Reassessing Masculinities-Focused Interventions: Room and Reasons for Improvement

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ABSTRACT

Gender-based violence (GBV) remains a serious issue in many countries around the world, and this is particularly true for South Africa. Many current interventions to address this phenomenon have, however, had little success in reducing the rates of such violence. This study looked at masculinities-focused interventions as a method for addressing GBV, through a qualitative investigation of the One Man Can (OMC) programme in the Western Cape province of South Africa, based on the observation of workshops, and interviews and focus groups with workshop participants and facilitators. A number of concerns related to the implementation of the intervention are detailed. The first is a lack of awareness of the intersectional nature of masculinities, which risks implying that it is only individual men who need to change, rather than systemic patriarchy and gender inequality. Second, the workshops focus almost exclusively on poor men of colour, which can reinforce the existing stigma these men face in racist societies, such as South Africa. Finally, the workshops use a narrow definition of GBV, focusing almost entirely on violence against women, which excludes violence against other marginalised groups, such as the LGBTQI+ community, boys and men. Thus, the workshops require a rethink of their content and implementation, in order to better contribute to efforts aimed at reducing GBV within larger gender and sexual justice goals.

Keywords: Gender-based violence; Intersectionality; Masculinities; Masculinities-focused interventions; One Man Can; South Africa

INTRODUCTION

Despite recent progress in prioritising the prevention and reduction of gender-based violence (GBV), it remains a serious issue in many countries around the world. This is particularly true in South Africa, a

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country with extremely high rates of violence (Peacock, 2012; National Department of Health [NDoH], 2019). GBV is globally defined as violence that is directed against a person on the basis of their gender (European Institute for Gender Equality [EIGE], n.d.), yet is often considered synonymous with (men's) violence against women (VAW), in acknowledgement of the extremely high rates of violence and inequality that women experience at the hands of men in countries around the world (Garcia-Moreno et al., 2013). Thus, understandably, much work around GBV has tended to be female-focused, assisting victims of violence through support and resources (Ellsberg et al., 2015).

While intimate partner violence (IPV) and sexual violence undoubtedly predominantly have an impact on women, this restrictive definition risks excluding many forms of violence which should fall under GBV, including violence against those who transgress gender and sexual norms, minority groups (e.g., those in the LGBTQI+ community), violence by women (see, e.g., Kramer, 2017), and violence against boys and men. Notably, men are overwhelmingly the most common victims of violence by men (Peacock, 2013; Ratele, 2012), with the global male homicide rate being almost four times that of females (United Nations Office on Drugs and Crime [UNODC], 2013). Yet this is typically not considered GBV, despite increasing recognition that it is gendered, because violence is so enmeshed with hegemonic masculinity (see Dolan, 2014; Fleming et al., 2015). Similarly, while violence against those in the LGBTQI+ community is rife (Brown & Herman, 2015; Evens et al., 2019; Kiss et al., 2020; United Nations Office for High Commissioner on Human Rights [UNOHCHR], n.d.), it is also regularly underrepresented in discussions and interventions pertaining to GBV (Cannon & Buttell, 2015; Dolan, 2014; Naidu & Mkhize, 2005). This suggests that GBV interventions may need to broaden their focus, particularly if work with men is seen as part of a larger gender justice project, aimed at challenging patriarchal power and gender normativity, which arguably are implicated in all forms of violence.

Key in addressing GBV is acknowledging that the overwhelming majority of instances of violence are perpetrated by men, against both women and other men (Jules-Macquet, 2014). The focus in GBV prevention has therefore increasingly turned to working with men, with interventions 'motivated by a desire to address the role of men in violence perpetration, and recognition that masculinity and gender-related social norms are implicated in violence' (Jewkes et al., 2015, p. 1580). This study focused on one such intervention, the One Man Can (OMC) workshops, implemented in South Africa by a local non-governmental organisation (NGO), Sonke Gender Justice, and involved interviews and focus groups with both participants and facilitators of the workshops in the Western Cape province of South Africa.

The OMC programme is one of very few masculinities-focused interventions currently being implemented in this country, and it has been structured and implemented in line with current best-practice literature and understandings of such interventions (see Garcia-Moreno et al., 2013; Ricardo & Verani, 2010; World Health Organization [WHO], 2010). Evaluations of the interventions have, however, not been uniformly positive, as will be detailed below. The study on which this article is based aimed to understand the reasons why participants joined the workshops, and what they felt the impact had been (see Graaff, 2017; Graaff & Heinecken, 2017 for the results). The intention here is to highlight concerns regarding the implementation of such interventions, which arose through the qualitative methodology of the study, and could benefit from further thought and discussion. This can hopefully result in improved practices and outcomes for future interventions.

