

**EXPERIENCES OF SOCIAL WORKERS WORKING WITH GENDER-BASED
VIOLENCE CASES IN GERT SIBANDE DISTRICT, MPUMALANGA**

by

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submitted in accordance with the requirements for the degree of

MASTER OF SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

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EXPERIENCES OF SOCIAL WORKERS WORKING WITH GENDER-BASED VIOLENCE CASES IN GERT SIBANDE DISTRICT, MPUMALANGA

I declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

Signature:



Date: 15 October 2025

DEDICATION

This study is dedicated to my beloved son, Lubanzi Hlelolwenkosi Buthelezi. I have sacrificed precious time away from him in pursuit of this academic journey, and it was worth it. May he grow up inspired by this work and understand the importance of protecting himself and others from GBV. I hope that he becomes an honourable man, one who will never inflict harm but instead stand firmly against GBV in all its forms.

I also dedicate this study to all social workers who continue to play a vital role in the fight against GBV. May we persevere with strength, compassion, and unwavering courage.

ACKNOWLEDGEMENTS

First, I extend my deepest gratitude to God Almighty and my ancestors for the strength, wisdom, and courage that sustained me throughout this journey.

To my family, thank you for your unwavering support, especially my sister, Zamantungwa Zwane, whose constant encouragement carried me through difficult times.

My heartfelt thanks go to my supervisor, Dr G. E. Leburu, for her guidance, support, and belief in me. Her ability to recognise and nurture my strengths reignited my determination. Without her, I may have given up.

To my former colleague, Hlobisile Nxumalo, thank you for planting the seed of lifelong learning and inspiring me to pursue further academic growth.

I am sincerely grateful to my research participants for generously giving their time despite their work and personal commitments.

Special thanks to my partner for your encouragement during moments when I felt like giving up. Your support has meant more than words can express.

I also wish to acknowledge the University of South Africa (UNISA) student support departments for their wide range of programmes that guide, empower, and support students throughout their academic journey. The university's commitment to student success is reflected in the quality of these services. I am particularly grateful to the dedicated librarians whose guidance in accessing academic resources was invaluable to the completion of this research.

Lastly, I extend my sincere appreciation to Miss Nomsa Chirisa for her professional expertise, invaluable assistance, and guidance throughout the coding and editing stages of this study. Your attention to detail not only enhanced the quality of this work, but it also taught me what it means to produce a truly professional piece of academic writing.

ABSTRACT

Gender-based violence (GBV) is a global health and social issue that results in women being subjected to physical, sexual, economic, and emotional harm. The GBV discourse remains high in South Africa, regardless of governmental initiatives, legislative changes, and proactive mechanisms that serve as a support network for victims. Therefore, social workers still need to be well-versed in both theory and practice to handle GBV victims. Although social workers are trained professionals to manage a range of social welfare cases and contribute to addressing GBV, there are shortfalls that result in the failure of the requisite interventions. This study thus sought to explore the experiences of social workers working with GBV cases in Gert Sibande District in Mpumalanga. The study adopted a qualitative research approach and an explorative, descriptive, and contextual design. Eight participants employed at non-profit organisations (NPOs) that provide services to GBV victims were selected using purposive and snowball sampling. Data were collected through semi-structured face-to-face individual interviews and analysed using the thematic analysis method.

The study established that social workers demonstrated a broad understanding of GBV, recognising its gender-neutral nature and links to power dynamics, cultural norms, financial dependence, and stigma. The participants identified various forms of GBV, including intimate partner, physical, emotional, and sexual violence. Their experiences revealed emotional challenges, high caseloads, limited resources and training, and institutional constraints, although they remained committed to providing compassionate care. The study further established that social workers employ a range of interventions such as counselling, psychosocial support, referrals to health and legal services, community education campaigns, mediation, and economic empowerment initiatives when working with GBV cases. Recommendations for improvement included strengthening public awareness and early education on GBV, enhancing access to community infrastructure, revising and consistently implementing policies, providing specialised training, and promoting collaboration between government and non-governmental organisations (NGOs). Victim empowerment, particularly through shifting mindsets and promoting resilience, was also emphasised.

Keywords: Experience, gender-based violence, social workers, survivors, Gert Sibande District, Mpumalanga

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List of Acronyms and Abbreviations

AIDS –	Acquired Immunodeficiency Syndrome
CEDAW –	Convention on the Elimination of All Forms of Discrimination Against Women
FCS –	Family Violence, Child Protection and Sexual Offences Unit
GBV –	Gender-Based Violence
GBVF –	Gender-Based Violence and Femicide
HIV –	Human Immunodeficiency Virus
ILO –	International Labour Organisation
IOL –	Independent Online
IPV –	Intimate Partner Violence
LGBTQI –	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
NASW –	National Association of Social Workers
NGO –	Non-Governmental Organisation
NPO –	Non-Profit Organisation
NSP –	National Strategic Plan
PTSD –	Post-Traumatic Stress Disorder
SABC –	South African Broadcasting Corporation
SACSSP –	South African Council for Social Service Professions
SADC –	Southern African Development Community
SAPS –	South African Police Service
SGBV –	Sexual and Gender-Based Violence
SONA –	State of the Nation Address
UNDP –	United Nations Development Programme
UNISA –	University of South Africa
USAID –	United States Agency for International Development
VAC –	Violence Against Children
VEP –	Victim Empowerment Programme
WHO –	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

This chapter discusses the study's background and context. It also describes the research problem and presents the study's motivation. The chapter also presents the theoretical framework, research aim, research questions and objectives, research methodology roadmap, and ethical considerations. Lastly, the chapter concludes with the structure of the dissertation and a brief description of the next chapter.

1.2 GENERAL OVERVIEW OF THE STUDY

Gender-based violence (GBV) is a complex, multifaceted (Mahlori, 2016:9) worldwide phenomenon affecting several nations, including South Africa (Rapanyane, 2021:209; Mahlori, 2016: iv). GBV is referred to as an act of harm committed against a person or group of people because of their gender. This harm can be either physical, emotional, economical, sexual, or psychological (Tallman, 2023:3; Mutinta, 2022:1; Mutinta 2021:1). GBV is considered a social structural issue that is perpetrated by cultural norms, values, and beliefs by patriarchal societies (Mangezi & Manzanga, 2019:3). It is a manifestation of damaging masculinity and discrimination based on gender, which is recognised as a set of attitudes and stereotypical behaviours expected from men that exist in all societies (Dlamini, 2020:583).

The two most common types of GBV have been identified as femicide and intimate partner violence (Mangezi & Manzanga, 2019:3). The highest global prevalence of GBV is reported in developing countries, largely due to factors such as poverty and illiteracy (Blair, Tupper, Rook, de Virgilio, Torres, Chittibabu, Tranfield, Myers, Hubbard, Chichom-Mefire, Ajiko, Juillard, Dicker, Dissak-Delon 2025:2). Recent global estimates indicate that nearly one in three women (about 30%) worldwide have experienced physical and/or sexual violence by an intimate partner or a non-partner during their lifetime. Furthermore, approximately 27% of women aged 15 to 49 who have been in a relationship have experienced physical or sexual intimate partner

violence, with the prevalence in the African region estimated at around 33% (World Health Organisation, 2023:4).

A study by Beyene, Chojenta, Roba, Melka and Loxton (2019:1) revealed that GBV is prevalent across sub-Saharan Africa. For instance, the overall prevalence of GBV ranges from 42.3% in Nigeria to 67.7% in Ethiopia. The lifetime prevalence of sexual violence ranges from 4.3% to 76.4%, while physical violence ranges from 7.4% to 66.1%, and emotional violence ranges from 26.1% to 50.8% (European Institute for Gender Equality, 2023:3). A pooled meta-analysis used in a study titled “A Systematic Review and Meta-Analysis of Associated Factors of Gender-Based Violence against Women in Sub-Saharan Africa” identified several individual and family-related factors that increase the risk of experiencing GBV in Sub-Saharan Africa. These factors include low levels of education, increased intake of alcohol, use of drugs, previous experiences of child and family abuse, poor decision-making skills, and enduring depression. The study also found that men having multiple sexual partners and young age are associated with increased experiences of GBV (Muluneh, Francis, Agho & Stulz, 2021:4).

The GBV statistics in South Africa are among the highest in the world, with the country being labelled the “rape capital” of the world (Oparinde & Matsha, 2021:3). The South African former Minister of Police Service, Mr Bheki Cele, in the first quarter crime statistics 2022-2023, reported rape cases in the country to be 9516, with 286 prosecuted and only 16 finalised. At least 800 cases of sexual offences were reported during the April-June 2022 quarter. However, these exclude the number of unreported cases that the country continues to experience (Utinta, 2022:2; Gordon & Collins, 2013:93). The WHO (2019:5) reflects a worse ratio of 38%:50% of women dying daily due to GBV in South Africa. These numbers leave the South African women in fear for their lives and the entire country in shock.

The March-September 2021 South African Police Service (SAPS) Report on gendered crime statistics in the Mpumalanga Province recorded 321 cases of murder for the first quarter and 276 for the second quarter, about 859 sexual offenses for the second quarter, and 796 for the second quarter (Commission for Gender Equality, 2021:21). These high numbers call for emergency response from the government in

collaboration with Non-Profit Organisations (NPOs) and other stakeholders. On August 21, 2021, the Mpumalanga Provincial Police Commissioner, Lt. Gen. Senamakaleng Manamela, told the South African Broadcasting Corporation (SABC) News that more than 50 suspects had been arrested since the beginning of the month for alleged GBV-related crimes, including rape. This was after the body of a pregnant woman was discovered at the Crocodile River outside of Mbombela. These figures reveal a worrying insight into the number of victims experiencing GBV and pose a question on the country's Constitution and legislation in place to protect women from GBV (Yesufu, 2022:90).

Research demonstrates that most victims of GBV are women while men are perpetrators (European Institute for Gender Equality, 2023:3; Oparinde; 2021: 2; Sidloyi, 2020:16; Leburu, 2020:175; World Bank, 2019; Ali, 2018:4), irrespective of their age, class, status, race, and religion (Tallman, Collins, Mulanovich, Rusyidi, Kothadia & Cole, 2023:3). According to Oparinde (2021:2), the severity and intensity of GBV are much greater for women than men globally due to the vulnerability of women in societies. However, there is ignorance on the fact that men are also vulnerable as they also experience GBV (Carpenter, 2017:377; Thobejane, Mogorosi & Luthada, 2018:2). Although women and children are the common victims of GBV, men and boys are also undoubtedly targeted, although it is rarely spoken about (Thobejane & Luthada, 2019:11).

The Report by Hladik, Muniina, Familiar, Kaiser, Ogwal, Serwadda, Sande, Kiyingi, Bahinduka and Dolan (2023:322) revealed that out of 718 (26.2%) of men who had been raped, 49.9% of the victims had been raped on multiple occasions. The Report further revealed that 75.7% of rape victims had been gang raped in the Democratic Republic of Congo. The study by Thusi and Mlambo (2023:74) on NPOs in South Africa revealed that 75% of the cases that are brought to the NPOs' attention involve men who are seeking help against their abusive relationships with women, and only 62% of those male victims were able to talk about their situations. The Independent Online Newspaper (2023) reported that despite the encouraging trends reported, the number of men who experience GBV is rising, with 36% of males experiencing verbal abuse, 43% being physical abuse with injuries, 31% being sexual assault, 30% being threats with weapons, and 5% being kidnapped. Researchers indicate that men are

also victims of female-perpetrated violence, yet many suffer in silence due to embarrassment, fear, shame, and the stigma of admitting abuse by a spouse or female intimate partner, which greatly reduces the likelihood of such cases being reported (Sikamikami, Mumba & Kamelu; 2023:399; Mantey & Dzator, 2018:325; Thobejane & Luthada, 2019:12).

GBV is a public health and social issue (Muluneh, Stulz, Francis & Agho, 2020:1; Beyene, Chojenta, Roba, Melka & Loxton, 2019:2; Gracia-Moreno, Jansen, Hesie & Watts, 2006:1260) and has long-term effects on the victims' physical and mental health, such as anxiety, depression, and post-traumatic stress disorder (PTSD) if it is not properly addressed (Hossain et al., 2020:2). Other health problems associated with pain related to GBV that is ongoing include gastrointestinal problems, insomnia, and other general declines in bodily functioning (Canadian Women's Foundation, 2021:2) Injuries, unwanted pregnancies, pregnancy difficulties, sexual transmitted diseases (STIs), Human Immune Virus (HIV), depression, PTSD, and possibly death, are among the effects of GBV that continue to affect the victims (WHO, 2019:6).

Adverse customs such as female genital mutilation, as well as early or compelled marriages, are also associated with long term effects of GBV (Hossain, Pearson, McAlpine, Bacchus, Spangaro, Muthuri, Muuo, Franchi, Hess, Bangha & Izugbara, 2021:327). Adriana and Flecha (2021:2) add that the long-term consequences for those who have experienced GBV in their childhood or adolescence can include low self-esteem and a lack of proper individual development, which will, in the future, require psychotherapeutic treatment. In addition, job-related GBV consequences, such as stress, burnout, poor productivity, absenteeism, and job withdrawal, can also be recognised in the workplace (Agbaje, Arua, Umeifekwem, Umoke, Igbokwe, Iwuagwu, Iweama, Ozoemena & Obande-Ogbuinya, 2021:2).

In cognisance of this, social workers and other medical professionals serve a vital role in both addressing the effects of GBV and safeguarding the lives that are affected by GBV (WHO, 2021:3). According to Sibande (2019:4), the role of social workers is to advocate for the victims of GBV to receive appropriate services. In this case, social workers are required to negotiate on behalf of the victims, navigate other systems that play a role in addressing GBV, and collaborate with other service providers to ensure

that the victims receive immediate and appropriate services (Scourfield, 2021:1; Hoefler, 2019:20). In a study on social work students' perceptions of GBV by Mahlori (2016:2), the participants identified the roles of GBV advocates such as social workers, which is to support and emancipate women from oppression, teaching and empowering women about GBV, and mediating to assist and guide women victims to come up with their own resolutions to the violence which they experience.

Social workers also apply a multi-disciplinary approach when dealing with GBV through a process of case referrals to other service providers when necessary (Hakomeza 2014:5). Referrals ensure that the victims receive multi-sectional and holistic interventions, act to improve the quality of services that the victims receive from other service providers, and link the victims to the resources (Collier, 2022:777; Perrin, Glass Marsh, Clough, Desgropes, Kaburu, Ross & Hamilton, 2019:2). To ensure that the victim has received the necessary assistance after a referral has been made, the social workers are responsible for following-up with service providers where a case has been referred to (Banks, De Jonge, Shears, Shum, Sobočan, Strom, Truell, Úriz & Weinberg, 2020:572). Furthermore, social workers are responsible for providing interventions such as counselling, therapy, awareness campaigns, and support groups (Sibanda, 2019:26). However, the question here is, "are they using these interventions effectively?" (Sibanda, 2019:26).

1.3 DESCRIPTION OF THE STUDY PROBLEM AND RATIONALE

In his State of the Nation Address (SONA) on the 9th of February 2023, the President of South Africa, Mr Cyril Ramaphosa, revealed that a second Presidential Summit on GBV and femicide had been revisited to assess the progress in the implementation of the National Strategic Plan (NSP), which was designed as an effective response to GBV (SONA, 2023). The NSP provisions for the improvement of accessibility of functioning of sexual offences courts, expanding networks of the Thuthuzela Care Centres where GBV victims can have access to psychosocial support, improving the economic empowerment of women, as well as improving psychological and social services (SONA, 2023). Moreover, the President signed into law three new key pieces of legislation aimed at providing more protection to victims of GBV. These are the new Criminal and Related Matters Amendment Act 12 of 2021, the Criminal Law related to

sexual Offences and Related Matters Amendment Act 13 of 2021, and the Domestic Violence Amendment Act 14 of 2021. These legislations are aimed at ensuring that GBV victims receive greater protection and justice by ensuring that the perpetrators do not get away with the crime.

The President of South Africa, Mr Cyril Ramaphosa, continues to intensify the fight against gender-based violence and femicide (GBVF). In his 8th of February 2024 SONA, the President, during his February 8th SONA, stated that more effective prevention measures have been established to foster responsibility and enable GBV victims to receive greater protection and assistance. These consist of expanding the definition of GBV to encompass behaviours such as bullying or domineering, the opening of 134 new desks in police stations managed by police officers with specialised training in victim-centred care and aid for GBV victims, and dedicating R21 billion to implement six pillars of the NSP for the GBVF plan, which includes psychological and social services as part of the intervention to fight GBV (SONA, 2024). These measures are aimed at strengthening the response against GBV and providing better support to the victims.

The GBV discourse remains high in South Africa, regardless of governmental initiatives, legislative changes, and proactive mechanisms that serve as a support network for victims (Leburu-Masigo, 2020:175). Therefore, social workers still need to be well-versed in both theory and practice to handle GBV victims (Leburu, 2020:4). Although social workers are trained professionals to manage a range of social welfare cases and contribute to addressing GBV, some shortfalls fail the requisite interventions (Sibanda, 2019:2). In some instances, social workers do not have adequate resources at their disposal, and they lack adequate information on how to assist victims (Sibande, 2019:4).

A body of empirical research has examined these challenges from various angles. In a study on the evaluation of the victim empowerment programme in addressing GBV in the Northwest Province, Leburu (2020:2) employed a sequential explanatory mixed-method approach, collecting quantitative data from 242 social workers and qualitative data from 7 social workers and 5 women victims through semi-structured interviews.

The study found that a lack of proper planning by social workers, coupled with limited knowledge of the legislation governing the Victim Empowerment Programme (VEP), leads to inconsistencies in service delivery (Leburu, 2020:184). The shortage of skilled staff was also identified as a persistent challenge.

Adopting a different lens, Luyt and Swartz (2022) explored policy implementation challenges within child welfare using Lipsky's theory of street-level bureaucracy. Their qualitative study, involving semi-structured interviews with four social workers and two magistrates in the Western Cape, revealed significant implementation problems, including the lack of adoption services by departmental social workers and procedural difficulties in registering abandoned babies. This study's findings are instructive for the current research as they demonstrate how frontline practitioners' discretion and working conditions directly shape policy outcomes, a framework equally applicable to GBV service delivery.

More recently, Zawani and Herselman (2025) examined the experiences of GBV survivors during the COVID-19 pandemic and the implications for social work services in Matatiele, Eastern Cape. Using a mixed-methods approach with 30 survivors and 5 social workers, their study found that access to GBV services was deprioritised during the health crisis, leaving social workers struggling to provide adequate support. The study recommended that GBV response services be prioritised during emergencies to prevent further marginalisation of vulnerable populations. At the policy level, Springer (2024) conducted a critical analysis of the three new amendment bills signed into law in 2022, applying Carol Bacchi's "What's the problem represented to be" (WPR) approach. The analysis identified six problem focus areas targeted by the amended legislation but also revealed what remains unaddressed from a practice perspective, suggesting that legislative intent does not automatically translate into effective service delivery outcomes on the ground.

Leburu (2020:2) found that there is a dearth of proper planning by social workers in dealing with GBV. Leburu (2020:184) also found that the shortage of skilled staff has remained a challenge to effectiveness in GBV cases. Moreover, the nature of the relationship with the SAPS and other stakeholders adds to the struggles that social

workers encounter when dealing with GBV cases (Commission for Gender Equality, 2021:129). For instance, when a victim needs emergency medical attention, health practitioners expect them to wait in the queue just like everyone else. If the country expects to see a reduction in the high rate of GBV, the government should keep urging all stakeholders to prioritise GBV cases (Human Rights Watch, 2022).

Among other stakeholders, the Commission for Gender Equality (2021:128) identifies struggles such as a lack of funding for GBV interventions, a dearth of training, and a general lack of compliance with GBV policies and legislation. These challenges are reported to be dominant in countries with poor health care services (Hossain, Sultana & Purohit, 2020:2). Women are at even greater risk of complications associated with GBV due to unreachable healthcare systems (Mukhtar, 2023:96), including in South Africa. The diagnostic Report on GBV against women indicates that the general conceptual and planning frameworks for dealing with GBV are not in alignment (Leburu 2020:175).

Sibanda (2019: iv) also indicates that the lack of knowledge regarding GBV and the necessary interventions among social workers makes it difficult to provide services to the victims. While the statistics of GBV are on the rise due to the victims' worries of reprisal, intimidation, stereotyping, secondary abuse, and stigmatisation, most incidents of sexual and gender-based violence (SGBV) in South Africa and around the world are not reported to the police. Due to this, South Africa lacks access to reliable statistics and is not entirely aware of the prevalence of SGBV across all spheres of society (Davis & Meerkotter, 2017:1).

Recent data confirm that GBV remains pervasive across South Africa. The first South African National Gender Based Violence Study, released in 2024, found that approximately 33.1% of women aged 18 and older, an estimated 7.3 million women, have experienced physical violence in their lifetime, and over 10 000 women were murdered in a recent period, with thousands more raped and assaulted (Human Sciences Research Council, 2024; IOL, 2025). In Mpumalanga, crime statistics show that sexual offences continue to be reported at high levels, with the province

accounting for around 6.3% of national sexual offences cases in mid-2024/25, underscoring the ongoing severity of GBV in the study context (Mpumalanga Provincial Government, 2025). Adding to this burden is the critical shortage of social workers on the frontlines. A parliamentary meeting in April 2025 highlighted that despite thousands of unemployed social work graduates, budget constraints prevent their absorption into government departments, directly undermining the capacity to deliver essential GBV services in schools, police stations, and hospitals (Parliamentary Monitoring Group, 2025).

Beyond systemic challenges, the personal toll on frontline workers is increasingly recognised. Mosese (2025) argues that burnout stems from structural conditions rather than individual weakness, noting that when social workers leave the sector exhausted, “survivors are failed twice: once by the violence itself, and again by a system that cannot sustain those who make it work.” This aligns with Butler et al. (2017), who found that trauma exposure predicts higher burnout among social workers, while organisational support serves as a protective factor. In South Africa, compassion fatigue among welfare workers is worsened by funding cuts that leave them handling GBV's immediate fallout without adequate resources (The Witness, 2025). Leburu and Kgadima (2020:16621) argue that it is imperative to strengthen the role of social work in combating GBV, as this could help to improve service delivery. However, the existing challenges make it difficult for the victims of GBV to report the abuse and receive appropriate assistance (Sibande 2019:4).

While existing studies have examined programme implementation (Leburu, 2020), policy-practice gaps (Luyt & Swartz, 2022), service provision during crises (Zawani & Herselman, 2025), and legislative frameworks (Springer, 2024), there remains a gap in understanding the lived, day-to-day experiences of social workers operating at the frontlines of GBV service delivery in specific high-burden districts. As street-level bureaucrats, social workers' discretion, coping mechanisms, and working conditions directly shape how policies translate into practice (Lipsky, 1980). Their experiences are crucial to determining whether national strategies actually translate into meaningful assistance for victims, yet these subjective realities are often absent from policy discussions (Mosese, 2025).

Furthermore, studies show that professionals who work with trauma survivors are susceptible to burnout and secondary traumatic stress, which could lower service quality if organisational support is insufficient (Figley, 1995; Bride, 2007). Recognising the practical realities, coping strategies, and institutional limitations that confront social workers becomes crucial in high-burden settings like South Africa, where the prevalence of GBV is still concerning. The current study responds to these gaps by focusing specifically on the Gert Sibande District in Mpumalanga, a context where a social work professional from the district has been nationally recognised for GBV advocacy, yet the systemic challenges faced by practitioners in this area remain underexplored. Recent parliamentary oversight has raised concerns about the feasibility of GBV implementation plans in Mpumalanga, with questions about funding, coordination, and the sustainability of NGO services that form the backbone of the provincial response (Democratic Alliance, 2025). Policy reforms run the risk of ignoring real-world implementation issues if they do not take these viewpoints into account. In an effort to close the gap between legislative intentions and service delivery realities, it is imperative to investigate the experiences of social workers in the Gert Sibande District. The above-mentioned gaps thus prompted the researcher to conduct this study.

1.4 MOTIVATION OF THE STUDY AND CONTRIBUTION

Motivation is what spurs people to act with the aim of fulfilling a need, a curiosity, or an expectation (Gopalan, Bakar, Zulkifli, Alwi & Mat, 2017:1). Professional and personal experience prompted the researcher to conduct this study. Kidd and Hayden (2015:449) assert that curiosity is the inspiration behind learning and has an impact on discernment regarding the information that one can seek. The researcher's professional experience is a motivation for learning about the experiences of social workers in managing GBV cases. The researcher is a qualified social worker who handles GBV cases. When performing her duties, she observed challenges such as poor stakeholder collaboration, a lack of training, and a lack of funding for GBV programmes.

The researcher also observed that the ethical dilemma of culture becomes a challenge for social workers providing services to GBV victims. For example, women who suffer abuse in their homes by their partners are commonly silent owing to the IsiZulu phrase: “*indaba yomndeni ayingenwa*”, which loosely means that you cannot discuss family issues with other people or outsiders, including any relevant service provider. Insufficient policies make it difficult for social workers to enforce and regulate their intervention in these situations. This scenario indicates an imbalance between the practical realities of addressing such cases and social work ethics, particularly respect for culture. Based on the researcher’s personal experience, it was observed that social workers lack knowledge on how to manage GBV cases.

The researcher further observed that the victims of GBV who sought their intervention were received, offered counselling, and referred to other stakeholders, such as the SAPS or the Department of Health. However, for continuity of care and tracking case progress, there did not seem to be a clear system or assigned person for follow-up, which raises questions regarding the coordination and accountability of the GBV service delivery system. The study by Mhango (2012:6) supports that not all professionals who are in contact with abused women know about Victim Empact Programmes (VEP). This results in unattended or not properly attended abuse cases. Leburu (2020:5) concurs that inconsistencies in service delivery result from the social workers' insufficient understanding of the laws governing VEP because they lack empowerment techniques, indicators, and processes to direct the social work involvement. This study contributes to the existing literature regarding the social workers handling GBV cases in South Africa and globally. The study provides original and newly analysed information that was obtained through close interactions with the social workers sharing their experiences on the management of GBV cases in Gert Sibande District.

1.5 THEORETICAL/ CONCEPTUAL FRAMEWORK

The ecological systems theory became a valuable tool for this study in developing an in-depth understanding of the social workers’ experiences with managing GBV cases. Originally developed by Bronfenbrenner (1979:22), the ecological systems theory explained how different environmental systems, including the microsystem,

mesosystem, exosystem, macro system, and chronosystem, have an impact on how social workers manage GBV cases (Chong, Isaacs & McKinley, 2022: 333; Yang & Sanborn, 2021: 4; Eteka & Mahoney, 2017: 2; Alvi, Usman & Amjad, 2018: 96). The microsystem represents the social workers' immediate environment, including their direct interactions with victims, colleagues, and supervisors, while the mesosystem captures the connections between these micro-level settings, such as the collaboration between social workers and police at local stations (Bronfenbrenner & Morris, 2006:798). The exosystem encompasses broader organisational structures like departmental policies and resource availability that indirectly shape practice, and the macrosystem reflects the overarching cultural values, societal attitudes toward GBV, and national legislative frameworks that set the tone for service delivery (Neal & Neal, 2013:725; Heise, 1998:267). The chronosystem adds the dimension of time, recognising how shifts in the socio-political landscape, such as the intensified national focus on GBV following presidential summits, influence social workers' experiences over the years (Rosa & Tudge, 2013:249).

The theory was beneficial in bringing into perspective multiple factors, namely, society, community, relationships, and the individual, which are used by social workers to further understand GBV from various levels. As Shorey et al. (2023:6) found in their systematic review, applying an ecological framework to domestic violence reveals how individual coping strategies are shaped by community responses and institutional support systems. This approach was also influential in the type of questions that were asked of the social workers to come up with an overview of how they manage GBV cases. For instance, understanding that a social worker's ability to support a survivor at the microsystem level is constrained by whether local health services prioritise GBV victims at the exosystem level, which is in turn shaped by provincial budgets and national training guidelines embedded in the macrosystem (Stockman et al., 2023:5; Mtotywa et al., 2023:360). The World Health Organisation (2021:15) emphasises that effective GBV responses require coordinated action across all ecological levels, from individual capacity building to national policy coherence. The theoretical framework will be discussed in detail in Chapter Two.

