values they placed in traditional gender roles. In their view, gendered characteristics were not adjustable, but rather an immutable consequence of both culture and nature. Participants did not, however, realise that providing intimate care for others was one behaviour that contradicts the model of hegemonic masculinity they were describing and legitimising. They, however, appeared reluctant (or unable) to acknowledge their substantial departure from these prevalent norms and behaviours. It appeared that the participants in the OMC workshop struggled the least with recognising and applying the intervention message to their own lives (Viitanen & Colvin, 2015).

The results of Graaff and Heinecken's study suggested that OMC had been evaluated positively in a number of studies. These studies revealed that it had been effective at reducing men's violent behaviour and increasing their respect for women's rights and gender equality. OMC’s impact was primarily behavioural rather than attitudinal, affecting specific 'problematic' behaviours rather than changing men's attitudes toward gender inequality generally. Participants were capable of identifying specific behaviours as concerning, but were less likely to consider dominant masculinities as socialised and thus changeable. They continued to refine their definition of men and made only slight changes to it (Graaff & Heineken, 2017).

In a study conducted by Pettifor et al. (2018) aimed at modifying negative gender norms in Agincourt, rural Mpumalanga, with 2 356 men participating, found that OMC decreased negative gender norms in men, and was likely to foster conducive environments to preventing IPV and
reducing HIV risk behaviours. There was a high degree of success in changing harmful gender norms among males as a result of this intervention, and men who were more exposed to the program displayed more equitable gender norms than those who were less exposed (Pettifor et al., 2018).

Through this intervention, participants were provided with an opportunity to discuss the harmful expectations associated with masculinities, as well as to discover alternatives to those expectations. In addition, it appeared that the impact of the program was largely behavioural, as it targeted specific behaviours without significantly addressing the attitudes that encouraged such behaviour. Several participants, for example, acknowledged rape as a problem, however, they still believed that short skirts invited rape. This intervention reduced certain forms of violence against women, but it did not change the norms and expectations that underlie this violence. Therefore, this demonstrated the need for further research in order to develop more effective interventions (Graaff & Heinecken, 2017).

According to Graaff and Heinecken, the evaluation of OMC also raised questions about its effectiveness. According to the evaluations, the intervention primarily impacted behavioural changes, as participants perceived a particular violent behaviour as unacceptable, while they did not challenge the gender norms underlying it (Graaff & Heinecken, 2017).

A similar claim was made by Treves-Kagan et al. (2020) regarding the ability of men to sustain non-violent behaviour. Despite the fact that no evidence was found of a reduction in male violence against women in the past 12 months, the study revealed that men were experiencing difficulties in embracing equal rights for women without feeling that their rights were being compromised, particularly among community members. Despite valuing non-violent behaviour, participants had difficulty maintaining it consistently. Several participants reported unwillingness
to adopt gender-equitable behaviour. Furthermore, mobilisers, particularly men, stressed that those they were teaching need to hold them accountable to model equitable and nonviolent behaviour (Treves-Kagan et al., 2020).

The study by Graaff and Heinecken (2017) revealed that those who attended masculinities-focused workshops had significant discussion about society's expectations of men to achieve certain masculinities standards. Numerous societal expectations that were identified as reinforcing hegemonic masculinities, included being strong physically, not expressing pain or emotion, being violent, and having more than one partner. However, participating in the workshops had given men the opportunity to question dominant definitions of masculinity and to begin to see alternative perspectives. By participating in the workshops, the participants began to create more inclusive gender norms in their communities (Graaff & Heinecken, 2017).

Similarly, the study by Viitanen and Colvin (2015) revealed that a consistent topic of OMC's work that generated intense debate was the topic of the rights of women and children. This was particularly the way in which these rights were applied and interpreted in South Africa. Cultural discourses of masculinity and social power in the local context were in tension with right-based discourses of gender equality. Generally, OMC intervention participants expressed frustration with gendered power shifts both in the public and private spheres. In addition, they noted that women's rights to sexual and reproductive health, and division of labour, had a profound impact on their households, communities, and societies. Many of the men interviewed, who had not attended an OMC workshop or been involved in NGOs that focused on gender-related aspects, reiterated the idea that "nowadays, women have all the rights" (Viitanen & Colvin, 2015).

Some of the men in this research did not explicitly oppose equal rights for women or women's empowerment, and most of them embraced these values and changed at least some of
their behaviour following participation in interventions that were masculinities oriented. The crucial point, however, was that these men had always been shaped by a tremendous tension emanating from a post-apartheid discourse emphasising human rights in opposition to a traditionalist discourse promoting cultural traditions, and male dominance in society and domestic affairs. Participants in the OMC workshops said that the government took away their family autonomy by establishing laws that protected women and children and undermined their traditional authority (Viitanen & Colvin, 2015).

In the study by Pettifor et al. (2018), changing attitudes toward gender norms did not result in positive changes in risky behaviours. Therefore, a longer period of time or more direct interventions was needed to change behaviour. There were no statistically significant differences in GBV perpetrated by men in this study. Although gender norms among men had improved, men's behaviour had remained largely the same in both intervention and control communities. It appeared that the OMC method or measure of gender norms did not adequately address aspects of gender that lead to changes in behaviour (Pettifor et al., 2018).

Gevers et al. (2013) reported that the key challenge was to develop and empirically test primary prevention interventions in South Africa in order to protect women from gender-based violence. OMC had been successfully implemented throughout rural and urban South African communities; however, it was crucial to evaluate the impact of this program, and there had not been any thorough evaluation to determine its effectiveness (Gevers et al., 2013).

4.3.4. The OMC Fatherhood Project

The Van den Berg et al. (2013) study with a diverse range of men and boys, which focused on understanding how the OMC workshops affected men's attitudes and parenting practices,
revealed that the OMC Fatherhood Project, which was carried out in two rural communities, Nkandla in KwaZulu-Natal and Mhlontlo in the Eastern Cape, engaged men effectively in discussions about manhood, gender equality, and family, as well as in providing a conducive environment to critically reflect on these topics. Participating in this study led to significant changes in participants' personal beliefs and behaviours regarding parenthood. Men expressed a shift in their role as disciplinarians and providers by increasing their involvement, companionship, nurturing, improved communication, and improved relationship quality with their young boys, as they realised their positive role in raising their children to be responsible individuals who respect all human rights, including the rights of women (Van den Berg et al., 2013).

However, the same analysis highlighted numerous significant challenges experienced during this project. Firstly, some men mentioned they were ridiculed by other men for adopting more gender-equitable views or behaviours in their homes as well as in their relationships. This demonstrated the need for gender-transformative programs to take a more central role in recognising how men express their masculinity in front of other men in the future. Despite the fact that many positive changes were noted, not all project participants were able to shift their beliefs and behaviours to be more gender equitable. This was particularly difficult for South African men due to the legacy of the migrant labour system. This had led to a limited understanding of men's roles as providers of authority and finances. Furthermore, it had been discovered that men's sentiments of feeling useless and/or absenteeism from family life were made worse by long-term poverty and an understanding of men as providers of material goods (Van den Berg et al., 2013).

In a similar manner, this study illustrated the importance of strengthening health and parenting programs for young men who had difficulty accepting change. In a context where many men experience marginalisation and disempowerment, their identity as men served as an advantage
for them to combat these issues. Contextual realities such as these, highlighted how significant the efforts given were, but they also illustrated the need for gender-transformative programming to increasingly emphasise the importance of men as a primary target of interventions aimed at improving their health and well-being as well as those of women and children (Van den Berg et al., 2013).

4.3.5. *Tsimá* (“working together”)

The Agincourt study, covering a three-year trial of Tsimá intervention in Bushbuckridge sub-district of Mpumalanga province, which examined changes in gender norms and IPV with 82 participants, revealed that Tsimá intervention was effective in decreasing domestic violence. Participants in Tsimá had reduced IPV through discussions regarding gender equity and domestic violence, and skills development that enhanced communication and reduced conflict within relationships (Gottert et al., 2020).

On a similar note, Leddy et al. (2021) conducted a study in Agincourt in the Bushbuckridge sub-district of Mpumalanga with 55 participants in order to determine how changing gender norms affected HIV service utilisation. In the study, it was found that Tsimá led to an improvement in communication and better decision making between couples, which resulted in a decrease in IPV. As a result of the Tsimá intervention arm, there was a notable reduction in reported IPV among women. Communication and the development of conflict resolution skills provided by Tsimá had played an essential role in facilitating these changes. Based on the findings of this study, key inequitable gender norms were challenged, such as the physical toughness of men and reluctance to ask for help, their dominance in relationships, and the role of women as primary caregivers (Leddy et al., 2021).
Gottert et al.’s (2020) study regarding interventions aimed at gender transformation in South Africa concluded that one of the reasons for men's receptivity was their ability to contextualise the messages resulting in rich dialogue into their own lives. According to the authors, community mobilisation and media campaigns alone were capable of altering people's attitudes, both individually and collectively. However, in order to see noticeable changes in related behaviors, it frequently required critical reflection and skill-building about gender equity and violence prevention given in smaller, more concentrated groups (Gottert et al., 2020).

According to the study by Gottert et al. (2020), increased access to media (through television or smartphones) and subsequent viewing of dramas that model equal relationships and adversely depict violence were linked to changes in gender norms. Tsima's activities for improving couple communication and conflict resolution, which were positively received by participants, had contributed to IPV decreases. Tsima significantly decreased IPV through encouraging critical thinking on domestic violence and developing skills for communicating effectively and resolving conflicts between couples (Gottert et al., 2020).

Unfortunately, one area of concern was the accessibility and visibility of the programme. The study revealed that 64.1% of men in the target communities were unfamiliar with the Tsima emblem. Nearly half (48.1%) of them participated in at least one two-day Tsima workshop, and almost half (46.4%) said they felt a part of Tsima. Additionally, nearly two thirds (62.8%) of individuals familiar with Tsima said that as a result of Tsima, they discussed with other people the subject of gender issues regarding men and women. Controlled communities had a limited exposure to the intervention. There was also a growing concern regarding the fact that a thorough evaluation of One Man Can program, the model for Tsima, which was implemented in 2012-14, did not reveal any effect on IPV behaviour, despite showing a positive change in gender norms.
There was a possibility that Tsima had a more significant impact on IPV than One Man Can because Tsima's content was more explicitly tailored to engage both men and women, service uptake was higher, and the duration of the service was longer (Gottert et al., 2020).

4.3.6. Khululeka Men’s Support Group

Colvin (2017) study, which examined a number of underlying theories concerning masculinity, gender, and gender change in the workplace, as well as the types and impacts of these interventions, by working with men and boys in South Africa in three different research projects, indicated that participants had a very friendly and supportive relationship with one another. There was a greater feeling of support and acceptance from peers than from family or friends. In their group settings, they carried out work that often defied conventional gendered norms and practices that were prevalent in their community. Some group members frequently elaborated in extensive depth about issues they were experiencing with their partners in terms of their emotional well-being, while others provided helpful advice on what to say to their partners and how to handle these issues. They got an opportunity to discuss their mental and physical difficulties with the group. In addition to considering consequences associated with aspects of hegemonic masculinity within their communities, they were encouraged to embrace the aspects that supported their health and relationships (Colvin, 2017).

According to the study by Viitanen and Colvin (2015) in Gugulethu, Cape Town, which looked at the practices of a number of initiatives aimed at gender-transformation in South Africa to identify what lessons could be learnt from them, including the importance of transforming the hegemonic masculinity version of the past into a healthy and positive version of it. According to the findings of this study, the male participants found Khululeka's support group space to be an
environment that did not explicitly challenge the broad outlines of masculinism. However, there was no doubt that there was a positive response from men to the messages of gender-transformative initiatives, and they were able to see them as relevant to what they were struggling with in their daily lives. Participants engaged in a rich dialogue as a result of the messages. Some men, however, were less inclined to change their perceptions of gender, and some men even refused to engage in any discussion regarding gender equality. This demonstrated the need for to conduct further research to ascertain whether there would be long-term effects associated with participation in interventions that target both health and gender disparities (Viitanen & Colvin, 2015).

It had been revealed that, although Khululeka was primarily intended for the purpose of operating within a gender transformation framework and frequently used gender transformation language, participants rejected this framing and demanded a different framework that were more accurately described as not sensitive to gender issues. In discussions regarding the rights of women and men relating to sexuality and gender under the constitution, Khululeka participants frequently brought up the issue of non-dominant notions of masculinity, particularly sexualities that did not adhere to a heteronormative framework. In spite of this, they perceived the idea of alternative expressions of masculinity as marginalised (Viitanen & Colvin, 2015).

Khululeka's work on human rights frequently provoked heated debate and discussion. This was especially pertinent to how the concept of human rights was being understood and applied in South Africa concerning the rights of children as well as women. In spite of the fact that Khululeka embraces a human rights framework, it was clear that the local cultural perspectives on gender and masculinity, as well as the rights-based discourse on gender equality, remained in tension during interviews with participants and facilitators. Khululeka and OMC participants expressed similar sentiments. Male participants expressed dissatisfaction with the way gendered power was shifting.
They cited the negative consequences these shifts had on their families, neighbourhoods, and society at large as a result of this shift. Men interviewed echoed the sentiment that "women now enjoy all the rights" (Viitanen & Colvin, 2015).

This sentiment was shared by a number of participants at the OMC, Khululeka members, as well as other members of rights-oriented CBOs. There was a sense of disempowerment among men in Khululeka due to recent efforts made by the government towards women's empowerment and promotion of their rights. Participants believed that women had "more support groups, more power, and more employment opportunities" than men do. In Khululeka, a number of participants described the government as usurping the autonomy of their families by making laws protecting the rights of children and women. They regarded these laws as undermining their traditional position. Men in this study did not all have such explicit opposition to women's empowerment and gender equality. In fact, many of them reported that they had embraced these views and adjusted their behaviours after engaging in interventions that were centered on masculinities. In spite of their attempts to change, men were always subjected to major tensions between post-apartheid discourses that focused on the equality of men and women, and patriarchal discourses that emphasised male dominance in domestic and social matters. This demonstrated that to change gender norms at the level of the community as a whole, a cooperative effort between women and men aimed at achieving gender equality was necessary (Viitanen & Colvin, 2015).