The article begins with a review of the literature on masculinities and masculinities-focused interventions. Following this is a more in-depth, qualitative look at OMC, highlighting certain contextual concerns in the implementation of the programme, of relevance to masculinities-focused interventions both locally and internationally. These are a lack of awareness of contextual factors; a continued focus only on poor communities of colour; and a narrow and constraining definition of GBV, particularly in terms of the larger project of gender justice. Highlighting these concerns should not be read as a criticism of either the emphasis on women in GBV efforts or of the value of engaging men. Rather, the article flags some of the drawbacks of current interventions that may undermine the larger goals of gender equality and justice. Working with men against GBV needs to be included in the larger goals of challenging the normativity of violence against women and other marginalised, subjugated people, as well as the normativity of gender that enables male violence. It is these enmeshed normativities within the binarism of gender, as well as their complex intersections with other forms of inequality, that need to be addressed within any programme that truly seeks to make a difference in working with men.

MASCULINITIES AND MASCULINITIES-FOCUSED INTERVENTIONS

Masculinities are the 'widely shared expectations and norms within a society about appropriate male… roles, responsibilities and behaviours, and the ways in which women and men interact with each other' (Barker et al., 2011, p. 14). Masculinities are often presented as being on the opposite end of a spectrum from femininities, so that '"[m]asculinity" does not exist except in contrast to "femininity"' (Buscher,

2005, p. 9). Along with this, masculinities are typically considered to be the societal norm, or to have positive traits, while femininities are defined in terms which are seen as negative and the opposite of those linked to masculinities (Patel & Tripodi, 2007).

While there are multiple versions of masculinities which change over time, certain versions tend to be favoured over others within a context – something which Connell (1987) terms 'hegemonic masculinities', meaning those masculinities which are most desired or favoured in a specific context (Messerschmidt, 1993). They may not be the most widespread and may even be unattainable for most men in that context (Kimmel, 2006; Nagel, 1998), yet they are the aspired-to presentations of masculinities in a specific time and space. Although hegemonic masculinities can vary widely across contexts, '[l]iterature from around the world has supported the contention that economic issues such as employment, decent work, poverty and income inequality are central to a sense of manhood' (Ratele, 2015, p. s151). Along with this, 'much research has unpacked the significance of heterosexual prowess… and a physicality and violence in performances of hegemonic masculinities' (Shefer et al., 2015, p. s99). Similarly, a wide range of literature highlights how sexual and physical violence, aggression and coercion, are bound up with dominant ideas of what it is to be a man across diverse South African communities (see, e.g., GenderLinks & Medical Research Council [MRC], 2012; Jewkes et al., 2009; Jewkes & Morrell, 2010).

While not all hegemonic masculinities are characterised by violence, the extremely high levels of violence perpetrated by men in this country arguably suggest at least a lack of censure and, at most, an active expectation of violence from men. Also, the participants in this study (discussed below) repeatedly mentioned a requirement of violence in their achievement of hegemonic masculinities. Thus, in this instance, it seems that there is currently at least some expectation of violence in hegemonic masculinities in South Africa. It is important, however, to acknowledge that these expectations are not static and do not represent a fixed endpoint, but are fluid and changing, both within and between contexts.

Despite the importance of the notion of hegemonic masculinities, there is growing recognition that men do not and cannot equally achieve and access different masculinities. The term 'intersectionality', coined by Kimberlé Crenshaw (1991), highlights the fact that all people have multiple identities – gender, race, economic status, religion, among others – and these can combine to form different or additional levels of oppression or difficulty. Thus, men from marginalised groups (e.g., men of colour, gay or trans men, poor men, disabled men) struggle to access hegemonic masculinities and their

associated privilege to the same extent that white, straight, cis-gendered, able-bodied or well-resourced men can.

