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Addressing Intimate Partner Violence Against Men through Community-Based Interventions and Social Worker Services

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Abstract

Despite growing evidence of male victimization in intimate relationships, South Africa, like many other countries, lacks evidence-based guidance on how to effectively intervene and support male victims of abuse. This gap in research, policy, and practice has significant implications, as male victimization continues to increase in pervasive and often underreported forms. The absence of targeted interventions for male victims not only exacerbates their suffering but also perpetuates harmful gender stereotypes that dismiss men's experiences of intimate partner violence (IPV). This study examines the need for community-based intervention and social workers services as unique approaches to addressing IPV against men. A qualitative method was employed to explore the perspectives of workable interventions among 25 Africa men living in Johannesburg South Africa who are survivors of IPV. Additionally, the expertise perspectives of five professionals from the Police and health care working with survivors of IPV were sought. The results indicates that despites the common assumptions that men don't talk, male IPV victims in South Africa were significantly likely to seek and use the services of social workers as formal support while in abusive relationships. The findings also suggest that community-based interventions will contribute significantly to the reduction of IPV against men. These findings underscore the importance of community-based programs that advances gender equality discusses and promote healthy masculinity that is open to vulnerability as a way of reshaping societal perceptions of IPV against men to create a judgment-free environment where male victims feel empowered to seek help.

Keywords: Intimate Partner Violence, Male Victims, Social Workers, Community-Based Intervention, South Africa.

Introduction

On February 16, 2025, a diverse group of delegates and speakers, including myself as a guest speaker and delegates from the South African Depression and Anxiety Group (SADAG) gathered at the *Being Your Own Man* men's conference in Daveyton, Gauteng, Johannesburg. Centered on themes of intimate partner violence (IPV), masculine vulnerability, emotional intelligence, and the therapeutic power of poetry, the event fostered an open and interactive dialogue on managing stress, failure, and vulnerability. Delegates were encouraged to share personal experiences, creating a space for candid discussion and collective reflection. Key insights emerged from the interactive sessions, revealing that many men desire to express their struggles but often lack safe spaces to do so. Participants highlighted experiences of being ridiculed at police stations, courts, and clinics. Participants noted the challenges related to paternal absence due to strained relationships with their children's mothers. A strong call was made for more such sessions, particularly with the involvement of law enforcement and clinical staff, underscoring the need for systemic change. Observations from the conference highlighted a profound willingness among men to engage, change, build supportive communities, and take

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responsibility for their mental, physical, and emotional well-being. What emerged clearly is that, with the right encouragement and safe spaces, men are ready to embrace vulnerability and transformation, signaling a critical need for continued efforts to foster inclusive and supportive environments for male empowerment in our communities. It is against this backdrop I write this paper in order to underscore the significance of community-based interventions in addressing IPV against men.

IPV is a pervasive and complex issue that requires a multifaceted approach to address. Researchers and practitioners have identified various interventions that aim to reduce IPV, including education and awareness programs (CDC, 2023; Mqakelana, 2016), crisis intervention services (Ogunsiji & Clisdell, 2017; Vaddiparti & Varma, 2009), legal and policy changes (Mikton, 2010; Eckhardt et al., 2013), educational curriculum integration (Innovations in Interventions to Address Intimate Partner Violence, 2017; Bourey et al., 2015;), counseling and support services (Lysova & Dim, 2025, Tsui, V. (2014), and community-based economic empowerment initiatives (Okasako-Schmucker et al., 2019; Christofides et al., (2018). One promising innovative approach to addressing IPV is the multi-level approach of community-based interventions and social worker services. These approaches can help to destigmatize male victimization, connect men with vital resources and support, and address the root causes of violence within intimate relationships (Niolon et al., 2017; Bourey et al., 2015).

While much of the research and intervention efforts in South Africa have been directed at men to reduce and prevent violence against women (Hatcher et al., 2019; Shai & Sikweyiya, 2015; Taliep et al., 2017; Thompson et al., 2006), there is a notable gap in effective interventions aimed at supporting male victims of IPV (Tshoane et al., 2024), even though recent studies have shown increasing rates of IPV against men from their partners (Pelowich et al., 2024; Rowlands 2024). Furthermore, many existing resources, including shelters, hotlines, and police response primarily serve female victims, leaving men with limited options for support (Lysova & Dim, 2025; Niekerk et al., 2015, Hines, 2015;). For example, Barkhuizen, (2015) examines police responses to male victims of domestic violence, revealing both positive and negative experiences. The study underscores the need for improved training and sensitization within law enforcement to effectively address male victimization. Wijk et al., (2014) delves into the experiences of male partners of female rape victims, highlighting the complex emotional and psychological challenges they face when seeking help. Moreover, researchers like Christofides et al., (2018); Shai & Sikweyiya, (2015) focuses on interventions for male perpetrators as primary prevention interventions in South Africa, acknowledges the limited effectiveness of some programs and suggests the need for more holistic approaches. To this, Thompson et al., (2006) highlights the need for increased resources and support for male victims, emphasizing the importance of tailored services. They also mention the Soul City edutainment program and other community-based initiatives transforming violence against women, reinforcing the need for similar efforts directed towards male victims. This underscores the need for resilience and multi-level approaches such community-based interventions and social worker counselling to transforming IPV that considers the unique experiences and needs of male victims.