1.6 RESEARCH AIM

This study sought to gain a comprehensive understanding of the social workers' experiences regarding the management of GBV cases.

1.7 RESEARCH OBJECTIVES

The researcher was guided by the following objectives to answer the research questions:

1. To explore and describe the social workers' management and experiences with regard to GBV cases.
2. To identify and propose suggestions and recommendations for social workers to improve the management of GBV cases.

1.8 RESEARCH QUESTIONS

The answers to the study's main issues depended on the questions that the research topic raised. This provided the researcher with the relevant data required to determine whether their work will improve our comprehension of the topic (Sithole, 2018:22). This study was guided by the following questions:

1. What are the social workers' experiences regarding the management of GBV cases?
2. What suggestions and recommendations can social workers propose to manage GBV cases?

1.9 RESEARCH METHODOLOGY

A brief description of the research methodology is provided in this section. This includes the research approach, research design, research paradigm, and data collection and analysis methods. A comprehensive discussion, justification, and application of the following research methodology will be provided in Chapter Three.

1.9.1 Research approach

The researcher adopted the qualitative research approach to accomplish the research objectives. According to Roller and Lavrakas (2015:1), a qualitative study is when a researcher solicits the opinions of the participants, poses wide and general inquiries, gathers information mostly in the form of participant words (or texts), characterises and analyses these words, and conducts the investigation in a subjective manner. This research approach was chosen in part because of the nature of the topic or subject being studied, as well as the researcher's own experiences and curiosity. This approach enabled the researcher to pose questions and seek clarification on the social workers' experiences with managing cases of GBV, which gave a deeper understanding of the study.

1.9.2 Research design

A research design is a systematic approach that the researcher uses to logically and clearly confront the research problem (Awe, 2022:4). This study used the explorative, descriptive and contextual research designs with the aim of exploring, describing, and contextualising the phenomenon under investigation. These designs are particularly suitable when aiming to explore new perspectives or to reevaluate a phenomenon that is poorly understood. The primary goal is to gain an in-depth understanding of participants' experiences, views, and meanings as accurately as possible. Additionally, they focus on describing challenges from the participants' own setting (Zuhroh, Wisadirana, Sanggar, Mardiyono & Umanailo, 2019:115). These designs gave the researcher an in-depth understanding of the participants' everyday experiences and challenges with handling GBV cases, and also allowed the researcher to understand new perspectives about GBV from the participants' views.

1.9.3 Research paradigm

To dig deep into the study, the researcher adopted the interpretivism research paradigm which is increasingly preferred in qualitative data collection methods (Thanh & Thanh, 2015:24). The basic argument for this paradigm is the notion that information interpretation methods utilised in the human and social sciences might not be identical to those used in the physical sciences because humans interpret their environment and behave in accordance with that interpretation, while the rest of the natural world

does not (Hammersley, 2013:26). This allowed the researcher to understand the experiences of the social workers from their perspective in connection with their environment.

1.9.4 Data collection methods and procedure

Data collection using the appropriate tools that are in line with the methodology adopted is advantageous when a researcher intends to enhance the quality of the research findings (Alase, 2017:11). To achieve the aim of this study, semi-structured face-to-face interviews were conducted with eight (8) social workers to gather information (Sithole, 2018:34). According to Creswell (2014:168), semi-structured interviews consist of a predetermined series of questions that stimulate debate and allow the interviewer to delve into certain themes related to the phenomenon. Since the goal of this study was to explore social workers' lived experiences of managing GBV cases, including both the challenges and positive aspects of their professional practice, semi-structured interviews were appropriate as they allow participants to describe their experiences, perceptions, feelings, and reflections in depth (Adosi, 2020:4).

1.10 ETHICAL CONSIDERATIONS

In every research study, it is essential to follow ethical principles at all stages to ensure the protection of the participants from any potential harm (Creswell, 2014:93) and to maintain a balance between the potential hazards and the study's expected benefits (Harriss, MacSween & Atkinson, 2019:813). This study followed the recommended ethical guidelines for undertaking qualitative research in line with the University of South Africa (UNISA) research guidelines. Mbabe, Ajayi, Bagula, Leenen, and Schoeman (2021:2) assert that obtaining ethical clearance is compulsory for almost all research work that concerns human beings or animals and the environment. The researcher obtained ethical permission for this study, ethics reference no: 10641645_CRECH_CHS_2023. The following research ethics were considered for this study: informed consent, voluntary participation, confidentiality, autonomy, non-maleficence, beneficence, privacy, data protection, and compensation.

1.10.1 Informed consent

Informed consent refers to information that must be disclosed to and understood by the participants about the study (Kumar 2019:220). This means that obtaining consent should be freely given and participants should understand what is being asked of them as well as what is expected from them before deciding whether to participate in a study or not to participate (Xu, Baysari, Stocker, Leow, Day & Carland, 2020:4). This was done before the collection of data. The researcher wrote emails to the managers of the organisations requesting to meet on the date when they will have a meeting, so that the staff can personally do a presentation of what the study is about and what is required and expected from them. The researcher also verbally explained the principle of informed consent to the potential participants, emphasising that they could at any time withdraw from taking part in the study without any fear of being questioned or judged. After the presentation, the researcher left the consent forms for those who were interested in taking part in a study to sign. The researcher also left her contact details for any questions or clarification that they may have needed.

1.10.2 Voluntary participation

Potential participants must be aware of the research and have the flexibility to accept or reject involvement in this study for them to engage voluntarily (Varkey, 2021:19; Rikhontso, 2022:48). In no way were the potential participants coerced into participating in the study. Potential participants were opportunity to determine whether or not they wanted to take part in the study by receiving a participant information sheet. The researcher emphasised that agreement is completely voluntary and that there are no repercussions if one decides to withdraw at any time.

1.10.3 Confidentiality

Confidentiality means that none of the participants' personal information will be disclosed without their consent, their information will be kept safely and only accessible by the researcher (Hennink, Hutter & Bailey 2020: 72; Bos, 2020:154). An essential ethical component of any study is maintaining the privacy and safeguarding

the identity of the participants (Hennink, Hutter & Bailey, 2020:72, Maree, 2014:25; Saunders, Kitzinger, & Kitzinger, 2015:617). The researcher ensured confidentiality by withholding the names and identities of those who participated in the collection of data and publication of its conclusions. The collected data was not associated with their names or any other identifying information, instead of using their names, pseudo names were assigned to participants' data to ensure they remain anonymous this also ensured anonymity.

1.10.4 Autonomy

Barrow, Brannan and Khandhar (2022:2) argue that not all individuals have the capacity to be autonomous concerning research participation. Taquette and da Matta Souza (2022:5) argue that this may be because of the individual's developmental level or because of various illnesses or disabilities. To ensure participants have the autonomous right to self-determination, the researcher ensured that potential participants understood that they have the right to decide whether to participate in the research study and that declining to participate in research will not affect them in any way (Varkey, 2021:19; Fleming, 2018:315). In this study, this was ensured through the information sheet (see annexure A) as well as the consent forms (see annexure B), clearly stating that participants have the right to decline participation in the study at any point when they feel that they may experience harm and that when they decline, it will not affect them or their work in any way. As a result, the participants felt free to participate, and there was transparency between the participants and the researcher.

1.10.5 Non-maleficence

According to John and Wu (2021:6), non-maleficence means that participants should not be harmed by participating in the research project. The ethical duty to "do no harm" requires the researcher to consider the potential for the study to jeopardise the physical, mental, social, or other well-being of any participants (Varley 2021:18; Mkhonto, Sengane, & Havenga, 2014:338; Mason, 2014:84). The researcher was aware that the study may evoke some emotions. Participating social workers were expected to experience emotional discomfort, secondary trauma, or compassion fatigue when thinking back on the GBV service offering. In accordance with accepted

qualitative ethical principles, participants were thus made aware of their freedom to refuse to answer questions, stop interviews, or leave the study at any time without consequence (Orb, Eisenhauer & Wynaden, 2001). Throughout the interviews, the researcher had a supportive, compassionate attitude and paid attention to both verbal and nonverbal cues of distress.

Interviews were stopped to allow for debriefing and regulation when participants showed signs of emotional distress. Before data collection, a list of psychosocial support services in the Gert Sibande District was created, and participants were urged to use external counselling services or organisational wellness if needed. A post-interview debriefing was carried out; however, there was no need that arose for counselling, as none of the participants referred or requested counselling. These actions are in keeping with recommended practices for handling discomfort in qualitative research involving delicate subjects (World Health Organisation, 2016; Wiles, 2013).

1.10.6 Beneficence

Bitter, Ngabirano, Simon and Taylor (2020: s127) stated that for a study to be considered beneficent, it must be planned with the least amount of risk. Benefits to other researchers and society at large should be considered if they do not directly benefit research participants (Rikhontso, 2022:49; Taquette & da Matta Souza, 2022:4). This study is beneficial to the participants and to all social workers nationwide because the information and insights it produced will help policymakers respond to social workers' experiences handling GBV cases. It also contributes to finding effective strategies to address GBV concerns. This study further seeks to close the breach in terms of the literature about the experiences of the social workers managing the cases of GBV.

1.10.7 Privacy

Participants have a legitimate expectation that the privacy of their organisation or the individuals being studied will be protected and that no information that could identify

their organisation or individuals will be available (Saunders, Kitzinger & Kitzinger, 2015:617; Ozdil, Seneviratne & Mai, 2017:487). During the data collection process, the researcher requested managers of the organisations to communicate with social workers in advance. The information included the date, time, and the office where the interview session was held. This allowed the staff to be aware and not interrupt the interviews. The researcher also requested to put a note on the door of that office where the interview session was held. The note was written 'interview in session, please do not disturb'. This process also ensured privacy, and no distractions were encountered during the interviews.

1.10.8 Data protection

Data protection minimises threats to violations of personal data privacy, and it ensures that the personal interests of participants are not under any threat (Mangku, Yuliantini, Suastika & Wirawan, 2021:203). The collected data was transferred from the audio recorder to the researcher's laptop. It is saved in a zip file that is accessed using a password, and the researcher is the only individual who knows the password of the zip file. Throughout the data-gathering process, the data was digitally stored on a computer that required a password to access. According to Harriss, MacSween and Atkinson (2019:814) and Creswell (2014: 95), data must be kept for a specific amount of time before being deleted. The data gathered for this study is securely saved digitally for a period of five years. Transcribing was done in a private and quiet room where no one was able to hear the conversation that took place during the interview session in the researcher's residence.

1.10.9 Compensation

Researchers should consider the appropriateness of the compensation type regarding the participant resources used while participating in a study (Nyangulu, Mungwira, Nampota, Nyirenda, Tzirizani, Mwinjiwa & Divala, 2019:2; Różyńska, 2022:449; Kumar, 2019:220). There was no compensation for the participants in this study, as the participants were not using any of their resources. The participants were sent appreciation emails and messages after the data collection process to thank them for their participation and time.

1.11 DEFINITIONS OF KEY CONCEPTS

The following concepts are defined to enable the reader to make sense of the subsequent discussions in the study:

Experience: Mpiti, Makena and Qoyi (2023:110) define experience as gaining knowledge through direct observation or participation in an activity or event. Lekganyane (2017:75) concurs that experience is cumulative and includes the emotions and sentiments that arise from the conscious, lived-through event. In this study, the term experience refers to the collective emotions and feelings that social workers encounter as a result of managing GBV cases.

Social worker: In this study, a social worker is defined as a person who is registered in terms of Section 18(1) of the Social Service Profession Act, 1978 (Act 110 of 1978). A social worker makes life better for people who are in crisis, are struggling to cope, who feel alone, and cannot resolve their problems unassisted (Coulshed & Orme, 2018:19).

Gender based violence (GBV): Dlamini (2021:583) defines gender-based violence as an expression of gender inequality and toxic masculinity. GBV is any act of violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering that is directed at a person based on their gender (Allwood, 2016: 378). In this study, GBV refers to any acts of violence that result in, or are likely to result in, physical, sexual, or psychological harm or suffering that is directed at either men or women.

1.12 STRUCTURE OF THE STUDY

The research report is divided into the following five chapters:

Chapter One: Introduction

The chapter introduces the study and provides a general orientation of the study. The chapter further describes the study problem and rationale, motivation, theoretical framework, research aim, research questions and objectives, research methodology roadmap, ethical considerations, and the definitions of concepts.

Chapter Two: Literature review and theoretical framework

This chapter reviews literature on the roles of social workers in managing GBV cases. Moreover, a brief overview of GBV is provided, and intervention strategies and the roles performed by social workers in managing GBV cases are also discussed, along with the theoretical framework.

Chapter Three: Research methodology

This chapter discusses the research methods shaping the study. This includes the research approach, research design, research paradigm, population and sampling, and the data collection and analysis methods.

Chapter Four: Presentation, discussion, and interpretation of research findings

This chapter analyses, presents, and critically discusses the data gathered in line with the themes that emerged from the data.

Chapter Five: Summary, conclusions, and recommendations

This chapter presents a summary of the key findings, draws conclusions, makes recommendations for improvements, and puts forward suggestions for further research.

1.13 CHAPTER SUMMARY

This chapter introduced the phenomenon under investigation. The chapter unpacked the problem statement with a view to identifying the research gap and to motivate the study based on the personal and professional experiences of the researcher. A brief description of the research methods, theoretical framework, and ethical considerations was provided, along with the definitions of the key concepts. The next chapter reviews the literature review and discusses the theoretical framework for the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

In South Africa, GBV is still a major and enduring crisis that has a profound impact on individuals, their families, and communities. Social workers have a vital role in helping GBV victims by offering advocacy and support interventions. The purpose of this literature review is to investigate the corpus of research on the psychosocial support and interventions that social workers provide to the victims when managing GBV cases. The review begins with contextualising the GBV discourse in South Africa, highlighting the sociocultural, economic, and systemic factors that contribute to the pervasiveness of this issue. The review then delves into the roles and responsibilities of social workers in addressing GBV, including their involvement in crisis intervention, case management, counselling, and advocacy.

2.2 OVERVIEW OF GENDER-BASED VIOLENCE

Violence committed against people because of their sex or gender identity is known as GBV (Dlamini, 2021:586). It includes a variety of abusive practices, such as social isolation, economic control, emotional damage, and physical violence (Dlamini, 2021:589; Enaifoghe, Dlelana & Abosedo, 2021:117). Individuals from different social, cultural, educational, and political backgrounds are impacted by GBV (Enaifoghe et al., 2021: 118; Rapanyane, 2020:209). The unequal power dynamics that are supported by prevailing cultural customs and beliefs, particularly those of patriarchal authority, are manifested by this violence (Finchilescu & Dugard, 2021:3; Mulneh, Stultz, Francis & Agho, 2020:1). These power imbalances are further codified through the laws, policies, and regulations enacted by social institutions (Sikweyiya, Addo-Lartey & Alangea, 2020:2).

In the South African context, the GBV phenomenon is particularly severe and pervasive. In 2020, the President of South Africa, Cyril Ramaphosa, labelled the prevalence of GBV as the "tip of the iceberg" or a "silent epidemic" (Mulneh et al., 2020:10). Research found that women and girls are disproportionately impacted by

GBV in contrast to men and boys. However, it does not exclude the fact that men and boys also experience GBV perpetrated by women and girls (Adams, Mabusela & Dlamini, 2013:1149; Dlamini, 2021:583; Sidloyi, 2020:56). In South Africa, GBV has escalated to crisis levels, this is according to the South African Police Service annual crime statistical report, revealing that a woman is murdered every three hours and a man every 30 minutes (Yesufu, 2022:96).

2.3 DRIVERS OF GBV

GBV is a widespread phenomenon rooted in unequal power dynamics between genders, particularly against women and girls. Individual, relationship, community, and social factors are among the main causes of GBV. These will be explored in the subsequent subsections.

2.3.1 Individual-level factors

Research has identified various individual-level factors that can increase the risk of GBV. These include individual past and socio-demographic and personal characteristics, such as education level, early marriage, low income, or economic standing (Christensen, 2019:496). Research has demonstrated that both men and women can learn behaviour to engage in violence (Dlamini, 2021:590; Mutinta, 2022:35). The prevalence of GBV may be influenced by past occurrences such as exposure to or a history of violence (Sidloyi, 2020:66). For instance, children who experience violence or experience it themselves are more likely to encourage or engage in GBV when they become adults (Rapanyane, 2020:209).

According to research by Graaff and Heineken (2017:625), those who commit GBV are four times more likely to have witnessed violence between their parents and three and a half times more likely to have suffered physical abuse in their homes than people who do not commit GBV. The literature emphasises how critical it is to address the intergenerational cycle of violence and the necessity of interventions that focus on risk factors at the individual level to disrupt GBV tendencies. Tackling the complex web of social, economic, and psychological drivers of GBV requires a comprehensive, multi-faceted approach.

According to the research, some people may turn to violence as a maladaptive coping strategy due to financial instability (Mulunen et al., 2020:20). Additionally, attitudes that perceive GBV as acceptable behaviour, coupled with substance abuse, further exacerbate the proliferation of violent conduct (Enaifoghe et al., 2021:117). Excess alcohol consumption is a substantial risk factor for abuse, because it can impair judgement, reduce self-control, and lower inhibitions, thereby increasing the likelihood of aggressive behaviour (Rapanyane, 2021:209). Stress stemming from lower socioeconomic status is another notable risk factor. In certain cultural contexts, the belief that a man should be in control can also enable and normalise violent behaviours. Furthermore, the lenient punishment for GBV, often incongruent with the severity of the offence, may inadvertently convey the message that such violence is socially acceptable (Mulunen et al., 2020:20). The intricate interactions between systemic, cultural, and individual elements that support the ongoing existence of GBV highlight the pressing need for an all-encompassing strategy to address this prevalent issue. Interventions should address the underlying causes, question detrimental social norms, and give victims strong support systems (Rapanyane, 2020:209).

The literature reviewed can provide valuable insights that direct social workers' efforts to assist GBV victims. Specifically, the literature emphasises how crucial it is to comprehend the background and individual-level factors of perpetrators. Establishing the history and background of perpetrators can offer crucial context for addressing the root causes of their violent behaviour. By understanding the individual-level factors, such as past experiences of abuse, exposure to violence, and socioeconomic stressors, social workers can better tailor interventions to address the specific drivers of violence. It is crucial to have a deeper comprehension of the cultural and systemic elements that support the continued existence of GBV. This can inform a more comprehensive and effective structure that supports victims, holds offenders responsible, and prevents the recurrence of such incidents.

2.3.2 Relationship level factors

The literature also highlights relationship-level factors that can increase the risk of GBV, such as having different partners, an unhappy marriage, ongoing arguments, and educational inequalities (Yesufu, 2022:99). Furthermore, personal factors like jealousy can trigger abuse, as it can contribute to a sense of ownership or perceived right over a person (Manning, 2016:2). This is supported by Manzanga's (2020:20) findings, which identified jealousy, the absence of self-control, dissatisfaction, unemployment, and inadequate communication as causes of GBV. In essence, 80% of the participants in Manzanga's (2020) study cited poor communication skills as a major cause of GBV.

These relationship-level factors, including the dynamics of power, control, and communication within intimate partnerships, contribute significantly to the perpetration of GBV in its various forms. Social workers and other professionals must consider the relationship-level factors in addition to the individual and societal influences when designing interventions and support services for victims.

2.3.3 Community and societal level factors

Cultural elements in society also play a major role in the persistence of GBV. Some cultural customs believe that one gender has the authority to dominate or physically punish the other (Bani-Fatemi et al., 2020:10). In these situations, GBV is widely accepted by society as a dispute resolution technique (Leburu-Masigo et al., 2020:16627). Zastrow (2016:15) claims that a belief in sexual entitlement combined with an unequal allocation of power, where one gender has economic and decision-making control within the household, causes GBV to increase. Sithomola (2020:75) explains further that violent offenders frequently use the support of their family members to justify their behaviour.

Developing comprehensive approaches to avoid and respond to this widespread issue requires an understanding of the deeply ingrained cultural norms and beliefs that continue to promote GBV. Interventions empower individuals and communities to end the intergenerational cycle of violence, eliminate damaging gender stereotypes, and achieve gender equality.

2.4 BARRIERS TO REPORTING GENDER-BASED VIOLENCE

Reporting GBV remains a significant challenge for many victims, despite the severity and prevalence of the issue. Numerous factors prevent victims from coming forward, leading to widespread underreporting and a lack of justice (Muleneh et al., 2020:10; Matzopoulous et al., 2019:383). These barriers are often interconnected and can be categorised into personal, societal, systemic, and legal challenges, each reinforcing the others and creating a complex environment that discourages disclosure and help-seeking. The pervasiveness of GBV and the reluctance of victims to come forward emphasise the pressing necessity for all-encompassing treatments to address this critical issue (Yesufu, 2022:97).

Research by Muraya and Fry (2016:11) highlighted that at a personal level, victims of gender-based violence often face intense emotional and psychological barriers that prevent them from reporting their experiences. Feelings of shame, guilt, fear, and self-blame are common, particularly when the violence is perpetrated by a trusted individual such as a partner or family member (Mazza, Marano, Del Castillo, Chieffo, Monti, Janiri, Moccia and Sani, 2021:216). Survivors may also fear retaliation, further harm, or even death if they come forward, while others struggle with low self-esteem or trauma-induced silence, making it difficult to speak out (Mahlori, 2016:10).

Societal norms and cultural beliefs also play a significant role in discouraging the reporting of GBV. In other communities' gender-based violence is normalized or considered a private family matter, leading to social pressure to remain silent (Perrin, Glass, Marsh, Clough, Desgroppe, Kaburu, Ross & Hamilton, 2019:2). Victims often face stigma, judgment, or victim-blaming when they speak out (Mahlori, 2016:10). The fear of being ostracized, losing social standing, or bringing "shame" to one's family also contributes to a culture of silence (Sibande 2019:4).

Commission for Gender Equality (2021: 129) indicates that systemic barriers within institutions such as law enforcement, healthcare, and social services further hinder survivors from reporting GBV. Victims report negative experiences with police, including disbelief, dismissal, or lack of sensitivity, which discourages further engagement with the justice system (Muleneh: Stulz: Francis & Agho, 2020: 1).

Furthermore, Beyene, Chojenta, Roba, Melka & Loxton, (2019: 2) indicate that survivors may not know where to report abuse or may encounter inaccessible services due to language barriers, disability, or transportation issues. According to Sibanda (2019:2), legal barriers play a substantial role in discouraging the reporting of gender-based violence, as they often create an environment where victims perceive justice as inaccessible or ineffective. This is due to complex legal procedures, long delays in court processes, and a lack of legal aid, which can make the justice system seem overwhelming and inaccessible.

2.5 EFFECTS OF GENDER-BASED VIOLENCE

GBV has several negative effects on individuals, families, society, and the country at large. At the individual level, victims may experience withdrawal from activities and physical injuries (Muraya & Fry, 2016:12). Among other repercussions, adult victims may experience physical trauma, alcohol or drug misuse, death, low self-esteem, the continuation of aggressive behaviours in the home, and sexual issues (Muraya & Fry, 2016:10). At the family and national level, GBV can lead to strained marriages, dysfunctional households, criminal activity, antisocial behaviours such as drug abuse and prostitution, and financial strains (Wilson & Buttle, 2014:1).

GBV directly limits the choices available to victims by compromising their well-being, unsettling their lives, and limiting the range of their activities. Additionally, it subtly undermines the confidence and self-worth of individuals impacted (Mulenen et al., 2020:18). As a result, violence can prevent individuals from fully participating in society and in the broader spectrum of development. The far-reaching negative impacts of GBV underscore the critical need for comprehensive, multifaceted interventions to halt and address this widespread problem. Beyond the direct and individual-level consequences, GBV also has broader implications, hindering the accomplishment of sustainable and equitable development objectives (Finchilescu & Dugard, 2021:20). The psychological, physical, and health impact of GBV will be discussed subsequently.

2.5.1 Psychological impact

GBV has far-reaching and deeply traumatic consequences that extend beyond the immediate harm caused. The devastating effects are not limited to those who directly

experience the violence, but they also impact those who witness it, often children (Matzopoulos et al., 2019:385). The impact on children who witness violence can be severe, manifesting in poor physical and mental health, including sleeping difficulties, excessive crying, anxiety, anger, guilt and loneliness, academic difficulties, pervasive thoughts, dreadful dreams, phobias, and compulsive behaviours (Mutinta, 2022:100). For adult victims of GBV, the psychological consequences can be equally devastating, with increased risks of depression and even suicide attempts (Christensen, 2019:496). The constant stress and trauma associated with GBV can also lead to a variety of psychological symptoms and disorders, such as anxiety and depression (Dlamini, 2021:586). Research has shown that victims of GBV are often emotionally exhausted due to persistent fear and nightmares, which may contribute to the development of personality disorders (Rapanyane, 2021:209).

Recent research suggests that even teenagers are particularly susceptible to GBV (Matzopoulos et al., 2019:385). The negative health effects of violence on teenagers are frequently comparable to those experienced by adults (Sithomola, 2020:77). Abuse in teenagers can also put these young individuals on a route towards more violence and dangerous sexual activity in the future (Sithomola, 2020:77). The negative impacts of GBV go beyond health issues, as it can also diminish young women's sense of self, which may be evident in their limited participation in social mobility, work, and education.

2.5.2 Physical impact

Victims of GBV often suffer severe physical injuries that include broken bones (Manzanga, 2020:98). A variety of negative health outcomes are associated with GBV, but the most direct and immediate impacts are physical harm, including fatal and non-fatal injuries. The most severe health consequence is intimate partner murder, which occurs when male or female victims are killed by their intimate partners (Graaff, 2017:1). According to research, frequently, men who are killed have a history of committing GBV, whereas most women who are murdered have previously reported experiencing GBV (Mulenen et al., 2020:19; Graaff, 2017:3). An intimate partner is believed to murder one person in South Africa every six hours (Manzanga, 2020:98). The face, neck, and head are frequently the sites of non-fatal physical injuries,

including muscle injuries and genital injuries, which are all brought on by GBV (Mulenen et al., 2020:20).

One of the priorities must be addressing the physical effects of GBV in any comprehensive strategy to protect the rights of all individuals, promote victim empowerment, and foster sustainable development. Holistic, trauma-informed, and gender-responsive interventions are crucial to mitigate the far-reaching consequences of GBV and ensure that all individuals can participate equally and meaningfully in the pursuit of a more just and equitable future.

2.5.3 Health impact

GBV in South Africa has profound and multifaceted health impacts on victims, affecting their physical, mental, and reproductive well-being. The prevalence of GBV in the country exacerbates these effects and contributes to broader public health challenges. Research shows that one's vulnerability to HIV and STIs is significantly influenced by GBV, especially intimate partner violence (IPV). The relationship between GBV and HIV infection is explained by different theories. For example, the risk of direct HIV transmission is doubled in sexual assault (Sikamikami et al., 2023:399). According to Mantey and Dzetor (2018:325), those who are in abusive relationships could find it challenging to speak about safe sexual practices with their partners. Moreover, compared to non-violent individuals, people who violently abuse their partners are more likely to partake in high-risk activities, such as having several sexual partners, having transactional sex, and abusing alcohol (Mantey & Dzetor, 2018:325). Thobejane and Luthada (2019:12) emphasise that gender inequalities fuel both GBV and the spread of HIV.

Low birth weight, developmental problems, and an increased risk of miscarriage are just a few of the serious health effects of GBV during pregnancy, and it can have an impact on both the mother and the unborn child. According to Manzanga (2020:100), the stress and living circumstances in an abusive relationship may have an impact on the health of the mother, which may then affect the birth weight of the baby. Additionally, according to Sigalla et al. (2017:20), GBV contributes to unfavourable birth outcomes. Depression, anxiety, lack of prenatal care, insufficient maternal weight

gain, and unhealthy habits such as substance misuse and poor nutrition are also associated with GBV during pregnancy (Sigalla et al., 2017:20).

2.6 INTERVENTIONS TO CURB GBV

South Africa has implemented several broad intervention strategies to curb GBV. These strategies encompass legal reforms, support services, public awareness campaigns, and community-based initiatives.

2.6.1 National Strategic Plan (NSP) on GBV and Femicide

In 2020, the South African government launched the NSP to provide a comprehensive framework for addressing GBV through prevention, response, and support mechanisms. The NSP on GBVF sets out to establish a cohesive strategic framework to guide the national response to this critical issue (Dlakavu, 2022:20). The NSP is grounded in the constitutionally enshrined right to be free from all forms of violence, a principle reinforced by the 24 demands of the #TheTotalShutdown Movement and the Declaration from the 2018 Presidential Summit on GBVF. This plan builds on the previous work undertaken by the government (Mofokeng & Simelane, 2024:15).