Both in South Africa and in other racist global contexts, black men were considered to be more dangerous than white men, especially to white women (Moffett, 2006), which meant that black men were (and still are) more likely to be arrested, convicted and jailed than their white counterparts (Crenshaw, 1991; Flood, 2015; Messner, 1997). In strongly racialised societies such as South Africa, despite their relative privilege in relation to black women, black men face a double subordination in relation to white men and white women. Thus, it is important to be cautious of an overly simplistic focus on hegemonic masculinities, without acknowledging contextual intersectionality.

Due to masculinities' links to violence and heterosexuality, however, masculinities-focused interventions often specifically aim to problematise hegemonic masculinities, creating space for discussion about, and the practise of, alternative versions which are less violent and less invested in dominance over women. This acknowledges that gender is a social construct, created through a process of socialisation, which is ongoing throughout a person's life, and that gender roles are not fixed or static, but rather fluid and malleable. Masculinities-focused interventions can (and arguably should) therefore act as a challenge to normative gender socialisation, since this is so powerfully enmeshed with diverse violences.

MASCULINITIES-FOCUSED INTERVENTIONS

While the implementation of masculinities-focused interventions in South Africa is still in the relatively early stages, studies have been conducted in other contexts on how to make them as effective as possible. For example, interventions tend to be more effective when voluntary, rather than compulsory (Scott, 2010); when they are gender-transformative rather than simply gender-conscious or gender-neutral (WHO, 2010); and when using multiple and multi-sectoral strategies (Ellsberg et al., 2015; Garcia-Moreno et al., 2015). The presence of role models who act as examples of positive masculinities has also been highlighted as an aspect which can make interventions more successful (Barker et al., 2000; Roy & Das, 2014), along with the existence of a supportive peer group (Davidson & Gordon, 1979; Silvergleid & Mankowski, 2006).

Initial studies on the effectiveness of masculinities-focused interventions showed encouraging results, with a WHO (2010) review of such programmes finding that they can have numerous positive

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outcomes. For example, Pulerwitz et al. (2004) found an increase in participants' condom use with primary partners, as well as less support for traditional gender norms at both six months and a year after completion of the programme. Meanwhile, Das et al. (2012) found that involvement in such programmes was correlated with more progressive behaviours in men, such as allowing their wives to work and own property, while Bhandari (2008) found that participants reported using coercive sex less frequently and having a broader range of emotional expression. This suggests that masculinities-focused interventions can have a positive impact on the levels of GBV in the communities in which they are implemented.[2]

However, a consequence of the assumption that men of colour pose a greater danger, and failure to acknowledge their more limited access to privilege, is that masculinities-focused interventions in South Africa are almost exclusively located in poorer areas, and work with poor and marginalised men. Privileged men's use of violence is very under-researched in GBV literature, despite evidence that such aggression is a global phenomenon which occurs in both developed and developing countries (Garcia-Moreno et al., 2013), which tends to contribute to the notion that GBV is only an issue in poorer communities. This also risks 'reinforcing notions that dominant men are not in need of change, while subordinated men are asked to carry the burden of increasing gender equality' (Dworkin et al., 2015, p. s136). Thus, through the implementation of these interventions, poor men of colour are seemingly expected to 'fix' toxic masculinities, even as they live in a system which gives them fewer options and less power to effect substantial change.

In a related fashion, these interventions tend to focus on men as individuals separate from their context, rather than acknowledging the societal nature and pressures of masculinities. This effectively places participants in the difficult position of attempting to shift their masculinities while living in families, communities and societies which have not changed, and which may be very resistant to change. For example, men reported encountering resistance from their families for being involved in interventions (Bhandari, 2008), and struggling to maintain positive changes within their extended families, which remained predominantly patriarchal (Erdström et al., 2015). While supportive peer groups may help men to make and maintain positive changes in their masculinities, focusing only on individuals seemingly ignores the fact that 'masculinities emerge out of cultural, historical and structural

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[2] An important aspect to bear in mind is that all the results from the evaluations are self-reported by intervention participants, which leads to a strong possibility of bias. A lack of involvement of the broader community and the families and peers of participants is an ongoing drawback in research on masculinities-focused work.

antecedents that shape the range and availability of masculinities that men select among and enact' (Dworkin et al., 2015).