Community-Based Interventions: Leveraging Collective Strengths for Sustainable Change

Community-based interventions have emerged as a critical approach to addressing public health and social issues by harnessing the collective strengths and resources of defined communities (Karpyn et al., 2018; Watanabe et al., 2015). According to Baciú et al., (2023), these interventions are programs or strategies specifically designed to tackle targeted issues or

improve health outcomes within a community setting. Unlike individual-focused approaches, community-based interventions operate within the broader social and cultural context of the community, actively involving its members in the planning, implementation, and evaluation processes (Trickett et al., 2011). This participatory approach ensures that interventions are not only relevant to the community's unique needs but also foster local ownership and capacity-building, which are essential for sustainable change (Hove et al., 2023; Adesida & Okunlola, 2015; Naku & Afrane, 2013; Ndekha et al., 2003).

A key strength of community-based interventions lies in their ability to address systemic and structural factors that contribute to health disparities or social issues. By engaging community members as active participants rather than passive recipients, such interventions empower individuals and groups to take ownership of their health and well-being (Roberts et al., 2015; Wallerstein, 2002). This aligns with the principles of community engagement, which emphasize collaboration, shared decision-making, and mutual respect between researchers, practitioners, and community members (Key et al., 2019; Watanabe et al., 2015). Furthermore, O'Cathain et al., (2019) highlight the importance of a target population-centered approach, which ensures that interventions are responsive to the lived experiences and priorities of the community.

Cultural sensitivity is another cornerstone of effective community-based interventions. As Baciú et al., (2023) and Roberts et al., (2015) argue, interventions must be tailored to the specific values, beliefs, and practices of the community to ensure acceptability and effectiveness. For instance, Roberts et al. (2015) demonstrate how cultural factors influence mental health perceptions and health-seeking behaviors, underscoring the need for culturally adapted approaches. Similarly, Shahandeh et al., (2012) provide a practical example of a community-based public health intervention targeting malaria control, which succeeded by aligning with local knowledge and practices. Srinivasan et al., (2018) further illustrates this point through a conceptual community-based intervention addressing hypertension, which was designed to meet the specific needs of a particular community.

Sustainability is a central goal of community-based interventions, as they aim to create lasting change beyond the duration of external funding or support. This is achieved by building local capacity and fostering community ownership, ensuring that the benefits of the intervention endure over time (Donessouné et al., 2023; Iwelunmor et al., 2015). For example, community health worker programs in low-resource settings have demonstrated long-term success by training local individuals to deliver ongoing health education and services (Perry et al., 2014). This approach not only addresses immediate health needs but also strengthens the community's ability to respond to future challenges. However, community-based interventions are not without challenges. Critics argue that these approaches can be resource-intensive and time-consuming, requiring significant investment in community engagement and capacity-building (Shava & Thakhathi, 2016; Nilsén, 2006). Additionally, power imbalances between external stakeholders and community members can undermine the participatory nature of these interventions (Minckas et al., 2020; Barnaud & Paassen, 2013). To address these concerns, it is essential to adopt a reflexive and iterative approach that prioritizes equity, transparency, and accountability throughout the intervention process (Foláyan & Haire, 2023; Rogers et al., 2018).

Identifying and documenting specific community-based programs that successfully target IPV in South Africa can be challenging due to limited online documentation and the localized nature of many interventions. However, several well-documented programs, such as the *Men and Boys as Allies Programs* led by Sonke Gender Justice and MenCare, (One Man Can Toolkit, 2023,

2016) as well as youth-focused initiatives like *LoveLife and Girls and Boys Town* (Love For Life, 2024) provide valuable insights into effective strategies for addressing IPV. These programs are innovative in their approach, targeting the root causes of IPV, such as patriarchal norms, toxic masculinities, and harmful gender stereotypes, while promoting gender equality and healthy relationships. For instance, the Men and Boys as Allies Programs are pioneering efforts to engage men and boys as active participants in the fight against GBV. These interventions recognize that patriarchal norms and toxic masculinities are deeply entrenched in South African society and that addressing these issues requires the involvement of men and boys as allies. They employ a range of strategies, including, Workshops and Training, Community events that facilitates interactive sessions and open discussions that educate men and boys about gender equality, healthy relationships, and the harmful effects of patriarchal norms (One Man Can Toolkit, 2023, 2016). For example, Sonke Gender Justice's "One Man Can" campaign mobilizes men to take action against GBV and HIV/AIDS (Berg et al., 2013), while MenCare promotes men's involvement in caregiving and parenting as a way to challenge traditional gender roles (MenCare, 2023). Evaluations of these programs, such as those by Dworkin et al. (2013), have shown that participants are more likely to reject harmful stereotypes and support gender equality after engaging in workshops and dialogues. These findings underscore the potential of such programs to contribute to long-term societal change by addressing the root causes of GBV. On the other hand, The *LoveLife and Girls and Boys Town* focus on preventing IPV by targeting young people during a critical developmental stage (Love For Life, 2024). Adolescence is a formative period for shaping attitudes and behaviors related to gender, relationships, and violence, making early intervention particularly effective (Jewkes et al., 2015). These programs employ a multi-faceted approach, including, Peer Education and Holistic Support facilitating. The training of peer educators who deliver workshops on topics such as healthy relationships, consent, and conflict resolution, and providing counselling in collaboration with families and communities. LoveLife's "GroundBreakers" initiative, for instance, equips young people with the skills and knowledge needed to build respectful and non-violent relationships (Love For Life, 2024). By addressing the root causes of IPV and promoting healthy relationships, these programs have shown promise in reducing tolerance for violence and shifting attitudes among young people. However, despite their successes, these programs face several challenges that limit their long-term impact. Sustained engagement is critical, as changes in attitudes and behaviors often require ongoing reinforcement. Many participants may revert to old behaviors if they are not continuously supported and challenged to internalize new norms (Nilsen, 2010; Page, 2004; Woodbridge et al., 2014). Additionally, resource constraints and limited integration into formal education systems often hinder the scalability and sustainability of these interventions (Ijadi-Maghsoodi et al., 2017; Moore & Boldero, 2017; Dunlap et al., 2009).