The most meaningful contribution of this study was its clarification of some details regarding message delivery and the identification of variations in the interpretation and reception of messages. As a result of this understanding, those who were involved in developing gender transformational programs were able to refine their curricula accordingly. The most challenging aspect of the intervention was the participants' ability to recognise and apply the intervention
message in their daily lives. This was due to the fact that the interventions programs identified what many men experienced but did not have a frame of reference for it. According to the study, consequentialist approaches to gender identity led to a shift away from the traditional gender norms that had been incompatible with the conditions that they faced (Viitanen & Colvin, 2015).

When discussed theoretically, the multiple masculinities argument was well understood, but the recognition of the contracted nature of gender norms was less popular. It was difficult to make any meaningful changes to this ideal due to the influence of the hegemonic norm which provided little room for discussion beyond positive, but relatively small modifications. In addition to this, people were not able to recognise the diversity of masculinities that existed in their own lives and communities. This is due to the fact that these masculinities did not conform to the hegemonic model. During discussions of general fairness, tolerance, and prohibiting physical violence and abuse, it was apparent that the human rights discourse had gained a great deal of traction among participants (Viitanen & Colvin, 2015). There was growing evidence that men were willing to participate in interventions that aim to transform gender constructs. This study contributed to the body of evidence that is growing in this regard. However, this did not mean that interventions based on masculinities were enough to effectively achieve gender equality (Viitanen & Colvin, 2015).

4.3.7. Sonke CHANGE Trial

The Johannesburg study, which recruited 2406 men and followed-up with 1458 of them for two years in order to determine if Sonke CHANGE reduced the use of sexual and/or physical IPV among men aged 18 to 40, showed a decrease in sexual, physical, and severe IPV perpetrated by men, respectively. Even though the differences did not achieve statistical significance, there
was a higher drop in IPV among men residing in intervention communities who were nonviolent and law-abiding compared to those who were more violently inclined. The Sonke CHANGE program had potential for men who used less violence. In contrast, it failed to change deeply ingrained gender beliefs and usage patterns of IPV among men who used more violence. Intervention was only partially successful in its attempt to decrease IPV committed by male inhabitants in a peri-urban community. According to the researchers, the intervention had no noticeable impact on the outcomes. Physical and sexual abuse perpetrated by men in the previous year did not change, nor did the severity of IPV decrease. In addition, there were no differences in rape perpetration, parenting styles, or social cohesiveness between communities under intervention and control communities. After two years of follow-up, the prevalence of harmful alcohol use in the intervention communities had increased, although not statistically significant (Christofides et al., 2020).

There were similar findings in the Johannesburg study conducted in a semi-formal settlement. The study examined the effectiveness of a community mobilisation intervention in preventing men's use of violence against their partner in peri-urban South Africa, and included 114 men. Despite high fidelity in the implementation of the outreach components of community mobilisation, however, critical reflection and local advocacy were challenging to accomplish. The implementation of interventions was severely constrained by the circumstances surrounding a peri-urban settlement, which was marked by inadequate infrastructure, low education, migrancy, social marginalisation, and high levels of violence, as well as the absence of institutional support for staff and volunteer activists. In the null trial and the larger trial, community mobilisation was inadequately implemented, and no measurable reduction in IPV was observed (Hatcher et al., 2020).
In order for community engagement and IPV reduction to be successful in communities that had limited resources, a significant amount of financial, infrastructure, institutional support, and a commitment from the political leaders was required. According to this study a number of implementation challenges were encountered during the implementation of the Sonke CHANGE intervention. A lack of institutional support and inadequate staff training prevented the implementation of local advocacy. Insufficient skills, volunteers, and staff hampered aspects of the community mobilisation process. Men's perpetration of IPV was therefore not reduced by the intervention (Hatcher et al., 2020).

There were also similar issues found in the study conducted by Christofides et al. (2020), which showed that while there were a number of community outreach activities that took place as planned, however, challenges were encountered, particularly when it came to mobilising the community, as was evident in the small number of Community Action Teams (CATs) that were active on a monthly basis and a limited amount of advocacy campaign outreach. According to the study's findings, certain intervention clusters met the goal of reaching 60% of eligible males. The majority of these men were reached through door-to-door conversations, sometimes with a single individual and at other times with a smaller group of individuals. Sessions usually lasted from 20 minutes until an hour. They centered around the sharing of information about human rights and gender equality as well as recruiting participants to take part in the workshop. There was a significantly smaller proportion of men who were reached through the more intensive two-day workshops, where gender inequitable attitudes were explored and reflected upon using participatory learning approaches. Due to contextual factors such as seeking employment, only a limited number of men were able to attend both days of the workshop (Christofides et al., 2020).
Gibbs et al.’s (2020) study, which involved 803 men in a peri-urban settlement in Gauteng, described the trajectory of IPV perpetration by men over the course of time, as well as the baseline variables connected to each trajectory. According to the study, men appeared to benefit most from the interventions, as there were significant reductions in IPV reported following the interventions, which were evident at the first follow-up (12 months) and maintained to the end of the study (24 months). The evidence showed that the benefits of this program were evident within a short period of time, and all participants who gained greatly from it experienced long-term benefits. The majority of men had low IPV perpetration scores at the beginning of the study and remained low over the course of the intervention. Despite the intervention, some men had not directly benefited from the changes in IPV perpetration (Gibbs et al., 2020).

The number of these men who began low and increased over the course of the intervention period was unclear. The situations where men displayed new ways of engaging in intimate partner violence were overlooked. Through this program, men acquired interpersonal, expression, and interaction skills, as well as knowledge of gender equity and nonviolence. This had enhanced the relationships they had with their spouses, relatives, and other people. This had resulted in broader, more beneficial changes that were not directly related to IPV. Poverty, gendered attitudes, psychological distress, and a history of trauma in early childhood were risk factors for IPV perpetration that were identified in the intervention. This intervention targeted these risk factors as the basis for its theoretical models for explaining how change was going to take place. In Sonke CHANGE, it was found that men who were on a trajectory of high-reduction had similar levels of depression in comparison with those on a trajectory of high-increasing (Gibbs et al., 2020).

In the Sonke CHANGE study, when comparing men, it was found that those who reduced their use of physical violence were less likely to have seen their mothers being beaten by their
fathers when they were children. This was an indication that the intervention had a positive impact on modifying the behaviour of men who were reasonably open to change and who lacked deeply ingrained learnt behaviours. According to the theory of social learning, IPV can be learnt as a result of observation of the behaviour, by internalising the beliefs that support the behaviour, and by positively reinforcing the behaviour, which in turn requires a substantial amount of effort to enact behavioural change (Gibbs et al., 2020).

As part of the Sonke Change trial, workshops lasting at most two days were used to address social norms in a light-touch manner. As a result, men who had never been exposed to violence in their childhood, with no poor mental health and substance abuse problems responded positively to the intervention. The Sonke CHANGE trial reduced male violent behavior among individuals who had moderate levels of violence at baseline, who were more receptive to minimal intervention methods, but no change was observed among the most violent individuals. It had no effect on those with poor mental health or substance abuse problems as a result of the intervention. As part of Sonke CHANGE, a trial was carried out in South Africa's urban informal settlements characterised by poverty. In these settlements, young men were constantly compelled to demonstrate their manhood in the midst of violence. The evidence suggested that both middle-aged and older-aged men were more established and more comfortable in their masculine roles. Therefore, they were able to change because social perceptions about them as men were less influential on them than on younger men (Gibbs et al., 2020).

In the end, the evaluation did not support the fundamental assumption of the theory of change, which asserts that if multiple community mobilisation activities were carried out in a poor peri-urban community with the aim of changing social norms, then the intervention with multiple community mobilisation activities could have had a significant impact on gender attitudes and
social norms in reducing IPV incidents. Sonke CHANGE intervention resulted in a significant reduction in sexual and severe IPV among males who started out at baseline with the lowest level of violence. Men who displayed antisocial, aggressive, and exploitative behaviour at baseline had experienced more sexual violence as a result (Christofides et al., 2020).

Study results had shown that in most cases, community programs did not have enough time to establish meaningful relationships with the local population. In spite of the fact that IPV awareness and knowledge could have increased through this type of intervention, more critical reflection and dissemination proved to be difficult. Participants were unable to engage in critical reflection because of an oversight in the design of the intervention manual. The implementation of a community mobilisation strategy in the peri-urban areas of South Africa was successful in terms of outreach activities but more difficult when it came to critical reflection and local advocacy (Hatcher et al., 2020). A very limited amount of advocacy was carried out because it was poorly articulated, poorly understood, and, as a result, only a very limited amount of the advocacy efforts was actually implemented (Christofides et al., 2020). A community mobilisation approach resulted in some successful reduction of men's IPV perpetration. However, this required a longer timeframe and more appropriate context-specific strategies than what was applied in this intervention (Hatcher et al., 2020).

In their recent study, Christofides et al. (2020) found that Sonke Community Mobilisation, another adaptation of One Man Can, which was recently evaluated in a rural area of South Africa, indicated that a significant difference was not observed between the intervention and control communities in terms of the degree to which men used IPV. The findings revealed that it had been more difficult to change men's attitudes and behaviour regarding physical and sexual IPV due to context-specific reasons such as limited resources, limited recreational spaces and higher levels of
crime in peri-urban settings (Christofides et al., 2020). Overall, reports of non-partner rape and IPV committed by men in peri-urban settings were found to be more prevalent than findings in other studies. The extremely high rates of violence observed at the baseline point provided insight into the environment in which the intervention was implemented. The infrastructure was less developed in peri-urban areas, where many people lived in unofficial dwellings, and service delivery was constrained. Significant in-migration and out-migration, as well as increased crime rates and all types of violence, had a negative impact on social cohesiveness (Christofides et al., 2020).

The Stepping Stones Creating Futures intervention, which was implemented in part in the peri-urban setting of eThekwini, was considered a suitable alternative intervention in peri-urban settings. This intervention, which was carried out over a period of time in small groups, concentrated on livelihoods and participatory learning practices, such as critical reflection, role playing, and theatre, resulted in the development of gender-equitable relationships as well as improved partner communication. Men who were less likely to use intimate partner violence and non-partner sexual violence benefited from the intervention. Men who were less violent were more receptive to messages on gender equality and rights because they felt more conflicted about their actions. The degree of conflicting beliefs in the ideology of gender role influenced men's use of IPV (Christofides et al., 2020).

Although the intervention sought to alter men's attitudes and beliefs regarding gender equality in order to alter gendered social norms, however, the majority of violent, antisocial, and hypermasculine men were unwilling to accept such intervention due to the entrenching of gender roles that were exemplified by their sexual behaviours, such as having multiple partners as well as controlling their intimate partners. As a result of the study, it was found that men who adhered to
a rigid understanding of traditional masculinity, which encouraged dominance, had more gender inequitable attitudes and beliefs as well as believing that IPV was justified by their culture (Christofides et al., 2020).

### 4.3.8. Political Advocacy

Peacock and Barker’s (2014) study, focused on the prevention of GBV through the involvement of men and boys, found that some organisations that work with men had been involved in activism and advocacy to counteract the reaction men had when they felt challenged. Sonke had engaged in high-profile political activism in South Africa to oppose persons in positions of power who undermined the principles contained in national laws or the South African Constitution. Sonke had made numerous demonstrations and press statements to condemn public authorities for their sexist or gender-based violence-inducing utterances (Peacock & Barker, 2014).

Similarly, a Peacock (2013) study which focused on educating men for gender equality revealed that the Sonke Gender Justice Network in South Africa assisted men who were progressive and gender-equitable in speaking out about women's rights and opposing male violence, challenging traditional values and practices that support violent behaviour and those who adhere to it. Additionally, it challenged and held accountable the individuals and, in certain cases, institutions responsible for the perpetuation of patriarchy and the undermining of the equitable ideal embodied in our Constitution. The organisation successfully sued most prominent political figures in the Equality Court for remarks seen to be disrespectful of women, which resulted in an apology publicly and a retraction (Peacock, 2013).

This advocacy received extensive media coverage. Hundreds of radio and television interviews sparked a national conversation concerning male political leadership roles and
responsibilities regarding gender equality. Men were urged to consider their behaviours and attitudes regarding gender equality as well as possible ways to speak out against gender discrimination (Peacock, 2013). The authors emphasised that men altered their gender-related behaviours and could actively participate in changing society and holding political figures accountable (Peacock, 2013).

The study by Dhever (2020) also indicated that the criticism was often based on harsher sentences that were symbolic, but not effective in deterring violence. The goal of advocacy was to change gender-based stereotypes like "if someone dresses in short skirts, they're asking to be raped." The narratives that were taught about violence need to be re-examined, and advocacy efforts should concentrate on altering outdated material, which often tells girls and women not to wear short skirts or stay out late in bars while failing to tell the same story to boys or men. More advocacy efforts need to be oriented toward prevention through activities aimed at changing individual and societal behaviour and mindsets. In light of the increasing use of technology to commit violent crimes, there was an urgent need for more tech advocacy, education, and more progressive or tech-savvy activism in order to reach the younger generation of tech-savvy individuals (Dhever, 2020).

On a similar note, a study by Peacock, Pino, and Weston of Sonke Gender Justice (2012), which had acted as a prominent media advocate in confronting men in political office for sexist remarks or practices, highlighted an area of concern that in some cases, community education work in more traditional settings can be quite political. A crucial point to note was that challenging entrenched gender norms was difficult in some settings. This was due to the difficulty of finding or sustaining the funding needed to carry out the work. A strong sense of courage and tenacity was required to challenge hegemonic masculinities in some situations (Peacock et al., 2012).
4.3.9. PIPV Programme

A study by Maphosa (2015) examined the effectiveness of the Perpetrator Intimate Partner Violence (PIPV) programme in improving positive gender relations and combating domestic violence. Participants who participated in the NICRO Pretoria Central Office PIPV program twelve months before this study revealed that positive gender relations play a key role in the reduction of domestic violence. All participants stopped engaging in physical violence. As a result of participating in the PIPV programme, perpetrators had the opportunity to adopt and apply a comprehensive set of behaviours, attitudes, and beliefs contrary to domestic violence, and as such, behavioural change was achieved (Maphosa, 2015).

