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Gender-based violence against men, a southeast Asian qualitative study

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Abstract

Background and objectives: Gender-based violence is a major public health concern. Although, in many instances, violence against women and girls encompasses the entire spectrum of gender-based violence in the public eye, violence against men is a very real threat that is obscure and obliterated within cultural norms. Identification of the legal and cultural barriers men face is a very important step forward toward promoting gender equity. There is a severe paucity of research on gender-based violence against men in Sri Lanka.

Methods: A qualitative study was conducted to explore the causes, effects, and help-seeking behaviors of men subjected to gender-based violence in the Colombo district, Sri Lanka. Two focus group discussions and two in-depth interviews were carried out among seventeen purposefully selected victims of gender-based violence and ten key informant interviews were carried out among service providers recruited purposefully in the Colombo district. Transcript analysis was done by using the thematic analysis method.

Results: The study participants of the focus group discussions described themes of preconceived notions about the male sex, gender bias, power play, and masculinity norms as causes leading to gender-based violence. Many participants described their own or a peer's life experience to explain the experiences and consequences of gender-based violence. The key informant interview revealed certain aspects of the support systems which need revision in order to make the services more accessible to men.

Conclusion: This study provides evidence regarding the hitherto undiscussed topic of gender-based violence against men in Sri Lanka. The findings highlight the importance of taking into consideration and inclusion of men in the development of policies for gender-based violence in Sri Lanka.

Keywords

Gender based violence, violence against men, Sri Lanka, qualitative study, southeast Asia

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Introduction

Gender-based violence (GBV) is emerging as a global crisis in violence that impacts men as well as women. GBV is violence targeted at a person because of their gender, or affects them because of their special roles or responsibilities in society.[1]

Patriarchy has been expressed as a system of social relations based on gender inequality between socially defined men and women.[2] This definition seems to naturally place women in a relatively disadvantaged position and is considered a root cause of female GBV. It differs from culture to culture and within cultures.[3] It maintains heterosexual privilege, race, gender, class, and status quo in power, in a crude manner (violence) or subtle manner (laws). Abusive or nonabusive patriarchy is identified as an oppressive institution.[3] The belief in male dominance, the laws that ensure male descent and tilt the balance of power in favor of the male line are examples present in. most societies and communities in line with the ideology of patriarchy. Matriarchy, which can be taken to be the female-headed counterpart of a patriarchy, is likely to have preceded

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patriarchy from an evolutionary viewpoint according to Bachofen and others.[4]

Generally, although women are marginalized due to patriarchy and dominant masculinities, all are not "winners" among the male population. There is a hierarchy of vulnerabilities in ethnicity, sexual orientation, class, race, age, etc., which merit further study.[5] Thus, certain men are naturally propelled into vulnerable situations due to various requirements in gender expectancies and social and community responsibilities.

The meaning of the notion of masculinity differs between societies, groups, and institutions and is determined by processes and conditions.[6] Masculinity is also a spectrum that is gendered due to the various processes undergone historically and culturally by men and women.[7]

Gender refers to the "socially constructed characteristics of women and men—such as the norms, roles, and relationships that exist between them. Gender expectations vary between cultures and can change over time."[8] The concept of gender is an extremely fluid one, especially throughout the world. Most societies have common ground, based on roles and expectations ascribed to the two sexes throughout the world, as well as region and society-specific norms, based on the requirements of the environment. These give rise to gender norms (appropriate behaviors for males and females), gender relations (How they should interact with each other and the opposite sex), and gender roles (their functions and responsibilities in life), which are behaviors that are taught.[8]

The conceptual model of violence by Heise suggests that the perpetration of violence depends on factors that range from the individual level to the relationship and family level, community level, and societal level. Some of the societal-level factors are male entitlement/ownership of women, masculinity linked to aggression and dominance, rigid gender roles, acceptance of interpersonal violence, and acceptance of physical chastisement.[9] Gender equity and equality are two important concepts that merit further consideration. Gender equity is "fairness and justice in the distribution of benefits and responsibilities between men and women." There is also the recognizance that the differing needs and power of men and women need to be identified and addressed so as to rectify any imbalances between the sexes.[10] Gender equality refers to the "absence of discrimination on basis of a person's sex in opportunities, the allocation of resources and benefits or accesses to services."[11]

GBV includes and extends beyond intimate partner violence and domestic violence and also encompasses community violence as well as societal violence. Sexual abuse invariably becomes a form of GBV, irrespective of the intent in performing the act. Although criminology says otherwise, most GBV is being analyzed as unidirectional, from man to woman.[12] There are many studies worldwide that have highlighted the role of the man as the perpetrator. However, men can be victims of GBV too, although the issue is largely unrecognized, understated, and trivialized.[13] There is a scant amount of evidence for men in the role of the victim.