The NSP aims to align with a range of global, regional, and national policy frameworks. These include the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities, the International Convention on the Elimination of all Forms of Racial Discrimination, and the International Labour Organisation (ILO) Convention on Violence and Harassment. Additionally, the NSP seeks to address the relevant Sustainable Development Goals (SDGs) and their targets, as well as commitments outlined in the Beijing Platform for Action, the International Covenant on Economic, Social and Cultural Rights, Agenda 2063, the Southern African Development Community (SADC) Gender Protocol, and the SADC Regional GBV Strategy and Framework for Action 2019–2030 (Shai, Ramsomar & Abrahams, 2022: 240).

2.6.2 Law enforcement and judicial responses

The South African government has established specialised Sexual Offences Courts and Family Violence, Child Protection, and Sexual Offences (FCS) units within the police force to improve the handling of GBV crimes and guarantee prompt justice (Geldenhuys, 2023:35). The specialised courts are designed to deal with sexual harassment cases, such as rape, sexual assault, and other related crimes, hence they have trained personnel, such as prosecutors, magistrates, and support staff, who are equipped to deal with victims of sexual violence sensitively and effectively (Bahula, 2022:40). The courts provide a more victim-centred approach, with measures such as separate waiting rooms, in-camera testimony, and the use of intermediaries to minimise the trauma experienced by victims during the judicial process (Geldenhuys, 2023:36).

On the other hand, the FCS units within the SAPS are specialised and dedicated to investigating and responding to cases of GBV, child abuse, and sexual offenses (Geldenhuys, 2019:12). The officers in these units have received specialised training in dealing with GBV cases, including understanding the dynamics of GBV, sexual assault, and the unique needs of vulnerable victims (Geldenhuys, 2019:12). The FCS units collaborate closely with victim support agencies and social workers, among other stakeholders, to provide a thorough and well-coordinated response to GBV.

The establishment of these specialised courts and police units represents a significant effort by the South African government to address the challenges in the criminal justice system's handling of GBV cases. By providing specialised expertise, resources, and a victim-centred approach, these interventions aim to improve access to justice, increase reporting of GBV, and ultimately, contribute to a reduction in the prevalence of GBV in the country. However, the success of these interventions depends on several variables such as adequate funding, ongoing training and capacity-building, and effective coordination among the different stakeholders in the criminal justice system (Bahula, 2022:58). Continuous monitoring and evaluation are also crucial to ensure that these specialised mechanisms are achieving their intended outcomes and making a meaningful impact in the fight against GBV in South Africa (Geldenhuys, 2023:37).

2.6.3 Support services for victims

The South African government, in partnership with civil society organisations, has developed a nationwide network of safe houses and shelters to offer victims of GBV temporary housing and assistance. These shelters offer a safe space where victims can get away from their abusive situations and access essential services, such as counselling, legal assistance, and skills development programmes (Mogamedi & Mohlatlole, 2023:180). The shelters are staffed by trained professionals who can provide specialised care and support to help victims navigate the complexities of their situations and plan for their long-term safety and independence.

Victims of GBV are provided with access to psychosocial support services, including individual and group counselling, to support them in managing the psychological effects and trauma of the violence which they have experienced (Machisa, Christofides, & Jewkes, 2018: 1491114). Specialised healthcare services, such as medical examinations, treatment for injuries, and access to post-exposure prophylaxis for HIV, are made available to victims of GBV through facilities like Thuthuzela Care Centres and other healthcare providers (Van der Heijden, Harries & Abrahams, 2020:1400). Legal assistance is also provided to help victims navigate the legal system, understand their rights, and pursue justice and compensation, if desired. The integration of these comprehensive support services, including legal assistance, medical care, and counselling, is essential to assisting victims in starting over and reclaiming their sense of safety, dignity, and empowerment.

These interventions, while not without their challenges and limitations, represent a concerted effort by the South African government and civil society to help GBV victims in rehabilitation by facilitating their recovery and reintegration into their communities. Ensuring the availability, accessibility, and quality of these essential services is an ongoing priority, as the demand for such support continues to be high in a country still grappling with the widespread and persistent issue of GBV.

2.7 SOCIAL WORKERS' ROLE IN MANAGING GBV

Social workers play a vital role by using casework, group work, and community work approaches to combat GBV in South Africa. These methods aim to empower individuals, foster community-level interventions, and transform the social norms and systems that promote violence. Casework, as a core social work intervention, involves working directly with individuals and families to provide tailored support and services. In the context of GBV, casework approaches adopted by social workers can be instrumental in supporting victims, holding perpetrators accountable, and contributing to the broader efforts to prevent and respond to this pressing issue (Shair, Akhter & Shama, 2019: 240).

Social workers engage in comprehensive case assessments to understand the unique circumstances, needs, and safety concerns of GBV victims. They engage closely with victims to provide individualised intervention strategies, which may include counselling, safety planning, referrals to specialised support services, and assistance in accessing legal, medical, and social resources (Prince & Franklin-Corben, 2022:225). Social workers provide emotional support, advocate for victims' rights, and help them to navigate the complex system of support services, making certain that their rights are upheld and their needs are met (Prince & Franklin-Corben, 2022:225).

In terms of group work, social workers facilitate support groups for victims of GBV, providing a safe and confidential space for them to share their experiences, access peer support, and develop coping strategies (Megevand, Williams & Marchesini, 2022:70). These groups help victims to break the isolation which they may feel, build resilience, and reclaim a feeling of independence, power, and autonomy over their lives. Group work also involves educational sessions on topics such as the dynamics of abuse, legal rights, and available support services, empowering victims with knowledge and resources. Social workers may use group work to engage with perpetrators of GBV, challenging their behaviours and beliefs, and encouraging them to accept accountability for what they have done and pursue recovery (Megevand et al., 2022:70).

Regarding community work, social workers engage with local communities, collaborating with community leaders, organisations, and members to promote the understanding of GBV and its causes (Nikupeteri, Skaffari & Laitinen, 2022:60). In

essence, social workers facilitate workshops, dialogues, and educational campaigns to challenge harmful gender norms, promote gender equality, and encourage community-based solutions to violence prevention (Nikupeteri et al., 2022:61). By working closely with traditional leaders, religious groups, and other influential community stakeholders, social workers can leverage their authority and influence to catalyse positive changes in attitudes and behaviours.

Community work also involves the mobilisation of community resources and the development of support networks for victims, ensuring that they have access to the necessary services and assistance. Social workers may also advocate for the establishment or improvement of local GBV-related services, such as shelters, counselling centres, and legal aid clinics, to enhance the community's capacity to respond to and prevent violence.

2.7.1 Social workers as advocates for GBV victims

In their efforts to address GBV, social workers adopt an advocacy-oriented approach. This involves influencing policies, structures, and other sites of power with the ultimate aim of minimising GBV within society (Leburu-Masigo & Kgadima, 2020:16618). Social work advocacy plays a significant role in supporting the interests and well-being of all victims of GBV, a highly disadvantaged and oppressed group in society. A study by Brown, Livermore, and Ball (2015:58) claims that the advancement of professional self-interest is considered an important issue among members of the National Association of Social Workers (NASW). The social work field has positioned itself as the advocating voice for all who experience violence (Leburu et al., 2022:40). Social workers are committed to challenging social injustices and empowering (NASW cited in Rammbuda, 2023:297).

A study by Kasherwa et al. (2023:10) praised the advocacy role of social workers, which is viewed as imperative, as it can be practised at various levels, including clinical, private practice, community organisation settings, and beyond. However, Kam (2014:740) contends that social workers occasionally fail to carry out their advocacy duties. Despite this, research indicates that social workers actively defend everyone's rights and seek to secure the necessary resources which they require by persuading other professionals to take the victims' actual needs into account. Social workers'

advocacy role is vital because they are especially concerned about people who are vulnerable or incapable of advocating for themselves.

2.7.2 Social workers as educators, trainers, and facilitators in addressing GBV

As part of their professional responsibilities, social workers play a vital role as educators, sharing information and raising awareness about GBV issues within the community (Patel, 2015:237). Through this educator role, social workers aim to conscientise the community about GBV, helping them recognise and challenge the oppressive and exploitative power systems that support this violence (Patel, 2015:238). Moreover, social workers work in support of raising consciousness about the effects of GBV, to promote social well-being and resilience within the affected communities (Yesufu, 2022:100). In this capacity, they are often involved in educating people about the available resources and teaching essential life skills, such as budgeting, effective communication, and prevention strategies (Megevand, Williams & Marchesini, 2022:70).

To further this educational and awareness-raising agenda, social workers facilitate workshops, awareness forums, and training programmes that address GBV, and work towards achieving sustainable social change (Commission for Gender Equality 2017:5). By assuming the educator role, social workers empower communities with knowledge, skills, and resources to recognise, respond to, and ultimately transform the societal conditions that enable GBV to persist. This multifaceted educational approach is a crucial component of the social work profession's efforts to combat GBV and promote the overall well-being of individuals and communities.

2.7.3 Social workers as brokers

In the role of a broker, social workers establish connections and partnerships, linking the victims of GBV to the available resources and support systems (Dube, 2021:11). As a broker, the social worker acts as a bridge, sharing contacts, resources, and knowledge to empower victims and connect them with the appropriate assistance. For instance, the social worker can connect victims of GBV to community resources, such as police stations, courts, non-governmental organisations (NGOs), government

departments, and specialised programmes like Thuthuzela Care Centres, to provide comprehensive support and mobilisation (Dube, 2021:18).

As social workers in South Africa address the issue of GBV, in their capacity as brokers, they establish connections and partnerships, effectively linking victims of GBV to the available resources and support systems which they need (Patel, 2015:238). In this regard, social workers use their knowledge of the local service landscape to identify and connect GBV victims with the appropriate resources and support systems. This may include referrals to specialised GBV shelters, counselling services, legal aid clinics, healthcare providers, and other relevant organisations that can address the diverse needs of the victims (Yesufu, 2022:100). By serving as a bridge between the victims and the available services, social workers ensure that GBV victims can access the necessary assistance and support, whether it is for their physical safety, emotional well-being, legal recourse, or long-term recovery.

By acting as brokers, social workers in South Africa can leverage their knowledge, connections, and advocacy skills to link GBV victims with the resources and support which they need. This brokerage role is crucial in breaking down the barriers that often prevent victims from accessing the help and services which they require, ultimately contributing to the larger goal of curbing GBV in the country (Commission for Gender Equality 2017:5).

2.7.4 Social workers as community mobilisers

Social workers can take on the role of a mobiliser, acting as a catalyst to bring community members together, identify their needs and issues, and collectively take actions to effect meaningful change (Kirst-Ashman, 2017:107). In this capacity, the social worker can help to mobilise resources and facilitate the formation of partnerships and alliances among victims to address the systemic challenges of GBV at multiple intervention levels. Moreover, social workers in South Africa play

multifaceted roles in their efforts to curb GBV. Beyond their function as brokers, they also assume the roles of enablers, mediators, managers, initiators, empowerers, negotiators, and researchers.

2.7.4.1 Social worker as an enabler, mediator, manager, initiator, empower, negotiator, and researcher

Social workers play a crucial role as enablers, creating an environment that allows GBV victims to access the support and resources which they need. This involves removing barriers, advocating for policy changes, and collaborating with various stakeholders to ensure that services and interventions are accessible, inclusive, and responsive to the unique needs of GBV victims (Yesufu, 2022:100). In addition, social workers often serve as mediators, facilitating communication and understanding between GBV victims, their families, and the broader community (Kirst-Ashman, 2017:107). They help to resolve conflicts, foster dialogue, and promote reconciliation, where appropriate, to address the underlying issues that contribute to GBV.

Furthermore, social workers play a critical management role in coordinating the various components of the GBV response system. They oversee the effective implementation of intervention programmes, manage case files, and ensure the efficient allocation of resources to meet the needs of GBV victims (Nikupeteri et al., 2022:61). At the core of their practice, social workers empower GBV victims by fostering their sense of agency, resilience, and self-determination. They provide the necessary support, resources, and skills-building opportunities to help victims regain control over their lives and actively participate in their own recovery and healing process (Kirst-Ashman, 2017:107).

Social workers also engage in negotiation processes with various stakeholders, including policymakers, service providers, and community leaders, to advocate for the rights and needs of GBV victims (Megevand et al., 2022:71). They negotiate for increased funding, improved service delivery, and the implementation of policies and practices that prioritise the safety and well-being of GBV victims. Moreover, social workers undertake research and data collection efforts to better understand the dynamics and patterns of GBV in South Africa. They analyse the data, identify

emerging trends, and use the findings to inform the development of more effective interventions, policies, and prevention strategies (Kirst-Ashman, 2017:108).

By assuming these multifaceted roles, social workers in South Africa are able to address GBV from various angles, creating a comprehensive and coordinated response that addresses the individual, community, and systemic factors contributing to this pressing social issue. Through their collective efforts, social workers play a pivotal role in curbing GBV and fostering a more equitable and just society for all.

2.8 CHALLENGES FACED BY SOCIAL WORKERS IN ADDRESSING GBV IN SOUTH AFRICA

Social workers face numerous challenges in their efforts to address GBV, including poor working conditions, staff shortages, and a lack of understanding about the complexities of GBV.

2.8.1 Poor working conditions

Despite the importance of the social work profession in addressing GBV, the working conditions of social workers are often substandard (Dube, 2021:20). This is evidenced by the lack of essential resources, such as adequate office space, furniture, stationery, information technology, and even vehicles (Ntjana, 2014:100). These poor working conditions contribute to the shortage of social workers, as many are compelled to leave the profession in search of better employment opportunities (Kasherwa et al., 2023:23). Furthermore, the combination of poor working conditions and low salaries has led to a significant number of social workers leaving the country in search of better prospects (Leburu-Masigo & Kgadima, 2020:16618).

2.8.2 Shortage of social workers

Given the high demand for social welfare services in South Africa, the shortage of social workers remains a critical issue (Patel, 2015:237). This shortage can hinder the implementation of interventions aimed at addressing GBV, as social workers are often overwhelmed by the sheer volume of cases which they are required to handle (Yesufu, 2022:97). Additionally, the scarcity of financial resources means that social workers often lack access to adequate office facilities and supplies, such as filing cabinets,

stationery, audio recorders, and other essential equipment (Ntjana, 2014:100). This lack of resources can further impede the effectiveness of social workers in providing comprehensive support and interventions to address GBV.

Given the challenging working conditions faced by social workers, maintaining proper record-keeping, follow-ups after referrals, and ensuring client confidentiality becomes highly problematic. For instance, the shortage of funds translates to inadequate transportation and communication facilities, making it extremely difficult for social workers to conduct home visits effectively (Ntjana, 2014:99). Moreover, as many social workers seek better employment opportunities with improved working conditions, the quality-of-service delivery inevitably suffers (Dube, 2021:18). Social work is often characterised as one of the most overworked, underpaid, and underappreciated professions, leading to high levels of distress among practitioners (Dube, 2021:21). Consequently, social workers are vulnerable to various challenges, such as role overload, role conflict, role ambiguity, and over-responsibility, all which pose significant obstacles in their efforts to address GBV (Sibande 2019: 4). Role overload, in particular, may result in the neglect of certain responsibilities, such as the critical evaluation component that is closely linked to the assessment process (Manzanga, 2020:59).

2.8.3 Lack of understanding about the complexities of GBV

Studies have shown that not all social workers prioritise evaluation, and even when it is conducted, clients are sometimes not actively involved in the process (Ndlovu et al., 2022:68). This reflects the complex nature of the social work role, which incorporates providing support to families and safeguarding vulnerable members of the society (Manzanga, 2020:60). Importantly, for social workers to effectively address GBV, their role should be fully understood and executed with the utmost care and diligence (Manzanga, 2020:59). However, the lack of knowledge and skills regarding GBV issues among some social workers constitutes a major barrier to achieving meaningful social change (Patel, 2015:237).

In essence, success in effectively addressing GBV is heavily dependent on the availability and capabilities of social workers (Ntjana, 2014:99). Addressing the systemic challenges faced by the social work profession mentioned in this literature is crucial for empowering social workers and enhancing their ability to provide comprehensive and effective interventions to support the victims of GBV.

In summary, the myriad challenges faced by social workers significantly hinder their ability to effectively address the complex issue of GBV in South Africa. Addressing these systemic challenges is crucial for empowering social workers and enabling them to fulfil their vital role in promoting social justice and protecting the well-being of vulnerable individuals and communities.

2.9 THEORETICAL FRAMEWORK

This study was guided by the Ecological Systems Theory (EST), which offers a robust and context-sensitive framework for understanding how social workers manage gender-based violence (GBV) cases. Originally propounded by Bronfenbrenner (1979) and later refined into a bioecological model by Bronfenbrenner and Morris (2006), the theory explains human behaviour and lived experience as products of continuous interaction between individuals and the layered social environments in which they are embedded. In the field of GBV scholarship, Heise (1998) made a significant contribution by adapting ecological thinking to violence against women, arguing that abuse cannot be adequately explained through individual factors alone. Rather, it emerges from the interplay of personal histories, intimate relationships, community structures, and broader societal norms (Bronfenbrenner & Morris, 2006). For a study concerned with the experiences of social workers in GBV case management, this perspective is especially appropriate because it recognises that frontline intervention is always shaped by forces operating both within and beyond the immediate encounter between practitioner and client.

EST holds that human problems are not isolated events but are situated within nested, interacting systems. Bronfenbrenner's original formulation identified multiple environmental layers that influence development and behaviour, while later formulations placed stronger emphasis on reciprocal interactions, or what Bronfenbrenner and Morris (2006) describe as proximal processes. This means that

the management of GBV cases cannot be understood only through the characteristics of victims or perpetrators. Social workers operate within a web of family relationships, inter-agency referrals, institutional constraints, community attitudes, and policy environments, all of which shape what is possible in practice (Stockman et al., 2023). Heise (1998) similarly argues that violence is best understood as a multifaceted phenomenon produced by interacting risk factors across several levels of the social ecology. Social workers engage with survivors who may be affected by trauma, economic dependence, family pressure, or community stigma, while simultaneously navigating institutional demands, referral networks, and legal frameworks. An ecological lens, therefore, captures the full terrain within which GBV case management unfolds (Bronfenbrenner, 1979; Heise, 1998; World Health Organisation, 2002).

2.10.1 Ecological Levels of EST

2.10.1.1 Microsystem

The microsystem refers to the immediate environment in which face-to-face interactions occur. According to Bronfenbrenner (1979), this includes the settings in which individuals directly participate, such as the home, family, peer relationships, workplace, or other close social spaces. In the context of GBV, the microsystem is particularly important because it is often the level at which abuse is first experienced, negotiated, hidden, or disclosed (Stockman et al., 2023). It includes the intimate partner relationship, household dynamics, the presence of children, and the direct interaction between the victim and the social worker. Mtotywa et al. (2023) add that the “microsystem focuses on personal history and individual factors, including upbringing violence, stereotypic role modelling and individual factors such as substance abuse, stress and depression, and childhood experience and trauma.” As Heise (1998) explains, patterns of power, coercion, dependency, and control are often rooted in these immediate relational spaces. For this study, the microsystem is analytically useful because it helps explain how social workers encounter victims’ trauma, fear, reluctance to report, emotional attachment to perpetrators, and immediate safety concerns in the course of counselling, crisis intervention, and case assessment.

2.10.1.2 Mesosystem

The mesosystem is the interconnections between two or more microsystems. In Bronfenbrenner's terms, this includes the relationships between settings such as home and school, family and community, or household and workplace (Hiese, 1998). Within GBV case management, the mesosystem is highly significant because support for victims rarely depends on one institution or one relationship alone, as outcomes are shaped by how effectively the victim's immediate environments connect (Mtotywa, 2023). This may include the relationship between the victim's family and the shelter system, between social workers and police, between social workers and healthcare providers, or between community structures and the courts (Pollard et al., 2022). Bronfenbrenner and Morris (2006) suggest that these cross-setting linkages can either strengthen or weaken developmental and social outcomes. In GBV work, weak referral pathways, unsupportive family members, hostile police responses, or fragmented services can all undermine intervention. The mesosystem, therefore, helps illuminate how social workers must continuously coordinate across relational and institutional boundaries to secure meaningful support for victims (Stockman et al., 2023).

2.10.1.3 Exosystem

Mtotywa et al. (2023) posit that the exosystem tackles detrimental communal elements that impact victims of gender-based violence and femicide (GBVF) in South Africa, such as traditional customs like forced marriages and false representations of "lobola." Due to shame and a sense of guilt, victims are stigmatised and afraid to disclose crimes. This is made worse by corruption and bribery, which shield offenders and uphold strict gender norms and male entitlement over women. In other words, the exosystem is viewed as the settings that do not necessarily involve the victim directly in everyday interaction, but which nonetheless affect their circumstances and the support available to them (Stockman et al., 2023). Bronfenbrenner (1979) uses this level to capture indirect environmental influences such as organisational structures, local institutions, workplace arrangements, and service systems.

In the present study, this level is particularly relevant because social workers' management of GBV cases is profoundly shaped by factors such as staffing levels, caseloads, funding constraints, transport availability, supervision structures, access to

shelters, and the responsiveness of external institutions. A social worker may be well-trained and highly committed, yet still be unable to provide timely or adequate support if the broader service environment is under-resourced (Stockman et al., 2023). Recent policy-oriented literature from the World Health Organisation (2021) similarly stresses that effective responses to violence against women depend not only on individual practitioner competence, but also on multisectoral systems, referral pathways, and institutional readiness. In this way, the exosystem is essential for understanding how structural and administrative realities either enable or constrain professional practice in GBV case management.

2.10.1.4 Macrosystem

The macrosystem encompasses the broader ideological, cultural, legal, and socio-economic environment in which all other systems are embedded (Stockman et al., 2023). This includes gender norms, cultural expectations, social beliefs about masculinity and femininity, religious interpretations, economic inequality, and legislative frameworks that define rights and protections (Crawford, 2020; Brim, 1975). Heise (1998) contends that societal acceptance of male dominance, unequal gender relations, and cultural tolerance of violence are among the most significant conditions that sustain GBV. From this perspective, abusive behaviour is not merely a private matter between two individuals; it is also influenced by wider social structures that normalise control, silence victims, and often discourage reporting (Stockman et al., 2023).

In South Africa, recent research continues to highlight how deeply rooted patriarchy, socio-economic inequality, and gendered power relations remain key drivers of GBV and femicide. For example, Mtotywa et al. (2023) explicitly employed ecological systems thinking to develop a conceptual framework of GBVF drivers in South Africa, demonstrating that personal, relational, community, and societal factors are profoundly interconnected. In this study, the macrosystem is therefore vital because it elucidates why social workers often operate in contexts where formal legal protections may be in place, yet harmful social norms continue to influence victims' choices, community reactions, and institutional behaviour.

2.10.1.5 Chronosystem

The chronosystem introduces the dimension of time and change. The overall chronosystem is composed of environmental changes that occur over an individual's lifespan, such as important life transitions and historical occurrences (McLeod, 2023). In later developments of the model, Bronfenbrenner and Morris (2006) emphasised that individuals and systems must be understood historically, not only structurally. This means that social realities evolve across the life course and in response to broader historical shifts (Stockman et al., 2023). In GBV research, the chronosystem is particularly valuable because abuse often unfolds cumulatively instead of as a single isolated incident (Mtotywa, 2023). Patterns of violence may escalate over time, victims' coping strategies may change, and help-seeking may be delayed or interrupted by changing life circumstances. At the same time, institutions and policy environments also shift (Crawford, 2020). Legislative reform, public awareness campaigns, economic crises, pandemics, and changing service infrastructures can all alter the conditions under which social workers intervene (Ogolsky, Hardesty and Carter, 2026; Stockman et al., 2023).

The chronosystem, therefore, allows this study to recognise that both victims' experiences and professional responses are shaped by temporal processes, including repeated exposure to trauma, long-term dependency, and evolving institutional or policy contexts (Chong, Isaacs & McKinley, 2022). As recent scholarship on intimate partner violence confirms, ecological analysis remains one of the most effective ways to trace how these levels interact in real-life settings rather than in isolation (Mtotywa et al., 2023; Ogolsky, Hardesty & Carter, 2026; Stockman et al., 2023).

2.10.2 Advantages and Disadvantages of EST

From a conceptual standpoint, the strength of EST lies in its ability to show that these five systems do not operate independently. Rather, they are interdependent and mutually reinforcing (Chong, Isaacs & McKinley, 2022). For instance, a victim may remain in an abusive relationship because of immediate fear and emotional attachment at the microsystem level, lack of supportive family or weak inter-agency collaboration at the mesosystem level, poor access to shelters or overburdened

service providers at the exosystem level, and broader patriarchal norms or economic inequality at the macrosystem level. Over time, these conditions may become more deeply entrenched, which is precisely what the chronosystem helps to reveal (Ogolsky, Hardesty & Carter, 2026; Stockman et al., 2023). As Heise (1998) argues, ecological models are useful because they resist reductionist explanations and instead recognise violence as a socially produced phenomenon. For this study, that is especially important because the experiences of social workers cannot be properly understood if the analysis remains confined to individual-level case narratives alone. A further reason this theory is appropriate is that it aligns closely with the professional logic of social work practice. Social work is inherently person-in-environment in orientation, and ecological thinking resonates strongly with the discipline's long-standing commitment to understanding clients in relation to their social contexts (Chong, Isaacs & McKinley, 2022). In GBV case management, social workers rarely provide a single, isolated intervention. Instead, they often combine counselling, psychosocial support, crisis management, safety planning, referral coordination, legal accompaniment, advocacy, family engagement, and community mobilisation (Ogolsky, Hardesty & Carter, 2026; Stockman et al., 2023). These are precisely the kinds of multi-layered interventions that ecological theory helps to organise and interpret. The World Health Organisation (2021) has similarly emphasised that violence against women requires a multisectoral response spanning health systems, justice systems, social protection, and community structures. Ecological Systems Theory is therefore not only analytically useful but also practically congruent with how social workers actually operate in complex GBV environments.

Importantly, the theory has also been successfully employed in GBV and violence-related scholarship, which strengthens its credibility for this study. As already noted, Heise (1998) remains one of the most influential applications of ecological thinking in violence against women research. More recently, Mtotywa et al. (2023) applied ecological systems theory directly to the South African GBVF context to conceptualise the drivers of violence across five interrelated levels, including the chronosystem. Beyond South Africa, Shorey et al. (2023) used an ecological framework to guide a qualitative systematic review of women living with domestic violence, demonstrating how women's experiences, help-seeking patterns, and coping responses are shaped by interacting individual, relational, community, and societal influences. Similarly,

Stockman et al. (2023) employed an ecological approach in a systematic meta-review on the impact of sexual violence, showing that both risk and protective factors operate across multiple levels of the social ecology. These studies collectively reinforce the value of ecological reasoning in GBV scholarship and show that the framework is both empirically grounded and methodologically adaptable.

Another strength of the theory is that it supports a strong theoretical contribution in the discussion chapter, particularly when findings are explicitly mapped to ecological levels. This is especially relevant to this study because the themes emerging from participants' accounts, knowledge of GBV, lived experiences of handling cases, intervention strategies, and recommendations for improvement, naturally correspond to different layers of the ecological environment. For example, victims' fear, dependency, trauma, and immediate interactions with social workers sit largely within the microsystem; collaboration with police, shelters, courts, and families aligns with the mesosystem; institutional limitations such as staff shortages and resource constraints reflect the exosystem; while patriarchy, stigma, and legal enforcement challenges are more clearly located within the macrosystem. When traced over time, policy shifts, cumulative trauma exposure, and evolving service conditions can be read through the chronosystem (Chong, Isaacs & McKinley, 2022; Yang & Sanborn, 2021; Etteka & Mahoney, 2017; Alvi, Usman & Amjad, 2018). This makes the theory especially valuable not only for framing the study but also for structuring a rigorous and theoretically coherent interpretation of findings.