In the PIPV intervention, perpetrators learnt to always respect and treat women in an equal manner as partners in a relationship. Consequently, domestic violence perpetration decreased since men learnt that they do not have superiority or control over their intimate partners. Furthermore, the program empowered perpetrators with cognitive behavioural skills, and enhanced their protective factors, as well as their positive relationships. These factors were crucial in increasing the effectiveness of the programmes and curbing domestic violence. The authors emphasised that the findings of this study were in line with feminist theory's contention that abusive men felt superior to women and a sense of entitlement. This was revealed when the perpetrators pointed out that they were the heads of their homes. They also pointed out that sometimes their spouses had a tendency to be stubborn and not listen to them. Hence, domestic violence was used as a means of disciplining, enforcing superiority, and exerting control (Maphosa, 2015).

However, after completing the treatment programme designed to change men's attitudes and beliefs, participants gained a deeper understanding and acceptance of the fact that they were not entitled to abuse the human rights of their partners through domestic violence and to treat them
like children. Hence male respondents had understood that they should approach their intimate partners as equal partners rather than as inferior to them. One of the most profound realisations for participants was to respect women as individuals. In order to affect positive behavioural changes, perpetrators had to relinquish their sense of ownership over women by changing their gender stereotypical thinking and attitudes (Maphosa, 2015).

Furthermore, the program's effort improved the participants' communication and problem-solving abilities. It appeared that participants continued to use these skills after the program was over, which reduced domestic violence. According to the study's findings, providing perpetrators with these abilities proved to be very beneficial and efficient. After the completion of the program, participants started applying the newly acquired knowledge they had learnt to their daily activities, and their communication and problem-solving skills increased, which in turn enhanced gender relations with their partners. Ultimately, this resulted in a decline in domestic violence incidents (Maphosa, 2015). In this regard, the program encouraged participants to realise the worth and importance of their intimate partners, as well as the necessity of always treating them with respect. The study also confirmed that men who participated in it had positive attitudes toward women, which made them less likely to engage in domestic violence. The long-term viability of these changes was unknown, despite the fact that perpetrators had gained an understanding of the importance of treating women with respect and as equal partners in their relationships at all times (Maphosa, 2015).

According to the outcome evaluation study, none of the male participants who participated in the treatment program were found to have engaged in physical violence against their intimate partners. This was in the 12 months following the completion of the treatment program. Physical violence did end, which was interpreted as a success of the program on the surface. However,
participants were still dealing with other types of domestic violence in their close relationships, such as harassment, verbal and emotional abuse. This means that treatment programs for perpetrators need to be continually assessed and changed to include practical methods for successfully reducing the occurrence of other types of intimate relationship violence (Maphosa, 2015).

In spite of the PIPV program’s positive effects, Maphosa and Rasool’s (2017) study found that other significant factors, such as the fear of being imprisoned, increased accountability and responsibility, the possibility of losing relationships, and having a positive attitude towards women, also had an important role in the reduction of physical violence. These elements appeared to have a significant impact on how domestic violence perpetrators alter their behaviour. It appeared that abusers inadvertently learnt how to suppress violent tendencies and engaged in abusive behaviour that was less obvious and more difficult to prove. This was to avoid imprisonment. As a result of the threat of imprisonment, participants in the program were deterred from perpetrating further violence against their intimate partners. For instance, if a person gets a suspended sentence, their prison sentence was suspended for 5 years provided that they did not commit a domestic violence crime during that time. When the perpetrator did not comply with the conditions, a prison sentence was automatically imposed. Through this legal ramification, more incidents of violence against intimate partners were prevented. Participants who had previously been imprisoned were aware that there would be repercussions if they failed to comply with the sentence conditions. Those who had experienced imprisonment for the first time, promised themselves they would never return to prison again (Maphosa, 2015).

The effects of imprisonment on a perpetrator's career and relationships were detrimental. On the other hand, incarceration resulted in the perpetrators losing their jobs, their financial
independence, and their economic stability. Future work opportunities were also harmed by the stigma associated with incarceration. Nobody who received benefits from the program was ready to leave their jobs. They decided to follow the program and sentence conditions to comply with the law and avoid committing crimes. As a result, perpetrators were afraid of being sent to prison since they did not want to lose their careers, their self-esteem, and the relationship that they had with their families. The participants stated that they made behavioural adjustments to avoid being sent to jail and possibly losing their families. After the program's successful completion, none of the participants had been incarcerated again for any offences connected to domestic violence (Maphosa, 2015).

According to the study findings the NICRO PIPV program had some impact given the decline in domestic violence cases and significant decline in the rate of reoffending. The study findings also supported the researcher's hypothesis that the NICRO PIPV program was a workable alternative to incarceration that the courts can employ in order to decrease intimate partner violence. In contrast, some participants received protection orders from domestic violence courts aimed at helping to prevent perpetrators from committing more violent crimes. As the male participants continued to engage in domestic violence, it appeared that a protection order alone had no rehabilitative or deterring impact. This implied that protection orders were ineffective at reducing domestic violence incidents without the prospect or reality of actual imprisonment. None of the interviewees indicated that their behaviour had changed as a result of the protection order (Maphosa, 2015).

This research also showed that the fear of losing relationships influenced perpetrators' behavioural change. There were instances where there was an improvement and reinforcement of bonds among victims and perpetrators upon the completion of the NICRO PIPV program. The
relationships and communication between the intimate partners improved, helping to resolve misunderstandings and disputes that could have resulted in domestic violence. Thus, the program had positive influences on the relationships between perpetrators and victims and succeeded in developing healthy gender relationships between partners (Maphosa, 2015). The PIPV program's emphasis on communication skills seemed to have benefited perpetrators in establishing healthy bonds with their significant others and intimate partners, including children. The perpetrators' improved connections acted as a driving force behind their decision to stop committing additional domestic violence crimes (Maphosa, 2015).

This study also confirmed that applying restorative justice strategies and ideas to domestic violence issues had benefits. The restorative justice techniques used by NICRO in the PIPV program, such as mediation and counselling, were helpful in assisting perpetrators accept responsibility for their actions, amending and acknowledging their wrongdoings (Maphosa, 2015). However, they did not address the power imbalance in relationships. Even though male participants had promised to quit all forms of abuse at the mediation session, the findings showed that most participants were still abusive towards their intimate partners. The mediation and counselling processes alone were not sufficient to reduce domestic violence because they failed to recognise the power relationships present in domestic violence situations (Maphosa, 2015).

This study found that one of the various methods used to treat the problem of domestic violence was couple counselling. The goal of couple counselling was to help partners communicate and negotiate better. Despite this, however, there was a danger of justifying violence as a natural outcome of the normal interaction process of the way in which individuals interact with one another. In couple counselling, there were no consequences for domestic violence on the grounds that both parties lacked adequate communication skills. Hence, the importance of improving
relationships and communication skills was promoted instead of blaming the perpetrator for the violence. According to some critics, this approach could pose a danger to women, as it failed to take into account power dynamics within relationships and does not hold men accountable for their behaviour. This may further increase the risk of violence against women (Maphosa, 2015).

Numerous factors had been noted as being crucial to the effectiveness of a perpetrator program in reducing violence. According to research, programs could not operate in a vacuum or by themselves. Reducing domestic violence holistically, numerous intervention components must coexist with structural and environmental support for program success. To ensure that perpetrator programmes were holistically successful, it was important to incorporate aspects that addressed other forms of abuse, as well as the encouragement of law enforcement to consider all forms of domestic violence, not only physical abuse. The intervention program could have included and emphasised strategies that were designed specifically to counteract the effects of emotional and psychological abuse (Maphosa, 2015).

In addition to perpetrator programmes, the duration of sessions had also been identified as significant considerations. It was found that the number of sessions that the perpetrator attended was a significant predictor of recidivism in the study. Those who had completed all of their treatment sessions were less likely to be rearrested and re-convicted for domestic violence. A longer session of the intervention program was perceived as more beneficial than a shorter session program. In this case, the more intensive and longer lasting the sessions were, the more likely it was that it would have a more meaningful impact on the participants than shorter and less intense sessions. A rehabilitation programme that had been designed to help offenders of domestic violence needs continuous improvement, and a lot more effort needs to be put into understanding the mechanisms of change that could occur within the rehabilitation program (Maphosa, 2015).
Furthermore, the study indicated that interactions and group cohesion had a positive effect. They were considered essential to the successful operation of rehabilitation programs for domestic abuse perpetrators, and they continued to have a lasting impact on participants even after the program was completed. Therefore, it was imperative for group facilitators to provide a positive environment for disclosure, to encourage the formation of group norms, to provide support and openness, and create a sense of hope among the participants. The effectiveness of perpetrator programs was also influenced by the motivation of those who participate in them. The purpose of perpetrator programmes was to enable domestic violence perpetrators to take responsibility for their actions by assisting them in gaining insight into the wrongfulness of their actions (Maphosa, 2015).

Study results showed that the importance of taking full responsibility for a person's past violent and abusive behaviour, as well as admitting to any wrongdoing, was crucial to behavioural change, regardless of whether they attended a program. It had been shown that perpetrators who were motivated to change their behaviours and took full responsibility for their offense had a much higher probability of stopping domestic violence than those who were not motivated to do so. A study had found that men with adequate motivation were less likely to perpetrate domestic violence following treatment. As long as the perpetrator did not take full responsibility for his behaviour and ceases to be controlling, it was unlikely that he would change his behaviour, regardless of whether he participated in the perpetrator program (Maphosa, 2015).

In the evaluation of the perpetrator of domestic violence programs, there had been an overemphasis on behavioural outcomes. As a result of the study, it was concluded that in order to determine which treatments were the most effective for whom and under which circumstances, a holistic approach that takes into account the psychological characteristics of perpetrators as well
as the characteristics of treatment might be needed. The use of recidivism as an outcome measure did not have any significant impact on the ability to understand the relationship between the mechanisms of change in the program and their effect on the behaviour of participants. To develop a program of intervention that will be effective in reducing the risk of domestic violence in the future, it will be imperative to take into account the beliefs shared by the perpetrators of the violence in order to develop and implement such an effective intervention. It had been found that perpetrators of domestic violence possessed similar sets of core beliefs about themselves, the world, and their violence, even though individual differences did exist. These beliefs were used to explain their behaviour and to inform interventions. They were referred to as implicit theories which involved networks of beliefs that served to facilitate, legitimise, or support abuse (Maphosa, 2015).

These factors were significant contributors to the development and maintenance of cognitive distortions. These distortions were characterised by distorted beliefs and attitudes, as well as distorted thinking styles, such as the tendency to excuse, blame, and rationalise behaviour. As part of the restructure of the perpetrator's thinking, attempts should be made to modify beliefs that promote violent behaviour. These beliefs would challenge the perpetrator's beliefs and attitudes. Successful perpetrator programs should address these sets of beliefs in order to be able to eliminate defence mechanisms, such as denial and minimisation. To hold perpetrators liable for their actions, it was critical to gain a deeper understanding of the mechanisms the perpetrators used to defend themselves. To achieve optimal behavioural changes and ultimately improve the effectiveness of the program, therefore, the perpetrator programs must address the above identified beliefs and attitudes. For perpetrators, key factors leading to a change in behaviour included a willingness to take responsibility for their past behaviour, acquiring new skills within the
programme, and establishing healthy relationships both within and outside of the programme. After the completion of perpetrator training programs, domestic violence incidents did, however, decrease significantly in some instances. There were several factors that should be considered for the successful implementation and outcome of perpetrator programs, such as attitudes, the integrity of the programme, the perpetrator's interest, as well as the availability of treatment for substance abuse (Maphosa, 2015).

However, other researchers had found that men were capable of changing their ways of thinking and behaviours and learning to behave in a more positive, equal and non-violent manner. A key component of effective treatment programs was ensuring the victim's safety, making perpetrators aware of their actions and educating them about the sociocultural and historical context of violence, emphasising the responsibility participants need to take for their behaviour, and connecting the treatment program with the criminal justice system. To be effective, perpetrator programs should have provided the perpetrators with new skills that would have enabled them to improve their behaviour in the future as well as providing them with knowledge about a variety of non-violent conflict resolution strategies and techniques. To address domestic violence, it would be imperative to understand its causes at several levels, including the intersection of the victim, the situation, the family and the community factors. Intimate femicide was one of the serious consequences of domestic violence; therefore, it would be imperative that the planning and implementation of prevention and intervention programs, particularly those involving perpetrators, takes all of the factors above into account in order to maximise the effectiveness of these programs in reducing recidivism rates. Gender-based violence intervention should be tailored accordingly in a manner that addresses all levels of perpetration to ensure its effectiveness (Maphosa, 2015).
Based on the findings of this study, it was shown that interventions which were more likely to be effective took into consideration that the power imbalance within abusive relationships. In the field of domestic violence intervention, there was some controversy due to the fear that, if programmes were not operated in accordance with very strict principles, women may be in great danger. The perpetrators who participated in intervention programmes might sometimes give their intimate partners false hope that their behaviour would change automatically as a result of the intervention programme. Meanwhile, other forms of violence and control that would be obvious could have been substituted for the threatening and intimidating attitudes towards women in place of traditional forms of control (Maphosa, 2015).

Further research would be needed in order to determine whether or not court-ordered treatment would be effective in reducing the recidivism rate among domestic violence perpetrators. The onus lies on service providers to continue evaluating the effectiveness of their perpetrator programs that aim to reduce the level of domestic violence in this country by addressing this social issue (Maphosa, 2015). Despite the relatively underdeveloped nature of treatment for male perpetrators of domestic violence in South Africa, the outcome of the NICRO PIPV program contributed to a relatively under-researched area of treatment. The results of this study demonstrated that, even though perpetrator programs had limited effectiveness in reducing domestic violence incidents, they can be utilised by the courts as a viable alternative to imprisonment. Furthermore, although perpetrators stopped using physical violence after the completion of the programme, the frequency of other forms of violence decreased, but the occurrence of them did not completely cease. Thus, it would be necessary to continuously evaluate and modify treatment programs for perpetrators in order to include effective strategies that would be proven to decrease other forms of domestic violence as well (Maphosa, 2015). It was generally
acknowledged in the literature, that insufficient research had been conducted regarding recidivism and relapse rates among perpetrators of intimate partner violence (Maphosa & Rasool, 2017).