Moreover, while these programs are designed primarily to target men as perpetrators of violence, there is a growing need for interventions that address men as victims of IPV. Issues of men's victimization are increasingly recognized (Rowlands, 2024), yet few programs explicitly focus on this aspect (Reis et al., 2020). Community-based programs that address IPV against men can take various forms, such as peer support groups, educational workshops, men's conferences, and targeted outreach efforts (Douglas et al., 2012; Hines, 2015). Such programs can empower potential male victims to recognize and address abusive behaviors while challenging harmful norms around masculinity that contribute to partner violence.

Social Worker Interventions in Addressing IPV in South Africa: A Critical Analysis

Social workers play a crucial role in addressing the complex issue of intimate partner violence in South Africa. As the country grapples with alarming rates of IPV, often described as a national crisis, social workers are at the forefront of providing comprehensive, tailored support to victims, including men who often face unique barriers to accessing services. However, the effectiveness of social workers interventions depends on the integration of theoretical frameworks, evidence-based practices, and a commitment to addressing systemic and cultural barriers (Transformative Action: A Theoretical Framework for Breaking New Ground, 2018; Atkins & Frederico, 2017; Munford & Sanders, 2010)

A key aspect of social work intervention is the provision of immediate emotional support and crisis intervention to victims of IPV, helping them navigate the trauma and instability caused by abusive relationships. Safety planning, a critical component of crisis intervention, involves assessing risks and developing strategies to protect victims from further harm (Macy et al., 2009; Sabri et al., 2021). In South Africa, where IPV rates are among the highest globally, social workers often work in resource-constrained environments, yet their role in providing emotional support remains crucial (Eckhardt et al., 2013; Joyner & Mash, 2011). Research by Nathaniel (2021) emphasizes the importance of social workers understanding the complex, intersecting factors that contribute to IPV, such as socioeconomic status, substance abuse, and cultural norms. This holistic understanding enables social workers to tailor their interventions to the specific needs of each client, ensuring that support is both relevant and effective (Atkins & Frederico, 2017; Munford & Sanders, 2010)

Social workers are also vital in offering individual, couples, and family therapy to address the emotional and psychological impacts of IPV. Utilizing evidence-based therapeutic approaches, such as trauma-informed care and cognitive-behavioural therapy, they help victims process trauma, develop coping skills, and rebuild healthy relationship dynamics (Intimate Partner Violence: Prevention Strategies, 2023; Ong, 2016; Wilson et al., 2015). In South Africa, trauma-informed care has been particularly effective in addressing the high levels of violence and trauma experienced by women in marginalized communities. For instance, a study by Jewkes et al. (2015) found that trauma-focused interventions significantly reduced symptoms of post-traumatic stress disorder (PTSD) among female survivors of IPV. Additionally, integrated interventions that address co-occurring issues such as substance abuse are crucial. Kail (2010) highlights the need for social workers to address these interconnected issues simultaneously, as substance abuse can both exacerbate and result from IPV. In South Africa, where substance abuse is a significant contributor to IPV, integrated approaches have shown promise in reducing violence and improving outcomes for victims (Peltzer et al., 2017; Russell et al., 2012).

Social workers act as brokers, connecting victims with essential resources such as housing assistance, financial aid, legal services, and healthcare. They assess client needs, coordinate services, and provide referrals to ensure comprehensive support (Code of Ethics of the National Association of Social Workers, 2005; Danis, 2003). However, resource limitations, particularly for male victims, remain a significant challenge. In South Africa, where gender norms often stigmatize male victims of IPV, social workers must advocate for the expansion of domestic violence services to better accommodate the needs of men (Mqakelana, 2016; Rowlands, 2024). Research by Tsui, (2014) and Hoff (2012) highlights the barriers faced by male victims, including stigma and a lack of male-inclusive services. Social workers play a critical role in addressing such barriers by advocating for policy changes and developing targeted interventions

Social workers engage in community-level programs to raise awareness about IPV, challenge social norms that perpetuate violence, and promote healthy relationships. This includes conducting educational workshops, organizing support groups, and participating in community mobilization efforts (Intimate Partner Violence: Prevention Strategies, 2023; Mancini et al., 2006; Niolon et al., 2017). In South Africa, community-based interventions have been particularly effective in addressing IPV. For example, the One Man Can campaign, led by Sonke Gender Justice, has successfully engaged men and boys in challenging harmful gender norms and promoting gender equality (Dworkin et al., 2013). Social workers also advocate for systemic changes, working to improve the responses of legal, healthcare, and social service systems to IPV cases (Sabri et al., 2022, 2023). Multi-agency collaboration is essential for creating a coordinated response to domestic violence (Lalande et al., 2023; O'Leary et al., 2018; Giacomazzi & Smithey, 2001). In South Africa, the integration of social workers into multi-agency teams has the potential for improved coordination of services and enhanced the overall response to IPV (Joyner & Mash, 2019; Singh, 2016)

Social workers are involved in programs aimed at addressing the behaviour of perpetrators, facilitating group therapy or individual counselling to promote accountability and behavioural change. Westmarland and Kelly (2012) discuss the challenges of measuring "success" in perpetrator programs, emphasizing the need for long-term engagement and evaluation. In South Africa, perpetrator programs have shown mixed results. While some programs have successfully reduced recidivism rates, others have struggled to achieve sustained behavioural change (Jewkes et al., 2021; Singh, 2016) This highlights the need for ongoing evaluation and adaptation of perpetrator programs to ensure their effectiveness in South Africa.