Despite these strengths, EST has certain limitations. One common criticism is that the framework can become overly broad or descriptive if not applied carefully (Chong, Isaacs & McKinley, 2022). Since it encompasses many interacting influences simultaneously, there is a risk that researchers might simply list factors at different levels without clearly explaining how those levels interact in specific situations (Crwaford, 2020). Rosa and Tudge (2013) warn that Bronfenbrenner's later bioecological model is often cited superficially, with insufficient attention to its deeper focus on process, person, context, and time. Likewise, Neal and Neal (2013) contend that ecological systems are sometimes viewed too rigidly as nested circles, when in fact social relationships may be more networked and fluid than the traditional diagram implies. For this reason, the theory requires careful analytical discipline: it should not

merely label findings, but demonstrate how different systems intersect in lived experience and service delivery.

A related limitation is that the theory does not always specify causal priority. In other words, while it is highly effective at identifying multiple interacting influences, it does not automatically tell the researcher which level is most decisive in a particular case (Ogolsky, Hardesty & Carter, 2026). In GBV contexts, this is important because not all factors carry equal weight in every situation. For one victim, economic dependency may be central; for another, community stigma or institutional failure may be more significant. As Neal and Neal (2013) suggest, the model's breadth can make it analytically powerful but sometimes less precise in isolating mechanisms of influence. Nevertheless, this limitation does not weaken its usefulness for the present study. Rather, it underscores the importance of using participants' narratives carefully to determine which ecological forces are most salient in the management of GBV cases in the Gert Sibande District.

This study, therefore, adopted EST because it offers both conceptual depth and practical relevance. It enabled the researcher to examine GBV case management not only as a professional task but also as a socially embedded process shaped by immediate interpersonal realities, institutional arrangements, community connections, broader cultural norms, and temporal change. By utilising the five ecological levels, microsystem, mesosystem, exosystem, macrosystem, and chronosystem, the study was better equipped to interpret social workers' experiences in a way that is theoretically coherent, contextually grounded, and reflective of the complexity of GBV in South Africa. The framework thus enhanced the study's analytical rigour and offers a clear basis for connecting empirical findings to broader debates in social work and GBV scholarship.

2.11 CHAPTER SUMMARY

The review has highlighted the pervasive and persistent nature of GBV, rooted in deep-seated sociocultural norms, economic disparities, and systemic inequalities. Within this challenging landscape, social workers have taken on the critical role of crisis intervention, case management, counselling, and advocacy for GBV victims.

However, their work is often hindered by a lack of resources, inadequate organisational support, and limited training and professional development opportunities. Importantly, the literature has underscored the crucial role that organisational and systemic changes should play in enhancing the capacity and well-being of social workers. Improving working conditions, increasing resource allocation, and providing comprehensive training and supervision are essential to empowering these professionals and enabling them to deliver more effective and sustainable support to GBV victims. The chapter ended by discussing the Ecological Systems Theory as the theoretical framework guiding this study. The following section focused on the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the research approach, research design, research paradigm, and the population and sampling used for this study. The data collection methods, methods of data verification, and data analysis are also discussed.

3.2 RESEARCH METHODOLOGY

Research methodology is the intellectual underpinnings and justification of a research endeavour (Dodds & Hess, 2020:210). Similarly, Igwenagu (2016:30) describes research methodology as a systematic approach for addressing the research problem. The choice of methodology is influenced by the researcher's aim, which could be to uncover an objective truth or to explore individuals' perspectives within a natural setting (Banzana 2025:23). Moreover, Rikhotso (2022:43) states that the selection of the research methodology is guided by the study's objectives and the specific questions it seeks to answer. Research methodology is a comprehensive framework that outlines how the study was conducted (Igwenagu, 2016:30). Based on these definitions, the subsequent sections detail the steps taken to address the research questions in this study.

3.3 RESEARCH APPROACH

Mohajan (2018: 24) states that a research approach refers to the plans and processes for the study that cover every detail from general hypotheses to specific techniques for gathering and analysing data. This study employed the qualitative research approach. The qualitative research is an approach used for collecting, analysing, and interpreting data to explore the participants' values, emotions, perspectives, and motivations (Neuman, 2014:33). In the qualitative approach, detailed data are collected through structured techniques and specialised skills, which are particularly useful in complex situations (Deterding & Waters, 2021:710). However, qualitative methods may introduce bias, especially when the researcher interacts with the

participants and influences their responses. Nonetheless, Patel and Patel (2019:49) argue that qualitative research is most effective when seeking a deep understanding of a phenomenon and describing the participants' perspectives in detail.

In this study, the qualitative approach was used to investigate the experiences of social workers with GBV cases and facilitated the exploration of the participants' values, feelings, perceptions, and motives (Patel and Patel (2019:49). This rich information was gathered using specialist knowledge and well-organised procedures, particularly in complex situations (Dzwigol, 2022:83). This approach helped the researcher to explore the social workers' experiences in managing GBV cases. According to Aspers and Corte (2019: 139), the qualitative research approach can be understood as an interactive process where changes that are substantial result from getting closer to the phenomenon under study. This approach allowed the researcher to comprehend how individuals construct their worlds, how they interpret their experiences, and the significance which they attach to them (Aspers & Corte 2019: 139).

3.4 RESEARCH DESIGN

A research design is a plan or method that a researcher employs to accomplish the goals of the study (Creswell, 2013:355). A research design is an all-encompassing strategy that the researcher employs to logically and clearly address the research problem (Awe, 2022:4). It involves coming up with research subjects, choosing data collection and analysis methods and techniques, and methodology for reporting the findings (Marlow, 2023:3). The research design is not merely a technical choice but flows directly from the researcher's philosophical orientation. As Crotty (1998:7) explains, the design must align with the epistemological and theoretical foundations of the study to ensure coherence between what the researcher wishes to know and how they go about discovering it.

This study is grounded in the interpretivist paradigm, which holds that reality is socially constructed and that knowledge is generated through understanding the meanings people attach to their experiences (Creswell & Poth, 2018:24). Within this philosophical framework, the goal is not to uncover objective facts but to explore the subjective realities of participants as they navigate their professional worlds. The

interpretivist paradigm acknowledges that social workers' experiences of handling GBV cases are shaped by their personal histories, organisational contexts, and the meanings they assign to their daily encounters (Thanh & Thanh, 2015:24). This philosophical positioning is essential because it informs every subsequent methodological choice, from the selection of the research design to the methods of data collection and analysis.

Consistent with the interpretivist paradigm, the study adopted a qualitative research approach. Qualitative research is concerned with understanding how people interpret their experiences, construct their worlds, and assign meaning to their social realities (Merriam & Tisdell, 2016:15). This approach is particularly well-suited for exploring complex, sensitive topics such as gender-based violence, where participants' perspectives and lived experiences are central to generating meaningful insights (Flick, 2018:12). The qualitative approach allows for flexibility and depth, enabling the researcher to probe beneath the surface and capture the nuances and contradictions that characterise human experience (Padgett, 2017:28).

To gain an in-depth understanding of social workers' experiences in handling GBV cases in the Gert Sibande District of Mpumalanga, an explorative, descriptive and contextual research design was employed. The selection of this triple design was not arbitrary but was deliberately chosen to align with the interpretivist paradigm and the study's aim of accessing the subjective realities of frontline practitioners. As De Vos et al. (2021:89) note, the research design must be congruent with the philosophical assumptions of the study, ensuring that the methods used are capable of capturing the meanings and interpretations that participants attach to their experiences. This design was employed due to a lack of qualitative research on the topic within this specific geographical and practice context, where the lived experiences of social workers handling GBV cases have remained largely unexplored. These are discussed subsequently.

3.4.1 Exploratory research design

According to Marshall and Rossman (2016:78), the goal of the exploratory research design is to produce hypotheses for additional and forthcoming empirical investigations. Boru (2018:13) contends that the goal of this study design is to investigate a relatively new issue. A well-constructed research design should be coherent; its methodology, paradigm, context, and aim should all be in line (Neuman, 2014:33). The explorative research design is particularly suitable when seeking to find fresh perspectives or re-evaluating a phenomenon (Rikhotso, 2022:43).

While GBV has been extensively researched in South Africa, limited qualitative research has concentrated on the real-life experiences of social workers handling GBV cases in Gert Sibande District, Mpumalanga. From an interpretivist perspective, exploration is not merely about gathering new data but about entering the lifeworld of participants and understanding the phenomenon from their point of view (Van Manen, 2016:22). The exploratory design allows the researcher to remain open to unexpected findings and to capture the richness and complexity of social workers' experiences without imposing predetermined categories or assumptions. As a result, the exploratory design allowed the researcher to produce context-specific insights into this comparatively unexplored setting. This design is appropriate for analysing social workers' experiences in this district context, as Creswell (2014:53) further notes that exploratory research is appropriate when a phenomenon is not sufficiently understood to generate hypotheses or theoretical propositions from the ground up, rooted in the authentic voices of participants.

3.4.2 Descriptive research design

Expanding from the exploratory research design, the descriptive research design was adopted, as it strives to capture the participants' experiences, views, and meanings as accurately as possible (Sambamoorthy & Raman, 2023:116). Stated differently, a descriptive study design entails an in-depth investigation of the phenomenon and its underlying significance (Boru, 2018:13). Vagle (2018:6) and Sithole (2018:30) indicate that the goal of descriptive research is to look at a phenomenon of interest in detail

and with careful observation. Descriptive research examines a specific situation to determine if a general theory can be derived from it (Igwenagu, 2016:31).

Within the interpretivist paradigm, description goes beyond simply reporting what participants say. It involves a deep engagement with their narratives to uncover the meanings, emotions, and contextual factors that shape their experiences (Finlay, 2011:112). The descriptive design enables the researcher to present a thick, rich account of social workers' realities, capturing not only the challenges they face but also how they make sense of these challenges and the coping strategies they develop. This approach made it possible for the researcher to outline the social support services that social workers provide to GBV victims and for the participants to use their personal frames of reference to describe the support services which they provide. In order to establish practice standards, this study allowed the social workers to also describe the challenges that they are facing and should overcome, as well as possible recommendations to overcome them. The descriptive element ensures that the findings are grounded in the concrete, everyday experiences of practitioners rather than abstract theoretical formulations.

3.4.3 Contextual research design

According to Patel and Patel (2019:49), contextual research helps a researcher to better grasp a study problem by helping to explore and describe it within the setting in which the participants function. Dubey and Jain (2020:158) and Mohajan (2018:20) add that a qualitative research study employs a contextual research design to ascertain the social relevance and meaning of an event or social action based on the social context in which it occurs. Pham (2018:2) emphasises that the phenomena are examined due to their inherent interest since the contextual design seeks to provide a comprehensive account of the phenomenon within the particular context of the phenomenon's domain.

The contextual design is particularly congruent with the interpretivist paradigm because it acknowledges that human experiences cannot be understood in isolation from the settings in which they occur (Creswell & Poth, 2018:24). Social workers'

experiences of handling GBV cases are shaped by the specific organisational cultures, resource constraints, interprofessional relationships, and community dynamics of the Gert Sibande District. By situating the study within this context, the researcher recognises that these factors are not external variables but are integral to the phenomenon itself (De Vos et al., 2021:67). The contextual design ensures that the findings are not presented as decontextualised truths but as situated knowledge that reflects the particular realities of frontline practitioners in this district. This approach strengthens the study's contribution by generating insights that are both locally relevant and transferable to similar contexts facing comparable challenges.

3.5 RESEARCH PARADIGM

A research paradigm is a collection of scholarly presumptions and understandings on the identification and resolution of research issues (Rikhotso, 2022:43). It provides a framework of common theories, assumptions, and perspectives regarding our understanding of the world, the nature of knowledge (ontology), its value (axiology), how we learn it (methodology), and the methods by which it is studied (Neuman, 2014:33). The research paradigm that is selected has a significant impact on the success of a study since it directs how the research questions are addressed. Therefore, researchers should contemplate the nature of the phenomena which they are studying, whether reality is objective or subjective, the basis of knowledge, how it can be obtained, and how it can be communicated (Deterding & Water 2021:710).

The interpretive paradigm guided this study. Thanh and Thanh (2015:24) assert that the interpretive paradigm is ideally suited for examining the underlying causes of intricate, interconnected, or multidimensional social processes, as it uses a variety of approaches, instruments, and strategies to ensure a thorough comprehension of the research being studied. This paradigm's central claim is that information interpretation methods employed in the social and human sciences may differ from those in the physical world because people interpret their environment and take actions in ways that are in line with their views and create their own truth (Hammersley, 2013:26). Through the interpretive research paradigm, the researcher was able to understand the profundity surrounding the issue of social workers managing GBV cases through their experiences and opinions. The interpretive research paradigm further enabled

the researcher to comprehend the experiences of the social workers as perceived by them in relation to their environment, as the participants become deeply immersed in every stage of the process. Additionally, the paradigm helped the researcher to explain how the social construct of gender persuades GBV. Creswell (2014:40) further argues that interpretivism is grounded in the continuous analysis of various human activities, including historical, cultural, and everyday experiences, values, beliefs, and research findings. Neuman (2014:34) highlights that social reality is subjective by nature, and researchers are either influencing or becoming part of the phenomena which, they study, unlike in positivism, which seeks broad generalisations.

Understanding how meaning is created, what meanings are ingrained in people's behaviour, and how aspects of their surroundings interact to interpret events in real-world contexts, are the goals of an interpretivist study (Creswell, 2014:33). Therefore, interpretivist paradigm allowed the researcher to explore the participants' ideas, emotions, reactions, and attitudes, and relate them to their actions, placing their viewpoints and actions in context (Dzwigol, 2022:92). Alharahsheh and Puis (2020:42) add that in interpretivism, reality must be studied and interpreted. Bearing in mind the aim of the study, which is to explore the experiences of the social workers with managing GBV cases, interpretivism became a suitable approach as it allowed the researcher to have a one-on-one interaction with the participants who shared information on their day-to-day exposure with GBV cases. Multiple points of view from the participants based on their opinions and beliefs were obtained, which were concluded to be their reality and account for their behaviour and perceptions about GBV.

3.6 POPULATION, SAMPLING, AND SAMPLING METHODS

3.6.1 Population

A study population is the group of people that the researcher is most interested in and who have certain characteristics (Alvi, 2016:10). According to Taherdoost (2016:19), a research population must be clearly identified as the initial step in a researcher's sampling process. The population for this study were the social workers in the Mpumalanga Province. From this population, the sample for the study was selected as discussed subsequently.

3.6.2 Sampling and Sampling Methods

Banzana (2025:20) states that a sample is a subset of people selected for a research study from the overall population. Sampling is thus the range of predetermined factors that the researcher uses when deciding which participants to include or exclude from the study (Oparinde, 2021: 2). Participants in a study are thus classified as either eligible or ineligible based on whether, when compared to the wider group from which they were selected, their features are similar or diverse (Rikhotso, 2022:43). Taherdoost (2016:20) states that establishing the sampling frame, a list of the actual population that the sample will be drawn from, is essential. Instead of focusing on population representation, the researcher sought a sample that would offer rich and relevant insights into managing GBV cases. Non-probability, purposive, and snowball sampling methods were used to select a sample from the overall population.

This study employed a non-probability sampling strategy, which is well-suited for qualitative research. Since human judgment is used in non-probability sampling, not every element has an equal chance of being selected (Neuman, 2014:40). Rather, the sample is selected according to particular attributes that are pertinent to the research. This study used the purposive sampling technique, which is described by Neuman (2014:40) as often applied when participants are chosen with a predetermined goal in mind. Purposive sampling involves choosing participants with specialised knowledge about the research topic or due to their fulfilment of predetermined criteria.

The participants for this study were selected based on their experiences, which are relevant to the topic under study. The researcher was able to take into consideration individuals who were able and willing to speak candidly about their experiences through purposeful sampling. Purposive sampling was the main recruitment method. The initial participants were identified through formal contact with social service organisations and professional networks within Gert Sibande District, Mpumalanga. Social workers who met the inclusion criteria, namely, those with direct experience in managing GBV cases, were approached and invited to participate in the study.

The snowball sampling technique was also used as a calculated method to recruit additional participants for the study. This method is used when finding participants is

difficult; it begins with individuals who are available and who then refer those who might be interested in taking part in the study through networks (Taherdoost 2016:19). Therefore, after the initially purposively selected participants had been interviewed, snowball sampling was implemented. They were invited to recommend other social workers in the district who fit the inclusion requirements and were open to taking part. Thus, snowball sampling was used as an additional tactic to increase the sample while still meeting the predefined eligibility requirements.

Inclusion criteria

The following inclusion criteria were employed for selecting the study sample:

- Social workers employed in the NPOs in the Gert Sibande District, with at least three years' experience.
- Social workers managing at least 10 cases over three years, as they were considered to have a strong background on the phenomenon.
- Social workers aged between 21 years and 55 years. The goal was to focus on social workers who were actively working in direct case management. Older practitioners in the district usually work in supervisory or administrative roles, but the study needed participants who were still working on the front lines.
- Both male and female social workers are employed at the NPO in the Gert Sibande District.
- Social workers who speak and understand English and IsiZulu. IsiZulu was included as a language factor as it is one of the primary languages spoken in the Gert Sibande District, Mpumalanga. Permitting participants to converse in IsiZulu made it easier for them to share their thoughts, feelings, and experiences.
- Social workers who were available and willing to participate.

Exclusion criteria

The following exclusion criteria were employed for selecting the study sample:

- Social workers who are employed at the Department of Social Development.
- Social workers who have not worked with GBV cases.
- Social workers who had less than three years' experience in managing GBV cases and have worked with less than 10 GBV cases.

- Social workers who were under the age of 21 years and over the age of 55 years.
- Social workers who spoke other languages other than IsiZulu and English.
- Social workers who were not willing to participate.

The sampling size for the study was determined by data saturation. The final sample, therefore, consisted of eight (N=8) social workers employed within NPOs in the Gert Sibande District who met the predetermined inclusion criteria. Recruitment began through purposive sampling. The researcher formally wrote emails to NPOs operating in the district and requested permission to approach eligible social workers, following emails they were physically approached to give further information about the study. Gatekeeper approval was obtained before any participants were contacted directly. Before the beginning of the interviews each participant was given information about ethical considerations of the study, after they have had full understanding, they would sign the consent form. During recruitment, some organisations were initially reluctant to grant access due to the sensitive nature of GBV cases and concerns about confidentiality, as well as the heavy workloads carried by social workers. In addition, a few eligible participants declined to take part because of time constraints and the emotional demands associated with discussing GBV-related experiences. Despite these challenges, eight participants were successfully recruited, and saturation was achieved at that point.

3.7 DATA COLLECTION

Selecting the appropriate data collection instrument is essential, depending on the study's purpose and methodology. A research instrument refers to the tools utilised for data collection (Dzwigol, 2022:85). Therefore, it is important to first consider the various data collection techniques, such as focus group discussions and interviews, before selecting the most suitable one for the study. Alase (2017:11) also argues that collecting data using the appropriate instruments that are in line with the methodology used is advantageous to the researcher who wants the quality of research findings to be improved (see Annexure C).

Using semi-structured interviews with the aid of an interview guide, the researcher conducted 20 to 35 minutes, in-person interviews with social workers to collect data.

According to Banzana (2025: 22), interviews enable direct face-to-face interactions, which can be beneficial in uncovering concepts that both the researcher and participants may not fully comprehend. Additionally, the flexibility of semi-structured interviews made them an ideal choice for data collection, allowing for interaction between the researcher and the participants (Dodds & Hess, 2020:215).

This allowed the researcher to observe the participants' non-verbal cues of communication. Open-ended questions were asked to deeply probe into the subject, comprehend the procedures, and uncover plausible reasons for observed relationships (Weller, Vickers, Bernard, Blackburn, Borgatti, Gravlee & Johnson, 2018:2). Before the interviews began, informed consent was obtained from the participants, they were made aware that participation was voluntary and that they could withdraw whenever they wanted to without any consequences. The participants were provided with consent forms, and they were urged to read the information on the forms and ask any questions which they might have had before consenting.

Since the goal of this study was to investigate the participants' perceptions, thoughts, feelings, and beliefs regarding the topic, interviews were a useful method for gathering data (Adosi 2020: 4). In scenarios in which minimal is known on the topic or if specific knowledge from each participant is needed, interviews are most appropriate (Cropley, 2019: 100). Some of the interviews were conducted on the social workers' work premises during their lunch break and/or after working hours to avoid interfering with their working hours and schedules. Other interviews were conducted at the social workers' homes after hours and on weekends.

Although interviews were scheduled at times that were convenient for the participants, not every appointment was kept. In certain cases, interviews had to be rescheduled because of pressing work-related obligations, especially when social workers were called to handle GBV cases. As a result, the researcher had to repeatedly reschedule interviews. Additionally, because participants had personal and family commitments, scheduling appropriate times outside of working hours proved difficult. To guarantee that the data collection procedure was finished, the researcher remained adaptable and kept in constant contact with participants. However, two participants indicated that they did not feel comfortable being recorded during the interviews because they were

concerned about how widely the recordings could circulate. The researcher explained the measures taken to maintain confidentiality, autonomy, and non-maleficence, and clarified the purpose of recording. Three participants later withdrew from the study due to unavailability and other commitments. Additionally, the researcher is employed full-time, which sometimes makes it difficult to align their work schedule with the participants' availability for interviews. Furthermore, the NPOs selected for the study were located far from one another, making the data collection process financially costly.

With the participants' consent, all interviews were recorded (Creswell, 2014:68). According to Banzana (2025:22), recording the interviews offers several advantages, including the ability to capture responses quickly, ensuring data accuracy by recording the participants' exact words, and facilitating transcription and data management. Recording the interviews also ensured that the data were collected thoroughly, allowed the effortless process of transcribing, and allowed the researcher to include all terms that are important when achieving transferability. As isiZulu and English are the most commonly spoken languages in the Gert Sibande region, and the majority of participants are proficient in these languages, the interviews were conducted in both isiZulu and English. The researcher is also fluent in both languages, which facilitated effective communication during the interview process. During the interviews, the same questions from the interview guide were asked to all study participants.

3.8 DATA ANALYSIS

The thematic analysis method was used to examine the gathered data with support from an independent coder from Saight Scholarly Hub, a scholarly publishing consultant. Javadi and Zarea (2016:34) note that thematic analysis is a basic analysis method in qualitative research for drawing conclusions and ideas from data, and it involves finding, analysing, and documenting trends or themes in field notes, political documents, photographs, videos, and interview transcriptions. Thematic analysis helped reflect on and establish the reality of the social workers and their experiences in managing GBV cases (Braun & Clarke, 2013:175). The researcher discussed the themes that emerged from the collected data in-depth and analysed them using eight steps for qualitative data analysis as recommended by Tesch (1990), as follows:

- **Prepare the data**

Here, the researcher wrote down all the information gathered before doing any analysis. The researcher transcribed word-by-word the responses from all the participants, and recorded their expressions during the interviews, including sounds, pauses, giggles, and other audible cues (Raftery, Howard, Palmer & Hossain, 2022:1McGrath). Transcribing allowed the researcher to identify the differences and similarities in the interviewees' experiences.

- **Identify units**

Sorting the codes into potential topics was part of this phase. According to Vaismoradi, Turunen and Bondas (2013: 400), all the common recurring patterns that show up in different codes should be noted by the researcher, who should then arrange the codes into likely themes that tell a pertinent story about the study. This step was completed by combining different codes into more all-encompassing themes that accurately reflect every piece of information gathered.

- **Develop categories and a coding scheme**

At this stage, the data collected were used to create initial codes. Campbell, Quincy, Osserman and Pedersen (2013: 299) and Clarke and Braun (2013: 120) explain that in order to enhance the effectiveness of the data interpretation process, the researcher must group the data into pertinent categories and develop codes that correspond to each category. This stage was accomplished by the researcher carefully reading the interview transcriptions, classifying the data, and creating labels that are appropriate for each group.

- **Test coding scheme on a sample of text**

Clarke and Braun (2013:120) state that to guarantee the data's consistency, it must be tested on an existing sample text. Early in this phase, a sample of the collected data was coded, the researcher established and evaluated a coding scheme, and the consistency of the coding was achieved. Deterding and Waters (2021: 709) argue that coding sample text, verifying coding consistency, and changing coding rules are all iterative processes that should go on until sufficient coding consistency is achieved.

- **Code all the text**

According to Campbell et al. (2013:299), when sufficient consistency has been achieved, the researcher should apply the coding rule to the entire text. This is when the researcher concluded that the information is consistent and repetitive, hence data saturation had been reached. According to Hennink and Kaiser (2022:2), saturation is reached when no new issues or insights emerge, and the data begin to repeat what has already been reported. Similarly, Banzana (2025:20) explains that saturation requires collecting sufficient data to enable the reader to see how categories and conclusions were generated and to assess the consistency of the research process. In this study, data saturation was reached after the eighth interview, as no new themes emerged. Hennink and Kaiser (2022:2) further emphasise that saturation indicates that the sample is adequate and that the data have captured the depth and complexity of the phenomenon under investigation.

- **Evaluate coding consistency**

Campbell et al. (2013:302) emphasise the importance of re-checking the consistency of coding after the entire set of data has been coded. The researcher verified the coded data again to re-check if coding was done correctly. This was a crucial step to double-check consistently since the researcher could not assume that the full body of text was coded consistently and accurately just because a sample was.

- **Draw conclusions from the coded data**

Clarke and Braun (2013) state that in this phase, the researcher must refine the themes that have been identified. When comparing the generated codes and data, the researcher made sure that the themes that were found appropriately reflected the contours of the coded data.

- **Report methods and findings**

At this phase, the researcher completed the analysis and reported the findings. Braun & Clarke (2013:175) state that the final results should tell a coherent story regarding the research question and data reporting both within and across themes. The themes identified in the data sets were validated by the final analysis and report, and using excerpts from the acquired data as proof, the researcher created an analytical report.

3.9 REFLEXIVITY AND RESEARCHER POSITIONALITY

Reflexivity is a cornerstone of rigorous qualitative research. It requires the researcher to critically examine their role, assumptions, and influence on the research process (Finlay, 2011:112). Within the interpretivist paradigm, it is acknowledged that the researcher cannot be separated from the research; rather, their subjectivity is woven into every stage of the study (Creswell & Poth, 2018:262). This section makes explicit the researcher's positionality and the strategies employed to ensure reflexive practice. In qualitative research, particularly within the interpretivist paradigm, the researcher is the primary instrument of data collection and analysis. As such, it is essential to acknowledge that the researcher's observations, and experiences shape the research process and outcomes (Finlay, 2011:112). Reflexivity requires the researcher to engage in continuous self-examination and to make explicit how their positionality influences the study (Berger, 2015:220).

The researcher's interest in this topic stems from personal and professional experience. This proximity to the subject matter brings both strengths and potential biases. On one hand, familiarity with the context may facilitate rapport-building and a deeper understanding of participants' experiences. On the other hand, it requires constant vigilance to ensure that the researcher's assumptions do not overshadow participants' voices (De Vos et al., 2021:135). To enhance trustworthiness and mitigate bias, the researcher maintained a reflexive journal throughout the study. This journal documented personal reflections, emotional responses, and critical self-questioning after each interview and during data analysis. Regular debriefing with the research supervisor also provided an external check on interpretations and assumptions (Creswell & Poth, 2018:261).

3.10 DATA VERIFICATION

To evaluate the rigour of qualitative research, Henry (2015:25) suggests that it is important for researchers to focus on four criteria, namely, credibility, dependability, confirmability, and transferability. These four dimensions guided the strategies used to verify the trustworthiness of the data collected from the eight social workers in the Gert Sibande District, as explained in the following subsections.

3.10.1 Credibility

Credibility is the degree to which the study measures what it seeks to; it addresses the issue of how consistent the results are with reality (Bolarinwa, 2015:195; Oparinde, 2021: 2). Self (2014:435) and Lub (2015:3) explain that a researcher can intuitively sense and judge some communications to be more credible than others. Since the researcher was able to ask questions and seek clarification during data collection with social workers in Gert Sibande District, it became easy for the researcher to review the contradicting information that could lead to the study not being credible. Such information was then excluded from the report in order for the study to be consistent and achieve credibility. The researcher additionally employed the proficiency of an independent coder to guarantee and validate the credibility of the study findings.