4.3.10 Agisanang Domestic Abuse Prevention and Training Organisation (ADAPT)

The Johannesburg study, which reflected on the lives of 11 men living in Alexandra township, which explored the meaning of men as well as the challenges and issues that men in township settings encounter when attempting to transform from masculinity, indicated that the initial step in men’s effort to change was the use of interventions that raised consciousness and encouraged self-reflection (Pyke, 2020). In this study, in-depth discussions, reflections, and evaluations about how men rethink transformational masculinity were done. Men engaged in a process of self-reflection toward personal transformation and knowing themselves first. During the process of transitioning from their masculine identity, self-reflection was an imperative step for men in the program. As a result, the participant developed a deeper awareness of their masculinities, which was essential to the process of transformation. In consideration of how hegemonic masculinities affected their lives and relationships, men emotionally disassociated themselves from the destructive and negative elements of a hegemonic norm. Men were able to define alternative ways of being men through this programme (Pyke, 2020).

During the phase of self-reflection, some men expressed the significance of obtaining counselling or support from other like-minded men by participating in gender transforming workshops like those offered by the Sonke One Man Can campaign or by participating in support groups such as the ADAPT Men's Forum. Some men considered cutting ties with loved ones and friends who did not hold the same values. Some considered leaving their family house and migrated to the hiding in a distant township, and after an extended period of time, they returned to
their estranged parents to reconcile. Some considered quitting their previous high-risk behaviours, like drug or alcohol misuse. Others found that their self-reflection path brought them to church, which allowed them to think about change while also upholding their reputation in the community (Pyke, 2020).

These were the most important benefits of this intervention in working with men to transform their masculinities and achieve gender equity. The authors emphasised that this might encourage men to take responsibility for their direct and indirect contributions to gender inequality and might even set them apart from their township peers. However, this did not ease or support their ongoing struggles to understand their lives in the face of political and socioeconomic challenges. Furthermore, it did not discuss the specifics of how change should be implemented. Although current efforts in involving men as participants in gender equality through talk-based approaches had shown some positive outcomes in addressing gender-based violence and the need for men to change their masculine behaviours, however, this was not sufficient. The provision of a conducive environment for men to reflect on their lives within a gender transformative context was the first step in supporting men’s change processes (Pyke, 2020).

It was evident that most of the men interviewed at various locations were familiar with aspects relating to gender equality and the oppressive nature of traditional masculinities, for themselves as well as for the women in the community. It was difficult for men to implement change due to lack of physical, psychological, and social space as well as lack of support structures. A crucial component to achieving positive outcomes with men was recognising that they did not only seek help, but they were also willing to discuss changes, their masculinities, anxieties, and the impact they had on them and their relationships. Change was possible for some men once they realised the options available to them. With more men becoming aware of their masculinities, this
encouraged other male peers to consider their identities as men and the roles they wish to play in society (Pyke, 2020).

However, this study found that although men were aware that in South Africa's post-apartheid society, alternative masculinities based on equality and the concept of the new man conflict with the deeply ingrained patriarchal culture, which disapproves of men who deviate from the masculine boundaries. Men's sense of identity and self-worth were undermined by patriarchal ideals that permeate larger social, political, educational, cultural, legal, and religious frameworks. Additionally, in South Africa, masculinity was frequently associated with violence and there was a crisis of masculinity discourse which undermined the process of change for men (Pyke, 2020).

It was difficult for men to transform without new or alternative definition of masculinities, in addition to the pressures of male social norms and expectations. Many men silently accepted a subordinate position in the hierarchy of masculinity, rather than challenging the hegemonic norms governing societal masculinities. After twelve months of the actual study, the results of the evaluation session revealed that each of men interviewed on the follow-up visit was at a different phase in their lives than they were the first time. One of the most noticeable improvements was men's increased confidence in their ability to reflect deeply on their lives. It was through their unique stories and experiences that they encountered new challenges, as well as new opportunities and a new perspective (Pyke, 2020).

Men in the research indicated that they were struggling with redefining and renavigating their masculine identities within society. Their conversations illustrated these complexities and limitations. It remained essential that men reflected individually and collectively on how they can transform their masculine identities for identification and acknowledgement. It was the author's contention that this was facilitated by programs such as the ADAPT Men's Forum, men's support
groups through counselling services, or gender-transformation workshops, which encouraged men to redefine their identities and roles as men within a framework of gender equality in society (Pyke, 2020).

Men responded positively to change for a variety of reasons, but it was difficult to determine why some engaged in self-reflection and others did not. In spite of this, men who participated in the intervention in different places such as taxi rides, shopping centers, streets, and the train station in Alexandra, all showed genuine interest in the subject of discussion and engaged in animated conversations concerning men's struggles, issues, and expectations. Participants expressed dissatisfaction with social norms and expectations that men were expected to meet in society. Participants lamented the persistent links between males and violent masculinities, as well as the disregard for men's voices and efforts to condemn violence, as well as men's attempts to transform into "new," more compassionate, and inclusive men (Pyke, 2020).

According to a Maphosa (2015) study which evaluated the effectiveness of the Perpetrator Intimate Partner Violence (PIPV) program in promoting positive gender relations and preventing domestic violence, where eight respondents had completed the PIPV program at the NICRO Pretoria Central Office twelve months before this study, indicated that ADAPT provides counselling for couples. However, this method of couple counselling had not been investigated in South Africa in terms of its effectiveness in reducing domestic violence (Maphosa, 2015).

Another area of concern raised by Pyke’s (2020) study was that ADAPT's expectation was that men who attended the workshops would later join a Community Action Team (CAT) to do community education throughout the township. However, it became evident during the workshops that men were not directly informed of this expectation. When this expectation was communicated during one session of the workshop, several men expressed concern and objected to being involved
in CAT, perceiving it as a risky commitment with no benefits. In their view, it was considered a hazardous assignment to approach men in local bars and taverns to discuss gender equality, with no material reward for their efforts. By the end of January 2012, participants’ willingness, and enthusiasm for the ADAPT workshops had begun to wane (Pyke, 2020). Additionally, the funds allocated to the workshops were exhausted by March 2012, and the involvement with the men in Alexandra township was officially terminated. ADAPT was also unable to fund the men's program, and as a result, staff contracts were terminated. In response, men expressed their anger and disappointment at being taken for granted and used for agendas that failed to benefit them (Pyke, 2020).

This study examined the concept of manhood in terms of juxtapositions: rural versus urban, traditional versus modern. This contrast fed men's subjective understandings of masculinity, emphasising the complexities and challenges associated with transforming masculinities. Furthermore, it demonstrated how men rethink and redefine their masculinity in response to different situations in a very fluid and multifaceted manner. This demonstrated how adaptable men were in their ability to evolve and possibly change masculine identities. (Pyke, 2020).

Many studies on men, masculinity, and change examined how men were (or were not) dealing with change in contemporary societies and highlighted the complexity of change for men. On the other hand, relatively little research had been done on how men in townships deal with daily socioeconomic change in the same social and cultural contexts. There was evidence that the social values of being a protector and provider were interrelated to male gender norms, and some men were finding it difficult to perform these duties in light of the increasingly harsh economic conditions. Many men thought that the current circumstances were significantly more oppressive than the apartheid-era circumstances that they either personally experienced or subjectively
observed. For many men, their masculine identities were embedded in social and cultural gendered roles and for them, these roles were uncompromising (Pyke, 2020).

However, as a result, they felt that daily experiences with the political agenda for gender equality, the rise of poverty and diminished economic opportunities, for example, were preventing them from fulfilling their traditional social obligations, as well as their ability to redefine and reposition their masculine identities within such a conflicted environment. The reality of their experiences, according to this study, can serve to derail the efforts of gender specialists towards transforming more gender-equitable masculinities. Furthermore, inadequate consideration was given to how men were currently undergoing transitions or transformations (Pyke, 2020).

4.3.11. Perpetrator Rehabilitation

Boonzaaier and Van Niekerk's (2018) study conducted with 26 participants mandated to participate in criminal justice intervention programs in Cape Town, examined the subjectivities men construct as they discuss their violent acts against their intimate partners and how these understandings affected the interventions, they participate in. The study found that the pro-feminist, cognitive-behavioural, and psychoeducational approaches currently used in criminal justice treatments with domestically violent men had significant effects on the outcomes of these interventions. Throughout the narratives of men, aspects such as life events, relationships, and actions, played an influential role in their stories about violence. Their understanding of the intervention process was impacted by these contexts. Participants argued that intervention efforts relied too heavily on one dimension of their identities, that of a "perpetrator", to understand the broader context of their lives. A focus on only one dimension (i.e. gender and power) of an
individual's violence was a potential cause for concern, considering the wide range of contexts and experiences that men had been exposed to (Boonzaaier & Van Niekerk, 2018).

The study by Graaff and Heinecken (2017) in Ceres in the Western Cape, with 30 participants in a small farming community, centered on gender transformative interventions as a means of preventing gender-based violence, in particular, an intervention that targeted masculinity, revealed that, while it was commonly believed that men who were sentenced to prison would become law-abiding citizens, this had rarely occurred. Although some prisons offered rehabilitation and work experience programs, it seemed that certain prisons tend to result in a change that is contrary to the intended outcome. An intervention's ability to make a lasting impact was dependent on the participant's willingness to participate in the intervention. In prison, many inmates felt that their punishments were excessive and random, and that society had treated them unfairly. Upon their release, they might seek revenge against society by committing further violent crimes. As a result, the overall re-socialisation process had an opposite effect to what was intended (Graaff & Heinecken, 2017).

According to Boonzaaier and Van Niekerk (2018), in order to design culturally appropriate interventions for marginalised men, an in-depth life history approach was necessary in order to identify the ways in which disadvantages and violent treatment experienced by these men impacted their aggressive behaviour. The effectiveness of interventions depended on an understanding of the various factors and transitions that led to men's violence and criminalisation. For an intervention to be effective on violent men, it would be crucial to pay close attention to these themes that emerge from their narratives. It would be of importance to challenge men’s rationalisations, minimisations, justifications, and specific understandings (such as those surrounding male dominance) pertaining to abuse against women. In addition, it would be crucial
to consider contextual nuances when working with aggressive males (Boonzaaier & Van Niekerk, 2018).

### 4.3.12. CSVR’s Gender-Based Violence Programme

As part of the study conducted by the Centre for the Study of Violence and Reconciliation (CSVR) (2016), the objective was to strengthen and expand the capabilities of CBOs, people in the community impacted by GBV, or victims who remain exposed to GBV, so that they can be able to handle it permanently and effectively without the assistance of CSVR. During the CSVR project in Loskop, researchers visited taverns to meet with men, in which they engaged in dialogue regarding hegemonic masculinities and GBV. These conversations helped men to embrace masculine voices that were non-sexist and non-violent to women and girls. In this regard, the CSVR’s model considered the fact that involving boys and men in learning approaches resulted in more gender-equitable relationships, thus reducing violence, particularly violence against women or intimate partners. CSVR’s community dialogues had demonstrated the existence of GBV in both cultural and religious belief systems, such as “lobola” payments and “ukuthwala”. There was an emphasis that norms about violence or child socialisation should be challenged in community dialogues in order to prevent young boys and men from using violence. Furthermore, many cultural and religious practices appeared to be in conflict with the constitutional right to equality for women (The Centre for the Study of Violence and Reconciliation, 2016).

In order to achieve the community intervention's objective, social mobilisation and network building were critical. A key aspect of CSVR's commitment to GBV prevention was the importance of increased community collaboration so that stakeholders could support each other in the fight against gender-based violence. Traditional and religious authorities participated in

89
discussions conducted in Loskop, Thulamela, and the Bo-Kaap, and traditional practices and beliefs were challenged, as well as misconceptions about domestic abuse, which were generally disregarded and justified. According to this study, today’s society exhibits unequal power relations between men and women. Women had been systemically disadvantaged and repressed, while men were seen as central figures of authority. The ecological model recognised that certain social and family circumstances foster an atmosphere and societal expectations that encourage men and boys to participate in violent behaviour. During the first dialogues and discussions with key stakeholders, it was decided that men should be engaged in the prevention of gender-based violence in order to create positive masculinities that would not reproduce patriarchy. Sporting activities, such as soccer matches, should be used as forums for discussing violent behaviour with boys and men (The Centre for the Study of Violence and Reconciliation, 2016). The next chapter discusses these findings.
Chapter 5: Discussion

Findings:

A scoping review was conducted in order to provide a comprehensive description and mapping of interventions and programmes targeting men as a key strategy for addressing GBV against women in the South Africa setting. This study also identified and presented gaps in the literature and advocated for more research focusing on men as a key approach to addressing GBV against women. This study looked at 25 studies that included a total of 7,084 participants. Men's participation in gender-based violence interventions has been studied extensively. The intervention programmes reviewed, had improved relationship skills and reduced male Intimate Partner Violence (IPV) perpetration by 38% after 24 months of the interventions (Jewkes et al., 2014; Graaff & Heinecken, 2017). Significant reductions in IPV were reported following the intervention (Gibbs et al., 2020).

Individuals who benefited from interventions right away did well in the long run, and the benefits of interventions were evident relatively early after the intervention (Gibbs et al., 2020). The effect on participants was largely positive and long-lasting (Graaff & Heinecken, 2017). The findings also indicated that the involvement of men in intervention positively impacted their views on the rights of women and the dynamics of power in their interactions with women (Graaff & Heinecken, 2017). This argument was strengthened by recent studies carried out in more rural areas of South Africa, which revealed that intervention had reduced violent behaviour among men living in rural areas (Jewkes et al., 2014). Through participation in the intervention, men became more caring and less violent, and this reduced sexual risk-taking and men’s violence. In the project, where participants met with men in taverns and discussed the relationship between the construction of hegemonic masculinities and gender-based violence, the discussions helped boys and men to
begin embracing non-sexist and nonviolent masculinity toward girls and women (The Centre for the Study of Violence and Reconciliation, 2016). In this context, it was also noted that methods of involving men resulted in more gender-equal relationships, low violent rate, particularly violence against intimate partners (The Centre for the Study of Violence and Reconciliation, 2016).