There is often a concomitant lack of clarity on the ultimate goal of interventions: 'whether it is a change in health-related behaviours (for instance a reduction in perpetration of violence) or a wider change in the dominant form of masculinity in the group being addressed' (Gibbs et al., 2015, p. s87). While these may have a similar result, where a change in the form of dominant masculinities within a community leads to a broader reduction in violence, this is not necessarily the case. For example, Graaff and Heinecken (2017) found that participants began to view specific acts of violence against women as problematic, but not the underlying attitudes of gender inequality. Similarly, a study by Jewkes et al. (2010) found no evidence of a rejection of their patriarchal privilege among men who attended a masculinities-focused intervention. Rather, there was a move towards creating a more 'benign patriarchy', meaning that while specific acts were highlighted as problematic, gendered power imbalances remained. This finding was supported by Roy and Das (2014). Numerous studies have also found that participants began to agree that violence against women is problematic, but did not feel the same about violence against other marginalised communities, such as LGBTQI+ folk (Pulerwitz et al., 2006; Viitanen & Colvin, 2015).

It is therefore important to note that while masculinities-focused interventions may have an impact on, or reduce, certain specific behaviours or forms of GBV, there is limited evidence on the extent of change in the beliefs underpinning much of the GBV being perpetrated in communities. This may also be due to a lack of clarity on the actual goal of these interventions.

ONE MAN CAN

While the abovementioned studies note some limitations, masculinities-focused interventions have generally been seen as success stories and have begun to proliferate globally. One such example is the One Man Can (OMC) programme, run by Sonke Gender Justice, which includes a series of masculinities-focused workshops being implemented in South Africa. In line with the literature outlined above, the workshops are voluntary and gender-transformative, aiming to provide '"safe" spaces for discussion and critical reflection on the topics of gender, human rights, women's rights, and masculinities' (Viitanen & Colvin, 2015, p. 3). In addition, the content focuses on the harm that hegemonic masculinities can cause to both the men enacting them and to others in their lives (Dworkin et al., 2013; Peacock, 2013). While the focus is on working with men, the workshops are not always

conducted in male-only groups, with many of the activities being equally effective in mixed-gender groups. The workshops are flexible in format, with no stipulation on the number of participants, and can run for anything from one to five days, depending on which and how many topics the facilitators seek to cover, and how much time is available (Graaff, 2017). The facilitators are usually men who come from the community in which the workshops are taking place.

Evaluations of OMC have shown similar mixed results to those reported above. Qualitative studies have tended to find positive self-reported impacts on men's perceptions of women's rights, gender-inequitable norms, and power dynamics in men's relationships with women, as well as reducing participants' use of violence against women, children and other men (Dworkin et al., 2013; Traves-Kagan et al., 2020). Both the preceding studies, however, have also found that men struggled to maintain lower levels of violence, particularly in emotionally charged situations (Dworkin et al., 2013), citing a lack of support from their broader social networks (Traves-Kagan et al., 2020). A 2015 study by Viitanen and Colvin found that participants were less likely to view violence against marginalised groups, such as the LGBTQI+ community, as problematic.

Quantitative studies have shown a more complicated picture, with Traves-Kagan et al. (2020) finding no difference in the perpetration of IPV by participants in the last 12 months compared to before the workshop. Participants seemingly found it easier, however, to reduce violence against strangers, compared to partner violence or violence against children, as stranger violence 'was not connected to maintaining family structures or traditional power hierarchies' (Traves-Kagan et al., 2020, p. 140). Similarly, Christofides et al. (2020) reported that the intervention had no effect on men's use of physical or sexual IPV in the past year, compared to before the workshop. There were also no differences in 'non-partner rape perpetration, gender attitudes, use of transactional sex, parenting or social cohesion between intervention and control communities' (Christofides et al., 2020, p. 10–11).

The results of evaluations of OMC are thus mixed. While participants spoke positively of the programme's impact on their behaviour and beliefs, the quantitative impact on their use of violence seems limited. Importantly, as noted in the literature review, there appears to be little consensus on what the ultimate goal of such interventions should be, and these results perhaps reflect that lack of consensus.

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METHODOLOGY[3] AND RESULTS

The current study involved participant observation of three OMC workshops in two settings in the Western Cape;[4] as well as four focus groups and seven follow-up one-on-one interviews with workshop participants, and four one-on-one interviews with workshop facilitators. Ethical approval was obtained, in accordance with standard regulations for research with human participants, and the study was registered and approved at the University of Stellenbosch. All participants in the focus groups and interviews read and signed an informed consent form prior to the focus group or interview starting, with the content being explained verbally if participants did not understand the form. All interviews and focus group discussions were audio-recorded, with the consent of the participants, but no identifying features were recorded, and participants were informed that they could withdraw at any stage, meaning that their recording would not be used for the study. The researcher transcribed the interviews for data analysis.