3.10.2 Transferability

The concept of transferability describes how well the findings of one study can be applied to a broader group (Noble & Smith, 2015: 34). By providing comprehensive contextual information about the Gert Sibande District, the type of GBV services offered by local NPOs, and the professional roles of the eight social workers who took part in the study, transferability was improved. The study acknowledges certain limitations regarding the transferability of the findings. The sample was relatively small (n=8) and homogeneous, comprising African social workers employed within non-profit organisations (NPOs) in a single district. It is noted that these characteristics may limit the extent to which the findings can be transferred to other contexts. However, through the provision of rich, detailed descriptions of the research context and participants, this enables the readers to make informed judgments about the applicability of the findings to similar contexts.

To help readers evaluate how similar this context is to other districts or GBV service environments, the study also described the recruitment processes, inclusion criteria, and interview settings. The results may be a helpful point of reference for studies involving social workers handling GBV cases in similar rural or semi-urban South African contexts because they provide detailed accounts of participants' experiences and the organisational realities in which they operate.

3.10.3 Dependability

Dependability is the degree to which a study may be replicated by another researcher and yield identical results (Henry, 2015:26; Danial, 2018:2). The study provided a thorough explanation of the population, study area, as well as the methodology, data collection procedures, and data analysis, interpretation, and reporting. Since the responses given by the participants during the interviews could not be predetermined but were generated from their own experiences, it became less of a challenge to conclude whether the results were reliable or not.

3.10.4 Confirmability

Confirmability is the extent to which research findings can be justified as accurate, objective, and free of the researcher's prejudice (Anney, 2014: 15; Korstjens & Moser 2018:121). Confirmability is attained by ensuring credibility, transferability, and dependability (Banzana 2025: 25). The precise transcription of all eight interviews with social workers in the Gert Sibande District ensured confirmability in this study. To maintain participants' original meanings, tone, and emphasis, especially when discussing delicate GBV cases, the researcher verbatim transcribed the interviews. To show that interpretations were based on participant responses instead of the researcher's presumptions, direct quotations were used in the presentation of findings.

Additionally, field notes taken during and after interviews, documentation of recruitment processes, and thorough records of coding and theme development were all part of the audit trail that was kept throughout the research process. To enable external review of the data collection and analysis procedures, the interview guide was appended. Also, to reduce subjective influence on data interpretation, the researcher deliberately acknowledged and bracketed personal assumptions about GBV service provision, maintaining reflexive awareness (Lub, 2015:4).

3.11 PILOT TESTING

The purpose of a pilot study is to determine whether all the required information can be gathered and to provide the researcher with the chance to adjust the interview questions should there be gaps noted (In, 2017:1). To evaluate the researcher's

interviewing abilities and ascertain the estimated length of each interview, the researcher conducted a pilot test. Two social workers were selected by the researcher to take part in the pilot study. Emails explaining the study and asking for permission to conduct the interviews at their organisations were sent to the NPO's management. Additionally, the researcher visited the organisations once more to provide additional information about the study's objectives and to request that they sign the consent forms indicating their agreement to participate. The participants willingly provided their consent.

The interviews took place in locations where the participants were comfortable and at ease and calm, such as their homes, offices, board rooms, coffee shops, and parks of their choosing. It was carried out in a discreet, secure, and disturbance-free setting. The researcher employed interviewing techniques such as probing, reflecting, paraphrasing, and summarising to extract information from the two social workers during interviews that were conducted in English. The researcher ensured that the questions were properly worded and understood by the participants, hence the necessary information was acquired. Changes were made to one question to improve the quality of the interviewing process for the main investigation. Each interview was conducted over a 20 to 35-minute period. The researcher was able to determine whether the questions were relevant and suitable for collecting the data needed to answer the research questions with the help of the pilot test. The question that was modified in the interview guide was: 'What could be the reason that one gender reports cases of GBV more than others?' The initial question did not allow participants to provide detailed explanations, as it only required them to select a response such as male, female, or other.

3.12 CHAPTER SUMMARY

This chapter discussed the research methodology adopted and how it was applied in the study. The chapter explained the research approach, design, and paradigm, as well as the population and sampling for the study. Furthermore, the data collection and analysis techniques employed in the study were also discussed, including the study's limitations.

CHAPTER FOUR PRESENTATION, DISCUSSION, AND INTERPRETATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

The research findings that resulted from the investigation are presented in this chapter. The outcomes of the semi-structured interviews are presented, discussed, and contrasted with the existing literature related to the topic under study. The findings are discussed and presented in line with the themes and subthemes which emerged from the data. The chapter begins by presenting the demographic information of the eight participants who participated in the interviews and moves to present and discuss the findings.

4.2 DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

The researcher adhered to the ethical principles of anonymity, informed consent, voluntary participation, autonomy, confidentiality, non-maleficence, privacy, and beneficence. The participants were assigned pseudonyms to protect their identities. The demographic data of the participants are presented in Table 4.1, which reflects their age, gender, level of education, marital status, race, and years of experience.

Table 4.1: Summary of demographic data

Participant	Age (Years)	Gender F= Female M= Male	Level of Education	Marital Status	Race	Years of Experience Managing GBV Cases
A	30-39	F	Bachelor's degree	Single	African	5-8 years
B	30-39	F	Bachelor's degree	Single	African	5-8 years
C	30-39	F	Bachelor's degree	Single	African	5-8 years
D	40-49	F	Bachelor's degree	Divorced	African	9 years or more
E	30-39	F	Bachelor's degree	Single	African	9 years or more
F	40-49	M	Bachelor's degree	Single	African	3-5 years
G	30-39	F	Bachelor's degree	Single	African	3-5 years

H	30-39	M	Bachelor's degree	Single	African	3-5 years
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4.2.1 Age of the participants

The participants' ages ranged between 30 and 49 years. The findings revealed that six participants were between the ages of 30 and 39 years, while two were between the ages of 40 and 49 years. The data shows that most social workers providing social services are in the young adulthood stage of human development as described by Erick Erikson. According to Anovunga, N-yelbi and Akpadago (2021:41), young adulthood is the stage when many individuals begin to advance in their careers and focus on professional growth.

Wan (2019:47) argues that individuals in this age group are often more established in their careers and possess a wealth of experience, which allows for a more focused and mature perspective. Their career dedication and life experience contribute to a broader understanding of the complexities within social work, ultimately adding diversity and depth to the findings of the research (Lian, 2015: 17; Apgar & Dolan, 2024: 483). Sithole (2018: 87) further argues that this is the stage when individuals are mostly immersed in their careers and their responsibilities increase, as they have to balance relationships, raise their children, and further their careers. According to Arowolo, Makiwane, Ngandu, and Khuzwayo (2017: 11), the second largest population in the province of Mpumalanga is made up of youth who are 35 years of age and older, making 58.5% of the total population.

4.2.2 Gender of the participants

Six participants were female, while two were male. Previous studies also demonstrated that the social work profession is dominated by females (Leburu-Masigo, 2020:191; Thobenjane, 2020:1; Sithole, 2018: 87; Christie, 2008:20; Christie, 2006:41). Similarly, a newsletter by Secker and William (2024) reported that the shortage of men in the social work profession is severe. There is female popularity in the field of social work, as unequal distribution between the genders suggests that women are dominating the social welfare profession (Sithole, 2018:87). According to Thobela (2020:1), social work is a profession largely dominated by women as their

roles are perceived as more caring and feminising. Hicks (2015:11) and Schaub (2022:4) state that understanding gender dynamics in the context of GBV can encourage victims to feel more comfortable speaking with women rather than men. This is partly due to the stigma that associates most men with being perpetrators of GBV and the perception that men often lack empathy (Thobenjane, 2018:5).

4.2.3 Level of education of participants

All of the participants in this study have a Bachelor's degree, which is the minimum qualification for one to practice as a social worker (South African Council for Social Service Professions (SACSSP) Act 110, 1978). However the South African BSW degree is a qualification at NQF Level 8 which is honours-equivalent. A Bachelor's degree in social work demonstrates that an individual has acquired sufficient knowledge and skills necessary to effectively provide social services (Apgar & Dolan, 2024: 483). This level of education ensures that the individual has the relevant insights into the principles, theories, and practices of social work, equipping them to address a range of client needs and challenges in a professional and informed manner (Cleveland, Warhurst & Legood, 2019:1434). The findings of a study by Kasherwa et al. (2023:23) reveal a concerning issue: most social workers offering GBV interventions are emotionally drained and have burnout from the high caseloads, which results in them being demotivated to further their studies.

4.2.4 Marital status of participants

Seven participants were single, and one was divorced. According to Simon Dippennar and Associates (2022), social workers play a crucial role in addressing marriage and family issues by gaining firsthand insights into the challenges which couples face, including GBV. Their involvement helps to understand the complexities of these issues, which can sometimes lead to them avoiding marriage altogether. Salim (2019: iv) states that getting married at a young age can be seen as a threat that hinders personal development and leads to missed opportunities in pursuing one's career. On the other hand, Chesterman, Karantzas, and Marshall (2021:1) claim that single participants can provide unique insights into their experiences, which may differ from those in a relationship. Single individuals have unique experiences of GBV that are

shaped by their individual circumstances, such as being single, living alone, and having limited social support (Bredow & Hames, 2018: 3).

4.2.5 Race of the participants

To eliminate prejudice, the researcher consulted all NPOs with multiracial groups whilst seeking permission to conduct the study within their organisations. However, only African-majority organisations expressed interest in participating. To recruit additional participants and reach data saturation, snowball sampling was employed; participants who had been interviewed were asked to refer other social workers within their professional networks who met the inclusion criteria. As a result, all participants in this study were African. It should be noted, however, that Africans make up the majority of the population in the Mpumalanga Province (Department of Cooperative Governance and Traditional Affairs, 2020:10). This is supported by Arowolo, Makiwane, Ngandu, and Khuzwayo (2017:5), who report that 92.4% of the Mpumalanga population is African.

4.2.6 Years of experience

Leedy and Ormrod (2019:40) emphasise the importance of choosing participants who are most knowledgeable about the subject being studied. In this study, social workers who have at least three years of experience working with GBV cases were recruited to participate in the study. Of the eight participants, three had three to five years of experience, another three had five to eight years of experience, and two had nine years or more of experience working with GBV cases. Mpiti, Makena and Qoyi (2023: 10) contend that there is value in past knowledge as it provides in-depth, reliable information on a particular phenomenology.

Ngqunguza and Seleke (2024:414) argue that capitalising on individuals with both old and new experiences is an intergenerational collaboration that benefits families, communities, and workplaces, as their ideas are instrumental for the future workforce. Leburu-Masingo (2020:192) states that sometimes, victims may doubt the effectiveness of the services provided by newly qualified, young social workers, while

others may prefer older, more experienced social workers, perceiving them as more mature and knowledgeable.

4.3 PRESENTATION OF THE RESEARCH FINDINGS

In this section, the findings are presented in themes, subthemes, and categories that emerged from the data collected from the eight social workers in Gert Sibande District, Mpumalanga, through semi-structured interviews, which ran between 20 and 35 minutes. Each theme constitutes a series of concepts that have been grouped to form subthemes and categories, which exist within the overall theme. To avoid ambiguity, the themes are presented separately, with each theme leading to clearly marked subthemes. The following four themes emerged from the data:

1. Theme 1: GBV knowledge
2. Theme 2: Experiences of social workers with GBV cases
3. Theme 3: Social work interventions
4. Theme 4: Recommendations

A thematic map of the themes, subthemes, and categories is presented in Table 4.2.

Table 4.2: Thematic map (themes, subthemes, and categories)

Theme	Subthemes	Categories
Theme 1: GBV knowledge	1.1 Understanding of GBV	1.1.1 Gender neutrality 1.1.2 Power dynamics 1.1.3 Cultural influences 1.1.4 Financial dependence 1.1.5 Stigma and fear of reporting
	1.2 Types of GBV	1.2.1 Intimate partner violence 1.2.2 Physical violence 1.2.3 Emotional Violence 1.2.4 Sexual Violence
Theme 2: Experiences of social workers with GBV cases	2.1 Gender which reports GBV the most	2.1.1 Female
	2.2 Experience of managing GBV	2.2.1 Emotional challenges 2.2.2 High case volume 2.2.3Lack of training and resources 2.2.4 Complexity of cases 2.2.5 Institutional limitations

		2.2.6 Compassionate care
Theme 3: Social work interventions	3.1 Counselling and psychological support	3.1.1 Individual counselling 3.1.2 Psychosocial support
	3.2 Referrals to external services	3.2.1 Referrals to health services 3.2.2 Referrals to psychologists or therapists
	3.3 Community awareness and mobilisation	3.3.1 Community education campaigns
	3.4 Legal and court support	3.4.1 Court accompaniment and support 3.4.2 Legal referrals and updates on case proceedings
	3.5 Intermediary services for mediation	3.5.1 Mediation between abuser and victim
	3.6 Empowerment and economic support	3.6.1 Economic empowerment programmes
Theme 4: Suggestions for improvements	4.1 Public awareness and education	4.1.1 Early education on GBV 4.1.2 community campaigns
	4.2 Community infrastructure and access	4.2.1 Accessibility to police stations
	4.3 Implementation of policies and laws	4.3.1 Policy revision and evaluation 4.3.2 Consistency in applying laws
	4.4 Specialised training for social workers	4.4.1 Continuous professional development 4.4.2 Specialisation in GBV cases
	4.5 Government and NGO support	4.5.2 Collaboration between government and NGOs
	4.6 Victim Empowerment	4.6.1 Changing victim mindsets

In the next sections, the themes are presented separately, and the accompanying subthemes and categories are presented and confirmed or endorsed by direct quotes from the participants. These are compared and contrasted with the body of available literature.

4.4 THEME 1: GBV KNOWLEDGE

This theme was prompted by the researcher's request: 'What is your understanding of GBV?' In the following discussion, several excerpts are included to illustrate the social workers' knowledge regarding GBV.

4.4.1 Understanding of GBV

Some participants described GBV as any form of abuse inflicted on individuals due to their gender, and as affecting both men and women. Many participants pointed out the role of power dynamics, poverty, cultural norms, and a lack of cooperation among stakeholders as the major causes of GBV, with misunderstandings and financial dependency further contributing to the issue. The participants also noted that victims, particularly women, often refrain from reporting due to fear of stigma, reliance on their abusers, and mistrust of the justice system, which perpetuates the cycle of abuse. They reported that challenges such as inconsistent reporting, the lack of stakeholder collaboration, and secondary victimisation are barriers to addressing GBV effectively.

4.4.1.1 Category 1.1.1: Gender neutrality

All participants indicated that GBV is not exclusive to any specific gender and can occur between men and women, with both genders capable of being perpetrators or victims. There is recognition among the participants that while women are more at risk of experiencing GBV, men also experience it, although it is often overlooked. The participants' responses suggest that gender neutrality is vital in fully understanding GBV as it impacts individuals regardless of gender. This comprehensive view challenges the traditional narrative that focuses solely on women as victims. Some of the statements echoed by participants are as follows:

"It's not only man that violate women, there are women who violate men as well, they also want to show their husbands or partners that they have power over them." PD

"My understanding of GBV is violence directed at a person because of their gender; most of the time, the causes are due to their vulnerability, poverty, or sexuality." PC

"GBV is violence that is directed at a person because of their gender; it can be directed at a woman or at a man. Mostly in South Africa, we see that it is mostly women who are being abused by men." PF

Although the majority of GBV victims are women, most policymakers focus on women, yet it is important to recognise that men and gender-non-conforming individuals can also experience GBV (Wilson Centre, 2024:1). Carpenter (2017:377) supports the notion of GBV not being exclusive to any specific gender, stating that GBV can be a man abusing a woman or a woman abusing a man. The participants believe that both men and women are capable of being perpetrators or victims, as they highlighted that GBV is an abuse between opposite genders. Similarly, Tallman, Collins, Mulanovich, Rusyidi, Kothadia and Cole (2023:3) emphasise the importance of recognising that GBV affects all genders.

However, statistics from around the world and South Africa indicate that women are disproportionately impacted compared to men or people who identify as gender non-conforming. Approximately one in three women worldwide has been a victim of physical or sexual abuse at some point in their lives; this rate is much higher than that of men (UN Women, 2021; World Health Organisation, 2024). According to national survey data, approximately 9.8% of women in South Africa who are 18 years of age or older have experienced sexual violence, and over 33% of them have experienced physical violence at some point in their lives (Human Sciences Research Council, 2024). These numbers show that although GBV affects people of all genders, women continue to be the main victims, underscoring the necessity of gender-responsive interventions in practice and policy.

4.4.1.2 Category 1.1.2: Power dynamics

Some of the participants revealed that power imbalances are a huge driver of GBV, which often stems from a desire to assert dominance over others. They reported that cultural expectations, particularly those that reinforce male superiority, also play a role in perpetuating power dynamics that lead to GBV. Interestingly, both men and women may use power to control their partners, suggesting that the desire for dominance transcends gender. The focus on power as a cause of GBV highlights the complexity of the phenomenon and its ties to societal structures. The participants articulated the following assertions:

"The causes of GBV can be power, because you want to show the other person that you have power over them." PD

"Gender based violence is abuse of one's gender, according to my knowledge, for example, whereby someone abuses someone, either emotionally, physically or sexually, because of the power they have over someone." PG

"There are women who also violate men; they also want to show their husbands or partners that they have power over them." PH

Another participant said:

"For example, if a man wants sex and the women don't want it, then they do it by force, and it becomes GBV." PC

Conspicuously absent from the literature are variables that adequately capture the cultural and power dynamics within intimate relationships (Tenkorang, 2021:1125). These dynamics are pivotal in understanding GBV. For instance, a qualitative study examining the intersections of IPV and violence against children (VAC) in Uganda highlights how violence against both women and children is often employed to enforce power hierarchies and norms within families (Carlson, Namy, Pala, Wainberg, Michau, Nakuti, Knight, Allen, Ikenberg, Naker & Devries, 2020:2). In such contexts, coercive control by men is a recurring factor that involves acts of assault, humiliation, intimidation, threats, or other forms of abuse designed to frighten, harm, or punish victims, and effectively strip them of power while consolidating the abuser's dominance (Seeletse, 2024:47).

Furthermore, power inequities are starkly evident in socio-economic relationships, as illustrated by a level of structural vulnerabilities that exacerbate unequal power relations and make women more susceptible to abuse (Randell, Jarvis, Murray, Jackson & Dowd, 2023:2). To this end, Kgashane (2023:1) notes that IPV is a significant problem that profoundly affects the well-being of another partner, as hegemonic masculinity has been used to explain men's power over women through submission and the use of violence. Kgashane (2021) puts forward an example of a study conducted with married men in South Africa, which showed that they believed that they had complete rights over deciding when and how many children they would have in their marriages and claimed they had complete power over their wives due to paying magadi-lobola, a bride price. The author further argues that this is a cultural indication of the lack of understanding of cultural beliefs in a transnational surrogacy arrangement.

4.4.1.3 Category 1.1.3: Cultural influences

The majority of participants identified cultural influences as strongly linked to GBV, as traditional beliefs and norms place men in dominant roles and women in subservient positions. They indicated that these cultural expectations often justify abusive behaviour, such as forced sex or unquestioned male authority in households. The persistence of such norms reinforces gender inequality and perpetuates violence, making it difficult for women to challenge or resist abuse. The participants highlighted how these entrenched cultural practices contribute significantly to the prevalence of GBV in society. The following narratives highlight the participants' views on culture as a risk factor for GBV:

"Cultural norms, whereby a culture displays that a boy is better than a girl, when they grow up, there is that mindset that a female child should always be submissive to a male child." PG

"Still on that point, the cause of gender-based violence can be cultural norms, whereby a culture displays that a boy is better than a girl." PE

"Culture says that men are the head of the home, and there are rules that men put in place even when females don't accept them; they have to follow them." PF

Mangezi and Manzanga (2019:3) note that cultural influences are strongly linked to GBV and traditional beliefs. The authors assert that norms place men in dominant roles and women in subservient positions. The participants believe that these cultural expectations often justify abusive behaviour, such as forced sex or unquestioned male authority in households. Similarly, Oparinde (2021:2) and Sidloyi (2020:16) highlight that the persistence of such norms reinforces gender inequality and perpetuates violence, making it difficult for women to challenge or resist abuse.

4.4.1.4 Category 1.1.4: Financial dependence

Most of the participants indicated that financial dependence is a key factor of GBV, pointing out that victims often remain in abusive relationships due to economic reliance on their abusers. A lack of financial freedom exacerbates this dependence, particularly for women who may feel that they have no viable alternative to staying in the relationship. The participants noted that the financial benefits that victims receive from their abusers create a situation where they tolerate violence, despite recognising the abuse. This highlights the intersection between economic vulnerability and GBV, where financial dependence prevents victims from seeking help. The voices of participants are captured in the following narratives:

"The causes most of the time are due to their vulnerability, poverty." PC
"They depend on this abuser, and they lack information that the social worker can help them to be independent and empower them to leave the abusive relationships." PF

"Poverty also has a huge impact on GBV, because the perpetrators are the providers, and that makes the victims continue to stay in abuse." PG

GBV encompasses various forms of abuse, including financial abuse (Seeletse, 2024:41), which is particularly notable, as it manifests through control and exploitation due to financial dependency. The situation is even more difficult for individuals with disabilities, who may be more reliant on others for support, thereby increasing their susceptibility to abuse (Hunt et al., 2024:2790).

A study by Seeletse (2024:46) established a unique perspective on financial dependency as a cause of GBV. For instance, an abuser may insist that the victim finances his family while denying her the autonomy to use her money to support her own family. Some women cannot leave, even when they are the primary providers for

their abusers, which indicates the complex dynamics of power and control in such relationships. According to Seeletse (2024:48), some women who are victims of GBV are financial providers for the male partner's family, yet they are abused when they do not oblige to such demands. This points to the coercive control that is central to financial abuse, which is a form of domestic violence.

4.4.1.5 Category 1.1.5: Stigma and fear of reporting

Stigma and the fear of reporting were repeatedly highlighted by all participants as significant barriers to addressing GBV. Many victims, both male and female, are hesitant to come forward due to the social stigma attached to being perceived as weak or helpless, particularly for men. Additionally, the fear of not being believed or receiving inadequate support further discourages victims from seeking help. This widespread reluctance to report incidents of GBV allows the violence to continue unchecked, perpetuating a cycle of abuse that remains hidden within communities. The participants said:

"The challenges I have had with the victims I have worked with are that they don't want to report cases, due to stigma and fear of not being believed."
PC

"The other genders are afraid to report when it comes to going to the police station or coming to the social workers. They believe that they will be laughed at, and the fact that people say that as a man you need to stand for your manhood and not be weak." PH

"When a man goes to report the GBV case to the police station, they fear being laughed at or being called weak; that is why we have a challenge of GBV." PD

These findings corroborate with Mantey and Dzetor (2018:325) and Thobejane and Luthada (2019:12), who argue that stigma and the fear of reporting are significant barriers to addressing GBV. This stigma creates barriers to seeking help or reporting abuse (Tenkorang, 2024:1104). Many victims of GBV are denied the autonomy to report that is free from stigma, discrimination, and coercion due to societal pressures and discriminatory norms (Randell, Jarvis, Murray, Jackson & Dowd, 2023:3). IPV and controlling behaviour from a partner frequently reflect external or enacted stigma, which contributes to violence (Jewkes, 2023:1433). Combined with social stigma and

isolation, these ideologies fuel a culture of silence and inaction (Tenkorang, 2024:2802), as well as internalised stigma, leaving victims feeling shame and self-blame (Jewkes, 2023:1433).

4.4.2 Types of GBV cases

All participants described the various types of GBV cases, with a strong emphasis on IPV, physical violence, and sexual violence. Many participants highlighted the prevalence of physical abuse in relationships, where men often use violence to assert control or punish their partners, while others focused on sexual abuse, particularly involving stepfathers and grandfathers as perpetrators. They also reported economic violence, with some cases involving financial control or exploitation of elderly individuals. The majority of participants also frequently mentioned emotional and verbal abuse, which often escalates to physical violence if left unaddressed. This shows the interconnectedness of these types of violence within communities.

4.4.2.1 Category 1.2.1: Intimate partner violence (IPV)

Most of the participants reported that partner violence is prevalent in the cases they manage, particularly within married or cohabiting relationships. IPV is a prevalent form of abuse within married or cohabiting relationships, which is commonly normalised due to traditional gender roles and power dynamics, where violence is used as a means of control, dominance, or correction (Mthembu, Mabaso, Reis, Zuma & Zungu, 2021). According to Spencer, Keilholtz, Palmer and Vail (2024:1), both men and women will experience emotional IPV in their lifetime. Violent acts usually develop from an escalating exchange of verbal aggression and minor physical acts (Acher, 2021).

IPV operates within a dynamic interplay of social systems. It is viewed as part of the mesosystem, reflecting dynamics within intimate relationships, while the community prevalence of IPV exemplifies the exosystem, which is shaped by wider macrosystem factors such as entrenched gendered norms and patriarchal structures (James et al., 2023:2). In South Africa, domestic violence, particularly IPV, continues to escalate, which indicates the systemic nature of GBV (Seeletse, 2024:41). Sadly, the rates of

IPV against women in sub-Saharan Africa are among the highest globally (Barch et al., 2022:7907).

4.4.2.2 Category 1.2.2: Physical Violence

All participants consistently indicated that physical violence was one of the most encountered forms of IPV. They reported the accounts that frequently associated physical violence with patriarchal views, where men, especially older generations, use physical force to exert control over their wives. These responses suggest a pattern where physical abuse is ingrained in longstanding social norms.

"I can say that I have worked with physical violence, wherein who are beaten physically by their partners." PF

"Mostly I have worked with physical violence cases, and especially in relationships, I have challenges with married couples because there are men who feel that if they don't hit their wives, they will not be seen as men enough." PD

"The type of GBV that I have previously worked with the most is physical abuse." PH

"In the shelter that I am managing, I have realised that women believe that it is okay for their partners to hit them and they don't do anything, this is in the name of 'he is my husband, or he is the father of my children.'" PA

According to Aboagye et al. (2022:7), physical violence is one of the most commonly encountered forms of abuse in intimate and familial settings, highlighting that patriarchal views often perpetuate this violence. The participants believe that such views lead men, especially from older generations, to use physical force to exert control over their wives or other family members. Gibbs, Chatterji, Ramsoomara, Willan, Naved and Jewkes (2020:2) posit that emotional and verbal violence often serve as precursors to physical violence, with Dlamini (2020:583) emphasising that physical abuse is reinforced by longstanding social norms and emotional conflict. According to Bronfenbrenner & Morris (2006) and Heise (2011), these patterns can be interpreted as interactions within the microsystem and mesosystem, where family dynamics, community norms, and larger societal structures that normalise patriarchal control and physical abuse have an impact on individual behaviours.

4.4.2.3 Category 1.2.3: Emotional Violence

Emotional abuse is another form of IPV that social workers deal with. According to Muluneh, Stulz, Francis and Agho (2020:1), emotional violence is the most prevalent reported type of violence. In most cases, emotional violence is accompanied by physical violence. For instance, some social workers reported the following regarding emotional violence.

"... emotional abuse is the one that I work with the most. Where most of the time, they ... emotionally they insult each other." PG

"I have worked mostly with emotional violence, which I call verbal violence... In most cases, I have noticed that emotional violence usually escalates to physical violence in these cases if there is no proper intervention." PH

"... emotional abuse is the one that I work with the most. Where most of the time, they fight, and emotionally they insult each other, and that affects them emotionally, and also intellectually to the kids, because when they see this violence, their intellect is not protected." PF

According to Ecological Systems Theory, these tendencies reflect macrosystem cultural norms that uphold gender inequity, mesosystem influences from social networks that might tolerate abuse, and microsystem stressors within intimate relationships (Bronfenbrenner & Morris, 2006; Heise, 2011).

4.4.2.4 Category 1.2.4: Sexual Violence

All participants indicated that sexual violence is a pervasive and disturbing form of GBV, with cases involving intimate partners, family members, and even the elderly. The participants showed a deep concern about the vulnerability of women, particularly stepdaughters and grandmothers, who often face sexual exploitation but are unable to report due to financial dependence or societal pressure. Hospitals and specialised programmes have become critical spaces for managing these cases, where victims are provided with both medical and emotional support. This highlights how economic factors and the fear of social repercussions perpetuate the silence around sexual violence.