While social work interventions have traditionally focused on female victims of IPV, there is growing recognition of the need to address male victimization. Research indicates that men experience significant rates of IPV, yet they often face barriers to reporting abuse and accessing support services (Lysova & Dim, 2025; Reis et al., 2020). A recent national survey in the United States found that men experience higher rates of physical IPV compared to women, yet they are less likely to seek help due to stigma and a lack of male-inclusive services (Hoff, 2012). In South Africa, community-based interventions that include social workers interventions have shown promise in addressing IPV against men. For example, Hatcher et al. (2014) found that participation in a rural South African program led many men to reduce their alcohol intake and improve communication with their partners, thereby reducing the escalation of violence. Such programs can help dismantle harmful gender norms, empower men to recognize and address abusive behaviours, and strengthen communication and conflict resolution skills within relationships (Jewkes et al., 2021).

Despite their critical role, social workers have faced criticism for not always adequately responding to IPV, particularly against men. Instances of victim-blaming, ill-advised advice, lack of adequate training, and a lack of cultural competence in caring for men have been documented (Mqakelana, 2016; Young, 2014; Macy, 2007). To address these critiques, social workers must adopt an intentional, client-centred approach that prioritizes empowerment, collaboration, and cultural sensitivity (Brown et al., 2017; Napoli & Bonifas, 2013; Alegría et al., 2010). Additionally, the field must contend with systemic challenges, such as limited funding, fragmented service systems, and the need for ongoing professional development (Munford & Sanders, 2010) Social workers must advocate for policy changes and increased

resources to ensure that IPV interventions are accessible, inclusive, and effective (Murphy & Ouimet, 2008; Rivera & Pearson, 2015). Their ability to work across systems and provide tailored support makes them indispensable in the fight against IPV. However, the field must continue to evolve to address emerging challenges, such as male victimization and systemic barriers, while maintaining a commitment to evidence-based, client-centred practice. By doing so, social workers can play a transformative role in promoting safety, healing, and justice for all male victims of IPV.

Methodology

This study employs qualitative methods to explore community-based interventions and social worker services for men experiencing intimate partner violence (IPV), focusing on the perspectives of male survivors (Bauer & Berkley-Patton, 2023; Braun & Clarke, 2022). The research sample comprises 25 men aged 18 and older, recruited through convenience sample, who were seeking medical care at the Clinical Forensic Medical Service facility in Johannesburg. This convenience sample was a good fit for the study, as it allowed the researchers to access a population of male IPV survivors who are in contact with a specialized service provider for domestic and sexual violence survivors (Rowlands, 2024; Bauer & Berkley-Patton, 2023). By recruiting participants from this facility, the researcher was able to reach a group of men who had already taken the step of seeking help, which provided valuable insights into their experiences and help-seeking behaviours. Participants recruited represented diverse national backgrounds, including Zimbabwe, South Africa, Congo, Nigeria, Mozambique, Malawi, and Eswatini. Additionally, through purposive sampling five key informants were recruited - two medical doctors, one nurse, one police captain, and one police constable, all experienced in assisting male IPV survivors were included to provide professional insights (Nathaniel, 2021).

Data collection involved individual, semi-structured, in-depth interviews with male survivors in heterosexual relationships, focusing on their lived experiences and perspectives of IPV. Sample questions included: "Have you received any help from psychologist or social workers?" and "what do you think are possible solutions to addressing IPV against men?". Key informant interviews were conducted to gather professional perspectives on working with IPV victims (Nathaniel, 2021). Data analysis followed Braun and Clarke's (20026) thematic analysis framework, involving manual transcription, coding, and thematic identification to ensure methodological rigor and minimize bias. Verbatim responses were incorporated to maintain authenticity and amplify participant voices.

A concurrent literature review examined existing research on community-based interventions and social worker services addressing IPV against men. Academic databases were searched using keywords such as "intimate partner violence," "domestic abuse," "male victims," "community programs," and "social work." The review focused on studies evaluating the effectiveness of these interventions in supporting male IPV survivors.

Ethical considerations were central to the study. Ethical clearance was obtained from the Faculty of Humanities at the University of Johannesburg and the Johannesburg Health District Research Committee. The research adhered to ethical guidelines from the World Health Organization and local institutional protocols. Participants were fully informed of their rights, including voluntary participation and the option to withdraw. Informed consent was obtained, and confidentiality was ensured through the use of pseudonyms. Interviews were conducted in secure, private settings, with ongoing psychosocial support available to participants (Dragiewicz et al., 2023; Sullivan & Cain, 2004). Reflexive and autoethnographic approaches were employed to provide

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cultural and contextual insights into the stigma surrounding male IPV survivors (Rowlands, 2022).

The study integrates findings from the literature review and qualitative data to propose a conceptual framework for gender-inclusive, community-based, and social worker-led interventions tailored to the unique needs of male IPV survivors. This framework aligns with ethical guidelines for research involving vulnerable populations and emphasizes the importance of addressing the psychosocial and cultural challenges faced by male victims of IPV.