Sampling was purposive, as all interview and focus group participants were either employed by, or engaged in, workshops with Sonke. Interviews and focus group discussions were semi-structured, making use of open-ended questions, and were all conducted by the researcher. English was the main language used, with some interviews conducted in Afrikaans. While English was not the first language of the majority of the participants (most of whom spoke Afrikaans or isiXhosa), it was the most comfortable common language for the participants and the researcher alike.

Focus groups were conducted with self-selecting workshop participants directly after the completion of workshop sessions, in groups ranging in size from three to ten participants. These varied in length from 40–150 minutes, depending on logistics, space, and participant availability. Follow-up interviews with willing focus group participants were conducted three months after the workshops, each lasting 30–45 minutes. A qualitative methodology was employed to allow participants to explore their experiences and understandings of the workshops more fully, while also creating space for the reporting of additional challenges embedded in masculinities-focused interventions more broadly, as well as within this specific example.

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[3] For further details on the methodology, see Graaff (2017).
[4] Gugulethu, an informal settlement on the outskirts of Cape Town; and Ceres, a small farming community about a two-hour drive from Cape Town.

The sections which follow focus on the responses of the workshop participants and facilitators, as a means of exploring three different themes that raised concerns about the political and personal impact of such interventions. These concerns echo and flesh out some of those raised in previous studies and evaluations, while highlighting additional issues that speak to some of the more nuanced limitations of such interventions. The first concern is a lack of awareness of the intersectional nature of masculinities, which contributes to the notion that it is only individual 'bad' men who need to 'fix' their masculinities. The second is the extensive focus only on poor men of colour, which may serve to exacerbate existing stigma against them. The final concern is that the OMC intervention tends to work with a limited and constraining definition of GBV, thereby effectively excluding discussions of violence against men themselves, and against marginalised communities.

LACK OF CONTEXTUAL PERSPECTIVE

The first concern was that the workshop materials tended not to acknowledge the contextual nature of masculinities, focusing on individual behaviour change rather than broader and more systemic change. This risks implying that it is the responsibility of these individuals to 'fix' masculinities and GBV in the country, while ignoring the societal and contextual pressures being placed on them to achieve masculinities. Thus, participants could describe numerous instances of societal pressure to behave in certain ways to achieve masculinities, but there was no discussion or acknowledgement of how that societal pressure would make it difficult for them to behave differently or achieve more 'positive' masculinities.

Several participants highlighted the social enforcement of hegemonic masculinities in their communities, with the men feeling that violence against others – and particularly against their partners – was required of them in order to achieve masculinities. This was summed up by one participant in Gugulethu, who simply said, '… then I lost temper, because I am a man'. A female participant in Ceres explained it as follows:

> *Die man sê hy werk vir die huis, hy bring brood op die tafel, en hy's die dak en jy's die vloer … So as jy nou as vrouens sê "Maar dis nie reg, wat jy gedoen het nie", dan sal jy seker maar geklap word … Vir hulle is dit reg. [The man says he works for the house, he brings bread for the table, and he's the roof and you're the floor. So if you, as a woman say, "But what you're doing isn't right", then you'll certainly get hit … For them, it's right.]*

Another participant in Gugulethu stated:

> *We grow in this society where we hav[e]… old people to say to us, 'To be a man, you need to be strong. To be a man, you need to be tough, to have [the] last word… not to cry, to beat up your wife.' Those kinds of things that put us men into a box of being violent.*

Physical strength often seemed related to violence against a partner, with one participant in a Gugulethu focus group addressing the expectations placed on him by his father:

> *Because I remember … my dad used to tell me I must act like a man. And then to act like a man … I have to get […] to have […] multiple partners … And I had to beat my partner, so that I can show that I'm a man. Ja, I have that pride.*

The participants in, and facilitators of, the workshops were therefore aware of societal pressures on, and expectations of, men to use violence to achieve hegemonic masculinities. However, despite the literature highlighting how difficult intervention participants have found it to maintain positive changes without support from their families, peers or broader communities (Bhandari, 2008; Erdström et al., 2015), there was little acknowledgement in the workshop content of how this would affect individual men's ability to effect any substantial changes.