"I have managed sexual offence cases, domestic violence cases and intimate partner violence IPV cases." PG

"For example, if a man wants sex and the women don't want it, then they do it by force and become GBV, which can even start the fight or conflict between them, which is GBV." PH

"Since I have joined this organisation, I have a lot of experience with the stepfathers raping their stepdaughters, and most of the time the stepdaughters don't report because they fear that the father is the breadwinner at home." PC

According to Bacchus, Ranganathan, Watts and Devries (2018:18), sexual violence is a pervasive and disturbing form of GBV, with cases involving intimate partners, family members, and even the elderly. The participants believe that women, particularly stepdaughters, often face sexual exploitation, but are unable to report due to financial dependence or societal pressure. Similarly, the participants emphasised that economic factors and the fear of social repercussions perpetuate the silence around sexual violence. This is also noted by Mtotywa, Ledwaba, Mambo, Nkondo, Ntshagovhe and Negota (2023:316), as they call for the need to address these issues to combat sexual violence. The Ecological Systems Theory posits that societal attitudes toward gender and sexuality (macrosystem), family and community interactions (mesosystem), and individual-level dynamics (microsystem) all contribute to sexual assault (Bronfenbrenner & Morris, 2006; Heise, 2011; WHO, 2021).

4.5 THEME 2: EXPERIENCES OF SOCIAL WORKERS WITH GBV CASES

This theme was prompted by the researcher's request to explore the social workers' experience with the gender that reports GBV the most and their experiences of managing the GBV cases. In the following discussion, several excerpts are included to illustrate the different experiences of social workers with GBV cases.

4.5.1 Gender, which reports GBV the most

The participants overwhelmingly indicated that females mostly report GBV, primarily due to societal norms that make it easier for women to seek help. Men, on the other hand, were reported to be less likely to report GBV due to stigma, the fear of being perceived as weak, and concerns about being mocked, especially by authorities. Several participants also noted that while men do experience GBV, they often avoid disclosing it or denying it, even in front of social workers. This suggests that gender

norms and stereotypes heavily influence reporting behaviours, with women more willing to report and men reluctant due to societal pressures.

4.5.1.1 Category 2.1.1: Female gender

Most of the participants highlighted that women are more likely to report GBV because there is a societal tendency to respond quickly when a woman expresses distress. According to Muluneh, Stulz, Francis and Agho (2020:1), in Northern Uganda, the highest prevalence report was found in women. Women feel more encouraged to seek help, while their complaints are taken seriously by both social workers and the community. The participants suggest that this results in a higher rate of reporting by women, even though GBV affects all genders. As demonstrated by the extracts below, the findings show a cultural bias where women's experiences are acknowledged, while men may hesitate to come forward.

"The gender that reports the most is females, because I think for easy for women to report GBV, and when a women cry's, everyone is quick to respond, not just social workers, but I think everyone reacts fast to a woman's cry." PE

"It is females for me, this is because most of the time there is stigma, but women are not afraid to ask for help, and that is the reason they are reporting the most." PC

"I would say that its women, because it's easy for them to talk when they feel overwhelmed whereas men don't really talk, however when I mediate the two parties, that is where I would also realize that the men are also being abused in that situation, the women see herself as the only victim because she is the one who reported but in fact, they are both victims in that particular situation." PF

Men face significant barriers to reporting GBV due to the stigma attached to showing vulnerability (Mukulu, 2019: i). Most participants reported how societal expectations of masculinity, combined with negative responses from authorities, discourage men from seeking help. The participants expressed that men feel ridiculed and are advised to retaliate rather than report, reinforcing the idea that men should be dominant. As a result, the number of GBV reports from men remains low due to fear of being perceived as weak. The participants said the following:

"I think for men it becomes difficult for them to report because of the saying, "indoda ayikhali" [men don't cry], so they don't report. There is also a fear of being laughed at when they report." PD

"There is fear and stigma attached to a male who would come out and report that they are being abused. Males are seen as weak when they report, and they laugh at them. I think that is why they don't report as much." PA

"There is still stigma that is attached to men, that if you are a men you have to be strong because men do experience GBV as well but if as a social worker I am interviewing men, they still don't want to talk even if I can realise that they are in acritical condition, you can see or realise that they have been beaten by their partner, but they still don't want to talk, they would rather make an excuse. However, some men talk, but they are very few."
PG

Men usually do not speak out about their experiences due to the stigma attached to them being victims of female-perpetrated domestic abuse (Thobejane, Mogorosi & Luthada, 2018:1). Donne, DeLuca, Pleskach, Bromson, Mosley, Perez, Mathews, Stephenson and Frye (2018:189) note that there is the negative labelling of male victims and the resultant internalised stigma, which makes it a social issue. Moreover, men are influenced by high levels of stigma, patriarchal domination beliefs, embarrassment, and culture (Mukulu, 2019: i).

The participants noted that many men remain silent about their experiences with GBV, even when the abuse is visible to social workers. They stated that the pressure to uphold an image of strength prevents men from admitting they are victims of abuse, which further sustains their silence. This reluctance results in denial and avoidance, making intervention difficult for professionals. The social stigma surrounding male vulnerability greatly hinders reporting and access to support.

"Females are the ones who report the most of these cases. I think this is because there is still a stigma attached to men, that if you are a man, you have to be strong because men do experience GBV as well but if as a social worker I am interviewing men, they still don't want to talk even if I can realise that they are in a critical condition, you can see or realise that they have been beaten by their partner, but they still don't want to talk, they would rather make an excuse." PC

Few participants reported that lesbian, gay, bisexual, transgender, queer, intersex, and plus (LGBTQI+) individuals face additional barriers to reporting GBV due to societal discrimination and ridicule from service providers. A study by Donne, DeLuca,

Pleskach, Bromson, Mosley, Perez, Mathews, Stephenson, and Frye (2018:198) revealed that there are layered stigmas associated with sexual assault and being gay, which were strong disincentives for disclosing. The participants emphasised that both the stigma around their sexual orientation and the dismissive attitudes of authorities discourage LGBTQI+ individuals from seeking support. This marginalisation leads to significant underreporting, leaving many cases unaddressed. The experiences of the LGBTQI+ victims often remain invisible due to the combination of societal shame and institutional negligence. The following excerpt sheds light on the experiences of the LGBTQI+ victims:

"Lesbians and gay people don't report because they are ashamed of their sexuality, and that they are discriminated against. That is why their cases are not high, because the service providers don't take them seriously when they report, they laugh at them." PD

4.5.2 Experience managing GBV cases

The participants primarily indicated that managing GBV cases is complex, as it requires emotional resilience and professional expertise. They reported challenges in handling the high volume of cases, particularly when dealing with traumatised victims who need extensive support. Social workers often feel under-resourced because they lack sufficient training and institutional backing to manage these cases effectively. Despite the difficulties, they strive to provide compassionate care while navigating the systemic limitations that hinder effective intervention.

4.5.2.1 Category 2.2.1: Emotional challenges

Some of the participants highlighted the emotional burden that managing GBV cases places on both the victims and the practitioners. They reported that victims often face deep psychological trauma, and social workers experience emotional fatigue as they provide care. The participants indicated that the fear of further harm or financial consequences sometimes prevents the victims from reporting, which complicates the social workers' role. This emotional burden, coupled with their professional responsibility, creates a complex and draining working environment for them.

"What I can say about GBV cases is that sometimes they get into you as a social worker. Let me just share with you why I say that. At first when I started working with these cases, I was traumatised, because even when I was at home, when I sleep, I would close the butler gate, close the door, push the couch to the door and put a vase on top, so that if someone tries to open my door by force I would be safe or hear them quickly, that is where I realised that this is not normal, I was traumatised." (PG)

"I have even developed hate for males, because for me, I feel like I'm always on the edge when it comes to males who are abusing females, to a point that if they do one single wrong thing, I would make them pay for all the sins of the male abusers." (PF)

"GBV cases are traumatic, and I cannot even begin to imagine the trauma of the victims. If it's traumatic to me as a professional, it means that the victims experience trauma 10 times more." (PG)

The emotional toll of extended exposure to GBV cases was reflected in this response, which also emphasises the possibility of secondary trauma among social workers. After the interviews, the participants received a debriefing and were reminded of the available psychological support services.

Mogamedi and Mohlatlo (2024:100) state that social workers and professionals experience psychological risk factors in their work, such as increased workload, long working hours, emotional exhaustion, exposure to traumatic experiences, and blurring of personal and professional boundaries. Stanley and Sebastine (2024:540) add that compassion fatigue, also known as secondary traumatic stress, affects the social workers' ability to effectively help the victims. This includes the emotional and physical exhaustion which they experience resulting from their prolonged exposure to the trauma of their clients. The cumulative demands faced by GBV victim support social workers, including trauma exposure, contribute to emotional exhaustion (Campbell & Holtzhausen, 2020:2; Mogamedi & Mohlatlo, 2024:101). Emotional depletion and physical factors among social workers supporting the victims of GBV are also due to burnout and can result in mental health issues (Crivatu, Horvath & Massey, 2023:57).

4.5.2.2 Category 2.2.2: High case volume

Most of the participants reported that they manage a large volume of cases, particularly those related to physical, sexual, and domestic violence. According to Phaswana and Erlank (2023:45), the effectiveness of social workers' interventions is often compromised due to the overwhelming burden of high caseloads, which limits

their ability to provide the attention and support each case requires. The participants reported that many of the cases are recurring, leaving social workers constantly immersed in a high-pressure environment. They also indicated that the frequency of these cases can lead to burnout, especially when the cases involve complex family dynamics. The consequences of burnout experienced by social workers can be harmful not only to them but also to the people they serve, their families, and their careers (Ratcliff, 2024:26). Social workers often feel overwhelmed due to the sheer number of cases that need their attention.

"Another challenge we have as social workers is that we don't have time to do follow-up on these cases because there are so many. Once I do my part, I would refer to the next service provider to continue with the client." (PE)

"I have a lot of case files in my cardboard, some of them I feel that I should not have opened because it was a waste of my time, and it created a lot of unnecessary work for me. These case files are of the clients who would come to seek help, but when you follow up with them, they don't want to because they tell you that they have forgiven each other, or they are back together with their abusive partners, so they no longer need help". PF

4.5.2.3 Category 2.2.3: Lack of formal training and resources

The participants indicated a clear gap in GBV-specific training, with many relying on self-learning or on-the-job experiences. The participants expressed frustration over the lack of formal education and resources that are specifically designed to deal with GBV cases, which left them feeling unprepared. They reported that while some training exists, it is often inconsistent and insufficient to cover the complexities of the cases which they manage. This lack of specialised resources exacerbates the challenges which they face in managing GBV cases effectively.

"I would say that I was trained obviously from school while I was still studying social work, even though it was not specifically for GBV." PE

"Sometimes it's just studies that I come across in articles and read to equip myself with more information about GBV." PD

"I don't want to lie, but as social workers, we don't attend a lot of trainings that are specifically focused on GBV; however, we are attending trainings that focus on other issues. I don't know why that is happening in our profession." (PE)

McLindon, Fiolet and Hegarty (2021:4) revealed that many social workers lack adequate training in addressing GBV, which hampers their ability to provide effective support. It came out clearly from the study that training programmes hardly cover comprehensive modules on GBV, hence social workers are ill-prepared for the complexities involved in attending to such cases (Katushabe, 2024: 16). McLindon et al. (2021:19) further examine the current developments in education and training on cultural violence and make a case for the lack of comprehensive inclusion of GBV education within professional training settings. Most pre-qualifying social work courses do not train social workers in specialist areas of practice, as they should be primarily delivered as part of post-qualifying study (Samuel, 2024:1).

4.5.2.4 Category 2.2.4: Complexity of cases

Most of the participants described managing highly complex cases as involving layers of abuse, power dynamics, and cultural factors. GBV often goes unreported due to the victims' fear of financial instability or social consequences, complicating interventions. The participants reported that the cases often involve multiple forms of violence – physical, emotional, and economic, which intensifies the challenges for social workers. This complexity requires a subtle stance, yet social workers often feel ill-equipped to navigate such multifaceted issues.

"I can remember in another case where emotional violence was reported, I had to act fast to provide counselling sessions with the couple to avoid it from escalating to physical violence." PF

"My interventions are to provide containment services, counselling, and I am also trained on doing court preparation of the victim and also to support the victim when at the court for the first appearance of the perpetrator." (PC)
"Sometimes I provide intermediary services, because there are clients that say that they don't want to arrest their partners or abusers, or they don't want to leave them, they want to sit down and talk, remember that as professionals we must not judge but support what the client wants, by allowing self- determination." (PH)

Healthcare workers (HCWs) and social workers are intermediaries between the patients or victims (Idoga, Toycan, Nadiri & Çelebi, 2018:1). They have the responsibility of offering counselling, including treatment and support based on the national GBV guidelines or by screening for GBV victims by providing information counselling (Matoy et al., 2024:1). HCWs also have a unique intermediary position

between their clients, while those in voluntary capacity are like a bridge between the people involved (Kok, Namakhoma, Nyirenda, Chikaphupha, Broerse, Dieleman, Taegtmeier & Theobald, 2016:2). From the perspective of Ecological Systems Theory, compassionate care reflects interactions at the microsystem level, where direct engagement between victims and service providers shapes immediate support and coping outcomes, while simultaneously linking victims to broader institutional and community support structures that influence GBV response (Bronfenbrenner, 1979; Heise, 1998).

4.5.2.5 Category 2.2.5: Institutional limitations

Some of the participants reported significant institutional limitations, including inadequate support systems, insufficient training, and societal norms, that hinder their work in managing GBV cases. They indicated that toll-free lines designed for reporting GBV cases are often ineffective, while social perceptions, especially around male victims, lead to a lack of seriousness in handling the cases. Moreover, they reported that sporadic training and workshops fail to provide them with the ongoing professional development needed to effectively manage GBV cases. These limitations largely impact the quality of care and support provided to the victims and practitioners.

"The major problem is that we cannot tell other service providers how they must do their jobs." (PC)

"I think that if we can have an option of the skills development programmes that we can refer the victims to, where they can actually find jobs to support themselves, because most of our victims don't have anyone to support them financially after they open the case against their abuser." (PH)

Social workers are overwhelmed with other responsibilities and have a minimum amount of time to deal with GBV cases (Anguzu, Cassidy, Beyer, Babikako, Walker & Dickson-Gomez, 2022:1). Healthcare workers stated that GBV cases require time and follow-up, but the clinic structure does not allow that (Matoy, Tarimo, Kosia, Mkunda, Weisser & Mtenga, 2024:1). The authors also found that there are things that need follow-up, which may involve other people, for example, the police or a person in the community, but the social workers will not have time to do that. The limited time with the patients which they attend to makes it difficult for them to screen for GBV or provide proper support to GBV victims (Matoy et al., 2024:1). Furthermore, Sibanda- Moyo,

Khonje and Brobbey (2017:5) add that despite the social progress that has been made in South Africa, there is a lack of effective support offered to victims of GBV and women, and this remains problematic. The Ecological Systems Theory, which emphasises that various interacting systems, such as organisational structures, inter-agency relationships, and larger societal contexts, influence individual practice, can also be used to understand these institutional and structural barriers (Bronfenbrenner, 1979; Heise, 1998). According to this framework, social workers' capacity to effectively handle GBV cases is shaped by a variety of ecological factors, including a lack of institutional resources, poor coordination among service providers, and societal attitudes toward GBV.

4.5.2.6 Category 2.2.6: Compassionate care

The majority of participants indicated the importance of compassionate care when managing GBV cases, with a focus on creating a safe and non-judgmental environment for the victims. They reported that they often take extra steps to intervene before situations worsen, which reflects their commitment to the well-being of the individuals whom they assist. Despite the challenges, the participants reported that they are driven by a desire to support victims through counselling by offering emotional and psychological assistance. Such compassion forms the foundation of their work, even when resources and support systems are lacking.

"If the government can put more money into focusing on GBV, so that people can also get employment opportunities." (PD)

"The government can do more by appointing and empowering relevant people to deal with GBV." (PH)

According to Raftery et al. (2022:1), recommendations to strengthen GBV coordination include funding dedicated GBV coordination positions across all types of emergencies and investing in GBV risk mitigation and prevention through multiyear funding. Furthermore, research funding should be afforded to violence against women, as it is currently limited, given that the issue is largely complex, hence activism should prompt action and not least by donors and funding bodies (Mullan, 2024:1). There is thus a need to scale-up humanitarian aid for better GBV systems to track the allocation of funds (Ortiz, 2024:1). Funding should be available, transparent, inclusive, and long-term, supporting data systems, community-based GBV interventions, national policy

reforms, and equitable participation in programme design and evaluation (Bencomo, Battistini & MCGovern, 2022:1).

4.6 THEME 3: SOCIAL WORK INTERVENTIONS

This theme was prompted by the researcher's request, 'What types of social work intervention do you apply in GBV cases? Kindly share if you think you are doing adequately as a social worker in managing cases of GBV? If not, what else do you feel like you could be doing more?' In the following discussion, several excerpts are included to illustrate the social work interventions implemented by the participants.

4.6.1 Counselling and psychological support

All participants indicated that counselling and psychological support are fundamental components of social work interventions for GBV victims. They reported providing individual and group counselling to help the victims to process their trauma and begin their healing journeys. Moreover, the participants highlighted the importance of facilitating emotional healing through targeted therapeutic approaches and thus ensuring that the victims receive the necessary psychological support to cope with their experiences. Such a strong foundation of psychological support is vital for empowering the victims to reclaim their lives.

4.6.1.1 Category 3.1.1: Individual counselling

All participants indicated that individual counselling is an important intervention in supporting GBV victims as it offers personalised support that is tailored to the needs of each case. They reported that social workers provide immediate emotional relief and help victims to process their trauma through one-on-one counselling sessions. These sessions are crucial in identifying the form of abuse and guiding the victim towards necessary actions, such as seeking legal help or medical assistance. The participants indicated that individual counselling empowers victims by giving them a safe space to share their experiences and begin their recovery journey.

"My interventions are to provide containment services and counselling of the victim." PC

“Mainly in the organisation that I work at, we focus more on counselling sessions, we see the victims and try to offer them advice on what options they have.” PE

“Individual counselling, family conferences, or couples’ therapy, but as social workers, we can’t go in-depth.” PD

Healthcare providers have one of the duties to link GBV victims to psychosocial support to provide early mental health intervention and to provide a safety plan to prevent future violence (Mtaita, Likindikoki, McGowan, Mpembeni, Safary & Jahn, 2021: 1). Cayir, Spencer, Billings, Hilfinger Messias, Robillard and Cunningham (2020:1) concur that advocates working to address GBV or support the victims have the role of providing counselling to their own patients or clients. GBV interventions are defined as and aimed at influencing relationships that victims and perpetrators of GBV have with people with whom they regularly interact, including families, and are known as family therapy (Sabri, Sellke, Smudde, Bourey & Murray, 2023:12).

Psychotherapeutic activities in effective interventions to address GBV issues are important, particularly for behavioural activation, including counselling, which is a psychotherapeutic approach in effective interventions (Murray, Kane, Glass, Skavenski van Wyk, Melendez, Paul, Kmett Danielson, Murray, Mayeya, Simenda & Bolton, 2020:13). Individual counselling functions mainly at the microsystem level, where direct interactions between victims and social workers offer instant emotional support and coping strategies, according to Ecological Systems Theory. The interconnectedness of the support networks surrounding GBV victims is demonstrated by the fact that counselling may help establish connections to other systems, such as family support, healthcare, and legal services (Bronfenbrenner, 1979; Heise, 1998).

4.6.1.2 Category 3.1.2: Psychological support

All participants emphasised the importance of psychological support, as it offers victims an opportunity to connect with others who have experienced similar forms of violence. They reported that this form of intervention helps the victims to feel supported or dependent, as they receive emotional and social reinforcement from peers, which can be instrumental in the healing process. Psychological support creates a supportive environment where the participants learn coping strategies and build resilience. The

participants indicated that psychological support cultivates and strengthens a support system.

"We also refer to support groups so that they meet with people who have similar experiences to them, so that they can support each other." PF

"We also assist the clients to start food gardens to be independent and not depend on the perpetrators." PG

Psychological support is commonly created for social or microfinance issues (Sabri et al., 2023:12). Koegler, Kennedy, Mrindi and Bachunguye (2018:3) add that such support contributes to physiological, psychological, economic or social improvement. As part of their role, social workers conduct household visits to provide counselling and referrals (Betron, Thapa, Amatya, Thapa, Arlotti-Parish, Schuster, Bhattarai, Limbu, Chiweshe, Rishal & Dhital, 2020:1). These programmes are designed to influence relationships that the victims and perpetrators of GBV have with people with whom they regularly interact (Sabri et al., 2023:4). Psychological support functions at several levels of the social environment, in accordance with Ecological Systems Theory. Although interactions with families, social workers, and community members at the mesosystem level support coping strategies and psychological recovery, counselling and peer support groups at the microsystem level offer survivors direct emotional support. By enhancing supportive connections and lessening the psychological effects of GBV, these interrelated systems aid in the healing process (Bronfenbrenner, 1979; Heise, 1998).

4.6.2 Referrals to external services

The majority of participants noted that connecting the victims with appropriate health services is required for their recovery. They reported that these referrals often include medical attention and psychological support from qualified professionals to ensure comprehensive care for the victims. Collaboration with other stakeholders was also emphasised by the participants, as it enhances the support network that is available to the victims and facilitates access to various resources. The participants indicated that these referrals play a huge role in ensuring that the victims receive all-inclusive and ongoing support.

4.6.2.1 Category 3.2.1: Referrals to health services

Most of the participants indicated that referrals to health services are critical when managing GBV cases, particularly in instances where victims need immediate medical attention. They reported that social workers direct the victims to hospitals or health facilities to receive essential medical care, especially in cases of sexual or physical abuse. These referrals are time-sensitive, ensuring that victims receive prompt treatment for injuries or undergo necessary medical examinations. The participants indicated that their role in guiding the victims towards health services is a crucial aspect of their intervention, as it addresses both physical and psychological well-being. The storylines below serve as participants' voices.

"If a client reports that they have been sexually abused the previous day, then you have to advise the client to approach the department of health (hospital) immediately, and counselling will come after." PC

"We also do referrals to the Department of Health for those victims who need medical attention." PF

"We work a lot with other stakeholders in terms of offering the victim other services that we are not qualified to do, such as referring to the department of health for medical care." PE

As part of a multisectoral response to GBV, female community health volunteers (FCHVs) play a formal role in identifying GBV victims and referring them to specialised services at health facilities for management, treatment, psychosocial counselling, legal advice, and safe shelter (Betron et al., 2020:1). Some of the victims come into contact with the services after being referred by the police or being told by a knowledgeable family member or friend (Commission for Gender Equality 2017:3). Furthermore, some victims are referred within the hospital, some outside, and others to psychiatrists (Pathiraja, Pathiraja, Senanayaka, Edirisinghe & Mapitigama, 2020:3). Referrals to health services show how various systems surrounding the victim interact to provide support, based on Ecological Systems Theory. According to Bronfenbrenner (1979) and Heise (1998), social workers, healthcare facilities, law enforcement agencies, and community networks all work within interconnected ecological systems that support the victim's safety, healing, and well-being.

4.6.2.2 Category 3.2.2: Referrals to psychologists or other therapists

All participants emphasised that referrals to psychologists or therapists are necessary when the victims require deeper psychological support beyond the scope of the initial counselling provided by the social workers. They reported that social workers identify cases where more specialised therapy is needed and refer the victims to psychologists for in-depth therapy or trauma-focused interventions. This process ensures that the victims receive the proper mental healthcare, which is vital for long-term recovery. The participants indicated that referring to psychologists is part of their responsibility to ensure that the victims receive comprehensive emotional and psychological support.

"We work a lot with other stakeholders in terms of offering the victim other services that we are not qualified to do." PF

"Most of the time in this organisation, we have a place where we refer women and children for safety." PE

"We refer them to the relevant stakeholders for further assistance, if necessary, such as psychologists for therapy." PG

"We also refer to the psychologist for counselling or therapy if the client requires more or further assistance that is out of my profession." PH

Therapies are effective referrals for the victims of GBV as they provide a platform, whether online or face-to-face, such as group therapy, psychological therapy, or blended therapies, to interact with the victims and indulge into their experiences (García & Ferrás, 2022:2). Referral links to victims' services, especially as mobilisation activities raise community awareness of violence, are provided to the victims (Stern, Batista, Shannon, Heise & Mannell, 2021:1). Therefore, this suggests that the victims' supporters are not capacitated to provide these services (Mogamedi & Mohlatlole, 2023:179), hence they refer them to the professionals in the field. This suggests that many social workers do not have adequate training to address GBV, which hampers their ability to provide effective support (McLindon, Fiolet & Hegarty, 2021:4).

The referrals by the social workers show that they do not work in silos. There is cooperation between them and other stakeholders, which is extremely vital to make the support process for victims of GBV successful and secure, whether concerning medical services or any other (Makkieh, 2023:20). There are stakeholders that provide

safe spaces for victims of GBV, particularly providing them with security, livelihood skills, psychosocial counselling for GBV, and access to sexual and reproductive health information and referral services (Peterman, Potts O'Donnell, Thompson, Shah, Prigione & Van Gelder, 2020:25). From the standpoint of Ecological Systems Theory, these referral practices show how interrelated systems that surround the individual provide aid to GBV victims. In the microsystem and mesosystem, where collaborative institutional and professional networks work together to support the victim's healing and protection, partnership among social workers, psychologists, shelters, and other service providers reflects interactions (Bronfenbrenner & Morris, 2006; Dahlberg & Krug, 2002).

4.6.3 Community awareness and mobilisation

Most of the participants highlighted that community awareness and mobilisation are essential for combating GBV effectively. They reported engaging in educational campaigns to inform communities about GBV and the available support services, to reduce stigma and encourage reporting. Some participants further noted the importance of outreach initiatives to ensure that victims know where to seek help, thereby cultivating a supportive community environment. Raising awareness is thus a critical step towards preventing GBV and empowering the victims to seek assistance.

4.6.3.1 Category 3.3.1: Community education campaigns

Most of the participants indicated that community education campaigns are important in disseminating information about GBV and its effects. They reported that these campaigns provide the community with knowledge about the different types of GBV, how to recognise them, and the actions that can be taken. The campaigns are designed to empower community members to understand and identify GBV, thereby reducing stigma and encouraging people to seek help. The participants indicated that through these educational efforts, the community becomes more informed about GBV and more willing to address it.

"We also do community mobilisation and awareness campaigns to give the community information on GBV, telling them where and how they can get help." PC

"Community work also helps us as social workers to raise awareness of GBV, so that people know that it is happening amongst them. we give information about GBV services and how to access them." PD

"We raise awareness in the communities about GBV, what they can do if they experience GBV." PE

This is in line with Minckas, Shannon and Mannell (2020:1), who note that recently, practitioners have taken an interest in community participation as a strategy for preventing violence, including GBV. According to the authors, community participation is part of prevention programmes to develop a better understanding of and mobilise communities to reduce violence. A study by Betron et al. (2020:1) reported that social workers and community health volunteers, among other professionals, can raise community awareness about GBV, facilitate support for victims, and potentially help prevent harmful practices.

However, the authors caution that to do this, they require relevant skills. Communicating essential information to hard-to-reach populations regarding the locations of SGBV response services is essential (Philbrick, Milnor, Deshmukh & Mechael, 2022:1). Social workers are tasked with executing measures such as comprehensive information distribution regarding the availability of GBV health service provision at health facilities and other referral services to increase the uptake of GBV services (Mtaita et al., 2021: 1). These interventions to reduce violence by raising awareness about violence, counselling couples experiencing violence, conducting safety planning, and providing referrals, have proved to be effective (Ogum Alangea, Addo-Lartey, Chirwa, Sikweyiya, Coker-Appiah, Jewkes & Adanu, 2020:8). According to Ecological Systems Theory, these community education initiatives reflect the interplay between the individual and the macrosystem, wherein behaviours and reactions to GBV are influenced by social norms, cultural beliefs, and community-level structures. Social workers foster collective responsibility for preventing GBV by educating and mobilising communities to create supportive environments across multiple systems (Bronfenbrenner & Morris, 2006; Dahlberg & Krug, 2002; Heise, 2011).

4.6.4 Legal and court support

Some of the participants indicated that preparing the victims for court proceedings is an integral part of the social work role. They reported providing court accompaniment and emotional support to ensure that the victims feel safe and prepared during legal processes. The participants also highlighted the importance of legal referrals in ensuring that the victims receive the necessary legal advice and updates on their cases. This legal support helps the victims to navigate the justice system and achieve a level of justice.

