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Exploring social workers' experiences in providing gender-based violence-related services in non-profit organisations in Alexandra township, Gauteng Province

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Exploring social workers' experiences in providing gender-based violence-related services in non-profit organisations in Alexandra township, Gauteng Province

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of Witwatersrand

In partial fulfilment of the requirements for the degree Master of Arts by Course Work and Research Report in the field of Occupational Social Work

By

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Research Report

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DECLARATION

I hereby declare that this research report is my own original work, and I have referenced all utilised sources. This research report has been never submitted before for any degree or examination.

Signature



Nozipho Zamambo Sibiya

Date

19/11/2024

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ABSTRACT

Social workers designated at non-profit organisations play a significant role in the provision of gender-based violence (GBV) related services. These social workers provide various GBV-related services such as awareness, psychosocial counselling, and after-care. In this study, the researcher explores social workers' experience in providing GBV-related services in two selected non-profit organisations in Alexandra township, Gauteng. The qualitative and explorative approaches were adopted to explore and analyse the social workers' experiences in providing GBV-related services. A total number of ten (10) social workers were interviewed from the two selected non-profit organisations. A semi-structured interview guide comprising open-ended questions was utilised for data collection. The findings indicated that there is a high level of understanding and knowledge of the roles of a social worker in GBV-related services among social workers. However, continuous training is required since policies get amended. Therefore, continuous training and provision of professional development (CPD) of social workers, especially regarding GBV, is necessary to acquire knowledge as NPOs have high social worker turnover due to poor salaries and instability. Furthermore, it was revealed that social workers' roles in provision of GBV related services include advocating, empowering, making referrals, and educating. Social workers indicated a high level of understanding of the roles including the roles involved in current services they are assigned to render. The researcher considered the ethical guidelines as part of requesting permission to conduct a study to the committee of Social Work at the University of Witwatersrand. The collected data was analysed by identifying themes from the data collected.

Keywords: *social worker, experiences, gender-based violence, non-profit organizations, exploring*

ABBREVIATIONS

GBV	Gender-Based Violence
SW	Social Worker
BSW	Bachelor of Social Work
DSD	Department of Social Development
NGOs	Non-Government organizations
SACSSP	South Africa Council for Social Service Professionals
WHO	World Health Organization
UNDP	United Nations Development Programme
WBG	World Bank Group
COVID-19	Coronavirus Disease
UN	United Nations
UNFPA	United Nations Fund for Population Activities
CEDAW	UN Convention on the Elimination of all forms of Discrimination Against Women
SEA	Sexual Exploitation and Abuse
NSP	National Strategic Plan to Combat Gender-Based Violence and Femicide,
VEP	Victim Empowerment Programme
SADC	Southern African Development Community
VFRs	Victims Friendly Rooms
USA	United States of America

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CHAPTER ONE: INTRODUCTION

1.1. Introduction

Gender-based violence (GBV) is defined as "any act that results in physical, sexual or psychological harm or suffering to women including threats such as coercion or arbitrary deprivation of freedom whether occurring in public or private life," Republic of Botswana UNDP (1998, p.4 as cited in (Leburu-Masigo, 2020). O'Brien and Macy (2016) highlighted that GBV also include crimes such as sexual abuse, violence by intimate partners, and human trafficking as well as a range of violent acts including other physical, psychological, economic, and sexual violence, exploitive or coercive acts, as well as a harmful traditional practices. While, (Wirtz et al., 2014) defined GBV "as well as a range of violent acts including other physical, psychological, economic, and sexual violence, exploitive or coercive acts, as well as a harmful traditional practices". According to Russo & Pirlott, (2006) explained "gender-based violence is a complex, multifaceted phenomenon that is experienced differently by women and men". Gender-based violence is any violence that is directed against an individuals because of their gender, hence both women and men are experience gender-based violence (Enaifoghe et al., 2021a). GBV is a major hindrance to achieving equality and peace, as it affects women's ability to enjoy basic human rights. To date, GBV is a leading form of human rights violation in South Africa and across the continent (Wirtz et al., 2014).

The study by Heward-Belle et al. (2022) was conducted in Australia and focused on the perceptions of professional workers providing services to those affected by GBV (Heward-Belle et al., 2022). It also examined how social workers adapted their approaches to meet the ever-challenging environment. The study found that, it is critical that social workers remain up to date with policies that are aligned with social justice and responses to the scourge of GBV (Heward-Belle et al., 2022. Another study that was conducted on evaluation of social work interventions in providing services to victims of GBV in South Africa at Northwest Province by (Leburu-Masigo, 2020), reveals that social worker rendering GBV services have limited knowledge on services that address GBV which leads to irregularities in service delivery. The findings of the study further highlighted that social workers have limited knowledge on policies and legislation related to GBV services. The current study is based on the South African context. In South Africa, the Department of Social Development (DSD) is the main responsible Department for leading the Victim Empowerment Programme. However, the programme is not implemented at the department level only but rendered by the non-profit organisation through

partnering with the department. This ensures that services reach the community members they are intended for, and they are easily accessible.