It is a fact that IPV can be perpetrated by both men and women.[14] Straus, 1979 stated that both males and females become perpetrators equally due to family dysfunction and that gender disadvantage plays no role in it.[15] However, there are instances where women perpetrators of psychological abuse falsely accuse the man of abuse, and get away with it due to the vulnerability factor. False accusations of beating by their partners, false accusations of physical abuse of a child, and accusations of sexual abuse of a child are examples.[14]

Abuse by nonfamily members appears to be more prevalent among boys than girls. Perpetrators are mostly older, nonfamilial men known to them.[15,16]

Verbal abuse, control, ridicule, isolation, and degradation using intimate knowledge can all constitute emotional abuse.[17] Verbal and psychological abuse does not carry much weight if committed against men by either men or women.[14] However,it can lead to physical abuse as well.[18] Physical violence being initiated by women against men can be perceived "not as a problem" by both men and women. Initiation of physical assaults on their male partners due to a consensus that women's aggressiveness is acceptable as men were physically more able, without fear of retaliation, has been described.[19] The rate of male abuse by a partner is one per 14.6 s.[20]

"Female supremacy" is a term that has been coined to describe a context that is at the opposite end of the patriarchal system, a matriarchy. Husband battery due to the "Female Superiority Complex" is seen among certain populations, where there is, a massive increase in domestic violence. A meta-analysis of the sex difference in the physical aggressiveness between heterosexual partners identified that females are more likely to commit physical violence and do so frequently. But men have a higher potential of causing injury.[21]

Male sex workers (MSWs) (men who have sex with men (MSM) and transgender (TG)) suffer from various forms of abuse (physical, rape, sexual, robbery, etc.).[22] This is likely to be an indicator of the stigma faced by the population who do not fit into the accepted gender norms. People in war-torn areas face violence in many manners, especially of a sexual nature. Some exploratory studies on the plight of the people who have faced violence and are displaced, report that while the female victims have assumed a certain amount of importance, men survivors have received scant attention.[23] There can be underreporting of more instances of female perpetrators and male victims than vice versa, due to a lack of fear of injury and ideas of chivalry as well. Males have more tolerance for physical assault and more reluctance to call the police than females.[24,25]

Data are sparse on sexual aggression (which is included in GBV) in Southeast Asia, which is experiencing rapid socioeconomic changes.[25] Culture plays an important role, and change and adaptation to new ideas takes more time. The

complex structures within every community need to be taken into account during the identification and resolution of these issues.[3] However, there is a grave lack of research evidence in this arena in Sri Lanka.

Sri Lanka is an island in Southeast Asia with a population of 22 million. Colombo district is situated in the Western province of Sri Lanka and holds the most diversity in terms of nationality and religion. The Western province has a nationality mix of 84.2% Sinhalese, 7.9% Moor, and 6.8% Tamils.[26]

There are many interventions to address and improve women's health throughout the lifecycle in the health system of Sri Lanka. However, improving men's health has received relatively less focus. Most of the institutions that provide services for victims of GBV in Sri Lanka are not ready to cater to men as yet. Although a few resources including the Hospital GBV Centers (Mithuru Piyasa) are available for the benefit of both sexes, men are not inclined to take advantage of free health services as much as women. Lack of health awareness and unavailability of services exclusively catering to men (victims of GBV) is likely to contribute to this situation.

A main reason for the relative inattention to men victims of GBV could be the lack of data to identify the extent of the problem. Qualitative methods can be especially effective tools for assessing the nature of GBV in an environment where little or no systematic data exist.[27] There is a need for a body of evidence to highlight the importance of an issue that can affect approximately 50% of the country's economically productive population to greater or lesser degrees.

Qualitative research answers questions on experiences, perspectives, and meanings from the participant's standpoint of view.[28] It helps to clarify human experiences in a cultural context and to generate theories as to behavior. Therefore, qualitative research was selected as a research component to bridge the knowledge gap effects and help-seeking behaviors among men.

The present study aims to describe the perceived causes of GBV on its victims and barriers to help-seeking in victims of GBV among Sinhala-speaking men in the Colombo district, Sri Lanka.

Method

Study design

This study explores the causes for GBV and barriers to help seeking among men victims of GBV in the Colombo district, Sri Lanka. Focus group discussions (FGDs) were chosen as a method for qualitative data collection in the present context due to the sensitive nature of the topic under discussion. The FGD provides an environment where the participant interacts with a group of people with similar experiences and the principal investigator (PI) plays the role of a moderator. Considering the cultural and social barriers in discussing GBV among men in Sri Lanka FGDs were more conducive for the study participants to express their opinions more freely, as opposed to an in-depth interview, which is a one-to-one discussion with the interviewer. The perspectives of 15 purposively selected men who were subjected to GBV (identified by a previous prevalence study component) were elicited in two FGDs conducted between October 2019 and January 2020. Thematic analysis techniques were used for analyzing the data.

Ethical clearance was obtained from Colombo Medical Faculty ethics review committee (Protocol no EC-18-117) prior to data collection. Informed written consent was obtained after assuring the participants of confidentiality. The content is reported according to the Consolidated Criteria for reporting Qualitative research(COREQ) guidelines.

Recruitment

Men who were between 18 and 60 years from Colombo, conversant in the Sinhala language were included as the study population. Those more than 60 were excluded to prevent any lapses due to loss of memory regarding old incidents. Additionally, those diagnosed with psychiatric illnesses were excluded to prevent incomplete understanding of the questions. Three groups of participants were chosen.

Participants in FGDs. Individuals who self-identified as having faced GBV during the previous year during a prevalence study conducted immediately before were asked whether they were interested in providing additional information and invited for FGDs.

Participants in depth interviews. Affected individuals who were willing to share their thoughts and experiences were invited for an in-depth interview (IDI).