REPRODUCING STIGMA AGAINST POOR MEN OF COLOUR

Related to the lack of intersectional awareness was the fact that masculinities-focused interventions are usually only implemented in poorer communities of colour, which may serve to reproduce existing stigma against men in these communities. As noted above (Crenshaw, 1991; Moffett, 2006), men of colour, both globally and in South Africa, have long been constructed as 'dangerous' and more violent than white men. The fact that almost all violence prevention interventions are implemented in black communities, can therefore contribute to this view (Dworkin et al., 2015). For example, a participant in a Gugulethu focus group seemed to hold this belief, saying, 'Gender-based violence in our communities … Seriously, it's normal.' The following exchange in the same focus group shows how participants may have internalised these views, applying them to men within their own communities:

> *R1 [female]: I can't take my child, to give my child to her father and tell him that he must take care of his child…*

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R2 [male]: You know, as a man in our community, you are not trusted, seems that we are the most corrupt people … I think it's the right thing that R1 is not able to take her child to be with the father, because [...] most of the time… people that are raping babies, are mad. People who are killing babies, are mad. They are not trusted anymore.

In an interview, a Sonke workshop facilitator noted that all of the intervention funding that the NGO received was required to be used for implementation in poor and underprivileged communities, with the following result:

The challenge that we still hav[e] … is that we focus primarily [o]n impoverished areas. Your Khayelitshas, your Mannenbergs, Phillippis, Nyangas,5 areas like that … And it somehow creates a … picture that problems are only in poor areas. Only men in poor areas [...] struggle with gender identities. Only men in poor areas commit gender-based violence and domestic violence. And that's the sad thing … or the unfortunate part about it.

Thus, as highlighted in the literature with respect to an over-emphasis on poor black communities, the workshops may inadvertently contribute to the notion that it is only poor men of colour who perpetrate GBV, while privileged (white and middle-class) men can avoid blame or responsibility.

NARROW DEFINITION OF GBV

The final concern which emerged from the qualitative data was the narrow definition of GBV that is used in the workshops, and that seemed to be dominant in participants' perspectives, where only a few specific kinds of violence against women are seen as problematic, rather than GBV and gender inequality more broadly. During the focus groups, while the workshop participants stated that they would not personally perpetrate sexual violence against their own female partners, what seemed to emerge from their responses was a belief that women's behaviour or attire elicited violence, and particularly sexual violence. A male workshop facilitator commented, 'You wanna rape that young girl. If she's wearing a short skirt, you wanna bounce her.' Another participant explained that, 'if a girl is passing in a short skirt, we say, "Woah, this girl must be raped" … we believe that, as a young girl, you

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5 All four are poor neighbourhoods on the outskirts of Cape Town, with predominantly black and coloured populations.

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must not […] wear a short skirt.' Thus, rape and victim-blaming are not necessarily seen as problematic forms of GBV, even though they are deeply embedded in normative gender binaries.

In some instances, it was also the *silences* in workshops and focus groups that were important. Here, two specific silences should be mentioned: the first relates to violence against marginalised groups, particularly the LGBTQI+ community, and the second to violence against men, both by women and by other men. Despite programme materials specifically stating that gender does not necessarily relate to a person's sexuality, and providing space for a discussion of sexual orientations other than heterosexuality, there was almost no discussion of this in the majority of the workshops, or in any focus group. Throughout the observations and focus group discussions, discourse only focused on violence within heterosexual relationships, emphasising this as the norm and excluding violence against the LGBTQI+ community, or within queer relationships. For example, during observation of a workshop, a facilitator stated that 'gender is the same as sexuality', implying that an individual's sexuality will always arise out of their gender, with the assumption that heterosexuality is 'normal'. In this way, heteronormativity was reproduced and an understanding of violence against the LGBTQI+ community, as well as its link to hegemonic masculinity, was obfuscated. This served to detract from concerns about, and attention to, homophobic violence or violence in non-heterosexual relationships.