The findings revealed that positive gender relations were important for preventing gender-based violence, as all participants stopped committing physical domestic abuse (Maphosa, 2015). Participants involved in the interventions adopted and applied new behaviours, values, and beliefs that opposed gender-based violence, resulting in effective changes in behaviour (Maphosa, 2015). Participants learnt to respect women and to always treat them equally in relationships. They learnt that men were not superior to women and refrained from exerting control over their intimate partners. This reduced the likelihood of gender-based violence (Maphosa, 2015).

Empowering perpetrators with cognitive behavioural skills and increasing their protective factors, such as strengthening their relationships, were also identified as important factors in reducing violence against women, thus necessary to increase the impact of perpetrator programs (Maphosa, 2015). The results of these interventions suggested that gender-based violence perpetration, victimisation of women, as well as risk factors relating to gender-based violence were reduced (Pettifor et al., 2018; Jewkes et al., 2014; Larson et al., 2020). At the end of the treatment program, which intended to change men’s attitudes and beliefs, men were able to recognise and realise that they were not allowed to mistreat their intimate partners through gender-based violence and to treat them like children (Maphosa, 2015). Another crucial realisation for participants was the need to treat women as individuals. By expressing their sense of control over women, perpetrators were able to shift their perceptions and attitudes regarding gender norms, which was critical in making their behavioural adjustments (Maphosa, 2015). Men had a more gender-equal
mindset, which significantly reduced their controlling behaviours toward their partners (Jewkes et al., 2014).

Research findings revealed that the intervention programmes changed men's perceptions of power relations and gender roles toward gender equality, and helped them to reduce alcohol consumption, unsafe sex, and violent behaviour against women, which led to improved health outcomes (Van den Berg et al., 2013). The findings revealed that several men acknowledged changes related to gender on the ground, in particular women entering and participating in community leadership, and changes in household labour duties (Dworkin et al., 2012). According to the findings, some men were embracing gender equality and were receptive to women's opinions (Dworkin et al., 2012). On a similar note, men who were involved in interventions showed statistically significant improvements in attitudes toward gender equality, and a reduction in physical, and sexual violence (Treves-Kagan et al., 2020; Christofides et al., 2020). The findings revealed that less violent males were more receptive to messages on gender equality and rights since they were more ambivalent about their actions (Christofides et al., 2020).

Many participants indicated that their involvement in masculinity-focused interventions had changed their behaviour (Viitanen & Colvin, 2015). Men interviewed in taxis, stores, at the train station, on the street, and elsewhere were really interested in the subject of discussion and had enthusiastic talks about the problems, hardships, and goals they encountered as men living in the township (Pyke, 2020). They all expressed their dissatisfaction with society's inflexible social standards and expectations of men (Pyke, 2020). Several young men claimed that "all men in their society" (including themselves) behaved in a specific manner and adhered to particular "traditional" values and beliefs (Viitanen & Colvin, 2015). During their discussion, they discussed the way men were expected to behave in intimate relationships, the values they placed in traditional
gender roles, and how gender was not variable but rather was a cultural and biological construct (Viitanen & Colvin, 2015). They were unhappy with the ongoing links regarding men and violent masculinities, as well as the dismissal of their efforts to denounce violent behaviour and develop into 'new', more compassionate, and inclusive men (Pyke, 2020).

The findings revealed a great amount of pressure placed on men by society to meet specific masculinity norms, which included being physically strong, emotionless, aggressive, and having several intimate partners (Graaff & Heinecken, 2017). However, becoming involved in the interventions, on the other hand, was praised because it allowed them to begin challenging these prevailing notions of masculinity and seeing alternatives (Graaff & Heinecken, 2017). In other words, participants who were involved in the interventions started establishing new gender norms in their communities (Graaff & Heinecken, 2017). These interventions appeared to promote conversation about harmful masculinity expectations and provided a space for participants to explore alternatives (Graaff & Heinecken, 2017). Local efforts against gender-based violence have been successful both in rural and urban areas of South Africa (Gevers et al., 2013).

Rural versus urban, traditional versus modern were among the contrasts that defined and contested the concept of manhood (Pyke, 2020). These inconsistencies reflected how men interpreted what being a man means in different situations, illustrating the challenges and complexities of changing masculinities (Pyke, 2020). It also highlighted the diversity, adaptability, and variety of methods men used to negotiate and reconstruct their masculine identities in response to changing situations and contexts. This was evidence that men or masculine identities were capable of evolving and, perhaps, transforming as they evolve (Pyke, 2020).

Researchers discovered that a program designed to change harmful gender norms was effective among men (Pettifor et al., 2018). Negative gender norms among men were reduced
through group intervention which created a conducive environment that made it easier for men to discuss the prevention of GBV (Pettifor et al., 2018). In general, participants in the group interventions were friendly and supportive of each other. Members of the group experienced more support and acceptance from their fellow group members than they did from their family or friends (Colvin, 2017). The participants' effort during and after the intervention went against many of their community's traditional gendered norms and practices (Colvin, 2017).

The group gave them more opportunities to express their physical and emotional challenges than they would normally have had (Colvin, 2017). The other group members offered helpful advice regarding effective communication and how to resolve the dispute with their intimate partners, after many of the other group members disclosed their emotional struggles in their intimate relationships (Colvin, 2017). Through intensive, group-based sessions, men were able to discuss their vulnerabilities (Gibbs et al., 2020). Men were open to discussing the way they feel about change, their masculinity, their fears, and the impact these factors have on themselves and their relationships (Pyke, 2020).

Through talk-based interventions, some progress was made in increasing men's awareness and transforming their associated masculine behaviours (Pyke, 2020). The most noticeable change in men participating in these interventions was their ability to reflect on their lives more deeply (Pyke, 2020). Reflecting on their experiences and stories provided new challenges, but they also uncovered great opportunities and a new perspective (Pyke, 2020). The gender transformative workshops continued to encourage men in their journeys to redefine themselves, and their roles in society, within the context of gender equality. Participation in gender transformative workshops led some men to reflect on how they directly or indirectly perpetuated gender inequality and gender-based violence, and to differentiate themselves from other men in society as a result (Pyke,
Moreover, they considered and rejected aspects of local hegemonic masculinity that were more costly and embraced those that served their health and relationships better (Colvin, 2017). Participants held more equitable gender norms after participating in the program (Pettifor et al., 2018).

The intervention program was highly effective in engaging men in sensitive conversations about masculinity, family life and gender equality, as well as providing a conducive environment for constructive reflection on these issues (Van den Berg et al., 2013). Interventions showed the potential to be successful partly because it addressed numerous, and interrelated issues in men’s lives (Hatcher et al., 2014). Several men interviewed in the township showed a keen interest in the issue of gender equality and were aware of the oppressive nature of patriarchal masculinities, for themselves as well as for women (Pyke, 2020). Working with men at a practical level contributed to their engagement in the intervention (Jewkes et al., 2014). Those who realised they had options were more motivated to change their behaviour. The more men became aware of their masculinities and started transitioning, it inspired other men to consider their own masculinity and their role in society (Pyke, 2020).

Through intervention, men came to understand that hegemonic masculinities compelled them to behave in a manner that was harmful to their well-being and the wellbeing of others. They also realised that these masculinity behaviours were "costly" to them (Graaff & Heinecken, 2017). They also realised the significant costs associated with men enacting masculinities that affected them and those close to them, such as risky sexual behaviours, mental health problems, drug and alcohol abuse, poor health-seeking behaviour, and violent behaviour against women both physically and sexually (Graaff & Heinecken, 2017). The message about masculinity costs was well received.
In the initial phase of the change process, men were given the opportunity to reflect, evaluate, and discuss in depth, through consciousness-raising interventions and self-reflective activities, which led them to rethink about transformational masculinity and agree that "knowing themselves first" was a crucial component of the change process (Pyke, 2020). The findings indicated that self-reflection was a crucial phase in the process of changing men's masculine identities. Becoming aware of their masculinities was the foundation of their transformation (Pyke, 2020). Men who participated in the intervention had emotionally distanced themselves from the negative aspects associated with hegemonic norms of violence and reflected on its effects on their lives and relationships (Pyke, 2020).

Furthermore, interventions provided an opportunity for men to redefine alternative definitions of masculinity (Pyke, 2020). Several men discussed the importance of reducing alcohol consumption and improving relationships, changing the concept of masculinity, and limiting the number of sexual partners in the effort to prevent GBV. As a result of the intervention, men were able to shift their narrow perspectives on masculinity (i.e., the authority to make decisions, violent behaviour, and risky sexual behaviour) towards collaborative decision-making and respecting their partners (Hatcher et al., 2014). In this regard, a change in one aspect of a man's life led to positive changes in other areas (Hatcher et al., 2014).

In the phase of their journey of self-reflection in gender transformation, some men sought counselling, some sought peer support from other men by attending workshops that addressed gender transformation, and others participated in support groups such as the men's forum. Some men distanced themselves from family members and friends who did not share their values and beliefs (Pyke, 2020). Some left their parents' house to a new township and returned after extended periods of time to make amends with their estranged parents. While others stayed in their places
but abstained from previous risky behaviours like violence and drug or alcohol misuse (Pyke, 2020). Other men chose to embark on their self-reflection journeys through the church, which provided them with the opportunity to reconsider change while maintaining their reputation in the community (Pyke, 2020).

The ecological model acknowledged that certain family and community circumstances foster an atmosphere and societal pressures which encourage men and boys to participate in violent behaviour (The Centre for the Study of Violence and Reconciliation, 2016). According to social learning theory, gender-based violence was learnt by seeing the behaviour, and internalising supportive attitudes towards the learnt behaviour, as well as positive reinforcement of the behaviour. The perpetration of GBV by men who were less exposed to violence during their childhood was reduced (Gibbs et al., 2020). The findings indicated that the intervention effort was effective in men who showed openness to change and did not have deeply ingrained learnt behaviours (Gibbs et al., 2020). Men who did not have poor mental health, substance misuse, exposure to violent behaviour or had to deal with socially learnt behaviours from childhood, were better able to respond to the interventions effectively (Gibbs et al., 2020). Men who had a moderate level of aggression at the beginning showed a reduction in aggression as a result of interventions (Gibbs et al., 2020).

The findings also revealed that access to media (through satellite television/smartphones) and subsequent viewing of serial dramas that portray violence and equitable relationships also contributed to gender norm alterations (Peacock & Barker, 2014). Some organisations that worked with men had taken up political lobbying and activity to combat political reaction that typically happened when men's privileges were questioned (Peacock & Barker, 2014). The political and legal advocacy resulted in extensive radio and television coverage that led to a national discussion.
about the roles and responsibilities of male political leaders, resulting in a public apology and warning male public officials that if they undermined gender equality, other men would challenge them (Peacock, 2013). In this way, men reflected on attitudes and practices pertaining to gender equality, as well as how they can speak out against gender inequality (Peacock, 2013).

Furthermore, the findings revealed that community mobilisation efforts challenged inequitable gender norms about masculinity, such as men’s inability to seek help, their dominance in relationships, and women's primary role in family care (Leddy et al., 2021). Interventions relied heavily on social mobilisation and the formation of community networks to increase community collaboration to guarantee that different players (key stakeholders, boys, and men) were included in gender-based violence prevention to provide mutual support against gender-based violence and to create positive masculinities that did not reproduce patriarchy (The Centre for the Study of Violence and Reconciliation, 2016). Sporting activities, such as soccer matches, were used as forums for discussing violent behaviour with boys and men (The Centre for the Study of Violence and Reconciliation, 2016). These discussions encouraged boys and men to embrace non-sexist and nonviolent masculinity toward girls and women (The Centre for the Study of Violence and Reconciliation, 2016). In this aspect, the intervention recognised that learning approaches that include both men and boys result in more gender-equal partnerships, which lowers violence, especially aggression against intimate partners (The Centre for the Study of Violence and Reconciliation, 2016).

Furthermore, there was some evidence that violent men were more depressed (Gibbs et al., 2020). Moreover, men who participated in the intervention were provided with a therapeutic group space and supportive environment that helped reduce their symptoms of depression, thereby reducing their sense of self-blame and, consequently, reducing their use of violence (Gibbs et al.,
Therefore, interventions created a therapeutic space that alleviated the symptoms of depression among men who were driven by circumstances such as a sense of failure and poverty, by improving their self-esteem (Gibbs et al., 2020). As a result of the intervention, suicidal thoughts and depression symptoms among men decreased. Men reported fewer signs of distress and suicidal ideation and received more HIV testing as a group (Jewkes et al., 2014). A significant improvement was seen in men's monthly wages, and they reported feeling less anxious about their employment conditions, they stole less, and they had savings in emergency (Jewkes et al., 2014). Overall, men's health improved, and their perceptions regarding their life circumstances improved (Jewkes et al., 2014).

Additionally, men's improved livelihoods allowed them to demonstrate materially that they were willing to attempt changes in their social roles and masculinities (Jewkes et al., 2014). Furthermore, a higher percentage of men said that their main partners were people with whom they had intercourse. As a result, the intervention benefited the livelihoods, gender relations, and mental health in general (Jewkes et al., 2014). These were significant data that supported an overall picture of intervention’s benefits (Jewkes et al., 2014). The intervention had transformed men's beliefs about power relations and gender roles into those of gender equality, as well as improved a variety of health outcomes, including reduced alcohol consumption, improved safe sex, and decreased gender-based violence (Van den Berg et al., 2013).

The findings showed that after the intervention, many men’s controlling practices had reduced. The study participants reported having more harmonious relationships with their primary partners, dedicating more time to them and less time to other intimate partners (Jewkes et al., 2014). Gender-based violence reduction was significantly higher in men who were less violent and more law-abiding living in intervention communities than for men with high levels of violence.
Twelve months after the successful completion of the treatment programme, no male participant acted violently against their intimate partner (Maphosa, 2015). Upon completion of the program, the intimate partners reported stronger bonds (Maphosa, 2015). Significant changes in communication and decision-making occurred as a result of the intervention, which influenced men's sexual health and violence-related behaviours (Gottert et al., 2020). Many men who participated in the intervention improved their interactions with their partners and family members, they limited their alcohol use, and became more courteous and better communicators (Gottert et al., 2020). They were able to communicate more effectively and bond better with their partners, while avoiding misunderstandings and disputes that could have escalated to gender-based violence (Maphosa, 2015).