Ten key informants such as doctors, lawyers and police officers working in accident and emergency services were also interviewed. The contact phone numbers of those who expressed willingness were obtained, and they were contacted on a later date to confirm participation. A random sample from those individuals was selected for the study. In addition, the purpose and the nature of the study were explained to the participants. Out of 17 persons who agreed initially, 2 persons did not confirm participation in the FGDs due to inconvenience. Informed written consent was obtained from the study participants. There were no prior relations between any researcher and participant.

Focus group discussions

Two FGDs were conducted for two age ranges 23–35 and 41–55. This was due to concerns about mismatch within the

group if too wide an age range was used. A discussion guide (not pilot tested) for the FGD was developed following a literature review with inputs from the experts, taking into consideration the sensitive nature of the topic.

It ensured the continuity of the logical sequence of the flow of conversation, allowing room to explore unanticipated, but pertinent issues that come up during the discussion.

The discussion was conducted in a geographically convenient place for the participants, with a conducive environment. The PI (female, postgraduate-level qualifications (MD) in public health, working as a Registrar in Community medicine, trained by senior professor (KW) who conducts qualitative research) took the role of the moderator. The PI opened the discussion and facilitated it (in Sinhala), taking note of group dynamics and ensuring that all participants express their views. The PI avoided being placed in the role of an expert and avoided expressing personal opinions.

A male sociology student assisted in taking the role of the note taker to capture the body language and tone as well as the statements made by the participants in the discussion accurately. Audio recording of the discussion was done with consent from the participants to ensure the completeness of the data collection. Data collection commenced until the point of saturation was reached.

In-depth interview

IDIs were chosen as a method of data collection in this study, as the topic is a sensitive one. IDIs were utilized to explore the social and health effects and help-seeking behavior of affected individuals.

Information was gathered about the perceived effects of GBV on its victims, and the attitudes and help-seeking behaviors of two purposively identified persons subjected to GBV from among men admitted to the accident services in the Colombo South Teaching Hospital, Colombo district, Sri Lanka.

Key informant interview

Ten key informant interviews (KIIs) were conducted with purposively selected providers of healthcare as well as law enforcement. The participants who were interviewed were as follows:

- Police officer from the women and children's bureau of the police.
- Community health physician from National STD (sexually transmitted diseases)/AIDS control program, Sri Lanka medical officer from accident and emergency services.
- Judicial medical officer.
- Psychiatrist.
- Medical officer from mental health division, Ministry of Health.
- Medical officer conducting Mithuru Piyasa.
- Consultant community physician from GBV unit, Ministry of Health.
- Counselor.
- Lawyer.

A structured IDI guide was used to gather all the required information. Around 30 min were spent per interview.

Identification of different aspects in GBV among men associated with effects, attitudes, help-seeking behaviors as well as the services provided and defects in the existing system for service provision for victims of GBV in Sri Lanka was done.

The flow chart describing the sequence of choosing participants for the study in indicated in Figure 1.

Data analysis

Recorded audio was transcribed and compared with written notes to fill in the gaps. The discussions which were done in Sinhala language were translated for analysis. Transcripts were not returned to the participants for comment. Using the transcription, themes, and codes were identified by the PI, based on the participant's narrations. The transcripts were reviewed for recurring codes as well as new codes. Saturation was identified at the point when discovery of new codes diminished with recurrence of existing codes.

Data management was done manually. Descriptive analysis and interpretative analysis were done. Observation of actions as well as interactions was used to enhance the understanding of the phenomena.

The findings were reported in the context of the discussion, with unidentified direct quotes where required. Two major themes as well as eight subthemes (not codes) are described from the FGDs.

Results

The composition of the groups was structured to allow homogeneity along some lines, as well as diversity among others. The basic sociodemographic data of the study sample is indicated in Table 1.

The average duration of the FGDs was approximately 70 min. The major themes and subthemes that were present are indicated in Table 2.

Masculinity norms: Verbal, emotional, and physical abuse happens at the home level, according to the study participants. Nondiscussion of domestic abuse issues by men due to shame is not uncommon.

Prove your manhood

The use of addictive substances, mainly alcohol, was cited as an accepted indication of social standing, especially in