Result and Discussion

This section critically evaluates the potential of community-based interventions and the role of social workers in addressing IPV against men, synthesizing insights from the existing literature alongside the perspectives of study participants and informants. The analysis begins by presenting the viewpoints of the study participants, followed by an integration of these perspectives with the findings from the literature. The discussion section further elaborates on the synthesis of these insights.

Informant and Participant Perspectives on Community-Based Interventions

Both study participants and key informants emphasized the importance of open communication at the community level as a critical strategy for addressing IPV against men. Dr. Zinzi, a medical professional with 13 years of experience assisting IPV victims at the CFMS, highlighted the need to shift societal norms through community-level dialogue. She stated:

“I think that it’s a shift in norms in the community that we live in. Maybe we can start talking about it at the community level and communicate about male and female abuse, and respect also. So, I think communication would work, so that even if you are a male who is not working, there is something that you do in the house, there is some contribution in some way. This should be communicated within the community, meaning that it should be part of the abuse debate rather than debating about females only being abused by males.”

Dr. Zinzi linked the abuse of men to shifting gender norms, particularly the expectation of male financial provision. She advocated for recognizing men’s contributions within households, regardless of employment status, to foster equality and respect, thereby reducing potential triggers for abuse. Her perspective underscores the need for inclusive community-level engagement strategies that address the evolving norms contributing to IPV.

However, contrasting realities emerged regarding the effectiveness of community-based interventions for male IPV survivors. Kabola, a 49-year-old man from the Democratic Republic of Congo (DRC), who was bitten on the chest by his partner, criticized societal and systemic biases against male victims. He argued:

“Actually, we need to change the mindset of society when it comes to the statement or issue of equality. They need to know that equality does not mean that power should be taken from one side to another, leaving the other side without power, no! It does not mean that. When a man is abused, it should be solved, and he should be helped. When a woman calls the police, a group of policemen will come running to help her, but when a man is abused, they may even slap you for something they don’t know about. So, these cases of men being abused need to be taken seriously.”

Kabola’s account highlights the pervasive stereotypes and biases against male IPV victims,

particularly among police officers. His perspective aligns with calls for reforms to ensure gender-neutral interventions and equitable treatment for all IPV survivors by police officers.

In contrast, Mr. Shaka, a police constable with 13 years of experience in a social crime unit, disputed the perception that police trivialize male IPV cases. He asserted:

“It’s not true. I think that’s the allegation that the community has in their mind. For example, at the station here, when you arrive at reception and say you want to report a case where your partner is abusing you, they don’t interview you further in public. We refer you to my department, where you can have privacy, sit down, and talk about your problems. The laughing thing is just an old stereotype; no such thing happens. Gender-based violence is well taken care of in South Africa, and it’s not about women being favoured by the government or the law. Everyone who is a victim of crime is treated equally. Crime is crime; it doesn’t have a gender.”

While Mr. Shaka’s perspective is reassuring, it contrasts with Kabola’s perspective and broader findings indicating that male IPV survivors often face dismissive or trivializing responses from legal and medical institutions (Lysova & Dim, 2025; Niekerk et al., 2015; Hines, 2015). This discrepancy suggests a potential disconnect between policy and practice or that Mr. Shaka’s experience may not reflect the broader population’s reality.

Mr. Mabaso, a nurse with three years of experience at the CFMS, echoed the need for systemic and community-level changes. He advocated for outreach programs to shift societal attitudes and encourage intervention when men are suspected of being abused:

“Firstly, you also need to amend the constitution to protect men. Even during the 16 Days of Activism for women and children, maybe around June, there should be five days of activism specifically for men. They also need to amend the law to protect men because they are also vulnerable. Even though statistics show that men are less victimized than women, the fact is that these stats are increasing daily. We still need men in the corporate world, to protect our daughters, to lead, and to play vital roles in our society. We need outreach programs to talk to the community. They need to intervene if they suspect or know that a man is being abused. We need to come together and talk about it. If there is no solution, that’s where we go to the police. But the community cannot do that if they think a woman beating a man is a disgrace to the man. So, we need to change the attitude of the community first, and we can only do that through outreach programs.”

Mr. Mabaso’s viewpoint underscores the necessity of advocacy and social marketing campaigns to raise awareness about male IPV realities. Such efforts can help shift community attitudes and promote equitable gender relations.

Ndlovu, a 36-year-old man from South Africa who experienced physical abuse, supported the idea of community-level intervention but noted its varying feasibility across urban and rural settings. He explained:

“No, this cannot happen in a community. If your wife does something wrong in the community, even if you don’t approach her, your grandmother will come and talk to her. But in urban areas, you live in a flat and don’t know anyone.”

Ndlovu’s comparison of urban and rural communities highlights the role of social cohesion in addressing IPV. In rural areas, strong community bonds and family networks often facilitate intervention, whereas urban settings, characterized by anonymity and weaker social ties, may lack such mechanisms. His perspective reinforces the importance of strengthening community-

level participation and support systems to provide pathways out of abusive relationships.

Utilization and Awareness of Social Worker Interventions for Male IPV Survivors

The study revealed varied perspectives on the utilization and awareness of social worker interventions for male survivors of IPV. While participants expressed a desire and willingness to utilize counselling and support services, significant gaps in awareness and accessibility were identified. For instance, Thokozani thirty-five-year-old Malawian, a participant hit with a pan, admitted unfamiliarity with counselling services, stating:

“This is my first time sitting down with people like you and talking. I have heard of counselling, but I don’t know how it works or the kind of questions they ask.”