As a result, the programme had a positive impact on the relationships between intimate partners, and created constructive gender interactions as intended (Maphosa, 2015). Physical violence had stopped, which might be interpreted as a sign of programme success on the surface (Maphosa, 2015). Gender-based violence reductions was further boosted by a few conflicts resolution and communication skills building activities that intervention participants embraced with enthusiasm (Gottert et al., 2020). Critical thinking about gender-based violence and developing conflict resolution and healthy couple communication skills significantly reduced gender-based violence (Gottert et al., 2020). The main factors that caused interventions to result in GBV reductions was critical reflection on issues of gender equity and domestic violence, combined with skill development to improve communication and reduce conflict in intimate relationships (Gottert et al., 2020).

The results showed that couples that took part in the intervention made a significant shift toward more equal decision-making and improved communication, which helped to reduce GBV
Activities that promoted the development of communication and conflict resolution skills seemed to be crucial in supporting these changes (Leddy et al., 2021). Furthermore, the program's goal was to enhance participants' communication and problem-solving skills, and it revealed that participants continued to practice and use these learnt skills after the program had concluded, which helped to reduce gender-based violence (Leddy et al., 2021). The findings showed that equipping perpetrators with these skills was very beneficial and successful (Maphosa, 2015). Men started applying the new skills they had acquired to their everyday lives. These skills helped them communicate better and solve problems effectively, while also increasing gender equality in their intimate relationships. Thus, gender-based violence incidents finally decreased (Maphosa, 2015).

Gender-based violence perpetrators were motivated to refrain from committing more harm as a result of this positive change in their relationships (Maphosa, 2015). As a result of the programme, communication between the perpetrator and victim was reported to have improved and strengthened (Maphosa, 2015). As a result, the programme had a positive effect on the relationships between perpetrators and victims, resulting in constructive gender interactions (Maphosa, 2015).

Communication skills acquired through the intervention programme demonstrated an impact on the perpetrator's ability to build healthy relationships with their partners and children (Maphosa, 2015). Men were transitioning away from their traditional role of disciplinarians and providers toward being more involved, companions, nurturers, and loving for their partners and children (Van den Berg et al., 2013). Furthermore, men acknowledged the benefits of improved communication and improved relationships with their children, as well as their contribution to
ensuring that the next generation would be raised to be healthy citizens who respect the rights of women and girls (Van den Berg et al., 2013).

Some men did not benefit directly from the intervention in terms of reducing their violent perpetration (Gibbs et al., 2020). Physical violence was also significantly reduced due to fear of incarceration, a sense of accountability, fear of losing relationships, and a positive attitude toward women (Maphosa, 2015). To avoid imprisonment, it appeared that perpetrators adopted methods of repressing violent behaviour and committed abuses that were less evident and more difficult to prove (Maphosa, 2015). The possibility of incarceration discouraged programme participants from engaging in more intimate relationship violence (Maphosa 2015). For those whose therapy was ordered by the court, their prison terms were suspended for five years if there were no gender-based violence crimes committed during that period, and they were informed that failing to follow the programme and sentence conditions would certainly result in incarceration (Maphosa, 2015). Those who did not comply with the court order terms, a prison sentence was automatically imposed. They were well aware that if they did not follow the terms of their sentence, they would be imprisoned (Maphosa, 2015). For those who were imprisoned, their first time in prison had been a horrible experience, and they vowed never to return if they could avoid it. This legal repercussion was a crucial reason for not inflicting further violence on their partners (Maphosa, 2015).

Incarceration threatened perpetrators' careers, financial independence, and economic stability (Maphosa, 2015). Men were also afraid of the stigma of imprisonment, which could jeopardise their future work opportunities (Maphosa, 2015). As a result, men feared being imprisoned because they worried about losing their careers, sense of self, and relationships as a result of their actions. None of the programme's participants anticipated losing their jobs
Through following the programme and sentence conditions, they choose to remain crime-free (Maphosa, 2015). Many participants stated that they changed to avoid being imprisoned and possibly losing their families (Maphosa, 2015). Furthermore, no one among those who completed the programme was detained as a result of gender-based violence (Maphosa, 2015). As a result, one might conclude that the programme had some effect in reducing gender-based violence incidents and thereby lowering the reoffending rate (Maphosa, 2015). The results of the study also supported the researcher's hypothesis that programmes such as PIPV were a feasible alternative to imprisonment for courts to adopt in the hopes of reducing intimate partner violence (Maphosa, 2015). The risk of losing relationships also influenced the perpetrators’ change of behaviour as male perpetrators appeared to be fearful of losing their enhanced connections with their intimate partners (Maphosa, 2015).

Programs targeting perpetrators have been shown to reduce gender-based violence incidences in some instances (Maphosa, 2015). The shift in attitude, the integrity of the program, perpetrators’ motivation, alcohol and drug abuse reduction, were among the aspects related to successful implementation and outcomes of perpetrator programs (Maphosa, 2015). Accepting responsibility for previous behaviour, learning new skills, and establishing relationships inside and outside the program were all crucial episodes that preceded change for perpetrators (Maphosa, 2015). More than two-thirds of males who finished the program did not abuse women again after finishing treatment (Maphosa, 2015). The improved impact on gender-based violence may be attributable to specialised content that engages men (Gottert et al., 2020).
**Gaps identified in the interventions:**

Programs targeting perpetrators of gender-based violence were seen to be ineffective in decreasing psychological abuse, but they were successful at reducing physical abuse (Maphosa, 2015). Although perpetrators stopped using physical violence after the programme ended, however, abuse in other forms decreased but did not cease altogether (Maphosa, 2015). Other forms of gender-based violence such as harassment, verbal, psychological and emotional abuse continued in their intimate relationships (Maphosa, 2015).

Although there was a reduction in violence against women, it was discovered that men were unable to maintain lower levels of violence, especially when their emotions were high. Most participants continued to use violence as a way of coping in frustrating circumstances (Graaff & Heinecken, 2017). Even though the programme produced positive results, the negative results demonstrated that it was difficult to create a sustained positive change in participants (Treves-Kagan et al., 2020). In addition, participants had difficulty maintaining consistency in nonviolent behaviour despite valuing it (Treves-Kagan et al., 2020). Program’s evaluation was based only on a questionnaire that beneficiaries filled out at the end of the programme (Maphosa & Rasool, 2017). However, this could not serve as a standalone evaluation method without providing sufficient information on whether the positive outcomes of the programme could be sustained in the long term (Maphosa & Rasool, 2017).

The majority of participants reported difficulty adopting gender-equitable behaviour. Most men did not reject their patriarchal power, and they found it difficult to accept women's equality without feeling as if their rights were being violated (Treves-Kagan et al., 2020). Most men were resistant to changing their gender stereotypes, and even opposed to taking part in conversations about gender equality (Viitanen & Colvin, 2015). The majority of participants often refused to
engage in gender transformation activities and preferred activities that avoided gender transformation instead (Viitanen & Colvin, 2015).

Men were also conscious that the post-apartheid South African concept of the new man and alternative masculinities introduced on equality was in contradiction with ingrained traditional gender norms, which rejected men who did not conform to these masculine boundaries (Pyke, 2020). Men were being pressured to conform to patriarchal ideologies that dominate all aspects of society, including the political, social, educational, cultural, legal, and religious facets of society (Pyke, 2020). Many cultural and religious practices were argued to be in conflict with the principle of gender equality in the constitution (The Centre for the Study of Violence and Reconciliation, 2016). There was a conflict between a political discourse promoting gender equality, post-apartheid and cultural aspects which emphasised a patriarchal society of masculine dominance in homes and society (Viitanen & Colvin, 2015). Various dialogues in various communities revealed that gender-based violence stems from religious and traditional belief systems, which include the payment of “lobola”, and “ukuthwala” (The Centre for the Study of Violence and Reconciliation, 2016).

Participants had frequently claimed that all men within their community, including themselves, behaved and adhered to certain traditional beliefs. Men talked extensively about what they valued about traditional gender norms, how "men" were ought to behave in sexual relationships, and how gendered characteristics were not changeable but rather the result of both nature and culture (Viitanen & Colvin, 2015). The claim was not that efforts focusing on masculinities would lead to gender equality on their own, but that, if gender identity is understood in consequentialist (rather than normative) terms, this allows for a shift in the status quo presented by rigid gender norms (Viitanen & Colvin, 2015). Gender norms were slightly changed, but power
imbalances persisted, implying little improvement in gender inequality within communities where programmes were carried out (Treves-Kagan et al., 2020).

There was no evidence of impact on gender-based violence behaviour, despite slight evidence of positive changes in gender norms (Gottert et al., 2020). Although gender norms among men improved, however, behavioural outcomes were relatively the same between the intervention and control groups. The strategy or method used to assess gender norms overlooked factors influencing behaviour, and attitudes were not sufficiently converted into behaviour (Pettifor et al., 2018). Changing attitudes regarding gender norms did not result in the intended changes in risk behaviours in all men (Pettifor et al., 2018). Some men who reported getting more exposure to interventions also reported having more sexual partners and drinking more than men who reported less exposure to the programme, despite using more condoms (Pettifor et al., 2018).

Another argument was that the change was more of a behavioural shift than an attitude shift. This is because the participants no longer deem violence to be acceptable, but still acknowledge aggression as a normal response in stressful situations. While numerous participants stated confidently that rape was a serious issue, however, there was still a belief among participants that women wearing short skirts invite rape (Graaff & Heinecken, 2017). It appeared that the interventions had an effect on behaviours rather than attitudes, by decreasing problem behaviours instead of changing men’s attitudes about gender inequality (Graaff & Heinecken, 2017).

Participants’ behavioural change was important, however, the change was typically restricted to one or two specific behaviours at a time, for example, permitting the wife to get a job and reducing the number of casual partners they had. Certain behaviours were identified as problematic by participants, but they seemed less inclined to believe that patriarchal masculinities were socialised and thus changeable (Graaff & Heinecken, 2017). It was apparent that participants
remained fixated on the notion of 'what men are' while making relatively minor refinements (Graaff & Heinecken, 2017). As long as attitudes underlying these problematic behaviours remained unchanged, there was a little change in social norms that maintain inequality. As a result, the interventions’ effect on reducing gender-based violence was limited (Graaff & Heinecken, 2017).

The argument on the findings was that although the findings were positive, the concern was that women may continue to be at risk even when perpetrators attend gender-based violence interventions, unless very strict principles are followed (Maphosa, 2015). Even though a percentage of men succeeded in stopping the use of physical violence, women might be misled into thinking that their partners have changed their violent behaviour because of participating in an intervention program. Meanwhile, perpetrators might have switched to more subtle forms of abuse and control such as threatening or intimidating attitudes, if that was not addressed (Maphosa 2015).

In the absence of alternative frameworks defining new or different masculinities, men found it difficult to transform due to the demands of societal expectations and norms, as well as a lack of structural support (Pyke, 2020). Men experienced indirect and direct societal and physical consequences of adhering to traditional masculine roles (Viitanen & Colvin, 2015). Many men's masculine identities were shaped by social and cultural gendered roles, some of which were believed to be uncompromising (Pyke, 2020). Male gender norms were associated with the roles of protector and provider, and many men were finding it increasingly difficult to fulfil these responsibilities under increasingly challenging socioeconomic conditions (Pyke, 2020). Although we noticed a number of positive changes in participants, not all were able to transition to more gender-equitable ideas or practices (Van den Berg et al., 2013).
A number of community dialogues had confirmed that GBV was deeply grounded in religious and cultural beliefs. Several cultural and religious norms were also argued to conflict with gender equality principles (The Centre for the Study of Violence and Reconciliation, 2016). Men, masculinities, and change were studied extensively, and much had been shown about how men cope with change (or not) in contemporary societies. Many men viewed social and cultural gendered roles as integral components of their masculine identities, and for some of them, these roles were uncompromising (Pyke, 2020). It appears that the participants were unwilling to see hegemonic masculinities as socially constructed, but rather view such practices as inherent and ineluctable (Graaff & Heinecken, 2017). As a result, gender roles shifted slightly, but it was difficult for the participants to accept that gender was socially constructed (Heinecken, 2017). This created problems for participants in recognising their own masculinities or accepting their place outside hegemonic structures (Graaff & Heinecken, 2017).

The research demonstrated that men found it difficult to redefine and renegotiate their masculinity (Pyke, 2020). Redesigning the hegemonic masculinity into a healthier and more positive one, and the struggles to achieve its ideals, resulted in men experiencing support groups as spaces that did not explicitly challenge the broad outlines of masculinity they were embracing (Viitanen & Colvin, 2015). It seems that participants were not aware that offering intimate care for others was not compatible with the hegemonic masculinity model that they were busy describing and legitimising (Viitanen & Colvin, 2015). Another issue that men faced was that their male peers ridiculed them for implementing gender-equitable practices or behaviours in their homes and intimate relationships (van den Berg et al., 2013).

Participants raised the question of how to redefine and reposition their male identities in light of their daily experiences of poverty and dwindling economic prospects, which were
preventing them from fulfilling their traditional social mandates or expectations (Pyke, 2020). Despite gender-based violence’s interventions efforts, these experiences and beliefs had the potential to slow down the efforts on transforming more gender equitable masculinities (Pyke, 2020). Furthermore, men’s transitional experiences or attempts at transformation were not adequately taken into account (Pyke, 2020). The intervention programs did not support or facilitate their ongoing struggle in the process of making sense of the impact of socioeconomic and political changes they were experiencing and did not indicate specific details of how to implement change (Pyke, 2020).

Most participants struggled with understanding the messages of gender transformation and how to apply them to their lives (Viitanen & Colvin, 2015). Some intervention participants struggled to understand and translate the messages acquired from the programs they attended (Viitanen & Colvin, 2015). Despite some aspects of the messages about masculinity's costs being embraced by men in these programmes, others were distorted, misinterpreted, and rejected by men, effectively challenging the purposes of gender-transformation efforts (Viitanen & Colvin, 2015).