Social workers use three methods of intervention namely, micro, mezzo, and macro interventions. Additionally, social workers are generally employed in government organisations, non-governmental organisations, and as private practitioners. One of the social workers' mandates is to render services to vulnerable groups, including women, children, and the elderly. "Social workers also play a huge role in addressing social problems affecting individuals, such as substance abuse, poverty, and teenage pregnancy" (DuBois & Miley, 2014, p.136 cited in Leburu-Masigo et al., 2019).

Social workers designated at non-profit organisations play a crucial role in ensuring that GBV services are provided in a coordinated and interdependent way, as indicated in the National GBV and Femicide Framework. Mhango (2012, p.234), revealed that there are "various challenges in levels of service delivery within victim empowerment programme".

In the current study, the researcher explores the experiences of social workers providing services to survivors of GBV in Gauteng.

1.2. Statement of the problem and rationale for the study

According to Enaifoghe et al., (2022) gender-based violence occurs in other countries however, it is very common in South Africa. GBV is also common in countries such as the United Kingdom, Bangladesh, and Norway(Hossen, 2014). Aldridge, (2021) UNFPA, (2023) indicates that in United Kingdom, men committed 76% of violent offenses, 3.7% and 3.9% were cases of sexual assault in the third quarter of 2023. Karsberg et al., (2012) shared a study that was conducted in the Arctic part of Norway reveals that emotional and physical violence was 16.8%. While on the other side Kvernmo, (2023) indicated that 36.5% is for sexual violence reported to women which was conducted by their husbands. In Bangladesh over 80% of women experienced sexual violence from their husbands in their lifetime in the period of a year.

GBV is a profound and widespread matter in South Africa which affects almost every aspect of life (Enaifoghe et al., 2021b). According to the World Bank, (2019) GBV is perceived as a global pandemic affecting one in three women. Statistics indicate that 35% of women worldwide have experienced either physical or sexual intimate partner violence,7% of women have experienced sexual assault, and 200 million women are exposed to female genital

mutilation. According to Govender (2003), GBV is rooted in various parts of South Africa including homes, workplaces, cultures, and traditions.

In South Africa, one woman is raped every three hours. Hence, South Africa is perceived to be leading globally with a total number of 10818 rape cases recorded in the first quarter of 2022 (Govender, 2023). According to South African Police Service (2012) reveals that a total of 68 332 cases were reported to the South African Police Service between 2009 and 2010 whereby, there is a rape crime ratio of 100 per 100 000 individuals of the population (Van Wijk et al., 2014).

According to the report by the Stats SA Police, the COVID-19 pandemic had an impact on the number of GBV violence cases in South Africa (Leburu-Masigo et al., 2019). This may further be seen as a problem in the scourge of GBV. Therefore, there is a need to explore the experiences of social workers, given the shortage of social workers in South Africa. The findings from the study will inform strategic interventions and frameworks to better equip social workers offering services at non-profit organisations. In the next section, the research questions to be addressed in this study are presented.

According to Sabri and Granger, GBV is a general term used to describe violence that happen due to society norm anticipations linked with each gender and the irregular power relationships between genders (Sabri & Granger, 2018). In addition, GBV is a profound and widespread problem in South Africa and other countries. In South Africa, significant attention has been given to addressing GBV by developing solutions to curb this scourge (Sabri & Granger, 2018). However, the efforts do not seem to yield results as statistics on GBV have been increasing continuously. The issue worsened during the COVID-19 induced lockdown in 2020/2021 (Giorgi et al., 2020). A report by Safer Spaces indicates that just under half of women population in South Africa have experienced all types of violence (Embassy of Finland Pretoria, 2016). The statistics revealed that more than half of women murdered in 2009 were victims of their intimate male partners (Stöckl et al., 2013). According to Machisa et al., (2021), approximately half of women reported having ever experienced various forms of abuse from their intimate partners (Machisa et al., 2021).

1.3. Research questions

The main research question for the current study is stated as follows:

What are social workers' experiences in the provision of gender-based violence services to gender-based violence survivors?

While addressing the research question, the researcher assesses the effectiveness of the current social worker's intervention. This assists in gathering information to propose a framework to better equip social workers to address the scourge of GBV in South Africa.