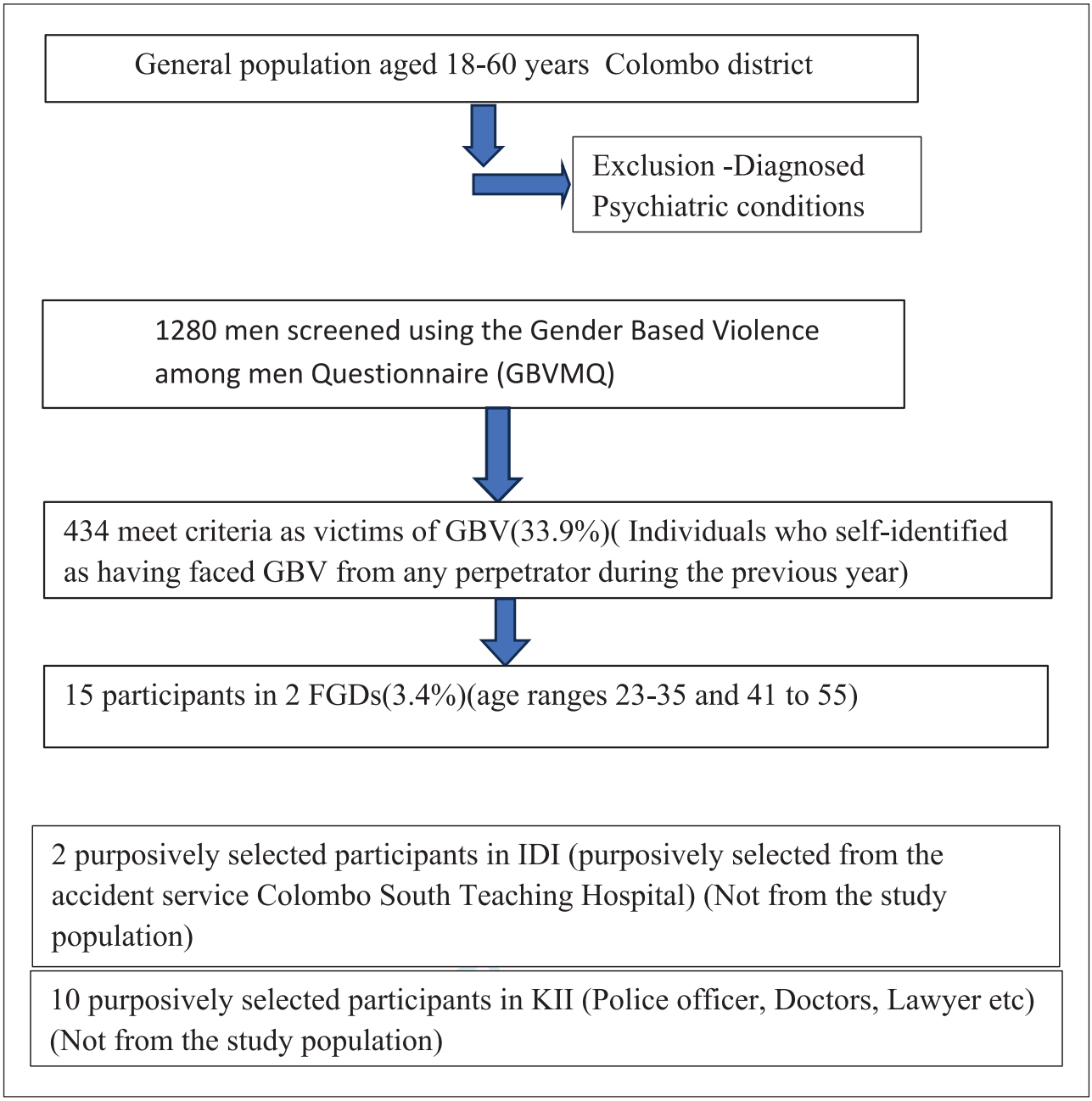

Figure 1. Flow sequence of enrollment of participants for FGD, IDI, and KII.

university hostels and other lodging places. The perception was that alcohol consumption was an indicator of manhood and that drinkers had better personalities. The ostracization of people who don't drink was common. This was elaborated on by one participant by saying that a certain television commercial associating a Lion (symbol of masculinity) with Beer, is ingrained into people's minds. In addition, nondrinkers are accused of immaturity, and homosexuality, and are not accepted into popular groups among other things. Drug abuse is also glorified among these student cultures up to a certain point. Later on, dependence causes a loss of respect.

Another aspect of being masculine is the ability to be sexually aroused whenever called for according to the study participants. A female sex worker approaching a potential client would retort with an expletive implying a lack of

Table 1. Distribution of the study sample (*N* = 15) by sociodemographic characteristics.

Demographic	*N* (15)	%
Age category (in years)		
18–30	6	40.0
31–40	2	13.3
41–50	4	26.7
51–60	3	20.0
Nationality		
Sinhala	13	86.6
Moor	1	6.7
Tamil	1	6.7
Marital status		
Never married	9	60.0
Ever married	6	40.0

Table 2. Commonly reported themes and subthemes.

Themes	Subthemes
Masculinity norms	Not a man without proving manhood
	Guilty until proven otherwise
	Always having the role of breadwinner
	Men can't be harassed
Power play	Emotions in adolescence
	Dancing is for women
	Discrimination of minorities
	Girls preferred over boys

manhood when her advances are rejected. Similarly, a MSW unable to achieve appreciable evidence of stimulation (i.e., erection) will not be paid for his services.

Guilty until proven otherwise

There is a common societal branding of men as having misplaced sexual drive. One of the issues that were discussed was the ease with which legal action against a male citing rape (even a fabrication) can be initiated by a woman. There were several occasions within the participant's experience range where women (or other men) had misused this to settle other personal grievances and harass men. "*It is easy to legally accuse a man. The man is at a disadvantage from the beginning*" commented one participant.

There were instances in the participant's knowledge where the female complainant subsequently backed off during the legal proceedings. "*The man keeps on saying 'I didn't do it' from the beginning, but the police have already beaten him and society has already labeled him as a rapist*" commented one participant. This is especially aggravated in cases where there is media involvement with wide coverage. Certain individuals who were unable to bear the social stigma of police involvement and misplaced accusations have been known to be depressed and commit suicide as a result.