The interventions were not effective for those who were affected by a history of trauma and abuse (Christofides et al., 2020). Men who were at the highest risk of mental illness and substance dependence did not benefit from the intervention (Gibbs et al., 2020). There was evidence that the most aggressive, antisocial, and hypermasculine males were less open to change due to their deeply ingrained gender role ideals that they expressed through their sexual practices, such as controlling and having multiple partners (Christofides et al., 2020). In addition to having gender inequitable attitudes and beliefs, traditional masculine men were more likely to commit and justify gender-based violence (Christofides et al., 2020).
One area of study that consistently produced heated discussion and debate during the intervention was human rights, specifically the way the rights concerning children and women are defined and implemented in South Africa (Viitanen & Colvin, 2015). Participants in the programs experienced conflict in terms of gender equality and cultural norms regarding masculinity and social power, despite incorporating human rights concepts into the intervention (Viitanen & Colvin, 2015). There was a sense of disempowerment among men, which they attributed to recent efforts to women's empowerment and promotion of their rights. There was a perception among men that women had a better support system, a greater degree of power, and a significantly higher likelihood of finding employment in the healthcare industry as compared to men (Viitanen & Colvin, 2015). There was a strong sense among male participants that the government interfered with their family autonomy by enacting laws aimed at protecting children and women and undermining their power (Viitanen & Colvin, 2015).

Some men perceived women to be gaining ground as a result of current shifts in gender relations, while men suffered hardship due to the implication of economic shifts (Dworkin et al., 2012). Most of the male participants in the interventions expressed dissatisfaction with the shifts in gender power equality between men and women, pointing out the impact on the family, community, and society (such as women’s reproductive health, gender roles, women in the workplace, and the law) (Viitanen & Colvin, 2015). Most men interviewed shared the view that women had all the rights concerning human rights as compared to men (Viitanen & Colvin, 2015). According to several men, gender-based violence was used to discipline, enforce superiority, and exert control over their partners who were often stubborn and refused to listen to them (Maphosa, 2015). Moreover, the above findings supported feminist theory’s argument that men who abuse women feel superior to women and have a sense of entitlement over them (Maphosa, 2015).
Even though awareness and knowledge of gender-based violence can be increased with interventions, in-depth reflection and the spreading of information might be difficult (Hatcher et al., 2020). Based on data collected from peri-urban South Africa, community mobilisation was carried out effectively in terms of outreach activities but became more difficult to achieve when it comes to critical reflection and local advocacy (Hatcher et al., 2020). Although community mobilisation was a commendable goal of intervention in theory, its practical application presented special challenges, especially in urban areas with limited resources (Hatcher et al., 2020).

The data shows that programme exposure was a concern since the intervention was not widely implemented in control communities (Gottert et al., 2020; Treves-Kagan et al., 2020). Settlements in the peri-urban context (which was characterised by inadequate infrastructure, migration, inadequate education, social marginalisation, and violent crime) had a significant impact on the implementation of the interventions, as there was no institutional support for activists and staff (Hatcher et al., 2020). Community mobilisation was unable to reduce gender-based violence perpetrated by men because it was poorly executed (Hatcher et al., 2020). Moreover, community programmes did not have enough time to build strong relationships with residents within the community (Hatcher et al., 2020). Therefore, in communities such as in peri-urban settlements, implementation of the intervention had limited impact on reducing gender-based violence perpetrated by male residents (Christofides et al., 2020).

The local advocacy programme also faced implementation challenges because it lacked adequate support from institutions and staff training. Aspects of mobilisation were weak, partly due to a lack of skills and volunteers (Hatcher et al., 2020). This component of advocacy had been poorly described and misunderstood, and was rarely implemented (Christofides et al., 2020). In some community settings change was impossible for men due to a lack of physical, psychological,
and social spaces or support structures (Pyke, 2020). Volunteers were passionate and committed to the project, but they did not have the skills or confidence necessary for the project to succeed. As a result, the intervention did not affect gender-based violence perpetration (Hatcher et al., 2020).

Even though a number of community outreach activities were carried out according to plan, some shortcomings were evident, especially in engaging the community, as seen by the low number of Community Action Teams (CATs) and the advocacy campaign that did not reach enough community members (Christofides et al., 2020). The limited number of participants in the full workshop series were attributed to various contextual factors, including men seeking employment (Christofides et al., 2020). It was expected that men attending the workshops in other intervention programmes would later join a CAT and be involved in wider community education across the township (Pyke, 2020). However, men were not aware of this dimension. Many participants refused to participate in CAT, due to their perception that it was too risky and had no benefits (Pyke, 2020). Several participants were concerned that approaching men in local bars and taverns to discuss gender equality was a hazardous assignment and that they would not gain any material benefit (Pyke, 2020). It was argued that participants were unable to critically reflect and to engage in the program because of a design oversight in the intervention guide (Hatcher et al., 2020).

Reports from the media that focused on sensational cases, raised concerns about everyday gender-based violence that remains unnoticed or unreported (Dhever, 2020). Restorative justice principles and practices was shown to be useful in addressing gender-related violence (Maphosa, 2015). Restorative justice practices such as mediation and counselling helped perpetrators to accept responsibility and make amends for their actions but did not address the power imbalance
in relationships (Maphosa, 2015). Counselling and mediation processes were ineffective to curb gender-based violence on their own because they failed to acknowledge the power relations in gender-based violence situations (Maphosa, 2015). Even though participants agreed to stop all forms of abuse during the mediation session, abuse nevertheless continued (Maphosa, 2015).

In the couple counselling approach, gender-based violence perpetrators were not held accountable for their actions because both partners were believed to have weak interpersonal skills. Hence, the importance of improving communication skills and relationships was stressed more strongly than holding perpetrators accountable (Maphosa, 2015). Although there was little research on prevention interventions that offered couple counselling services, however, couples counselling seemed to have reduced gender-based violence by improving communication and negotiation skills (Maphosa, 2015). In practice, however, this approach might be interpreted as supporting violence by portraying it as a normal result of interpersonal interaction (Maphosa, 2015). The argument was that this method was potentially detrimental to women since it ignored relationship power dynamics and did not hold men accountable for their aggression. As a result, it was putting women in greater danger (Maphosa, 2015).

The psychoeducational and cognitive behavioural interventions used in criminal justice with gender-based violent men had significant implications for the success of preventing gender-based violence (Boonzaaier & Van Niekerk, 2018). Their stories revealed that their environments influenced how they perceived violence and how they interacted with others, and this contributed to the intervention process (Boonzaaier & Van Niekerk, 2018). As a consequence of speaking more broadly about their lives, men were concerned that intervention efforts had been too heavily centred on just one aspect of their identities (that of 'perpetrator') (Boonzaaier & Van Niekerk, 2018).
The criticism was that perpetrators of gender-based violence were given harsher jail sentences that were symbolic but not deterrents to violence (Dhever, 2020). Prisons was designed as a kind of punishment based on the crime the inmate had been charged with, with the ultimate goal of rehabilitating the inmate and thus reintegrating them into society as a law-abiding citizen (Graaff & Heinecken, 2017). Work experience and rehabilitation programmes were available in some prisons, but not in all. In general, men were expected to return to society and behave lawfully, however, this was rarely the reality (Graaff & Heinecken, 2017). Whether the inmate voluntarily or was forced into the programme had the possibility of a long-term impact with regard to the intended outcomes (Graaff & Heinecken, 2017). Some prisons appeared to be more likely to result in the opposite of the intended change (Graaff & Heinecken, 2017). The argument was that inmates believed that their punishment was arbitrary and excessive, and that society had been too harsh on them (Graaff & Heinecken, 2017). Therefore, their revenge on society drove them to commit more violent crimes after their release. As a result, the overall institution’s re-socialisation process had an opposite effect to what was planned (Graaff & Heinecken, 2017).

Perpetrators who had received protection orders from Domestic Violence Courts, which barred them from committing any more acts of violence, never ceased to commit violence toward their partners (Maphosa, 2015). None of the participants acknowledged the protection order as a factor of influence in their changes in behaviour. This indicated that protection orders that did not include the prospect of jail or imprisonment were ineffective at reducing gender-based violence (Maphosa, 2015).

Costs associated with implementing the intervention were another growing concern (Pyke, 2020). The funding required for implementing interventions was difficult to secure (Peacock et al., 2012). Because of the challenging context, some attendees struggled to afford the taxi fare to attend
sessions (Jewkes et al., 2014). Men and staff in the workshops started losing motivation and energy after the workshop funding dried up (Pyke, 2020). If the same types of these programmes were to be implemented in different communities, extra funding for staff training and venues might be required (Larson et al., 2020).

**Recommendations:**

Based on the findings above, it is clear that there is a number of interventions and programmes targeting men as a key strategy in combating GBV against women in the South African context. Some of the reviewed intervention programmes had shown to have had a positive and long-lasting impact on improving relationship skills and in reducing male’s perpetration of physical violence following the intervention (Jewkes et al., 2014; Graaff & Heinecken, 2017). However, in accordance with the gaps identified, some of these intervention programs were seen to be ineffective at reducing gender-based violence. Some interventions, for example, were ineffective at preventing perpetrators from using other forms of violence after the program ended (Maphosa, 2015). Other interventions appeared to have had an effect on behaviours rather than attitudes, by decreasing problem behaviours only instead of also changing men's attitudes about gender inequality (Graaff & Heinecken, 2017). Furthermore, other interventions appeared to have been ineffective because of a lack of adequate support from institutions and lack of financial resources required to implement the intervention (Pyke, 2020; Hatcher et al., 2020).

On the basis of the findings of this study, it is recommended that existing intervention programmes and policies should continue targeting men in the fight against gender-based violence. In addition, new intervention programmes targeting men should be developed and implemented in the South African context to combat gender-based violence against women. Therefore, it is recommended that the existing and future GBV interventions, programmes and policies should be
examined and adjusted regularly in order to incorporate effective measures that will help to reduce the prevalence of gender-based violence holistically (Maphosa, 2015). In order for these programmes to be effective, gendered social norms should be challenged. Men should be encouraged to change their beliefs and attitudes about gender equality (Christofides et al., 2020). Norms concerning violence and the socialisation of children should be challenged in order to prevent young men and boys from becoming violent (The Centre for the Study of Violence and Reconciliation, 2016). In an effort to change behaviour, more time is needed, and that the intervention should target behaviours directly (Pettifor et al., 2018).

The understanding of how GBV perpetrators' attitudes may contribute to their abusive behaviour is critical to the formulation and implementation of interventions aimed at reducing the likelihood of further violence against women (Maphosa, 2015). To properly comprehend the process of successful rehabilitation, intervention programmes and their evaluations must be multi-dimensional. Therapists and policy makers must identify the reasons behind the behaviour and attitude of perpetrators of gender-based violence (Maphosa, 2015). Many elements were recognised as being significant to the effectiveness of a perpetrator program and the reduction of violence. It is crucial to gain a better understanding of the causes of gender-based violence at different levels such as the family, community, and individual level (Maphosa, 2015). To increase success in treating gender-based violence, interventions should be tailored appropriately and address each level mentioned (Maphosa, 2015).

As much as there were individual distinctions among GBV perpetrators, a growing body of evidence suggested that violent men share core ideas relating to aggression, the world, and themselves, which can serve to inform intervention efforts and explain their actions (Maphosa, 2015). These elements are critical in the formation and perpetuation of cognitive distortions, which
are distorted beliefs and attitudes as well as dysfunctional thinking patterns, such as blaming, excusing, and justifying violent behaviour (Maphosa, 2015). The thoughts and attitudes of the perpetrators are to be questioned as an effort to reshape the way they think by changing their attitudes towards violence (Maphosa, 2015).

In order to overcome defensive strategies such as denying the offense and minimising the harm, and to hold perpetrators accountable, a better understanding of the defence mechanisms used by perpetrators is needed and effective perpetrator programs must challenge these sets of beliefs (Maphosa, 2015). To enable optimal behavioural adjustments and subsequently improve programmes’ effectiveness, perpetrator programmes must target the above-mentioned beliefs and attitudes. It is vital to address the justification and rationalisation of belief systems within the context of gender-driven theory (Maphosa, 2015).

Men's use of GBV might be mediated by more ambiguity in gender role ideology (Christofides et al., 2020). Since gender attitudes and stereotypes were deeply embedded in society, it is therefore essential to develop strategies that also change them within communities to combat gender-based violence (Maphosa & Rasool, 2017). This highlights the need for gender-transformative programs in the future and the need to centralise the concept of masculinity, not only in terms of femininity, but also in terms of the way men practice masculinity among each other (Van den Berg et al., 2013). Individuals must be imprinted with socially acceptable beliefs and attitudes when they are still children, rather than trying to change them when they are adults who have already offended (Maphosa & Rasool, 2017). Norms relating to violence or child socialisation that encourage men to use violence should be examined (The Centre for the Study of Violence and Reconciliation, 2016).
In order to be effective, intervention programs must provide perpetrators with skills that will help improve their conduct and teach them about nonviolent conflict resolution alternatives (Maphosa, 2015). In the effort to support men’s change processes, it is imperative to provide a conducive environment for men to reflect on their lives (Pyke, 2020). As such, there is therefore a need to recognise and acknowledge men's self-reflection processes as they strive to transform or reform their masculine identities (Pyke, 2020). This can be accomplished through structures like counselling services for men, support groups from the Men's Forum, or gender transformation workshops, which will further encourage men to redefine who they are, and who they can be in society as men, while maintaining gender equality (Pyke, 2020).

In some cases, more direct therapeutic interventions may be required for individuals with severe psychological problems that require direct therapeutic interventions (Gibbs et al., 2020). This implies that extensive effort is required to effect behaviour and attitudinal change (Gibbs et al., 2020). Currently, there are limited published studies documenting the effectiveness of couple counselling methods aimed at alleviating gender-based violence perpetrated by men (Maphosa, 2015).