1.4. Aim(s) and objectives

The following objectives will assist in addressing the main research question and consequently, in achieving the main goal of this study:

- *To ascertain the views of social workers on their role in the provision of services to gender-based violence in non-profit organizations.*
- *To evaluate the experiences discovered from literature against experiences by social workers in the provision of gender-based violence.*
- *To suggest strategies for the provision of gender-based violence services by social workers.*

1.5. Definitions of concepts

Gender-based violence: GBV is a general term used to describe violence that occurs due to norm expectations associated with each gender and power struggle relations between genders within the context of a specific society (Sabri & Granger, 2018). In this study, gender-based violence is refers to the topic that will be investigated by the researcher.

Experiences: experience "is not something that belongs to or is possessed by individuals, rather it denotes transactions that occur across space and time within irreducible person-in-setting units. It is perfused with effect, which is not only the result of mental constructions" (Roth & Jornet, 2014,p.106). In this study, the experiences are referring to the daily operations and feelings of the social workers who rendering gender-based violence related services at non-profit organisation.

Social worker: According to the Children's Act No.38 of (2005), "a social worker is a person who is registered or deemed to be registered as a social worker in terms of the Social Service Professions Act 1978 (Act 110 of 1978)". In this study, the social worker can be defined as a

professional person, registered with South African Council of Social Service Profession (SACSSP), and employed at non-profit organisations to provide GBV-related services.

Non-profit Organisation: A non-profit organisation is defined as an entity focused on activities that add social value, rather than on generating profit (Rebetak & Bartosova, 2020). In this study, it refers to the place where the study was conducted.

1.6. Organisation of the report

The current chapter presented the statement of the problem and rationale, research questions, aims and objectives, and definition of concepts. The second chapter presents the theoretical framework that applies to the current study. Additionally, chapter three presents the literature review that forms the basis of the current study. This includes studies by other researchers relevant to this study. Chapter four presents the research methodology employed while conducting the study. It comprises population, sample and sampling method, data collection, method and instrument, data analysis, data quality, limitations, and delimitations of the study. Lastly, chapter five will provide the main findings, conclusion, and recommendations of the study.

CHAPTER TWO: THEORATICAL FRAMEWORK

2.1. Introduction

This chapter discusses the theoretical framework that is applied in the current study. A theocratical framework is defined as the structure that the researcher bases their study on (Kivunja, 2018). A theoretical framework is important because it provides guidance and direction to the study. The ecological system theory is most appropriate for the study because it helps to explore social workers' experiences in providing GBV services. The concepts and theories in social work practice are commonplace, however, their foundation of support is often less understood. In the next section, the ecological systems theory is discussed in detail.

2.2. Ecological system theory

The ecological systems theory is built off from, and used by several fields including social, psychological, and biological disciplines (Crawford, 2020). Social scientists use the ecology of human development to investigate how people interact with the interconnected systems in their surroundings, to explain and comprehend these interactions (Crawford, 2020). A study that follows an ecological systems theory, is often developed to get an understanding of the process of individual development. For this kind of research, it is imperious to concentrate on the ecological system in its fullness. Hepworth et al. (2010) state that, in social work, ecological systems theory utilises modified perceptions from available systems. Hepworth et al. (2010) further argue that ecological systems theory states that human beings always engage with available systems within their environment. For this reason, they argue that there is a joint influence between people and systems that exist within an environment (Hepworth et al., 2010).

The ecological systems theory provides an understanding that, people do not live on an island. They are interconnected with their environment which influences them in many ways. Therefore, the ecological systems theory allows scholars and social workers to holistically understand the experiences of GBV saviours (Shikongo, 2023).

The utilisation of the ecological systems theory can guide social work practitioners in assessing a client's life holistically. This further creates an opportunity for social workers to determine if the survivor's environment does not perpetuate their stress (Teater, 2014 cited in Shikongo,

2023). In the current study, the inclusion of different environments, such as family, neighbours, church, school, and work, during the provision of GBV services is considered vital (Haapanen, 2020).

Furthermore, Hepworth et al. (2010, pp.15-16) argue that:

> *"…environments and niches are two considerable terms that are relevant to social workers from the ecological systems theory where habitats are places where organisms live, and in the case of human beings, they include physical and social settings within a specific cultural aspect".*

People are likely to flourish in environments that have the resources needed for development. When an environment lacks important physical, social, or emotional resources, people's functioning may be affected. Social workers providing GBV services must consider that the survivor's environment may have a huge impact on their healing process. They must also ensure that the survivors can continue their daily functioning.

The ecological systems theory is based on the notion that the capacity to fulfil one's basic needs is an individual and master development tasks. The ecological systems theory has several advantages including its applicability to common human problems such as GBV. Contrary to how law enforcement agencies deal with the issue, by using the theory social workers critically assess and comprehend complex GBV cases. Ettekal and Mahoney (2017) argue that the ecological systems theory also provides consistent aspects of environmental systems that include microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Ettekal & Mahoney, 2017). The following discussion focuses on further clarifying the environmental systems, as listed above.