4.6.4.1 Category 3.4.1: Court accompaniment and support

Most of the participants emphasised that court accompaniment and support are significant interventions that provide victims with the emotional and moral backing during their court hearings. They reported that many victims prefer to have social workers accompany them to court, as it offers reassurance and lessens the burden of facing their abuser alone. When victims choose not to attend court, the social workers ensure that they are updated on the case and provide continued support. The participants indicated that court accompaniment makes the victims feel more secure and supported throughout the legal processes.

"If the victim wants me to go to court with them, I do that, and if not, I support by getting information about the court dates." PC

"I support the victim by being with them during the court proceedings because it can be overwhelming." PF

"Sometimes the victims are too scared to go alone, so I offer to accompany them to court and support them through the process." PE

A study by Nir and Musial (2022:739) revealed that it is generally acknowledged that court proceedings are overwhelming, even for the defendants. Zarkovic, Tasic and Marinkovic (2024:120) explain that the fear and anxiety of the victim are justified because entering into criminal proceedings can be life-changing for them. Judith Herman in Copelon (2023: 136) notes that sometimes, the fear of courts is associated with the perpetrator who may seek to instil the fear of death in the victim and ironically

the gratitude for being 'allowed to live'. This is especially true in the context of GBV, which may sometimes lead to fatalities, such as femicide.

4.6.4.2 Category 3.4.2: Legal referrals and updates on case proceedings

All participants reported on the role of social workers in providing legal referrals and ensuring that the victims are kept informed about the progress of their cases. They reported that they often refer victims to legal services when additional expertise is required and liaise with relevant authorities to keep the victims updated on case proceedings. Social workers also step in when communication between the victims and the police or courts breaks down, ensuring that the victims are not left in the dark about their cases. The participants indicated that legal referrals and updates ensure that victims have access to justice and remain informed throughout the legal processes.

"I do referrals to legal services if the case needs further legal intervention."
PG

"I get updates on the court proceedings because most of the time SAPS does not update them about the case in court." PC

"We refer them to relevant legal stakeholders and keep them informed about their case's progress in court." PH

An essential activity of social workers is the referrals of victims to appropriate support services, including sharing information with victims about risks and benefits of participation in, for example, legal proceedings, as well as what they entail, and making them aware of or referring them to support services, which can help them to make optimal decisions (Idris, 2021:8). In this case, GBV organisations are key referrals for or partners in the development of effective interventions by state agencies, especially law enforcement and the legal system (Integrated Crime and Violence Prevention Strategy, 2022:56). Referral networks include policing, legal recourse, and the justice (United States Agency for International Development (USAID), 2022:3).

4.6.5 Intermediary services for mediation

All participants highlighted the need to support victims who may not wish to pursue arrests against their abusers. They reported providing mediation services to facilitate

discussions between the victims and abusers, with a focus on resolution and healing rather than punishment. This approach reflects the importance of respecting the victims' choices while still offering professional support. Such intermediary services can be a viable option for some victims seeking to resolve their situations in a non-confrontational manner.

4.6.5.1 Category 3.5.1: Mediation between abuser and victim

The majority of participants highlighted that mediation between the abuser and victim is an intervention which is occasionally used in cases where the victim requests it. They reported that while mediation can be challenging, especially when professionals may disagree with the victim's decision, it is sometimes necessary to respect the victim's wishes for dialogue. The participants indicated that social workers are required to provide non-judgmental support and facilitate communication in these instances. They indicated that mediation is typically only used when the victim insists, even though the social worker may feel that it is not the best course of action.

"I don't always support mediation, but if the client requests it, I facilitate the conversation without bias." PF

"We allow self-determination, meaning if the victim chooses mediation, we need to support that decision. Not all victims want to go the legal route, so we have to ensure they feel supported in whatever choice they make." PJ

"Some victims don't want their partners arrested, so we support them in finding alternative ways to resolve the situation." PG

"If the victim doesn't want an arrest, I provide emotional support and respect their decision while guiding them through other options." PD

According to Melgar Alcantud et al. (2020:4), victims of GBV actively intervene, for example, by calling the abuser to tell him to stop the abuse and to outline the possible repercussions for him if he does not. Sukendar, Saifullah, Sulistiyanto, Rahman and Ulamai (2023:618) found that mediation for the victims of domestic violence has been carried out by the service institutions both in and outside the court. Lilja, Kervinen, Lietonen, Ollus, Viuhko, Jokinen and Hannonen (n.d: 49) established that some GBV victims do not want the perpetrator to be arrested, evident in the change of the victim's story due to fear. Therefore, this may stem from fear rather than purely not wanting

the perpetrator to be arrested. Similarly, Anderson and Claes (2022: 23) also reported on a victim who had been molested by their grandfather for seven years. The authors revealed that the victim did not want the perpetrator to be arrested, claiming that they thought that it was a 'game' and did not want to get into trouble. By using Ecological Systems Theory, social workers can facilitate safer and more positive relationships by mediating within the victim's immediate environment (microsystem) and through interactions with extended systems (mesosystem), such as family, community, and legal structures (Bronfenbrenner & Morris, 2006; Heise, 2011; Dahlberg & Krug, 2002).

4.6.6 Empowerment and economic support

Most participants indicated that empowerment and economic support are essential for helping the victims to regain control over their lives. They reported implementing economic empowerment programmes that provide skills training and job opportunities, to enable the victims to achieve financial independence. The participants further highlighted initiatives such as food gardening to promote self-sufficiency and emotional healing. This indicates that empowering victims economically helps to break the cycle of abuse and cultivate long-term resilience.

4.6.6.1 Category 3.6.1: Economic empowerment programmes

Some of the participants highlighted that economic empowerment programmes are essential in helping the victims of GBV to gain independence. They reported that these programmes provide skills and opportunities for the victims to generate their own income, which is important for breaking free from abusive relationships, where the perpetrator is often the financial provider. The participants noted that offering education and training through these programmes helps the victims to regain their self-worth and control over their lives. They indicated that economic empowerment plays a significant role in reducing vulnerability and dependency on abusive partners.

"We empower clients by teaching them skills so they can earn their own income and not rely on the perpetrator." PG

"Many victims stay in abusive relationships because they are financially dependent, so we focus on giving them the tools to change that." PF

"Our organisation runs empowerment programmes to help victims gain economic independence, which is essential for their long-term safety." PD

Empowerment programmes often target women who have survived SGBV (Quattrochi, Biaba, Nodas, Ostby, Allden, Cikara, Namegabe & Amisi, 2019:2). The authors add that these victims are not financially independent as they cannot make financial decisions, and cannot do so without permission from their spouse or father. Feeling empowered to be financially stable and independent of a partner is also important, hence there are individuals, organisations, or programmes designed for such for GBV victims (Tarshis, Alaggia & Logie, 2022:619). The Spotlight Initiative and United Nations Development Programme (UNDP) (2023:9) echo that economic empowerment initiatives are strategies that aim to alleviate the effects of GBV, promote gender equality, and empower women who experience different types of violence.

4.7 THEME 4: SUGGESTIONS FOR IMPROVEMENTS

This theme was prompted by the researcher's request, 'In your opinion, what recommendations can you suggest as an improvement for the management of GBV cases for social workers?' In the following discussion, several excerpts are included to illustrate not only the different aspects of GBV management, suggestions for improvements, but also the involvement of various players in this regard.

4.7.1 Public awareness and education

All participants stressed the importance of educating communities about GBV from an early stage or age. They reported that schools should introduce GBV programmes to teach children how to recognise and report abuse. The participants indicated that more community campaigns are needed to spread awareness about GBV, particularly in rural areas. They suggested that such initiatives would help to reduce the stigma associated with reporting GBV cases.

4.7.1.1 Category 4.1.1: Early education on GBV

Some of the participants emphasised the importance of educating children about GBV from a young age. They reported that introducing GBV education in schools would help children to understand the issue and empower them to report the incidents which they encounter. The participants suggested that this could build a generation that is more aware of how to prevent GBV and ensure that they grow up knowing how to treat others with respect. They indicated that educating children early would equip them with the knowledge that could prevent abuse later in life.

"Having more campaigns and sharing information about GBV to children at a very young stage, so that children can know and understand GBV." (PC)

"My recommendations would be that we educate our communities about GBV starting at an early age, or even start educating them at the primary schools." (PE)

"If we can use that opportunity to target them at the school and teach them about GBV, they will grow up with knowledge of how to treat another person." (PF)

It is important to identify effective strategies to prevent GBV in the early school years, given that schools are ideal settings for promoting GBV and abuse prevention, providing knowledge for children to recognise and reduce risk behaviours (Villardón-Gallego, García-Cid, Estévez & García-Carrión, 2023:1). Engaging in such interventions is beneficial for the students, since early sexual violence prevention interventions for high school and elementary school students could be effective in reducing and preventing sexual violence at higher education institutions (Steele, Martin, Yakubovich, Humphreys & Nye, 2020:1). According to Ecological Systems Theory, early GBV education reflects the mesosystem and macrosystem, where families, schools, and cultural norms interact to mould children's conceptions of gender, relationships, and violence. These interrelated systems support long-term changes in attitudes and behaviours that can lower the risk of violence throughout life by integrating GBV prevention into early educational settings (Bronfenbrenner & Morris, 2006; Heise, 2011).

4.7.1.2 Category 4.1.2: Community campaigns

Some of the participants highlighted the need for continuous community awareness campaigns to keep GBV on the agenda. They reported that campaigns could help to spread information to communities that might otherwise be unaware of the services that are available to them and the consequences of GBV. The participants suggested that involving the government and stakeholders in regular campaigns would reinforce the seriousness of the issue and encourage community involvement. They indicated that public campaigns could prevent the violence, break the silence around GBV, and prompt more reporting from the victims.

"The government must continue to give information and help to the victims of GBV through more awareness, more campaigns, more education." (PE)
"I believe that what we have is enough, the problem is that we don't prioritise GBV anymore, that is where we need the government to continue preaching about GBV." (PG)

"Our government should impose hard punishment for the abusers so that it sets an example to others." (PA)

"We need to be at the point where our communities are not afraid to talk about GBV and report cases." (PH)

Barasa, Wamue-Ngare and Wanjama (2021:70) concur that prompt measures need to be instituted through the government ministries to build the skills and confidence of the victims to be able to report and appropriately respond to all forms of GBV perpetrated against them. According to Mutambo (2023:1), communities should report GBV cases because not reporting this is illegal and is considered a disregard for the law. Raftery et al. (2022:1) also posit that GBV cases should be prioritised and resourced, given the global enhanced commitments to addressing the issue in recent years. GBV is prioritised to promote a shared understanding of GBV amongst humanitarian, national, and local actors, and thus ensuring that GBV minimum standards and guiding principles are known (Gender-Based Violence Area of Responsibility, 2019:43). Yesufu (2025:90) also concurs, stating that tougher and stiffer punishment for the perpetrators is needed to curb the scourge of GBV that is plaguing South Africa.

4.7.2 Community infrastructure and access

Some of the participants highlighted the importance of making police stations more accessible, especially in rural areas. They reported that the lack of nearby police stations makes it difficult for the victims to report cases, even in emergencies. The participants indicated that community-based initiatives, such as war rooms, need to be more active and properly resourced to support GBV interventions. They suggested that improving access to these services would strengthen protection for the victims.

4.7.2.1 Category 4.2.1: Accessibility to police stations

A few participants highlighted that there is a lack of conveniently located police stations in certain areas, especially rural and remote regions. They reported that the distance to police stations hinders quick reporting of GBV cases, leaving victims vulnerable, even in emergencies. The participants suggested that more police stations should be built in areas where people cannot easily access law enforcement services, as this would greatly improve response times and victim safety. They indicated that this challenge is particularly acute in rural areas where there is often only one police station that is also located far from most residents.

"There can also be improvement by having more police stations that are close by, because in this area we only have one police station that is in town." (PC)

"It is far, and it's not easy for people in rural areas or locations to travel to the police station, even emergency cases take time to be reported." (PF)

"Even if we can have more police stations, it can help in working with GBV cases more efficiently." (PG)

Establishing police stations which are staffed with specialised police officers in handling violence can be impactful in combating GBV (Amaral, Bhalotra & Prakash, 2021: 2). Similarly, the Commission for Gender Equality Report (2021:64) recommends enhancing the accessibility of police stations for GBV victims by establishing dedicated Gender and Children's Desks staffed with specially trained officers, ensuring privacy and confidentiality, and integrating these services with

healthcare and social support systems to provide comprehensive, survivor-centred care.

4.7.3 Implementation of policies and laws

All participants noted that while there are existing laws and policies, consistency in their application is lacking. They reported that policies need to be regularly revised and evaluated to adapt to changing circumstances. The participants indicated that the justice system should work more closely with social workers to ensure that perpetrators are punished swiftly, with clarity on legal processes. They emphasised that improving the application of these laws is crucial for effective GBV interventions.

4.7.3.1 Category 4.3.1: Policy revision and evaluation

Most participants stressed the need for regular updates and reviews of policies to ensure that they remain effective. They reported that while the current policies serve their purpose, there is always room for improvement as societal conditions and GBV patterns evolve. The participants noted that revising and evaluating interventions would keep the system adaptable and responsive to the changing needs. They indicated that ongoing evaluation would allow for adjustments that could better protect and support the victims.

"There is always room for improvement where the policies can be revised and improved." (PB)

"What works now might not work after two months or after a year, so there is always room for improvement." (PG)

"Revise and evaluate the current interventions and principles, so that they work better." (PH)

Scholars such as Oliveira, Keygnaert, Oliveira Martins, and Dias (2018:1) insist on the importance of improving preventive strategies and policies to mitigate GBV in the face of such rising crises around the globe. Bondestam (2024:81) also suggests that ensuring the quality, revision, and development of institutional support material, including policies, is an important part of intensifying and raising awareness about GBV and the possible preventive measures. Similarly, Seidu, Duma, Compton, Akinyemi, Randa, Owusu-Antwi, David, Chamisa, Kamusoko, Darteh, Morenkeji, Mott, Bauer, Dickson and Munro-Kramer (2024:1) add that policies should be revised to be

evidence-based, accessible in multiple formats, clearly define key terms using inclusive and gendered language, and remain succinct to comprehensively address prevention and response strategies.

4.7.3.2 Category 4.3.2: Consistency in applying laws

A few participants highlighted that while laws and policies exist to address GBV, the problem lies in their inconsistent application. They reported that perpetrators are sometimes released quickly, which undermines the effectiveness of the justice system and discourages victims from reporting cases. The participants pointed out that the legal framework is sufficient but often not enforced thoroughly. They indicated that the stronger and more uniform implementation of laws would improve support for GBV victims.

"We do have policies that are guiding us; however, there is always room for improvement because sometimes the perpetrator is released the next day, and we don't know why." (PE)

"It's only a matter of practising the policies and the laws that we have thoroughly." (PG)

"Everything is there, it's just implementation that we should work on." (PH)

There is a call for policies aimed at preventing and handling GBV, because social change has not yet arrived (Guaita-Fernandez, Martín, Ribeiro-Navarrete & Puertas, 2024: 7). Response and strategies around combating GBV should be centred on legal structures, including multi-sectoral approaches such as the justice (Centre for Sexualities, AIDS and Gender, 2017: 3-4). Ngwepe (2024: ii) also notes the critical importance of effective implementation and enforcement of these laws, noting, in line with Phasha (2021: 118-119), that the policies exist, yet they fail to combat GBV as intended.

4.7.4 Specialised training for social workers

All participants highlighted the need for continuous professional development, especially in dealing with sensitive GBV cases. They reported that ongoing workshops and training would help the social workers to better understand the procedures and improve their management of GBV cases. The participants indicated that having social

workers who specialise in GBV could lead to more effective interventions, as they would develop expertise in the area. They emphasised that specialisation ensures that social workers become more skilled and confident in addressing GBV cases.

4.7.4.1 Category 4.4.1: Continuous professional development

The majority of participants highlighted the need for regular training sessions to equip social workers with updated knowledge and skills. They reported that workshops or additional education could prevent the neglect of sensitive GBV cases, ensuring that social workers follow the correct processes and procedures. The participants noted that current training is not always sufficient for maintaining high standards of care. They indicated that ongoing learning opportunities would enhance service provision for GBV victims. The excerpts below were shared by participants.

"Organisations must take social workers to workshops maybe twice a year and give training to social workers." (PE)

"I can recommend more training because sometimes, when I speak about social workers in general, others do neglect the cases of GBV because they are too sensitive." (PF)

"More training and workshops to have more information to know exactly the process and the procedures that we need to follow as social workers when dealing with a case of GBV." (PH)

Ferguson (2022:1) notes that organisational strategies invariably rely on tangible, topic-focused or direct or formal training activities to meet the perceived needs; they should ensure that the social worker employees in the organisation learn through practice, as this is an integral part of their delivery capacity. Similarly, McLindon, Fiolet and Hegarty (2021:1) explain that the more the social work professionals are skilled through GBV training, the more they can apply a diversified lens of GBV education in their daily work. According to Machaki (2024:15), there are gaps in how social workers handle GBV cases, a major challenge which necessitates training for social work professionals.

Some of the participants further emphasised the importance of having social workers solely dedicated to handling GBV cases. They reported that managing multiple types of cases, such as child protection and elder care, alongside GBV, dilutes the focus and effectiveness. The participants observed that specialisation allows social workers

to practice and refine their skills, leading to better outcomes for GBV victims. They indicated that specialised social workers would be more adept at addressing the complexities of these cases.

"I think it's important that we have social workers who only specialise in GBV cases." (PC)

"We must not be social workers who are working with older persons, GBV, and child protection simultaneously." (PH)

"If you specialise in something, you practice it every day, and you become the master of it, I think that will help a lot in improving how cases of GBV are being managed." (PA)

The findings support the suggestion that there should be specialist GBV service providers who are trained on such cases and who know how to handle them, including identifying and appropriately responding to such cases (Spangaro; 2017:1; Dawson, Rossiter, Doab, Romero, Fitzpatrick & Fry, 2019:1). GBV specialists, along humanitarian actors, are praised for improving GBV coordination, owing to their specialised knowledge (Raftery, Howard, Palmer & Hossain, 2022:1). The authors add that deploying GBV specialists strengthens coordination, donor confidence, GBV prioritisation, and funding allocation across settings, and thus ensuring funding for dedicated, experienced, and long-term GBV coordinators in all kinds of such emergencies. In the same vein, Murphy and Bourassa (2021: 92) argue that deploying GBV specialists with dedicated time and funding could help sectors to meet their responsibilities using a mentorship approach. Specialist GBV social workers improve prevention, response, and support mechanisms by strengthening the victim's immediate environment and relationships with family, community, and institutions, according to Ecological Systems Theory (Bronfenbrenner & Morris, 2006; Heise, 2011; Pells et al., 2021).

4.7.5 Government and NGO support

A few participants highlighted the need for more funding for NGOs working on GBV issues, noting that NGOs play a crucial role in addressing cases at the grassroots level. They reported that collaboration between the government and NGOs should be strengthened to maximise resources and improve service delivery. The participants indicated that NGOs could provide employment opportunities and focused

interventions if they are adequately supported by the government, which should also empower more people to handle GBV effectively.

4.7.5.1 Category 4.5.1: Funding for NGOs

Some participants emphasised the need for increased financial support from the government to NGOs working on GBV cases. They reported that limited funding restricts the effectiveness of these organisations in addressing GBV and supporting the victims. The participants suggested that additional resources would allow NGOs to extend their services, create employment opportunities, and equip more people with GBV-related knowledge. They indicated that government investment in NGOs is crucial for improving service delivery and making a broader impact in communities affected by GBV.

"I would say that the government needs to engage more in this GBV, like investing more money in the NGOs to work with these cases." (PC)

"Physical abuse and emotional abuse are the ones that I work with the most, where they fight, and emotionally they insult each other." PA

"What I have realised is that the victims of GBV are scared to admit that they are being abused and they need help; in that way, they reject the help that we offer them as social workers." (PE)

The nature of violence against women and girls within African societies is complex (Katushabe, 2024: 2). Social workers inform complex issues that require multidisciplinary interventions to comprehensively care for their clientele (Maxhakana & Sithole, 2024:99). This is because the concept of GBV is complex, as it is influenced by various cultural, social, and economic variables (Katushabe, 2024: 11). GBV results in the complexity of the cases, which worsens the effects of GBV, as the victims are unable to seek help and reduce its occurrence (Pfitzner, Fitz-Gibbon & True, 2020:1).

4.7.5.2 Category 4.5.2: Collaboration between government and NGOs

A few participants highlighted the importance of cooperation between the government and NGOs to effectively tackle GBV. They reported that neither the government nor NGOs can address GBV alone, and a collaborative stance would ensure better resource allocation and coordinated responses. The participants suggested that the government should support NGOs in grassroots work while also involving them in

policy-making processes. They indicated that stronger partnerships between the government and NGOs would lead to more comprehensive support for GBV victims.

"Another recommendation would be to establish more NGOs in Gert Sibande district because we don't have many NGOs that work with GBV cases." (PG)

"I believe the government and NGOs need to collaborate more closely to address GBV." (PH)

"They need us as NGOs to work together in fighting GBV because, alone, I believe they cannot fight this." (PD)

Collaborations between foundations and other categories of donors, including multi-donor funds, funding collaboratives, and international NGOs, is increasingly important (Bencomo, Battistini & MCGovern, 2022:1). In the same vein, Weber, Hardiman, Kanja, Thomas, Robinson-Edwards and Bradbury-Jones (2022:1) report that the notion of collaboration between partners is fundamental; it feels like a true partnership which we can agree on and is of value to both partners in their GBV endeavours. The establishment and expansion of GBV coordination and services nationwide is a protracted emergency and a transformative force for GBV (Raftery, 2023:1).

4.7.6 Victim empowerment

Most of the participants noted that victim empowerment, such as through changing the mindset of victims, is essential in reducing the tolerance of GBV. They reported that education and support are key to empowering victims to break free from abusive situations. The participants further indicated that encouraging victims to report cases and providing them with the necessary tools for independence is crucial in reducing the cycle of abuse. They suggested that more efforts should be made to build the victims' confidence and support them through the recovery process.

4.7.6.1 Category 4.6.1: Changing victim mindsets

Some of the participants highlighted that many victims of GBV tolerate abuse due to their circumstances and a lack of understanding of their rights. They reported that providing information and education to the victims is crucial in shifting their mindset to realise that they do not have to accept or remain in abusive situations. The participants

suggested that social workers and other stakeholders need to focus on empowering the victims mentally and emotionally, giving them the confidence to break free from the cycle of abuse. They indicated that changing the victim's mindset is a key factor in reducing the recurrence of GBV.

"We need to work on the mindset of the victims by providing them with information so that they stop tolerating GBV." (PB)

"The ... victims ... [are] subjected to GBV and tolerate it." (PG)

"I think the issue is still with the victims and not the social workers; we need to empower them mentally." (PE)

According to Kalra, Habumugisha and Shankar (2024:1), there is some evidence that the integration of evidence-based mental health support is important when enhancing personal agency among the victims of GBV. The positive effects as a result of changing the victims' mindset include encouraging women to seek legal or emotional support or counselling, or actively intervening, for example, by calling the abuser to tell him to stop the abuse and to outline the possible repercussions for him if he does not (Melgar Alcantud, Campdepadrós-Cullell, Fuentes-Pumarola & Mut-Montalvà, 2021:1).

4.8 CHAPTER SUMMARY

In this chapter, the researcher presented the demographic profiles of the participants and discussed the experiences, challenges, and suggestions shared by the participants regarding social workers' experiences with managing GBV cases. The findings are outlined, providing an overview of the identified themes, subthemes, and categories, all supported by data from the interviews. Each of the four themes that emerged during the data analysis was thoroughly explained and substantiated by relevant literature. The next chapter summarises and concludes the study and makes recommendations based on the findings.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter analysed, presented, and discussed the findings from the study. The findings presented and discussed in the previous chapter addressed a gap in the existing literature by exploring the unique perspectives and insights of social workers who manage GBV cases. This chapter summarises the study, including the key findings, draws conclusions, and proffers suggestions based on the findings. The chapter is framed on the themes that emerged from the findings and demonstrates how each research objective was achieved. The conclusions are supported by the findings, and the suggestions focus on enhancing social work services in the context of GBV intervention and support. This study sought to develop an in-depth understanding of the experiences of social workers in managing GBV cases, the interventions which they implement, and the proposed recommendations for improving support services in the Gert Sibande District in the Mpumalanga Province.

5.2 AIM AND OBJECTIVES REVISITED

The study sought to gain an in-depth understanding of the experiences of social workers in managing GBV cases. The specific objectives of the study were to:

1. Explore and describe the social worker's management and experiences with regard to GBV cases; and
2. Identify and propose suggestions and recommendations for social workers to improve the management of GBV cases.

The aim and objectives of the study were achieved through an in-depth literature review in Chapter Two, which critically analysed the barriers to, drivers of, and effects of GBV, including the interventions to curb the phenomenon. The literature review also discussed the role of social workers in managing GBV, as well as the challenges which they face in this role in the South African context. The review of extant literature culminated in the development of a relevant interview guide to further probe the problem under study in line with the aim and objectives of the study. This helped to

ensure that the data obtained from the study is grounded within the parameters of the defined aim and objectives of the study and is supported by the reviewed literature.

5.3 THEORETICAL FRAMEWORK OF THE STUDY REVISITED

This study adopted the Ecological perspective to develop an in-depth understanding of social workers' experiences with GBV cases. The Ecological System Theory was used to understand the influence of social environment on human development and to explain that numerous environmental systems, including the microsystem, mesosystem, exosystem, macro system, and chronosystem, have an impact on human growth and development. The theory helped in understanding how social workers manage GBV cases by looking at multiple factors, namely, society, community, relationships, and individual factors, that may be the cause of GBV. The Ecological perspective attentively examines a situation that is different from one's own perspective in order to see solutions from several angles.

5.4 SUMMARY OF THE STUDY

Chapter One introduced and oriented the reader to the study. It provided a global and South African overview of GBV, along with the legal frameworks established to address it. The chapter outlined the problem statement, focusing on the experiences of social workers rendering services to GBV victims, and highlighted the motivation for the study, which stemmed from the researcher's personal experiences and curiosity. The Ecological perspective was applied to frame and deepen the understanding of these experiences. In addition, the chapter presented the research aim, objectives, and questions, offered an overview of the research design and methodology, discussed the study's limitations, and outlined the structure of the dissertation.

Chapter Two presented a comprehensive literature review on GBV and the role of social workers in addressing it. It examined the nature and scope of GBV, its drivers, effects, and intervention strategies. The chapter also explored the roles social workers play in GBV intervention, as well as the challenges which they encounter. The literature revealed that GBV is a pervasive issue that is rooted in entrenched sociocultural norms, economic inequalities, and systemic barriers. The review further highlighted that social workers often operate in under-resourced environments with

limited organisational support, insufficient training, and inadequate professional development. The chapter concluded by emphasising the need for systemic and organisational reform to strengthen both the effectiveness and well-being of social workers.

Chapter Three discussed the research methodology. It outlined the research paradigm, approach, design, population, sampling, and data collection and analysis methods. Guided by the interpretivist paradigm, the study sought to understand social workers' experiences within their contextual environments. The qualitative research approach was adopted, along with the explorative, descriptive and contextual research design. Data were collected through semi-structured interviews, piloted with two social workers to ensure relevance and rigour. Trustworthiness was ensured through credibility, dependability, confirmability, and transferability. Data analysis was conducted collaboratively by the researcher and an independent coder.

Chapter Four presented the findings from the interviews conducted with eight social workers. The analysis, conducted jointly by the researcher and an independent coder, produced four main themes, 16 subthemes, and 36 categories. Verbatim quotations from the participants were included to illustrate and substantiate the findings. These findings offered a nuanced understanding of social workers' roles, challenges, and recommendations in managing GBV cases.

Chapter Five summarises the study, highlights the key findings, and draws conclusions supported by the findings. Recommendations are offered to strengthen social work services in GBV intervention and support. The chapter is structured in line with the themes that emerged from the data, showing how each research objective was addressed. Suggestions for future research are also provided, informed by the study's findings and limitations, and the chapter concludes with the researcher's final reflections.

5.5 SUMMARY RELATED TO THE RESEARCH FINDINGS

This section presents the summary of the key findings in line with the themes which emerged from the study.