The role of the breadwinner

There is an unwritten law that the man is the breadwinner in the family. Alternative cases are not looked upon in favor. There is a societal need for the man to earn, while the role of the woman is defined as looking after the family, after childbirth. There were comparisons with other countries where, as one participant said, this could be 50–50, and the roles could be reversed according to the situation. "*In other countries, a man can stay at home looking after the children, if his partner earns enough for both. Here, it will be called 'Gaani gen kanawa'* (*feeding off the woman*)" (An insult).

Having an enormous responsibility in earning enough for the family was described as stifling, by some. Providing for the children's education, higher education, and the next level was carrying a huge burden, as elaborated by one participant. "*She does a bit, but I have to shoulder the burden*," said one participant of a working spouse. "*The house will crash without me*."

Men can't be harassed

Nagging. Sometimes being at work is a better alternative to staying at home, according to several participants. Wives who expect too much care and attention as well as wives who nag were mentioned as culprits. "*Can't go home. The woman is troubling me*" said one participant of a tendency to work overtime at the office:

> "*Nag, nag, nag is all she does from morning to night. If it's not something from today, it is something I did in the past. She keeps on and on about things from the past. She never lets go*", Said one participant.

> "*I tell her to let it go. We all do mistakes. I tell her, let us live in peace from today onwards. But it starts again in the evening*."

Invasion of personal space. Overzealousness in their love and over-possessiveness of spouses was viewed as an invasion of privacy by some. "*Men need to be with other men's friends once in a while*," said one, voicing the need for regular association with other men which is viewed as an offloading or liberating factor, by most men:

> "*My new girlfriend wants to go everywhere with me. I don't mind, up to a point. I have nothing to hide. But if she wants to come even when I have a drink and chat with my brother, it will be tiresome*." Explained one participant.

Viewing the partner with suspicion was an aspect that several commented on. In certain incidents, the spouse keeping tabs on men's movements had led to the breaking up of love relationships as well as leading to divorce. "*She kept on call-*

ing my friends to check if I was actually with them" commented one.

Forced to take sides between women in the family. The classic "Nandamma leli" altercations (disagreement between the mother and the wife of the man) are seen to greater or lesser degrees in most family units. In certain cases, it is another elderly female relative who was either involved in the upbringing of the man or is closer to the man. The newcomer (wife) is viewed as a threat by the older woman. Less receptiveness to change and seeing the son's attention monopolized by the wife causes distress in such cases. The wife treating the son as an equal, not setting him up on a pedestal by attending to his needs promptly is seen as an offense, due to the effect of the "superiority of men over women" attitude. The power balance of the family tips largely in the wife's favor if there is a substantial dowry.

In certain other family units, the attitude of the wife precludes the man from paying as much attention to his family as he would like to. Spending time and money on family is subject to restriction by certain wives and partners. "*I am like an areca nut (Nut commonly used in betel chewing) caught between the blades of a nutcracker*" commented a participant. "*She raised me and cared for me. How can I refuse to hear her out?*"

Masculinity is a burden. Public verbal abuse citing effeminacy using disparaging terms by females and commonly men is another way masculinity, or presumed lack thereof is being utilized. Although a woman hitting or slapping a man in public is tolerated, men retaliating in the like is condemned as women are considered the weaker sex.

Various problems encountered in public transport were a topic of discussion. There was high tolerance for being taken advantage of by women who slept on men's shoulders or leaned against them. "*Due to being masculine, he doesn't consider it harassment*" explained a participant:

> "*But if a man is pressed against a woman's body accidentally in crowded public transport, he generally tolerates it if the woman starts to raise her voice and verbally abuse him*" commented one participant. "*We can think that a woman always tries to blame a man as they are always in a degree of insecurity*". Commented another.

In addition, there is a lack of revealing sexual abuse by other men in public transport. Here again, the abuse is not revealed due to the masculinity concept.

Discrimination of males by the law of the country was commented upon by one participant, a lawyer. "*The rape of a girlchild (<16 years) is statutory rape, but for a boy, it's just grave sexual abuse*."

The lackadaisical attitude of the police when a man wants to complain about a woman was also noted. "*Police don't take notice of complaints of men as they are men*." This was extended to the excessive lack of rights of a MSW. In one instance, rendering the MSW inebriated or drugging him to act out various fantasies including group sex without the MSW's consent did not carry enough weight to merit a complaint in the police.

Power play

Emotions in adolescence. Awakening of previously unknown feelings related to puberty was another influencing factor. Feeling the lack of love and close relationships, broken homes, and other vulnerabilities making emotions run high leading to heterosexual and homosexual relationships was discussed. Refusal of one's advances by the recipient frequently leads to anxiety, depression, running away from home, suicidal ideations, and attempts. There was an identified lack of help-seeking behaviors, and in some instances, help-seeking per se led to sexual abuse.

Platonic friendships between different sexes in mixed schools being misconstrued by mostly lady teachers causing emotional abuse was another concern. "*The bond of friendship among friends is being broken*," explained one participant.

Power play was a main factor noted in sexual abuse within schools, hostels, and other institutions. Teachers taking advantage of students' vulnerability, naivety, and faithfulness and using them for sexual relationships had been within the life experience of several participants. The abuse victim defending the actions of the teacher and refusing to seek help was also experienced.