It is also crucial to strengthen collaborative efforts within communities to ensure that men in communities, traditional and religious leaders, and other key players work together to prevent gender-based violence (The Centre for the Study of Violence and Reconciliation, 2016). The community such as a peri-urban setting required a different kind of intervention, such as a small group intervention that would be conducted over a period of time, with a focus on livelihoods and participatory learning approaches, including critical reflection, role play, and drama, that aim to build more gendered relationships with better communication between partners (Christofides et al., 2020). There is still little information on how township men cope with contemporary
socioeconomic change in the context of a cultural and socioeconomic environment that remains unchanged (Pyke, 2020). Effective intervention must consider the interconnected daily experiences and realities of men, their contexts, cultural and social expectations that shape their subjectivities and how they affect their ability to respond and redefine their identities in the face of change (Pyke, 2020).

Developing community mobilisation strategies for communities with limited resources may require extra infrastructure, funding, organisational, or governmental assistance in order to engage residents and reduce gender-based violence (Hatcher et al., 2020). It is possible for community mobilisation to reduce men's GBV perpetration, however, this will need more time and context-specific approaches (Hatcher et al., 2020). Identifying which elements of community mobilisation are likely to succeed in varying contexts can be accomplished through new empirical research, and programmes should emphasise the local community's voice during the preparation and adaptation stages (Hatcher et al., 2020).

To achieve gender equality at a societal or community level, men and women must work together (Viitanen & Colvin, 2015). Gender-based violence programmes will have a greater impact if the content is tailored specifically for both men and women, and the duration is longer (two to three years) (Gottert et al., 2020).

Gender-based stereotyped messaging such as "if women dress in short skirts, they are asking to be raped" should be challenged through advocacy (Dhever, 2020). A re-examination of the narratives taught about violence is necessary, and campaigning should focus on changing the old narratives, which often entails the girl child and women being cautioned against wearing short skirts and drinking late in bars, while the boy child and males are not told the same narrative (Dhever, 2020).
As part of developing more effective interventions for men, it is critical to pay attention to the themes emerging from their narratives (Boonzaaier & Van Niekerk, 2018). Men's violence toward women should be addressed by challenging their understandings of male dominance and by recognising and challenging their rationalisations, minimisations, and justifications of violence. Nevertheless, contextual nuances should also be taken into account when interacting with violent individuals (Boonzaaier & Van Niekerk, 2018).

Given the range of contexts and experiences, it might not be enough to focus on just one dimension of violence (e.g. gender and power) in an intervention (Boonzaaier & Van Niekerk, 2018). For this reason, more in-depth life history methods that look into how men's life experiences and brutalisation may have contributed to their violent behaviour would be necessary for designing culturally appropriate interventions for marginalised men. To effect positive change in men, it is important to understand the transitions and trajectory that led to their criminal and violent behaviour (Boonzaaier & Van Niekerk, 2018).

A successful rehabilitation program for gender-based violence perpetrators depend heavily on interactions and group cohesion, and these factors have a lasting impact on participants (Maphosa, 2015). Furthermore, the pro-feminist group-based offender programmes may also be used as a treatment programme for perpetrators (Maphosa & Rasool, 2017). The objectives of pro-feminist approaches should focus on ending violence, enhancing the ability to solve problems as an alternative to violent behaviour, assisting perpetrators in identifying and expressing their emotions, particularly anger, reducing isolation among members, and enhancing communication skills (Maphosa & Rasool, 2017). This method will question and challenge men's justifications for their violent behaviour (Maphosa & Rasool, 2017).
It is also necessary for group facilitators to facilitate the sharing of information, establish group norms, provide support and openness to members, and instil a sense of hope in participants (Maphosa, 2015). Many elements, including perpetrator motivation, the number of sessions, and the duration of the program, contribute to the success of perpetrator programmes (Maphosa, 2015). To establish what works for whom and under what conditions, and a more holistic approach involving the examination of perpetrators’ psychological features as well as treatment characteristics may be required (Maphosa, 2015).

In order to reduce GBV incidents in the country, service providers must measure the effectiveness of perpetrator programs on reducing GBV on a continuing basis (Maphosa, 2015). Some components that address other forms of abuse should be included in perpetrator programmes to ensure holistic success, and that law enforcement should be encouraged to treat all sorts of GBV not only physical assault (Maphosa, 2015). Specifically tailored tactics need to be incorporated into the intervention program in order to address emotional and psychological abuse (Maphosa, 2015). Effective treatment programmes should prioritise victim protection, provide insight into the perpetrators, explore the socio-cultural background of violence, encourage accountability on the part of participants, and work closely with the criminal justice system (Maphosa, 2015).
Chapter 6: Limitations, Recommendations and Conclusions

Limitations of the study:

The findings of this scoping review study should be read in the context of some limitations. Although the researcher searched several databases and grey literature sources, the researcher only reviewed sources within the database and literature searched, so other relevant sources may not have been accessible due to search terms or electronic access. As this scoping review was limited to English-language articles, the researcher may have overlooked relevant articles written in other languages. There were few long-term follow-up studies available for this study. This may have limited the scope for evaluating the long-term impact of the interventions. The focus of this study was limited to the South African context; therefore, it is important to acknowledge that the findings of this study cannot be generalized to other settings. Additionally, despite having access to existing data, the researcher was restricted in the extent to which he could probe and refine emerging methods and data collection tools because of the data collection method used. However, the findings provide a valuable information that will serve as a baseline for future study.

Recommendations for future research:

This scoping review study provided a comprehensive overview of published research on interventions and programmes targeting men as a key strategy in combating GBV against women in the South African context. In this review a number of studies have evaluated the interventions targeting men as key strategies in addressing GBV among women. The findings also provided a valuable information that serves as a baseline for future study. Therefore, there is a need for future research to investigate the impact of gender-based violence interventions on all forms of violence that is targeting men in the South African context. On a similar note, there is a need for future research to also focus on investigating the impact of gender-based violence on men’s behaviour.
and attitudes regarding gender inequality. There is also a need for further research to investigate the impact of activism approaches on gender-based stereotyped messaging or narratives. Future research should also investigate the impact of gender-based violence prevention programmes on recidivism and also to uncover the impact of rehabilitation programme on the perpetration of GBV. Currently, there is not enough information on the effectiveness of court-ordered interventions among gender-based violence perpetrators, thus future research is needed to investigate the effectiveness of court-ordered interventions among gender-based violence perpetrators. Future research can also focus on investigating the challenges experienced by men in attending gender-based violence intervention programmes. Furthermore, future research can also focus on investigating the challenges faced on the implementation of gender-based violence intervention programmes that are targeting men in the South African context.

**Conclusion:**

Men's participation in gender-based violence interventions has been reviewed extensively and the interventions seem to have significantly reduced gender-based violence (Gibbs et al., 2020). The findings indicate that interventions had many positive impacts on participants. Even though the interventions produced positive impact, however, the impact of interventions appeared to be more behavioural than attitudinal, affecting specific 'problematic' behaviours rather than changing men's attitudes regarding gender inequality in general (Graaff & Heinecken, 2017). Although several men participated in various interventions, however, most men had not rejected their patriarchal power and had difficulty adopting gender-equitable behaviour (Treves-Kagan et al., 2020). Even though the interventions produced positive behavioural changes, however, men
had difficult sustaining positive change, especially when their emotions were high (Treves-Kagan et al., 2020; Graaff & Heinecken, 2017).

In the instances where perpetrators stopped using physical violence after the programme ended, however, some continued to use other forms of gender-based violence such as harassment, verbal, psychological and emotional abuse in their intimate relationships (Maphosa, 2015). Therefore, to reduce gender-based violence holistically, interventions cannot be carried out in isolation and cannot exist in a vacuum, thus a combination of intervention variables, as well as structural and environmental support is required (Maphosa, 2015). Gender-based violence must therefore be addressed on several levels, through a variety of ways to effect positive changes in both behaviour and attitudes (Maphosa & Rasool, 2017). Efforts should be made to ensure that gender-transformative programming is increasingly focused on men as a significant point of intervention for improving their families' health and well-being, as well as their own health and well-being (Van den Berg et al., 2013).
References


Pyke, A. (2020). “You mix up the thinking, and then you look at the journey”: ‘Pausing’ to reflect on masculinities in a South African Township. *Men and Masculinities*, 1097184X20925872


Appendices
Appendix A: PRISMA Flow Diagram for the Scoping Review Process

PRISMA flowchart of the study selection process

Identification
- Record identified through database searching ($n =$)
- Records identified through other sources ($n =$)

Screening
- Articles screened ($n =$)
- Records excluded at title and abstract ($n =$)

Eligibility
- Full-text articles assessed for eligibility ($n =$)
- Full text excluded ($n =$): not relevant ($n =$), duplicates ($n =$)

Included
- Studies included in scoping review ($n =$)

Peters et al. (2015)
Appendix B: The Data Extraction or Data Charting Form

<table>
<thead>
<tr>
<th>No.</th>
<th>Author</th>
<th>Year of publication</th>
<th>Intervention</th>
<th>Methodology or methods</th>
<th>Study design methods</th>
<th>Data collection methods</th>
<th>Sample size</th>
<th>Study Population</th>
<th>Age</th>
<th>Setting or country of origin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Appendix C: Mixed Methods Appraisal Tool (MMAT), version 2018

<table>
<thead>
<tr>
<th>Category of study designs</th>
<th>Methodological quality criteria</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening questions (for all types)</td>
<td>S1. Are there clear research questions? S2. Do the collected data allow to address the research questions? &lt;br&gt;Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</td>
<td>Yes No Can't tell Comments</td>
</tr>
<tr>
<td>1. Qualitative</td>
<td>1.1. Is the qualitative approach appropriate to answer the research question? 1.2. Are the qualitative data collection methods adequate to address the research question? 1.3. Are the findings adequately derived from the data? 1.4. Is the interpretation of results sufficiently substantiated by data? 1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?</td>
<td></td>
</tr>
<tr>
<td>2. Quantitative randomized controlled trials</td>
<td>2.1. Is randomization appropriately performed? 2.2. Are the groups comparable at baseline? 2.3. Are there complete outcome data? 2.4. Are outcome assessors blinded to the intervention provided? 2.5. Did the participants adhere to the assigned intervention?</td>
<td></td>
</tr>
<tr>
<td>3. Quantitative non-randomized</td>
<td>3.1. Are the participants representative of the target population? 3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)? 3.3. Are there complete outcome data? 3.4. Are the confounders accounted for in the design and analysis? 3.5. During the study period, is the intervention administered (or exposure occurred) as intended?</td>
<td></td>
</tr>
<tr>
<td>4. Quantitative descriptive</td>
<td>4.1. Is the sampling strategy relevant to address the research question? 4.2. Is the sample representative of the target population? 4.3. Are the measurements appropriate? 4.4. Is the risk of nonresponse bias low? 4.5. Is the statistical analysis appropriate to answer the research question?</td>
<td></td>
</tr>
<tr>
<td>5. Mixed methods</td>
<td>5.1. Is there an adequate rationale for using a mixed methods design to address the research question? 5.2. Are the different components of the study effectively integrated to answer the research question? 5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted? 5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed? 5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Ethical Approval Letter

18 October 2021

Mr Themba Fotrick Mavasa (221116154)
School Of Applied Human Sc
Howard College

Dear Mr Themba Fotrick Mavasa,

**Original application number:** 00013623
**Project title:** An overview of interventions, programs, and strategies involving men as a key strategy for addressing gender-based violence against women in South Africa: A Scoping Review.

**Exemption from Ethics Review**

In response to your application received on 24 August 2021, your school has indicated that the protocol has been granted EXEMPTION FROM ETHICS REVIEW.

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

In case you have further queries, please quote the above reference number.

**PLEASE NOTE:**
Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,

Prof Johannes John-Langba
Academic Leader Research
School Of Applied Human Sc

UKZN Research Ethics Office
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: [http://research.ukzn.ac.za/Research-Ethics/](http://research.ukzn.ac.za/Research-Ethics/)
Appendix E: Language Editing Letter

Lynne Southey
Language Practitioner

259 Muckleneuk Street
New Muckleneuk Street Pretoria
0180
Email: lynne.southey35@gmail.com
Mobile: 082 2022 090

To whom it may concern

This is to confirm that I, Lynne Southey, edited the language research report

An Overview of Interventions, Programmes, and Strategies Involving Men as a Key Strategy for Addressing Gender-Based Violence Against Women in South Africa: A Scoping Review

by
TF MAVASA

The onus is on the author to attend to the suggested changes. Furthermore, I do not take responsibility for any changes in the document after the fact.

31 August 2022

Lynne Southey
Date
Appendix F: Turnitin Report

Masters Dissertation

ORIGINALLITY REPORT

9 % SIMILARITY INDEX
8 % INTERNET SOURCES
6 % PUBLICATIONS
3 % STUDENT PAPERS

PRIMARY SOURCES

1 scholar.sun.ac.za
Internet Source

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author: Thembu Fotrick Mavasa
Assignment title: Masters Dissertation
Submission title: Masters Dissertation
File name: MASTERS_DISSERTATION_REPORT_-_MAVASA_TF_DUE_OCTO...
File size: 591.78K
Page count: 136
Word count: 34,626
Character count: 200,645
Submission date: 18-Oct-2022 08:33AM (UTC+0200)
Submission ID: 1928511808

Abstract

The phenomenon of gender-based violence in its global context (Appel et al., 2016). Neither women nor men are immune to gender-based violence (GBV); however, the impact from different studies have found that women are more vulnerable to GBV propagated against them (e.g., Ross, 2007; Balakrishnan, Makena, & Chou, 2013). In South Africa, men play a vital role in perpetuating gender-based violence. Therefore, due to their role in perpetuating or potential prevention of gender-based violence, intervention measures targeting them should be prioritised (McQuaid, 2014).

The focus of this study was to examine intervention programmes and strategies involving men in a bid to mitigate gender-based violence against women in South Africa. The aim was to address the following questions: "What was the effectiveness of intervention programmes and strategies involving men in this study for the prevention of gender-based violence against women in the South African context?" South Africa has been grappling with GBV for many years.

Research and programmes have been developed since 1996 - yet the scourge seems to worsen (Department of Higher Education and Training, 2019). Despite multiple interventions and research papers conducted on gender-based violence, it remains an intractable problem. Often, women do not report cases due to fear of retaliation, lack of confidence in the criminal justice system, and societal stigma. This study looked at 17 studies that included a total of 1,164 participants. The interventions that were used to mitigate gender-based violence were identified from the literature and included educational, cognitive-behavioral, and counseling approaches.