Similarly, despite discussions around the societal pressures placed on men to be violent (detailed above), there was very little acknowledgement that, in many communities, male violence is almost always gendered, given how violence, coercion and aggression are bound up with what it means to be a man. Thus, violence against men was not seen as problematic. There was, however, recognition that societal pressure would make it very difficult for men to report or speak about such violence. One participant in an interview in Ceres described a man who had been raped by a woman, but felt he could not report it to the police because, '*"Wat gaan die mense van my dink? Ek is 'n man" … Hulle is skaam. Hulle wil nie hê die ander mans [moet] weet*' [What will people think of me? I'm a man … They're ashamed. They don't want other men to know.] In a similar vein, the following exchange took place after one participant described a situation of a man being slapped by his girlfriend in public. It was felt that the man would be unable to report the issue to the police:

> R1: *The police will laugh at you [for reporting abuse by a woman], to make you feel so small, feel so humiliated.*
>
> R2: *As a man.*
>
> R1: *As a man.*
>
> R2: *[I] suppose it also is that issue that you spoke about. It's a sign that he's a weak man.*

R1: Absolutely.

R2: Because he can get beaten up. So that kind of thing. That's why they laugh, 'Hau, how come you, as a man, [are] beaten by a woman, being a man?'

The working definition of GBV that was used in the intervention is therefore a very narrow one, viewing only limited forms of violence against women as problematic, while violence against men and marginalised communities was not recognised as gendered, or as linked to dominant, often idealised forms of masculinity. This may limit the intervention's effectiveness in addressing these other acts of GBV, and gender justice more broadly.

CONCLUSION

Masculinities-focused interventions have become more widespread in recent years, arising from a growing emphasis on working with men in GBV prevention and reduction, and the same holds true for South Africa. While past studies have reported encouraging impacts, both globally and locally, this study highlights a number of concerns regarding the implementation of the OMC programme, which may have an impact on its capacity to effect broader positive change.

The first concern arising from this research was the failure to acknowledge the role of context in the intervention, both in the programme course materials and their implementation, where the focus is predominantly on individual masculinities, with little recognition of the societal pressures placed on men to achieve these. Assuming that men in all communities and societies are freely and equally able to make changes in their practices and relationships ignores the social policing of masculinity, and the extreme power imbalances that exist in societies, and particularly in South Africa. Similarly, placing the responsibility to change and 'fix' masculinities onto individual men ignores the societal and relational nature of gender, and all the powerful social pressures and violences which maintain gender roles. Thus, asking individual men to change within societies that have not changed significantly raises these men's likelihood of experiencing failure and frustration (Bhandari, 2008; Dworkin et al., 2013), while implying that ongoing levels of GBV are their 'fault' (Dworkin et al., 2015).

Related to this was the concern that the OMC workshops are exclusively implemented in poorer communities of colour, which reinforces the notion that black men (and only black men) are 'dangerous' (Flood, 2015; Ratele, 2014). Also, the lack of interventions in privileged and white communities

arguably implies that there is no violence in those communities, and no need to address hegemonic masculinities. The programme should therefore aim to specifically problematise and question the notion that violence is only an issue in black communities, while potentially aiming to conduct similar interventions in more privileged communities.

The final concern which arose was that the workshops operate under a very narrow definition of gender and GBV, framing only specific acts of violence against women as constituting GBV (Graaff & Heinecken, 2017). This excludes a large range of acts of violence, such as gender inequality and rape myths, and violence against men and against marginalised groups such as the LGBTQI+ community (Viitanen & Colvin, 2015). This risks not only implying that these forms of violence are unimportant or unproblematic, and therefore undeserving of interventions to address them, but also discourages men from reporting or seeking support for violence that they themselves experience. This suggests that the intervention should consciously utilise a much broader notion of what counts as gender violence, specifically making links between gender binarisms, normative masculinity and violence, including a focus on violence against and within marginalised communities, and gender inequality and injustice more broadly.

This study has therefore raised important concerns regarding the current implementation of the OMC masculinities-focused intervention in South Africa. While certain concerns have been raised in previous studies of similar interventions, the results of this study raised new issues, specifically around the limited definition of GBV used within the workshops. These concerns, related to the complexity of such interventions, are arguably relevant across diverse global contexts, but underscored here is the impact of these issues in the specific context of South Africa. As noted in the introduction, this article does not intend to detract from, or criticise, the emphasis on VAW in GBV work, or the value of engaging with men. Rather, it aims to flag the ways in which current interventions may, in fact, undermine efforts towards achieving gender equality and justice. Men need to be included in work that challenges the heteropatriarchal belief in the normativity of violence against women and other marginalised, subjugated people, as well as the normativity of male violence in general. Along with masculinities' complex intersections with other forms of inequality, the entrenched normalisation of the binarism of gender needs to be addressed within any programme that seeks to make a difference in working with men.

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