This highlights a critical gap in awareness and accessibility of social worker services for male IPV survivors. Similarly, Senzo twenty-four-year-old Zimbabwean stabbed while asleep emphasized the general lack of knowledge about where to report abuse or seek help from social workers, underscoring the need for improved public awareness campaigns. He explained:

“You know what, my brother, there are some places where you can report abuse, but we, as people, don’t know about them. Before it even gets to the point of extreme fights, you can go to social workers and tell them the problem, and they even provide counselling. But you know what? We grew up in rural areas, so we don’t want to follow these things, and that’s why we end up fighting. So, I do believe that if this problem was reported on time, it would not have escalated so far.”

Despite these gaps in awareness, many participants expressed a strong willingness to engage with counselling services. Bafana forty-three-year-old South African, scaled with hot water, for example, explicitly stated the need for social worker intervention and joint counselling for both partners. He remarked:

“For me, the solution is that I will take her to the social workers. I think the social workers are the ones to help us, and we should also have counselling. I think we need counselling because we really need a solution.”

This sentiment reflects a recognition of the potential benefits of professional support in addressing IPV and resolving relationship conflicts.

In contrast, Thobeka, a police officer with 20 years experiences in social crime, highlighted the availability of trauma offices and social crime prevention units within police stations, which are designed to assist victims and refer them to relevant services. However, she noted that men rarely come forward to seek help. She explained:

“In all police stations, we have trauma offices and social crime prevention offices. These offices are made for people with such problems. They have to come forward and report, and we help them. We follow the procedures that can assist you, and if you are abused, we even refer you to relevant offices where you can be helped, such as social workers or family courts.”

Thobeka’s comments suggest that while institutional mechanisms exist to support IPV survivors, including men, their underutilization by male victims points to broader barriers, such as stigma, lack of awareness, or reluctance to seek help.

Discussion

This study findings highlights the critical role of community-based interventions and social

workers services in addressing IPV against men. The findings align with existing literature, which underscores the importance of leveraging collective community strengths and social work intervention to tackle systemic and structural factors contributing to IPV (Sabri et al., 2021; Karpyn et al., 2018; Ong, 2016; Watanabe et al., 2015). For example, the literature on community-based interventions to address IPV highlights the power of engaging communities in the co-creation of solutions to public health and social problems (Karpyn et al., 2018; Baciú et al., 2023). This approach prioritizes local ownership and cultural sensitivity, which are essential for sustainability (Trickett et al., 2011; Watanabe et al., 2015). However, the perspectives of both participants and informants in this study offer a nuanced understanding of the challenges and limitations of these interventions, particularly when applied to IPV against men.

One of the central themes emerging from this study is the persistent societal and systemic biases that hinder the recognition and support for male IPV survivors. Kabola's observation reflects a common perception that male victims are not taken seriously by authorities and communities. His frustration with the lack of response from Police officers underscores the deep-rooted gender stereotypes that shape institutional responses to violence. His reflection illustrates a critical gap between the reality of male victimization and the prevailing societal attitudes toward IPV. This contrasts with the assertion made by Mr. Shaka, a police constable, who claims that law enforcement treats all victims of crime equally, regardless of gender. His view aligns with the principles of equality embedded in gender-based violence policies, suggesting that the law does not favor women over men. However, Mr. Shaka's positive experience appears to be at odds with Kabola's observation, as well as with broader studies showing that male IPV survivors often face dismissive or dismissive responses, or even ridicule (Douglas et al., 2012; Hines, 2015). This discrepancy could reflect a gap between policy-level declarations and the day-to-day experiences of individuals at the community level.

These contrasting perspectives indicate that while official policies may be in place to support male victims, the lived realities for many individuals highlight the need for further cultural and institutional shifts. The community-based interventions described in the literature, such as the Men and Boys as Allies Programs (Berg et al., 2013), may have significant potential to address this disconnect by fostering broader societal discussions on gender equality and challenging toxic masculinity. However, the effectiveness of these programs in altering societal norms and perceptions about male IPV remains a subject of debate. As Dr. Zinzi emphasized, "*communication would work*," community-level dialogues can be pivotal in reshaping attitudes (Key et al., 2019; Watanabe et al., 2015). Similarly, Mr. Mabaso's call for outreach programs to shift community attitudes highlights the need for culturally adapted approaches that challenge harmful stereotypes and promote equitable gender relations. Nonetheless, the effectiveness of such interventions is contingent on sustained engagement and long-term commitment from both the community and institutions.

The need for cultural sensitivity, as emphasized by Baciú et al. (2023) and Roberts et al. (2015), is particularly critical in understanding the feasibility and acceptance of community-based interventions. This study reveals how participants' experiences with IPV vary significantly between urban and rural settings, further complicating the design of universally applicable interventions. Ndlovu's comparison of urban and rural communities highlights the role of social cohesion in addressing IPV. In rural areas, strong community bonds and family networks often facilitate intervention, whereas urban settings, characterized by anonymity and weaker social ties, may lack such mechanisms. However, church spaces, groups of friends are available safe

spaces in urban areas. This finding in the current study reinforces the importance of strengthening community-level participation and support systems to provide pathways out of abusive relationships. However, through community-based interventions that foster social cohesion, such as peer support groups and outreach programs, can empower individuals to recognize and address abusive behaviours while challenging harmful norms around masculinity (Douglas et al., 2012; Hines, 2015). Furthermore, this distinction between rural and urban settings suggests that community-based interventions must be tailored to local contexts to maximize their effectiveness. While some of the programs discussed in the literature, such as the One Man Can campaign and MenCare (MenCare, 2023), have shown promise, they may need to adapt their approach based on the specific cultural, geographic, and social contexts in which they are implemented. This reinforces the argument that the success of community-based interventions is contingent not only on local ownership but also on an understanding of the community's unique cultural and structural dynamics (Shahandeh et al., 2012).