2.2.1. Microsystem

The microsystem consists of an individual's immediate surroundings. Bronfenbrenner (1979) defines the microsystem as, "a pattern of activities, roles, and interpersonal relations experienced over time by the developing individual in each setting with unique physical and material qualities." According to Ettekal and Mahoney (2017), the microsystem includes any surroundings in which the individuals directly engage with one another. In the current study, the microsystem is important for the provision of GBV-related services. It is particularly important to consider the microsystem during the assessment of a GBV case, as it focuses on

the survivor's environment and interactions within it. In this case, the microsystem considers systems that include family, husband or wife, friends, work colleagues, and schoolmates.

According to Kilanowski (2017), as cited in Shikongo (2023), there is a strong influence between an individual and enclosed intercommunications within their environment. At the microsystem level, relationships may consist of friends and family, from which a woman or a man who experiences GBV might find support from. This is important for social workers because most perpetrators of GBV are often within the survivor's environment. UNFPA's (2014) also indicates that 44% of women were victimised by their intimate partner, while 14% were victimised by a non-intimate partner. However, a microsystem level may also not cause GBV or provide the necessary support to the client (Oduru et al., 2012 cited in Shikongo, 2023). According to Friedman and Allen (2024), in social work, at the microsystem level, human beings and couples are recognised as small social systems. Identifying these structures that form client experiences helps the social worker understand what impact these structures have on the individual's wellbeing (Haapanen, 2020). This system will assist the social workers providing GBV related services so that they do not only focus to the client who experience GBV but, also the environment she or he is coming from.

2.2.2. Mesosystem

The mesosystem is the second level of the ecological systems theory. It outlines the interconnections among different systems. According to Friedman and Allen (2014), the mesosystem level includes medium size such as collection or group interactions within a closed environment, support networks, and families. It outlines the interconnections between different systems. The mesosystem is closely linked with the microsystem. This relationship builds the mesosystem layers (Crawford, 2020). The synergy or, "…interaction of developmentally instigative or inhibitory features and processes present in each setting," is a key idea in the mesosystem development process (Crawford, 2020, p.2). This means that a GBV survivor's environments include elements of the microsystem together with other systems such as the health, safety, and legal systems within the mesosystem. Edleson et al. (2016) suggests that addressing GBV needs interdisciplinary, and interprofessional collaborations (Edleson, 2016). At the mesosystem level, an individual may receive assistance through interactions between the systems. For example, the social workers rendering GBV-related services may refer the client to another system to receive services that are out of their scope such as sheltering, health care, legal, and protection (Edleson, 2016). The mesosystem level in this study will help the

social workers rendering GBV related services to refer to other stakeholders to assist the client in an effective manner.

2.2.3. Exosystem

The third system to be discussed is the exosystem. Like the mesosystem, the exosystem consists of interconnected microsystems. In the exosystem, an individual at the centre of the system cannot be included in at least one other microsystem. The exosystem level does not directly influence the client. However, it has an indirect impact through their community (Kilanowski, 2017, cited in Shikongo 2023).

Literature notes that there are international and South African level legal initiatives that are introduced to address GBV. In South Africa, the legal frameworks seek to address the scourge of GBV through the development of legislation such as the Domestic Violence Act No. 116 of 1998. The Act is regarded as the main legislation in fighting GBV issues in South Africa. There are also crucial programs such as Victim Empowerment, the national campaigns including the 16 Days of Activism Against GBV, as well as the Everyday Heroes that are seeking to address GBV. Orange Day is one important campaign that is aimed at raising awareness against GBV whereby people are encouraged to wear anything orange every 25th of the month.

In Bangladesh, a credit program was introduced to give loans to married women who experienced violence from their intimate partners (White, 1991; Kabeer, 1998 cited in Shikongo, 2023). In Colombia, an amount estimated to be US$ 73.7 million which is equal to 0.6 % of the national budget in 2003, was spent by the national government to address GBV. While in South Africa, there are several GBV service centres, including rape crisis centres, domestic violence shelters, and victims' friendly rooms (VFRs). An example is Thuthuzela Care Centres (TCCs), a one-stop facility, located within hospitals where they provide post-rape care to reduce secondary victimisation and improve conviction rates (Van Der Heijden et al., 2020). Although, exosystem level cannot be utilised directly to the client during the intervention but will play a role in the development of the policies and legislations and programmes that assist social workers in providing GBV related services.

2.2.4. Macrosystem

The fourth system making the ecological systems theory is the macro system. The macrosystem includes different aspect such as the economic, social, and political aspects influencing individuals' behaviour. Ettekal and Mahoney (2017) show that the macrosystem includes

personal beliefs, values, and norms that are reflected in societal practices of culture and religion. For example, in a marriage setting or intimate relationships, women are regarded as subordinates, which indicates that they are under the control or power of their spouse. When a social worker deals with these types of survivor cases, they must consider what are the cultures and beliefs of the individuals that might promote GBV (Alaggia et al., 2012 cited in Shikongo, 2023).