A study participant noted that in a school for differently abled students, certain female teachers took advantage of male students. They alleged indecent talk and behavior of visually impaired male students who chanced to meet them alone, with exaggeration of incidents. Placing themselves in places where such students touch (chairs, etc.), not responding when a visually impaired student inquires when there was anybody in the room, and subsequently blaming students, was practiced at certain times. This type of incident was generally directed toward male pupils with whom they had previously experienced trivial unpleasantness. People generally did not retaliate or seek help because of the power of the teacher.

According to the participants, abuse across the power balance is more in people who are protected from heterosexual intimacy (religion, jail). In religious institutions, new entrants or persons seeking help through counseling are gullible victims of this. There are multiple unreported instances of rape of a male child and other sexual offenses concerning religious institutions.

Physical, verbal, and sexual abuse is very prevalent, especially among new entrants, in jail. However, as noted by participants, people with a support network (i.e., friends from previous jail encounters, members of drug chains, etc.) are at a lesser risk of getting abused.

Dancing is for women. Certain activities, such as dancing, were identified to be solely within women's rights, especially among the middle- and lower-social classes. "*There is a role for us, these are the things that you can do*" was one participant's comment. The inability to pursue a career in dancing due to fear of ridicule was expressed as dancers are considered to be effeminate in the general opinion.

Especially Nachchi dancers (a subculture of people who dance in traditional processions or peraheras (processions) of various temples and worshipping places) are oppressed by not being taken into people's homes, jeered at, and ridiculed.

Sometimes the abuse takes a sexual turn. Dancers are implicitly invited for sexual encounters even during the perahera, by men. "*They have been chased away from families and not accepted in society. They don't have peace, even during the procession*," commented a participant.

On occasions that they are sexually abused, complaints to the police are met with a blind eye. "*This is your own fault*" has been the response of a police officer prior to dismissing the man from the police station.

These persons are in the HIV key affected populations as they have been deprived of the right to basic sexual health due to societal unacceptance. Many of this population were, according to a participant who was closely associated with them, unable to enter a pharmacy to buy a packet of condoms, due to fear of ridicule.

Discrimination of minorities. Inculcation of comprehensive sexual education into the school curriculum was mentioned as a necessity by several participants in light of the comparative lack of social restrictions with regard to different sexual orientations now. The need for ingraining a humane approach and tolerance of differences in youngsters was identified. Identification of own sexual affiliation before marriage was also discussed as important to prevent subsequent problems and family breakups.

Identification of the problems faced by effeminate TG and intersex persons is important as well as the heterosexual, bisexual, and homosexual problems. Many persons who are minorities with regard to personal appearance, gender, or sexual orientation face abuse from their own families. A cycle of abuse follows them wherever they go. "*Our glance in itself is a pressure to them*," commented a participant.

Family support is minimal for minorities in the middle and lower classes of society in Sri Lanka. "*Parents don't help. They try to oppress and suppress. There is no relief from the law as well. People are arrested due to homosexuality*," explained one participant.

Many TG persons run away from home in adolescence. There is name-calling, ridicule, and refusal to offer jobs, "*They end up doing as street sex workers servicing male clients as many refuse to give them a job on account of their appearance*." There is cyberbullying of these people as well.

Girls preferred over boys. Gender bias was noted by participants in many institutions, workplaces, and universities. Certain part-time jobs, especially in media and advertising fields look to recruit girls, although not explicitly mentioned in the job description. "*A boy is taken only if there is nobody else available*," said one participant. On some occasions, the female sex is paid more and given extra benefits compared to the male for the same service "*Not because of any talent or connections. But girls are more marketable. They can even leave early*."

Two IDI s were conducted with victims of GBV, identified in the accident service. In the words of one participant,

> "*I had an argument with my Girlfriend. We did not talk for more than 24 h. After that she spoke in a different way and had different behavior. It's all very complicated. She keeps on repeating the same thing. Nagging. I lost it. I took a knife and cut my arm. (Indicates forearm)" The doctors are telling me a little deeper would have damaged my nerve. I am a kickboxer.it would have made it unable for me to do my job. I am worried about this. I don't know how many stitches were put. I was unconscious. (Under anesthesia)"" "My mother is also like this. She is always nagging me about religious things (Islamic) and other things. My relationship, we always had problems. It's complicated*."

The KII provided insight into several aspects regarding GBV among men victims

Services available for survivors of GBV

The focal point for GBV in Sri Lanka is the Gender and Women's Health unit of the Family Health Bureau, which provides advocacy, guidance as well as technical expertise on matters related to GBV and Women's Health. There are a multitude of institutions providing services for victims of GBV. "Mithuru Piyasa" government run institutions, are centers for GBV, based in 72 hospitals throughout the country. In addition, nongovernmental organizations act as key stakeholders, especially in catering for GBV among women. There are close to 40 NGOs based in and around Colombo. The Ministry of Women and Child Development's hotline for the children (Childline – 1929) as well as the women's Helpline (Hot line 1938) are most easily accessible services provided for the abused population. Sri Lanka Sumithrayo runs a helpline for distressed persons. There is a lack of designated services for men as well as services that are inclusive of men. There is also a problem in the dispersion of services islandwide as most are located in Colombo. This is the major barrier contributing to poor accession of services by men.