5.5.1 Theme 1: GBV knowledge

The participants demonstrated to have deep knowledge of GBV. The study revealed that some participants recognise GBV as a complex issue that is influenced by gender neutrality, power dynamics, cultural influences, financial dependence, and the stigma and fear of reporting. These can be seen as social, cultural, economic, and interpersonal factors. The participants revealed that GBV is not a gender-exclusive experience. While women are more frequently affected, several participants stressed the importance of acknowledging male victims as well. This perspective challenges traditional gender norms and reflects the lack of an inclusive approach in addressing GBV.

A major thread that was evident in the discussions was power, whether exerted through dominance in relationships, cultural expectations, or financial control. Many participants explained that entrenched patriarchal values continue to perpetuate the imbalance of power between men and women. Cultural norms that prioritise male authority, alongside expectations of female submission, were reported as commonly serving to normalise abusive behaviour. These values are passed down through generations, which makes them particularly difficult to dismantle.

Financial dependence emerged as another risk factor of GBV. The participants noted that most GBV victims, particularly women, remain in abusive relationships because of poverty and economic reliance on their abusers. This dependency traps the victims in cycles of violence, which is worsened by the fear of losing financial security. The fear of stigma and not being believed also prevents many from reporting abuse, especially men, who fear being ridiculed or emasculated.

Findings from the study also revealed various types of GBV. The participants primarily referenced partner violence, physical abuse, and sexual violence. These forms may commonly coexist, with emotional and verbal abuse usually escalating into physical aggression. The findings revealed that cases involving coerced sex, especially within families, highlighted how power and control are weaponised behind closed doors.

The study concludes that the participants' knowledge of GBV reflects a wide and realistic view of the phenomenon. From the standpoint of Ecological Systems Theory,

their comprehension reflects awareness at several levels: the macrosystem (cultural norms, patriarchal values, and societal structures that influence GBV), the mesosystem (community and social networks), and the microsystem (family dynamics and intimate relationships). Their insights and experiences suggest that there is an absence of effective interventions to address the cultural, economic, and psychological layers of abuse.

5.5.2 Theme 2: Experiences of social workers with GBV cases

The findings revealed that social workers frequently interact with GBV cases, with women being the most common reporters of such cases. The participants noted that societal perceptions deter men from reporting abuse, as doing so might be seen as a sign of weakness. As a result, cases involving male victims usually go unnoticed or are only revealed during mediation or counselling.

Managing GBV cases presents a host of challenges for social workers. Many spoke of the emotional toll which these cases take, particularly the feeling of helplessness when victims remain in abusive situations. The findings also revealed that the volume of GBV cases is overwhelming, and social workers are left with limited time and resources to offer comprehensive support. The participants also reported a concerning lack of GBV-specific training, which makes them ill-prepared for the complexity of some cases, especially those involving psychological trauma or child victims.

Moreover, institutional challenges such as limited funding, insufficient staff, and bureaucratic constraints further frustrate the social workers' efforts. Despite these obstacles, the participants expressed a profound degree of compassion. Ecologically, these experiences map primarily onto the microsystem (direct interactions with victims), mesosystem (coordination with colleagues, families, and community actors), and exosystem (institutional policies and resource limitations), illustrating how multi-level factors shape social workers' capacity to respond to GBV. They continue to provide care that is grounded in empathy, as they go above and beyond their formal roles to support victims. This compassionate approach was seen as essential in establishing trust and encouraging victims to open up.

5.5.3 Theme 3: Social work interventions

The findings revealed that social workers play a pivotal role in supporting GBV victims through a range of interventions, with counselling and psychological support forming the foundation. The participants described how individual counselling allows for tailored, one-on-one support to help the victims process trauma, while group therapy nurtures a sense of community and shared healing. Facilitating emotional recovery is seen as essential because it empowers victims to regain their self-worth and confidence. Alongside therapeutic support, social workers also make referrals to health professionals and psychologists. These ensure that the victims receive immediate and long-term care, especially in cases of physical or sexual abuse. Therefore, social workers act as connectors who ensure that GBV victims access all necessary services.

The findings revealed that community awareness and mobilisation are equally important. The participants actively engage in education campaigns, host awareness events, and conduct outreach programmes to inform communities about GBV and the available support services. These activities aim to reduce stigma and to encourage reporting, hence they create informed, supportive environments through these campaigns.

The participants also shared that supporting GBV victims through the justice system is a key responsibility. Preparing victims for court, offering emotional support during proceedings, and making legal referrals are all part of helping them seek justice. Court accompaniment reassures victims, while legal updates ensure that they are informed and not left behind. The findings also revealed that victim safety is equally prioritised. Social workers act quickly to remove victims from danger, arrange shelters, and ensure that perpetrators are kept at a distance. They also provide practical support, such as food parcels and emotional care, to help the victims feel secure and valued.

The study also established that some victims prefer not to press charges against the perpetrators, and in such cases, social workers facilitate mediation and dialogue in line with the victims' wishes to respect their autonomy while still ensuring their safety.

Empowerment initiatives like skills training, food gardening, and financial guidance were also reported by the participants. These interventions aim to break cycles of dependency by cultivating independence and long-term resilience among GBV victims. In Ecological Systems Theory terms, individual counselling and referrals operate at the microsystem level, community education and mobilisation at the mesosystem level, and policy engagement and justice system interactions reflect exosystem and macrosystem influences, demonstrating how social work interventions span multiple ecological layers to support victims.

5.5.4 Theme 4: Suggestions for Improvements

The participants put forward a series of practical and strategic recommendations aimed at improving the management of GBV cases. A key area of focus was specialised training for social workers. The participants emphasised the need for continuous professional development, as they highlighted the benefit of assigning dedicated GBV practitioners to such cases. It was established that regular training would also improve case handling and ensure that social workers are equipped with the skills to manage complex situations effectively.

The participants also emphasised the implementation of laws and policies to address GBV effectively. While the existing frameworks are in place, the inconsistent application and delays in these processes undermine justice. The participants called for timely policy revisions, stricter enforcement, and closer collaboration between the justice system and social workers to ensure that perpetrators are held accountable.

Public education and awareness were also suggested. The participants advocated for early GBV education in schools and ongoing community campaigns to reduce stigma and encourage reporting. This approach would empower individuals with the knowledge needed to address this phenomenon and help shift harmful social norms. Government and NGO collaboration emerged as another important recommendation, especially in resource-constrained settings. The participants urged increased funding and stronger partnerships to enable NGOs to operate effectively, particularly at the grassroots level. Furthermore, justice system reform was recommended, with the

participants calling for efficient legal processes and harsher penalties to deter GBV perpetrators and restore the victims' trust in the system.

The participants also suggested improving community infrastructure and accessibility, for example, increasing the number of police stations and activating local war rooms, especially in rural areas, where services are commonly out of reach. Finally, the participants stressed victim empowerment, including changing the victims' mindsets, encouraging reporting, and supporting financial independence, which were seen as crucial to breaking the cycle of abuse. These recommendations align with the ecological framework: microsystem (direct social work support), mesosystem (collaboration with families, schools, and NGOs), exosystem (institutional and policy improvements), and macrosystem (broader societal norms and legislation), emphasising the multi-level strategies required to address GBV comprehensively.

5.6 RECOMMENDATIONS FOR IMPROVEMENTS RELATED TO THE RESEARCH STUDY

This study makes the following several important recommendations to enhance social work services in the context of GBV intervention and support:

5.6.1 Suggestions for community infrastructure and access

Improving community infrastructure and service accessibility is important in ensuring timely GBV response and victim safety. This study recommends that the government prioritise establishing additional police stations and victim support centres, especially in rural and under-resourced areas. The participants described how the physical distance to police stations and the inactivity of community-based initiatives, such as war rooms, create serious barriers to reporting GBV and seeking and accessing support. Establishing satellite police stations, mobile support units, or community-based help desks can greatly reduce these barriers.

In addition, it is essential to revitalise local structures such as war rooms and ensure that they are adequately resourced, trained, and connected to relevant support services. These platforms should serve as entry points for reporting as well as hubs for awareness, referral, and early intervention. Infrastructure planning should also

include confidential spaces for counselling and shelter services, thereby offering victims a dignified experience. Enhancing access does not stop at buildings; rather, it also involves ensuring that community members are aware of and confident in using these services. Regular community engagement and partnerships with local leaders can facilitate this process. Therefore, addressing infrastructure and access gaps will ultimately create safer and more responsive environments for GBV victims.

5.6.2 Suggestions for public awareness and education

Public awareness and education should be elevated as central strategies in the fight against GBV. Based on this study's findings, it is recommended that comprehensive awareness campaigns be developed and sustained at national and community levels. These initiatives should aim to inform people about the forms, causes, and consequences of GBV, and the services available to the victims. The participants highlighted that stigma and a lack of knowledge usually prevent the victims from reporting abuse or seeking help.

Education should begin early, ideally in schools, to cultivate values of respect, consent, and non-violence from a young age. Integrating GBV education into life orientation curriculum would also help the young people to understand their rights and responsibilities in relationships. In communities, particularly the rural and marginalised ones, tailored and targeted outreach campaigns should be conducted through various media, including radio, print, and community events. These efforts would normalise conversations about GBV and promote a culture of accountability. Stakeholder involvement, which includes traditional leaders, faith-based organisations, and civil society, is important for these campaigns to gain traction and legitimacy. Ultimately, well-informed communities are commonly seen as prone to intervene in harmful situations by supporting victims and challenging the cultural norms that perpetuate GBV.

5.6.3 Suggestions for victim empowerment

Empowering GBV victims is central to breaking the cycle of abuse and enabling long-term recovery for the victims. This study recommends an approach to victim empowerment that encompasses psychological, educational, and economic dimensions. The participants indicated that many victims remain in abusive relationships due to financial dependency, fear, and a lack of self-worth. To address this, social workers and support services should focus on mindset transformation, which focuses on helping the victims to recognise their rights and worth. This should be achieved through sustained counselling, life skills workshops, and peer support networks. Similarly, skills development programmes, food gardening initiatives, and access to microfinance can offer victims viable pathways to independence.

Public and private sector stakeholders should thus collaborate to create employment opportunities that are specifically targeted at GBV victims. Support mechanisms should also be flexible and responsive to individual needs to ensure that the victims are not re-traumatised or overwhelmed. Moreover, safe and confidential reporting mechanisms should be promoted, alongside awareness campaigns that demystify the justice process and reduce the fear of stigma. Victim empowerment should not be seen as a one-time event, but as a long-term process of rebuilding identity, confidence, and independence. With the right support systems, the victims can become survivors and, ultimately, advocates for change.

5.6.4 Suggestions for government and NGO support

Government and NGO collaboration is a powerful lever for effective GBV intervention and support. This study recommends that the government increase funding and formalise partnerships with NGOs working on GBV issues. Many participants noted that NGOs are better positioned to deliver immediate and community-specific responses, especially in underserved areas. However, their capacity is severely limited by inconsistent funding and a lack of integration with state services. A strategic partnership model should be adopted, where NGOs are supported financially and also through training, policy inclusion, and infrastructure sharing.

Government agencies should engage NGOs in decision-making processes, especially during the formulation and review of GBV policies. NGOs, in turn, can serve as critical feedback loops which offer on-the-ground insights that inform adaptive policy responses. Establishing joint service delivery frameworks can streamline referral systems and ensure a coordinated response to GBV cases. Furthermore, government support should extend to monitoring and evaluating NGO impact, which helps to maintain accountability while ensuring trust. Strengthening this collaboration would enhance service delivery and promote sustainability and scalability in GBV interventions across the country.

5.6.5 Suggestions for the implementation of policies and laws

While South Africa has strong policies and laws addressing GBV, their inconsistent implementation remains a serious concern for social workers. It is thus recommended that mechanisms be put in place to ensure the uniform application and enforcement of these legal frameworks across all regions and institutions in the country. The participants reported that GBV victims lose faith in the justice system due to delays, the premature release of perpetrators, and unclear legal procedures. These challenges in the implementation of policies and laws hinder the reporting of GBV cases and obstruct justice for the victims.

The consistent application of the law requires regular monitoring and evaluation of how policies are operationalised at the ground level. More so, law enforcement officers, prosecutors, and judicial officials should receive continuous training on GBV-related legislation and victim-sensitive procedures to ensure a standardised and fair approach to all cases. GBV policies should also be updated to reflect the emerging patterns of violence and changes in social dynamics. Community-level reporting mechanisms need to be strengthened to feed into the national monitoring systems, and thus ensure accountability. Furthermore, stronger collaboration between social workers and the justice system actors is essential to improve communication and coordination. Ensuring that the legal system works efficiently and predictably will strengthen institutional trust and empower more victims to come forward and seek justice.

5.6.6 Suggestions for specialised training for social workers

To improve the quality of GBV-related interventions, it is recommended that specialised training programmes be developed and implemented for social workers. This training should be continuous and practical to equip social workers with updated knowledge on GBV laws, trauma-informed care, and victim-centred practices. The participants in this study emphasised that social workers have the task to manage complex and emotionally demanding cases, yet without adequate preparation. Many currently juggle multiple responsibilities, such as child protection and elder care, which dilutes their focus and weakens the effectiveness of their support for GBV victims. Specialised training would increase their confidence and competence in handling these cases, and also lead to increased, consistent and compassionate care.

Furthermore, such training would ensure that social workers stay current with the evolving policies and best practices, and ultimately enhance their ability to guide victims through the legal, psychological, and social processes of recovery. This recommendation also includes the call to institutionalise GBV specialisation within the social work profession, possibly by introducing a dedicated GBV stream or certification within social work qualifications. Ensuring that practitioners are well-prepared would reduce burnout and turnover while increasing the quality of services available to GBV victims.

5.7 RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the methodology adopted for this study, the following recommendations are made for future research:

- Since the study assumed the qualitative research approach, future research may adopt the quantitative and mixed methods research approaches. Such research will adopt suitable and relevant research designs and data collection and analysis methods to explore the phenomenon quantitatively.
- The study used the explorative, descriptive and contextual design. Future research may use other research designs, such as the Delphi Technique, to interview experts on the topic.

- Areas for further research on social work services in the context of GBV intervention and support, based on the findings from the study, are presented as follows:
- The long-term impact of specialised GBV training programmes on social worker effectiveness.
- The outcomes of early GBV education initiatives introduced in primary and secondary schools.
- The effectiveness of legal reforms in improving reporting rates and conviction outcomes in GBV cases.
- The role of male victims and their help-seeking behaviours in understanding GBV.
- The success of NGO-government partnerships in delivering GBV services at the community level.
- The sustainability and economic outcomes of empowerment programmes for GBV victims.
- How rural infrastructure limitations affect access to GBV support services.
- The psychological effects of mediation between victims and abusers could help refine social work practice in sensitive cases.

5.8 FINAL WORD

Reflecting on this study, the researcher is reminded of the struggle yet the resilience of the GBV victims and the social workers who walk alongside them. The narratives shared by participants in this study offered profound insights with a feel of humanity that statistics alone cannot convey. While the findings confirmed the structural and systemic challenges that persist, they also indicated pockets of hope – instances where compassion, dedication, and small interventions made a meaningful difference. This study deepens one’s understanding of the interplay between practice, policy, and the lived experiences of those affected by GBV. Tackling GBV requires more than just policy reform or legal frameworks. It demands a cultural shift, one that places empathy, education, and empowerment at the centre.

I hope that the voices captured here will inform change and encourage collective responsibility. Ending GBV is possible, but only through sustained, collaborative, and context-sensitive efforts. This study is just one contribution to that ongoing journey.

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Annexure A: Participant information sheet

PARTICIPANT INFORMATION SHEET

Research title: Experiences of Social Workers Working With Gender-Based Violence Cases in Sibande District, Mpumalanga.

Researcher: Sinelisiwe G. Zwane (Student No: 10641645)
Ethics clearance reference number: 10641645_CREC_CHS_2023
Research permission reference number (if applicable):

Date: 26 January 2024

Dear Prospective Participant

My name is Sinelisiwe G. Zwane, and I am doing research with Dr G.E Leburu, a senior lecturer/supervisor in the Department of Social Worker towards a master's degree at the University of South Africa. We are inviting you to participate in a study entitled **"EXPERIENCES OF SOCIAL WORKERS WORKING WITH GENDER-BASED VIOLENCE CASES IN SIBANDE DISTRICT, MPUMALANGA.**

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to develop an in-depth understanding of the experiences of social workers with regard to the management cases of gender-based violence.

WHY AM I BEING INVITED TO PARTICIPATE?

You being invited to the study because you have a qualification of being a social Worker and you are currently employed and working as a social worker in one of the Non-profit organisations in Gert Sibande District in Mpumalanga Province. You are also invited because you have experience in managing cases of GBV. This study will use qualitative methodology and saturation, that means that there is not a specific number of participants that are estimated to participate. Saturation means that when the information starts to be a repetition of what has already being reported by other participants and, there is not new information that is contributing to the study the researcher will then conclude on the sampling size of the study.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The study involves semi structured interviews that will be audio recorded. The expected duration of the interview is approximately 1 hour, 30 minutes, this is because qualitative

studies are descriptive, and they require a lot of information to be explained clearly. Should there may be any challenges that may arise during the interview, for example, if the participants feel like they are being overwhelmed or feel emotional, a break will be allowed, therefore increasing the time of the interview, however the interviews are not expected to take more than 3 hours.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Yes, participation in this study is voluntary and there is no penalty or loss of benefit for non-participation. Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason, however you are asked to participate through out the interview.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The potential benefits of partaking in this study are that participation is voluntary, meaning that participants have the freedom to decide whether to participate in the study or not. Participants can also withdraw from participations without explaining any reason. All participants will have freedom of making their own decision when it comes to participation. Another benefit of partaking into this study is for the participants to be able to reflect on the cases that they have previously worked on and get into depth on how they went about managing them, this may bring positive change into how they further manage cases of GBV in future.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

In this study there may be too much emotions that may be associated with the participant's previous experiences with GBV, emotions may be personally or from the previous cases they have been working on. However, there is an employee wellness person that is in place to assist the participants with counselling or debriefing should they require such assistance.

Ms. Hlobisile Nxumalo is a Social Worker in Private Practice, she works under employee's wellness programme and deals with cases such as counselling and debriefing. Ms Nxumalo is a phone call away and any participant that may endure emotional harm during this study can be referred to Ms. Nxumalo for a private session if they agree.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your name will not be recorded anywhere, and no one will be able to connect you to the answers you give. Your answers will be given a code number, or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

Should a report of this study be submitted for publication either on journal articles or conference proceedings, pseudonyms will be used to protect your identity.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet in the researcher's house for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. If necessary hard copies will be shredded and/or electronic copies of recordings will be permanently deleted from the hard drive of the computer and the recorder through the use of a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No, the participants will not receive any payment or incentives for participation in the study as no cost will be incurred by the participants. The rewards will be when the policies under GBV get improved by the government based on the recommendations that will be made by the participants, meaning the rewards of participation will not only be enjoyed by those who participate but by all the social workers Nationwide.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study will receive written approval from the Research Ethics Review Committee of Unisa, after a proposal has been submitted. A copy of the approval letter can be obtained from the researcher if you so wish when the research starts to collect data.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Ms. Sinelisiwe Zwane on 072 7147 909 or 10641645@mylife.unisa.co.za. The findings will be accessible from the end of the year 2024 -2029. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Ms. Sinelisiwe Zwane on 072 7147 909 or 10641645@mylife.co.za. Should you have concerns about the way in which the research has been conducted, you may contact Dr G.E Leburu on 012 429 4746 or leburge@unisa.ac.za.

Contact the research ethics chairperson of the Ethics Review Committee, Prof Khan @ khankb@unisa.ac.za.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you.



Signature:

Sinelisiwe G. Zwane

Annexure B: Consent form

Annexure B.

Consent to participate in the study

CONSENT TO PARTICIPATE IN THIS STUDY

Research title: EXPERIENCES OF SOCIAL WORKERS WORKING WITH GENDER-BASED VIOLENCE CASES IN THE GERT SIBANDE DISTRICT, MPUMALANGA.

Researcher:

Sinelisiwe Gladys Zwane Student No: 10641645

I, Participant A, confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of online and/ face to face interview session that will be recorded on zoom and Microsoft teams using a computer and face to face using audio recording.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname.....(please print)

Researcher's signature.....Date.....

Annexure C: Ethics certificate



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

20 December 2023

Dear Ms Sinelisiwe Gladys Zwane

NHREC Registration # :
Rec-240816-052
CREC Reference # :
10641645_CREC_CHS_2023

Decision:
Ethics Approval from 20 December
2023 to 20 December 2024

Researcher(s) Name: Ms. S. G. Zwane
Contact details: 10641645@mylife.unisa.ac.za
Supervisor(s) Name: Dr. G. E. Leburu
Contact details: leburge@unisa.ac.za

Title: Experiences of Social Workers Working with Gender-Based Violence Cases in Sibande District, Mpumalanga

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The *low-risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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 CamScanner

Annexure D: Researcher acknowledgement form

Appendix 2:
RESEARCHER ACKNOWLEDGEMENT

Research title: Experiences of social workers working with gender-based violence cases in the Mpumalanga Gert Sibande District, MPUMALANGA.

**Researcher:
Sinelisiwe Gladys Zwane Student No: 10641645**

Hereby, I Sinelisiwe Gladys Zwane, ID number 950404 0222 087 in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements.



Signature:

Date: 04 august 2023

Annexure E: Confidentiality agreement

|



CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

Hereby, _____ ID: _____ in my

personal capacity as a _____ collaborating with Sinelisiwe Gladys Zwane on research titled.

Social work experiences working with gender-based violence cases in the Mpumalanga Gert Sibande District.

I acknowledge that I am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study. I shall conform to and abide by these conditions. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study.

I agree to the privacy and confidentiality of the information that I am granted access to in my duties as a _____. I will not disclose nor sell the information that I have been granted permission to gain access to in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research as a _____

Signed:

Date:

Annexure F: Permission letter

Permission Letter to Conduct Research

Research title: Experiences of social workers working with gender-based violence cases in the Mpumalanga Gert Sibande District, MPUMALANGA.

Researcher:

Sinelisiwe Gladys Zwane Student No: 10641645

Request for permission to conduct research at

Date:.....

Contact person name:.....

Contact person's building no.....

Contact person's Department:.....

Contact person's telephone number and email address:.....

Dear:

I, Sinelisiwe G. Zwane am doing research with ~~Dr.G.~~ E Leburu, a senior lecturer in the Department of Social Work towards a Master's degree, at the University of South Africa. We have no funding, and we are inviting you to participate in a study entitled "Experiences of social workers with working gender-based violence cases in the Mpumalanga Gert Sibande District, MPUMALANGA". The aim of the study is to develop an in-depth understanding of the experiences of social workers with regard to the management cases of gender-based violence.

Your Organisation has been selected because it is one of the organisations that has social workers with experience of managing cases of gender-based violence and it falls under the district where the study is conducted. The study will entail semi structured individual interviews. The questions will be based on the experience that the participants have regarding managing the cases of GBV. The interviews will be conducted in approximately 1hour and 30 minutes. The interviews can be conducted face to face or online view Zoom or Teams. Participants will be expected to answer the questions as honest and descriptive as they can.

The benefit of this study is to contribute to the existing literature regarding the social worker's dealing with the cases of GBV in South Africa and globally and it will cover the gap with the literature regarding the social workers dealing with cases of GBV. It will provide original and new analysed information that will be obtained from a close interaction with the social workers sharing their experiences with the cases of GBV. This information can be used to equip social workers with skills to use when dealing with the cases of GBV. The study will also contribute to the social work practice as a whole, taking into consideration that there are new developments in the practice that can be considered in coming up with new interventions to

Annexure G: Interview guide

Interview guide

Title of Research: EXPERIENCES OF SOCIAL WORKERS WORKING WITH GENDER-BASED VIOLENCE CASES IN SIBANDE DISTRICT, MPUMALANGA

Section A

Biographical information

Age

18- 29 years	
30- 39 years	
40- 49 years	
Older than 50 years	

Level of Education

Degree	
Honours	
Masters	
Doctorate	

Marital status

single	
Married	
Divorced	
Cohabiting	
Other: specify	

Race

African	
Asian	
white	
Indian	
Other: Specify	

Years of experience in manging GBV cases

1-3 years	
3-5 years	
5- 8 years	
9 years and more	

Section B

Semi-structured interview questions



THEMES	QUESTIONS	PROMPTS
GBV Knowledge		GBV description Causes

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Annexure H: Data coder letter

Nomsa Chirisa
Senior Editor & Data Analyst
Saight Scholarly Hub



August 22, 2025

To Whom It May Concern

This letter serves to confirm that I conducted data coding and analysis for Sinelisiwe G Zwane as part of her dissertation titled "Experiences of Social Workers Working with Gender-Based Violence Cases in the Sibande District, Mpumalanga." The scope of work included analysing transcriptions, identifying key patterns, concepts, and ideas, assigning themes and codes, presenting the data, and contributing to the discussion. The coding process was undertaken systematically to ensure accuracy and reliability in the interpretation of the findings. The generated themes, subthemes, and categories were subsequently reviewed and confirmed by both the researcher and her supervisor.

Sincerely

A handwritten signature in black ink, appearing to read "Nomsa Chirisa".

Nomsa Chirisa
Senior Editor & Data Analyst
PEG membership no.: CHI005



+27 78 394 4078



www.saightsh.org



editor@saightsh.org



23A 10th Avenue
Rivonia, Sandton

Annexure I: Editor's certificate



EDITORIAL
Certificate

This Certificate is Proudly Presented to

Pinelisiwe G Zwane

"EXPERIENCES OF SOCIAL WORKERS WORKING WITH GENDER-BASED VIOLENCE CASES IN THE SIBANDE DISTRICT, MPUMALANGA"

It is certified that the above-mentioned dissertation is edited by professional editors at Saight Scholarly Hub for accuracy in language, grammar, style, tone, tense, and punctuation use, including the technical formatting. The certificate attests the fact that the editor did not alter the idea and aim of the researcher. It is further certified that the above-mentioned dissertation, unless further adjusted, or a revised or outdated version is submitted, is of a satisfactory editorial standard.


Sizwe Ndlovu
Founding Director


22.08.2025


Nomsa Chirisa
Senior Editor
PEG membership no.: CHI005

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Rivonia, Sandton

Annexure J: Post-interview guide

Appendix 6: Data collection tool(s) as per methodology/ design (including questionnaire/ interview guide/checklist)

Semi-structured interview guide

Title of Research: EXPERIENCES OF SOCIAL WORKERS WORKING WITH GENDER-BASED VIOLENCE CASES IN SIBANDE DISTRICT, MPUMALANGA.

Section A

Biographical information

Age

18- 29 years	
30- 39 years	
40- 49 years	
Older than 50 years	

Level of Education

Degree	
Honours	
Masters	
Doctorate	

Marital status

single	
Married	
Divorced	
Cohabiting	
Other: specify	

Race

African	
Asian	
white	
Indian	
Other: Specify	

Years of experience in manging GBV cases

1-3 years	
3-5 years	
5- 8 years	
9 years and more	

Section B

Semi-structured interview questions

THEMES	QUESTIONS	PROMPTS
GBV Knowledge	What is your understanding of GBV?	GBV description Causes Challenges with the victims, stakeholders or in the office

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1

	<p>Kindly share the type of GBV cases you have previously managed?</p> <p>Please share the how you were trained as a practitioner rendering services to victims of GBV.</p>	<p>Workshop/ conference/ inhouse/ formal??</p>
Experiences of social workers with GBV cases	<p>In your experience which gender reports GBV the most?</p> <p>Kindly share your experiences of managing the GBV cases.</p>	<p>Males / Females or other. Reasons why one gender reports more than the other.</p> <p>Positive experiences Challenges/Negative experiences</p>
Social work interventions	<p>What types of social work intervention do you apply in GBV cases?</p> <p>Kindly share if you think you are doing adequate as a social worker in managing cases of GBV? (if not what else do you feel like you could be doing more?)</p>	<p>Interventions by social workers (counselling, therapy, crisis intervention, referrals, community mobilisation/ organisation, or advocacy)</p> <p>Leases with other stakeholders involved more or utilize other social services.</p>
Recommendations	<p>In your opinion, what recommendations can you suggest as an improvement for the management of GBV cases for social workers?</p>	<p>Policy Education Research Practice</p>