In the current study, the macrosystem level is considered as an important level that social workers who render GBV related services need to consider. An assessment of influences such as practices, cultures, beliefs, and norms, may assist social workers in developing programmes and strategies to discontinue GBV. Wies and Haldane (2011), as cited in Shikong (2023) argue that, to address GBV, it is important to recognise structures that condone it. Macro-level interventions focus on discontinuing different beliefs and perceptions of social norms escalating GBV (Salazar., et al 2003; WHO, 2009, cited in Edleson, 2016).

2.2.5. Chronosystem

The chronosystem includes the dimensions of time or events that have occurred in an individual's life. These events are experienced by individuals who can influence how they respond to future changes and developments. Zhang (2018) states that the chronosystem recognises the importance of time on the system and relationships in all the subsystems that time can change. Zhang (2018) continues to argue that social workers must recognise the clients' or their community's past while providing socials services. Critical social theory structures are dynamic and are formed over time. Therefore, a critical social worker needs to understand how history has moulded the discourses and structures in a society of interest (Östman, 2019, cited in Shikongo, 2023).

The chronosystem also considers that as individuals grow older, they develop, as their biological circumstances alter. The change includes the time in which that individual exists, this means that people from the olden days did not deal with or view GBV as it is viewed in modern days. In the past, people did not have the same reactions as it happens now. People are now more open to talking and raising awareness of GBV than in the past. Therefore, the maturity and history of an individual are equally important when social workers intervene. This level will assist the social workers providing GBV related services to take note of the present days and then provide services which are in line with the current days such as raising awareness and prevention on social media platforms.

The ecological systems theory in this study is used as a guide in precisely exploring and analysing the social worker's lived experiences in rendering GVB-related services. This is aimed to broadly understanding what their experiences are, to contextualise and ascertain such experiences, and to evaluate as well as suggest strategies. Overall, the ecological systems levels discussed in this section assist the researcher to explore and understand the social worker's experiences in the provision of GBV-related services in non-profit organisations.

2.3. Conclusion

In this chapter, the theoretical framework that the study is based on is comprehensively outlined. The information regarding the background of the ecological systems theory, as well as how it applies in the current study, is discussed. In addition, the chapter discusses each level of the ecosystem's theory and its appropriateness in the current study. The ecosystems theory is utilised in the current study, to explore the social workers' experiences in providing GBV-related services. Exploring the experiences of social workers can assist in intensifying the programmes and strategies for addressing GBV services. GBV has been seen as a continuing problem even after different efforts have been developed and introduced. Autiero et al., (2020) also agree that is a pandemic that has been addressed using different interventions. The next chapter is a literature review.

CHAPTER THREE: LITERATURE REVIEW

3.1. Introduction

This chapter is a literature review that forms the basis of the current study. The chapter reviews previous research that is relevant to the current study. The chapter highlights social workers' experiences when providing GBV-related services. The literature review focuses on defining GBV; GBV contexts; the prevalence of GBV globally and more specifically, in South Africa; social workers' roles as well as experiences in providing services to GBV survivors, and legislative interventions that address GBV.

3.2. Gender-based violence definition

There are several understandings of GBV based on different relevant organisations and scholars. The United Nations (UN) defines GBV as:

> *"…any form of violence, such as physical violence, sexual violence, psychological abuse or economic abuse, deprivation of liberties and harm or suffering inflicted on another person due to their gender, whether occurring in public or in private life and in the context of a relationship or not"* (Mahlori, 2016 p.2).

Mahlori's definition above is broad as it highlights types of violence and the occurrence of GBV. Mahlori (2016) recognised GBV as violence that can happen both in a public or in private in a relationship or not. However, the definition does not indicate the types of violence that are categorised as GBV and focus more on causes, which is power imbalance between individuals. While the definition is not biased towards any gender; it sometimes seems to assume that GBV occurs only between people of different genders, men, and women. According to Ward et al. (2015), GBV refers to the violence that occurs when power imbalances exist among males and females (Ward et al., 2015).

According to Finnish Embassy (2016 p.4) defines GBV as "a general term used to capture violence that occurs because of the normative role expectations associated with each gender, as well as the unequal power relationships between the genders within the context of a specific society." The above definitions have two comparable key phrases describing GBV, these are unequal power between the two genders (Finnish Embassy (2016), and power imbalances between males and females (Ward et al., 2015). Childhood sexual abuse which is defined as,

"…prenatal sex selection in favour of boys, female infanticide, dowry deaths, honour killings, female genital mutilation, trafficking and forced prostitution, forced early marriage, sexual assault and intimate partner violence" is also considered a form of GBV (Bent-Goodley, 2009 p.263). The several definitions of GBV suggest that the phenomenon is not reducible to a single action; rather, it encompasses various activities.