GBV carries an enormous emotional toll. In fact, all types of GBV eventually culminate in emotional distress. The degree of resilience varies at individual level. However, direct presentation of GBV cases for psychiatric help is quite rare. However, the incidence is increasing. Most present with related complaints of morbid jealousy, depression, substance

abuse, alcoholism, or DSH which could be effects of GBV. Sexual harassment is one of the main complaints of females. In rare instances persons present with the causative factor of GBV, such as gender dysphoria.

Addictive behaviors such as alcoholism as well as substance abuse can be either the cause or effect of GBV. Maladaptive disorders, modelling by parents, succumbing into peer pressure as well as lack of life skills can play a role in this complex psychosocial problem. Higher numbers of males presenting with substance abuse indicates this has an element of expected masculine behavior, thus supported by sociocultural norms.

Discussion

This study was aimed at obtaining a comprehensive view of various aspects of the causes of GBV, as well as the effects and barriers to help seeking by men. This is the first study conducted in Sri Lanka that has the sole purpose of investigating GBV among men. The study identified several themes as causes of GBV including preconceived notions about men, power play, and masculinity norms as well as several deterrents to help-seeking.

The participants for the study were chosen from a larger prevalence study, featuring 1280 participants. Willing individuals from among 434 men who were identified to have been subjected to GBV participated in the qualitative component. Focus group discussions were conducted with the aim of capturing a range of diverse perspectives at an adequate depth, supplemented by key informant and IDIs. Saturation for FGDs was achieved at a sample size of 15. Rigorous methodology was ensured, aligning existing research norms with feasibility. Similar sample sizes have been observed in several other studies,[29,30] involving men survivors of GBV identified from among the general population.

Certain other studies which utilized a convenient sampling method from organizations assisting survivors of domestic violence have utilized sample sizes of 30.[31] However, it must be emphasized that these survivors have opted to seek help; thus, overcoming any resistance there would be from any implied stigma associated with being identified as a survivor of violence.

Identification of participants willing to participate in the FGDs and IDIs was somewhat challenging in this study due to the degree of stigma associated with being identified as men victims of violence. Certain participants were reluctant to participate due to dislike of "whining," in addition to other constraints like loosing time from work or family time.

Historically, Sri Lanka has been described to have both matriarchal as well as patriarchal elements with the latter being dominant later on.[32] Objectively, Sri Lanka has a gender inequality index rating of 73, reflecting gender equality in certain selected aspects only.[33] Voting rights for women have been obtained very early in 1931, as well as appointing the world's first female prime minister.[34] However, Sri Lanka still has much to achieve in terms of equality, for both sexes.

The theory of feminism involves paying attention to differences and resisting oppression from a social and political point of view. Persons and groups are viewed in their entirety including sociocultural, economic, ethnic contexts, and observed for gendered oppression.[35] Although this is described from the female point of view, and in that context, assumes females are naturally disadvantaged and oppressed, and this in theory, can be applied to the present analysis as well. The findings of this study have been generally pointing toward the position of the man within the context of the home and the community in a patriarchal direction. Gender-related attitudes, especially gender roles and norms seem to create added burdens for men in the present study. Needing to take up the role of breadwinner consistently and being obligated to behaviorally prove one's manhood by opting to smoke or consume alcohol, and physically be able prove one's sexual prowess at any given time seems to set a benchmark for masculinity. There are various theories regarding the evolving gender role including the invention of the plough.[36] However, many years and evolutions of technologies later the traditional gender roles seem to be prevailing in many cultures including Sri Lanka, attaching the breadwinner and child career/homemaker roles accordingly.

The greater degree of public tolerance of physical abuse of a man by either a man or woman can be linked to the concept of nonvulnerability, arising from masculinity. Instances of taking advantage of male reticence to speak out in public against a female (e.g., public transport) are times when the consensus of collective opinion would be tipped in favor of the woman, as women are more "vulnerable."

"Stigma," originally a Greek term, originated when slaves and criminals were branded and projected to be outcasts.[37] It is a culturally intricate term that is discrediting and reduces the person in the eyes of society.[38] There is a considerable amount of stigma associated with persons who are of or are associated with persons with, alternative sexual orientations in Sri Lanka. Such men, as well as men who appear to lack certain masculine characteristics (e.g., gait, voice) are colloquially cited as being effeminate. Hence, publicly verbally abusing men citing effeminacy is a prevalent form of GBV of men in Sri Lanka perpetrated by men and women alike. This is considered the worst type of insult, causing the victim a considerable amount of shame and stigma, and is similar in weight apportioned to calling a female sexually promiscuous in public.

While gender equity promotes the human dignity of both men and women,[5] preservation of gender equity at the expense of gender equality undoubtedly creates a form of inadvertent GBV, as evidenced by examples from this study. The lines are sometimes blurred and gender equality becomes a concept that is supported in abstract, but not in actual practice.[39]

Legally, any form of sexual abuse is covered under the criminal law of Sri Lanka. A simple police complaint if lodged, even despite barriers, should suffice to start legal action by the police against the perpetrator on behalf of the victim, as a crime against society. However, countless occasions of generalization of all heterosexual male relationships as leading to sexual intercourse and generalization of men as having misplaced sexual drives, being placed on the defense in misplaced sexual abuse allegations by women, the inability to convince others of a woman's (sexual) guilt, etc., are practices that are commonly seen. Similar are the multiple instances where men who wish to lodge complaints against women at the police stations, who are laughed off or turned away. The complaints division of the police station appears to be a bottleneck that prevents the processing of complaints by men on GBV.