The literature underscores the importance of addressing harmful gender norms in tackling IPV. Programs like Men and Boys as Allies target the deep-rooted patriarchal structures that perpetuate gender-based violence. These interventions aim to challenge toxic masculinities by engaging men and boys in discussions about gender equality and healthy relationships (Berg et al., 2013). The focus on early intervention through youth-targeted initiatives such as LoveLife is also commendable, as it aims to shape attitudes about relationships and violence at a formative stage in adolescents' lives (Jewkes et al., 2015). However, while these interventions have proven successful in promoting positive changes in attitudes and behaviours, they also face limitations. Sustained behaviour change is challenging, and the effects of these programs may diminish over time if participants are not continuously engaged (Nilsen, 2010; Page, 2004). Moreover, there is a pressing need for interventions that explicitly focus on men's experiences as victims of IPV. As Mr. Mabaso aptly pointed out, the current framework for addressing IPV largely centres on women as victims, leaving a significant gap in support for male survivors. By expanding the scope of community-based interventions to include men as victims, these programs could promote more inclusive and comprehensive approaches to IPV (Rowlands, 2024).

In terms of social workers intervention, the literature underscores the critical role of social workers in providing immediate emotional support, crisis intervention, and safety planning for IPV survivors (Macy et al., 2009; Sabri et al., 2021). This aligns with participant perspectives, such as Bafana's recognition of the need for counseling to resolve relationship conflicts and address IPV. "I think the social workers are the ones to help us". His sentiment reflects a growing awareness among male survivors of the potential benefits of professional support, as highlighted in studies on trauma-informed care and cognitive-behavioral therapy (Wilson et al., 2015; Ong, 2016). However, the literature also emphasizes the need for culturally sensitive and gender-inclusive approaches, which are often lacking in practice (Hoff, 2012; Tsui, 2014). This gap is evident in Thokozani's admission of unfamiliarity with counseling services "I don't know how it works". Such perspectives highlight the disconnect between the availability of services and their accessibility to male survivors, particularly in resource-constrained environments like South Africa (Eckhardt et al., 2013; Joyner & Mash, 2011).

While the literature emphasizes the importance of community-based interventions and multi-agency collaboration (Dworkin et al., 2013; Lalande et al., 2023), participant perspectives reveal significant barriers to accessing these services. Senzo, highlighted the lack of awareness about where to seek help, we "don't know about them". This perspective contrasts with the literature's optimistic portrayal of community-based programs like the One Man Can campaign, which

successfully engages men and boys in challenging harmful gender norms (Dworkin et al., 2013). While such programs are effective in theory, their reach and impact are often limited by systemic barriers, such as stigma and a lack of male-inclusive services (Mqakelana, 2016; Rowlands, 2024). Similarly, Thobeka, a police officer with 20 years of experience, highlighted the availability of trauma offices and social crime prevention units within police stations. However, she noted that men rarely come forward to seek help, pointing to broader barriers such as stigma and reluctance to report abuse because they don't want to lose their relationships. This discrepancy between institutional mechanisms and their underutilization by male victims underscores the need for targeted interventions that address these barriers, as emphasized in the literature (Hoff, 2012; Tsui, 2014).

The literature increasingly recognizes the need to address male victimization, with studies highlighting the barriers faced by male survivors, including stigma and a lack of male-inclusive services (Lysova & Dim, 2025; Reis et al., 2020). This aligns with participant perspectives, such as Senzo's critique of societal biases against male victims by police officers. However, the literature also highlights the potential of community-based interventions to address male victimization. For example, Hatcher et al. (2014) found that participation in a rural South African program led many men to reduce their alcohol intake and improve communication with their partners, thereby reducing the escalation of violence. Such programs align with the social norm's theory, which posits that changing collective attitudes and behaviors can reduce violence and promote equity (Mancini et al., 2006; Nolon et al., 2017).

Despite their critical role, social workers have faced criticism for not always adequately responding to IPV. Instances of victim-blaming, ill-advised advice, and a lack of cultural competence have been documented (Macy, 2007; Young, 2014). These critiques are echoed in participant perspectives, such as Senzo's frustration with societal biases and Thokozani's unfamiliarity with counseling services. To address these challenges, the literature emphasizes the need for an intentional, client-centered approach that prioritizes empowerment, collaboration, and cultural sensitivity (Brown et al., 2017; Napoli & Bonifas, 2013). Additionally, systemic challenges such as limited funding, fragmented service systems, and the need for ongoing professional development must be addressed (Munford & Sanders, 2010). Social workers must advocate for policy changes and increased resources to ensure that IPV interventions are accessible, inclusive, and effective (Murphy & Ouimet, 2008; Rivera & Pearson, 2015).

Conclusion

This paper examines the critical role of community-based interventions and social worker services in addressing IPV against men. The literature reviewed highlight that interventions, such as trauma-informed care, multi-agency collaboration, and gender-sensitive approaches, have the potential to promote safety, healing, and justice for male survivors of IPV (Day et al., 2010; Day et al., 2018; Idriss-Wheeler et al., 2021). However, participant perspectives in this current study reveal significant gaps in awareness, accessibility, and cultural sensitivity that need to be addressed for these interventions to be truly effective in the South African context.