The current study uses the above direct quotation of Mahlori's 2016 definition of GBV.

3.3. An overview of gender-based violence from a global, regional, and a South African perspective

In the following discussion, the literature shows that GBV is a pandemic, it is not only present in South Africa. This section provides an overview of the GBV pandemic at various levels.

3.3.1. Overview of gender-based violence globally

GBV has garnered significant attention as a global concern (Autiero et al., 2020). It has been seen that most pervasive social issue and it violates human rights (Russo & Pirlott, 2006). While it is a pandemic, GBV differs per context. However, gender norms and imbalances are consistently reported as common causal elements of GBV (Wirtz et al., 2018, cited in Wirtz et al., 2014). WHO, (2019) estimates that every year since, 2014, globally, over 1.3 million people lost their lives because of violence.

Furthermore, at a global level, GBV affects 1 in 3 women in their lifetime. The World Bank Group (2023) reports that intimate partner violence, in the form of physical or sexual, or non-partner sexual assault, affects 35% of women globally. Global statistics also report that there have been 200 million cases of female genital mutilation and cutting (Farouki., et al (2022). Other global statistics report that by 2014, the prevalence of any physical or sexual GBV (unweighted) was 36.43%, ranging from 14.98% in Azerbaijan to 70.36% in Uganda (Palermo et al., 2014). Noteworthy, lately transgender, non-binary, gender-nonconforming individuals and men are also reported to be victims of GBV (Dunn, 2020; Evens et al., 2019). Globally, 7% of women report having experienced sexual assault at the hands of someone other than a partner (Beyene et al., 2019, cited in Leburu-Masigo & Kgadima, 2020). Nonetheless, up to 38% of female homicides are carried out by intimate partners.

Beyene et al., (2019), cited in Leburu-Masigo & Kgadima, (2020) revealed that GBV can lead to physical health issues. Therefore, GBV can be associated with health problems such as

compromising the survivors' physical health and emotional well-being. According to UNFPA (UNFPA, 2014) there are global several interventions developed to address GBV, since the late 20th century which includes Agreement on the Rights of Children (UNICEF, 1990) and the Convention on the Elimination of all Characteristics of Discrimination Against Women by the United Nations (CEDAW, 1981).

In October 2016, the World Bank established the Global Gender-Based Violence Task Force to bolster the organisation's efforts to prevent and address GBV risks, particularly those related to sexual exploitation and abuse (SEA) occurring in the bank's projects. The Global Gender-Based Violence Task Force utilises more robust methods to identify and evaluate critical risks and creates crucial mitigating measures to address GBV. It expands on the work already done by the World Bank and other stakeholders to address violence against women and girls (World Bank Group, 2023). Some several policies and frameworks are designed to deal with GBV, these include the Gender-Based Violence Act. of 1997. It also includes the National Strategic Plan to Combat Gender-Based Violence and Femicide, Sexual Harassment Act 17 of 2011. This attests that there is continuous development of interventions that include policies and frameworks to address GBV.

3.3.2. Overview of gender-based violence at a regional level

From a regional perspective, the current literature review will focus on the Southern African Development Community (SADC) region. In SADC, GBV is observed as a predominant social problem. It is classified in terms of intimate partner violence and non-intimacy violence (Gender-Based Violence, 2014). According to UNFPA (2014), within SADC, 44% of women between the ages of 15 and 49 years were victims of intimate partner violence, while 14% were victims of non-intimate partner violence.

From a UNFPA's (2014) report, it was demonstrated that GBV is committed by individuals that are closely related to the victims, compared to strangers, and it starts happening from as early as 15 years. In the report, it is estimated that about a third of women, from the age of 15 years, are victims of at least one type of violence in their lifetime. Consequently, according to UNFPA (2014), in countries such as the DRC, Mozambique, Uganda, and Zimbabwe, women younger than 15 years old experience GBV. According to Gender Based Violence (2014), women with disabilities are more likely to experience sexual violence in SADAC countries. This demonstrates the urgency and importance of addressing the scourge of gender-based violence at both national and regional levels.

In SADC countries, emotional violence is the most prevalent form of GBV, followed by physical and sexual violence. According to Devries et al. (2013), the rate of GBV ranges from 16.3% to 65.64% in Central sub-Saharan Africa (Stöckl et al., 2013). In the region, GBV spans from domestic violence to sexual harassment, which can occur in places including the workplace. Human trafficking, for sexual exploitation as well as emotional abuse, is also significant.