This is likely to be compounded by the limitations and legal restrictions in the law of the country, which does not include male rape as well as criminalizes alternative sexual orientations and sets precedence by not evolving, in a manner to include men who are powerless and vulnerable to GBV. The difference in the assessment of rape between males and females in the penal code of Sri Lanka is illustrative of this. Section Act No 22-1995 amendment states that the definition of rape contains the word "woman," hence, naturally excluding the term "rape" from men. Forced penetration (or forced domination) of a male is automatically delegated to "grave sexual abuse."

According to the WHO, "Gender is thus not something that can be consigned to 'watchdogs' in a single office since no one office can possibly involve itself in all phases of an organization's activities. All health professionals must have knowledge and awareness of how gender affects health, so that they may address gender issues wherever appropriate thus rendering their work more effective."[11]

Gender mainstreaming is inclusiveness of a gender perspective in all policy areas during all stages.[40] A process of creating knowledge, awareness, and responsibility for gender among health professionals, is paramount in the provision of services as well as cadre allocation. The lack of dedicated staff to work at the GBV centers results in a reduction in the quality of service. Although cadres are advertised for doctors regularly, lack of staff renders the GBV centers nonpriority, leading to nonfulfillment of the positions. Similarly, the lack of JMOs and psychiatrists in respective institutions reduces the quality of services provided as well as the follow-up patient care.

Noninclusion of men clients as recipients of GBV services of institutions as well as hotlines is another barrier that needs addressing at policy level. While there is a multitude of institutions named and working for women seeking help for GBV, there appears to be very few that support both men and women. There is a need to sensitize the officers working in the police especially, to the importance of improving the accessibility of vulnerable persons to the legal system, thus empowering them.

Help-seeking for GBV by men is at a very low level, conforming to societal norms. The number of men survivors identified in 2016 and 2017 are 1365 and 2649, respectively.[41]

The reduced level of societal acceptance of men "who are not masculine enough" is an enormous barrier to help-seeking. Either the fact that the victim is not powerful enough to face the judgmental eye of the recipient of his confidences or being afraid of his revelation backfiring and facing further consequences from the perpetrator and society is valid reason enough to discourage most.

For many people, the lack of awareness that the invalidation and humiliation they face daily should not be, and that anyone who is not a criminal should not be treated as such is, perhaps the biggest barrier of all. As one police officer mentioned, "*They don't know a name for what they experience, and have no voice to express it*."

Limitations

As the study was conducted in Sinhala medium with Sinhala conversant population, the findings cannot be generalized to the Sinhala nonspeaking Sri Lankan Tamils and other populations.

As the spectrum of violence spreads in a wide range, there is no objective measure of whether or not each situation constitutes GBV, and this was decided at the participant's discretion. The events disclosed by each participant could have been affected by recall bias. Similarly, the inherent reluctance of the study participants to reveal things that would be considered a challenge to their masculinity could have led to social desirability bias. Also, the reluctance to divulge information of a sensitive and private nature, especially the middle-aged participants could have affected the results.

The number of study participants willing to participate in the FGDs and IDIs were limited, due to sociocultural barriers. Participation in a face-to-face discussion, as opposed to an anonymous questionnaire was seen as challenging by many, resulting in the 3.4% participation rate in the FGDs.

The interview guide used in the FGD was not validated or pilot-tested. This limits the generalizability of the results.

The study being conducted by a female researcher could have led to some reluctance to divulge sensitive information among the study participants.

Conclusions and recommendations

The study highlighted the several lapses at the country level that rendered the level of services provided to males less effective. Legal restrictions in the definition of male rape, lack of gender mainstreaming in service providers including health as well as lack of social acceptance are some of them.

Taking necessary steps to include male rape in the legal definition of rape with the same penalty as for rape of a woman, would empower men victims of rape to seek justice and retribution.

Enabling the inclusiveness of men in mandates of state and private sector-run institutions catering for GBV would

be of paramount importance. This includes helplines and centers for GBV in and outside hospitals.

Identification of the key priority areas in service provision and enabling change in existing practices that are detrimental to seeking help by affected populations need to be done. Capacity building of the staff involved and building men-inclusive awareness of GBV would be essential to deliver an effective service to the victims. Practices that are counterproductive to help-seeking by victims must be modified to take a more user-friendly nonjudgmental approach.

Further qualitative research would be important to obtain in-depth, diverse, and specific issues concerning vulnerable groups. This would enable us to develop more user-friendly approaches and supportive services that would provide overall comprehensive care.

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Ethical considerations

Ethics approval for this study was obtained from Colombo Medical Faculty Ethics Review Committee before data collection (Protocol EC-18-117).

Consent to participate

Written informed consent was obtained from all subjects before the study.

Author contributions

Sashini Jayaratne: Principal investigator, data collection, analysis and report writing. Kumudu Wijewardena: Supervision and advisory role.

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Supplemental material

Supplemental material for this article is available online.

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