While the literature underscores the promise of community-based programs in challenging gender norms and supporting male victims (Carlson et al., 2015; Day et al., 2018), the findings from this current study suggest that interventions are not always attuned to the unique needs of male survivors. Gaps in cultural sensitivity, limited outreach, and the prevailing perception that IPV services are predominantly for female victims create barriers to male victims accessing the

support they need. Therefore, a more gender-inclusive approach is needed - one that prioritizes the lived experiences of male survivors, challenges harmful gender norms, and fosters systemic change.

Social workers are uniquely positioned to offer holistic, client-centred support to male IPV survivors. Through case management, counselling, and referrals to community resources, social workers can address the complex and multifaceted impacts of abuse, while also helping men develop strategies for safety and healing (Sabri et al., 2021; Mqakelana, 2016; Dworkin et al., 2013). However, the current study reveals that stigma, lack of awareness, and misperceptions about the orientation of IPV programs hinder many men from seeking help. To overcome these barriers, social service providers must create more inclusive, accessible, and responsive support systems that acknowledge the needs of male victims.

Moreover, coordinated community-based approaches that integrate perpetrator programs, peer support networks, and social worker services have shown promise in promoting long-term behavior change and healing (Lalande et al., 2023; O'Leary et al., 2018; Singh, 2016). These integrated models recognize the intersectional nature of IPV and provide a comprehensive network of interventions that can address both individual and systemic factors contributing to violence (Dixon et al., 2020; Joyner & Mash, 2019; Entilli & Cipolletta, 2016).

In conclusion, while community-based interventions and social worker services offer significant potential to address IPV against men, they must be adapted to the specific needs of this population. By embracing inclusivity, challenging power imbalances, and fostering a comprehensive, multi-dimensional approach, these interventions can drive sustainable change in IPV prevention and response efforts, benefiting both male and female survivors.

Conceptual Framework for Community-Based, and Social Worker-Led Interventions for Male IPV Survivors

Based on the insights from the literature as well informants and participants, several recommendations emerge for improving community-based interventions aimed at addressing IPV against men.

1. **Enhancing Community-Level Dialogue:** There is a clear need to promote open, inclusive conversations about IPV at the community level. This would not only raise awareness but also challenge the entrenched gender norms that hinder meaningful intervention. As noted in the opening of this paper, men in Daveyton Gauteng, were happy with the community engagement and ask for more of such gatherings.

2. **Expanding Support for Male Victims:** Programs should place greater emphasis on male victims of IPV, recognizing their unique challenges and experiences. Training for service providers, including social workers, police officers and healthcare workers, must include gender-neutral approaches to IPV, ensuring that male survivors receive the same level of empathy and care as female survivors. This care should account for the stigma and cultural norms that affect male victims and empower them to seek help. There is need for peer-led support groups that allow male survivors to share their experiences in a safe and empathetic environment. These networks provide opportunities for healing, mutual support, and the reduction of isolation. Indeed, the south African depression and Anxiety Group emphasises how men should accept vulnerability and seek help. This was welcomed with mix feelings by the participants as men conference don't really want to show weakness. However, they emphasise that with the right encouragement and safe spaces, they are ready to embrace vulnerability and transformation,

signaling a critical need for continued efforts to foster inclusive and supportive environments for male empowerment in our communities

3. **Economic Empowerment Programs:** Provide vocational training, financial literacy programs, and job placement assistance to help male survivors achieve economic independence. Economic autonomy is a crucial factor in reducing dependency on abusive partners and promoting long-term stability. Men in Daveyton conference that attended the section in my observation can be classed as average in that setting, yet they attended to learn and educate themselves.

4. **Context-Specific Interventions:** As Ndlovu's observations suggest, urban and rural contexts require different strategies. Interventions should be tailored to fit the social, cultural, and infrastructural realities of each community. Rural areas may benefit from leveraging existing social ties, while urban settings may require more structured, formalized approaches to engagement. The Daveyton engagement was met the expectations of participants as there was drinking and eating after the event.

5. **Sustained Engagement and Support:** Community-based interventions must be designed for long-term engagement. As noted by the participants, attitude and behaviour change is a gradual process that requires ongoing reinforcement through continued programming, outreach, and support networks. It was also fascinating to hear men at Daveyton ask for more engagement.

6. **Community Partnerships:** Facilitate collaboration between community organizations, governmental bodies, and NGOs to create an integrated, coordinated response to IPV. Such partnerships can enhance service delivery and ensure that IPV interventions meet the needs of all survivors, regardless of gender. The organisers of this Daveyton conference were commended and the presence of South African depression and was commended.

7. **Integrated Social workers, Health and Legal Services:** Foster collaborations between social workers, healthcare providers, and legal experts to ensure that male survivors have access to comprehensive, coordinated services. This integration should include medical care, psychological support, legal advocacy, and case management services. As indicated in the prologue of this paper, men in Daveyton conference highlighted experiences of being ridiculed at police stations, courts, and clinics, they there ask that in the next meeting representatives from the police and health centres should be invited.

- **Research and Data Collection:** Support further research on IPV against men to fill existing knowledge gaps and inform evidence-based practices. It is essential to include male survivors in national IPV surveys in South Africa to improve data accuracy and ensure comprehensive responses.

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