Research shows that in sub-Saharan African countries, there is a direct relationship between GBV, low socioeconomic status, and restricted education. Additionally, in sub-Saharan Africa, most GBV occurs in women and girls owing to detrimental gender norms, genital mutilation, child marriage and poverty (Ward et al., 2015). Gender-Based Violence (2014) reports that in SADC some countries have made some progress in addressing GBV. The progress can be seen through the increase in number of women who are in political spheres. The latest data released by UNFPA shows that globally, only over a half of married women make their own decisions regarding their sexual and reproductive health and rights (SRHR) (Ward et al., 2015).

Although women within 57 countries in Eastern and Southern Africa appear to have great autonomy when choosing to use contraception, barely three out of four of them (Ward et al., 2015). Various legislations have been developed to address GBV in the region, including the SADC Protocol on Gender and Development.

The presented statistics highlight the prevalence at the regional level including interventions that can be learnt from or improved.

3.3.3. Overview of gender-based violence in South Africa

GBV is a prevalent and grave problem that has negative effects on many aspects of daily life in South Africa. It disproportionately affects women and girls because it is systemic and has roots in South African institutions, traditions, and customs. According to the Finnish Embassy (2016), GBV is not limited to women; men can also be victims. Women can act violently; however, a significant percentage of these occurrences are the consequence of men taking advantage of their partners' gender. The rise in GBV incidences against women calls for immediate action from the government and other organisations in South Africa.

Even though exact statistics are hard to obtain for reasons including that the majority of GBV incidents are not reported, South Africa has noticeably high rates of GBV. The high rate of GBV makes many survivors unfit to function in the public eye and puts an excessive burden

on the criminal justice and well-being frameworks. According to Van Der Heijden et al. (2020) in South Africa, most GBV is between intimate partners. This is referred to as intimate partner violence (IPV) (Van Der Heijden et al., 2020). In South Africa, patriarchal social norms and power disparities serve as some of the key reasons for GBV, which manifests itself in various ways within the political and socioeconomic institutions of the country (Cornelius et al., 2014 cited in Gender-based Violence, 2014). Inequality that is part and parcel of the patriarch social norm and powers disparities perpetuate GBV because one gender viewed as superior or has authority over other.

The GBV phenomenon in South Africa was worsened by the COVID-19 pandemic and its related challenges. Leburu-Masigo and Kgadima (2020) state that the GBV national command centre received 80,000 calls per week, reporting GBV cases. This was 12,000 more than the calls that were received per week, before the COVID-19 pandemic. According to national research on the murder of women in South Africa, every eight hours there is a woman murdered by her boyfriend in South Africa (Abrahams et al., 2013 cited in Mahlori, 2016). Additionally, Enaifoghe et al. (2021) found that, excluding emotional and financial abuse, one in three women experience GBV in their lives. This demonstrates that some forms of violence are more common than others despite receiving less media attention. According to Links (2009), financial and emotional abuse is difficult to quantify, GBV is frequently seen as physical or sexual abuse. According to a 2018 assessment by the Global Peace Index, South Africa is one of the countries with a high rate of all forms of violence (Index, 2018). This highlights that GBV in South Africa needs to be given urgent attention.

Jewkes et al. (2002), as cited in the Finnish Embassy (2016), report that women in the Northern Cape, Eastern Cape, and Mpumalanga provinces in South Africa have reported having been sexually abused by men at some point in their lives. Research by Gender Links (2012) reveals that 36% of women in KwaZulu-Natal, 51% of women in Gauteng, 45% of women in the Western Cape, and 77% of women in Limpopo have experienced gender-based violence. Furthermore, sexual violence has been recorded to be the most prevalent form of GBV in South Africa. This has been shown by the high number reported in the following years: 2012 (64 419), 2013 (62 226), 2014 (66 197), and 2015 (53 617).

The literature reviewed in this section shows that, though there are endeavours aimed at addressing the scourge of GBV in South Africa, more still need to be done. This highlights the necessity of stepping up preventative, awareness-raising campaigns, and developing fresh

approaches to combat GBV. According to Sardinha et al. (2022), to curb GBV, it is fundamental to begin a standard for the global, regional, and national prevalence estimates with regular collection, analysis, and reporting of comparable data. These are required for the development of mediations, legislation, and programmes directed at stopping violence against women.

3.4. Experiences of social workers providing service to gender-based violence survivors based in NPOs

In 2020, President Cyril Ramaphosa issued a national call for specialised units of social workers to deal with GBV. In response to the president's call, in Gauteng province, specialised units were created. Poverty, inequality, and unemployment are some of the factors that create a violent environment that people live in (Cunningham, 2021). This requires that communities and individuals are socio-analysed by professionals such as social workers, to design effective support strategies. In South Africa GBV "…pervades the political, economic and social structures of society and is driven by strongly patriarchal social norms and complex and intersectional power inequalities, including those of gender, race, class and sexuality."

According to Cayir (2021), the government of South Africa has done outstanding work to address GBV (Cayir et al., 2021). The government has realised that addressing GBV in communities needs collaboration and integration of stakeholders such as non-profit organisations and different government departments. In South Africa, qualified social workers render GBV-related services in both governments and non-profit organisations. Social workers are employed by private non-profit organisations to render services on behalf of the Department of Social Development.

Social workers render social services to organisations where their role includes serving GBV victims through psycho-social support. Social workers make referrals for victims who need to be admitted to shelters, especially abused women, and children. Social workers also provide support at the courts. Social workers also perform trauma debriefing in cases of rape, whether it is for the survivor or someone who viewed a traumatic event. Social workers mostly work with cases that are referred to them from diverse government departments, including the provincial department and the GBV Command Centre (Bodibe, 2022).

The current study focused on social workers who offer services in GBV-based non-profit organisations. These experiences can include policies and procedures that social workers

utilise, the working environment, compensation and incentives, the volume of cases they manage, as well as the lack of resources. Concerning policies, Sipamla (2012), cited in Sibanda, 2019), argues that instructions for social workers on GBV services are vague and simply list the Department of Social Development's responsibilities, not the practices of social workers themselves (Sibanda, 2019). DuBois and Miley (2014), as cited in Mahlori (2016), emphasise that social workers have insufficient training when to professionally respond to GBV cases, including rape.

According to Mhango (2012), as reported in Leburu-Masigo et al. (2019), there are several difficulties in implementing victim empowerment programmes due to a lack of finance, which has a detrimental impact on service provision. One of the detrimental outcomes is staffing deficit of social workers, to provide services to communities. The inadequacy of social workers to provide GBV-related services could present many difficulties.

In addition, according to Sipamla (2013, p.9 cited in Sibanda and Lombard, 2015), "social workers face challenges such as poor working conditions, shortage of staff and lack of understanding of domestic violence in general" (S. Sibanda & Lombard, 2015). Social workers have performed a valuable intervention role about GBV. However, they are employed in poor environments. Earle (2008), as cited in Sibanda (2019), states that there is an unavailability of tools of trade including, space, equipment, and transport (Ntjana, 2014 cited in Sibanda, 2019) (Sibanda, 2019). A study conducted by Schenck (2004) in five provinces of South Africa, found that social workers who rendered GBV-related services lacked resources, structure, and transport, and were unable to keep privacy because of utilising imperfect environments (Alpaslan & Schenck, 2012).

3.5. Interventions and strategies in addressing gender-based violence

The South African government has developed several policies, laws and programmes such as the Sexual Offences and Related Matters Amendment Act (No. 6 of 2012) and the Protection from Harassment Act (No. 17 of 2011). The Maintenance Act (No. 99 of 1998) is also relevant as it addresses issues of maintenance on spouses and dependents. The legislations and policies cannot operate alone in addressing GBV in South Africa's communities (Tutty, 2013, cited in the Finnish Embassy, 2016). For this reason, the Department of Social Development, among other government departments, as well as non-profit organisations that provide GBV-related services, are mandated to intervene in the scourge.

The Department of Social Development partnered with NPOs to provide GBV-related services, ensuring that the services are easily accessible, and reach communities. At a SADC level, in Zimbabwe, the government has developed and implemented programmes to protect the rights of the GBV survivors, including victim-friendly rooms (Bahula, 2022). In South Africa, within the Gauteng province, the government has adopted a similar strategy of victim-friendly rooms.

The victim-friendly rooms (VFRs) are operated inside police stations by social workers who are working under non-profit organisations to ensure that victims of crime and GBV are professionally attended to. Van Der Heijden et al. (2020) reveals that countries such as Sweden, the USA, Germany, and China have various forms of strategies focusing on perpetrators and victims of crime as well as GBV. The strategy started in Gauteng province whereby organisations such as ADAPT and MEDSA rendered services that focus on the survivors and perpetrators of GBV. However, the approach is contentious, and its benefits have not been adequately documented (Bowman, 2003).

Social workers use the victim empowerment programme as one of their tools while rendering services related to GBV. According to Mbowana (2016), the victim empowerment initiative focuses on providing GBV survivors and victims, with psychosocial support and empowerment. According to a study conducted in 2016 by the Centre of Violence and Reconciliation, South Africa's current services directed to survivors of GBV are underutilised (Van Der Heijden et al., 2020). The World Health Organisation (2014) states that most countries, including Ghana, have put strategies in place that focus primarily on working in conjunction with international organisations like the UN, WHO, Convention on the Elimination of Discrimination Against Women (CEDAW), and others.

Kasherwa et al. (2023) note that the establishment of one-stop centres will also be a means of addressing GBV. In addition, social workers operate in abused women's shelters, offering psychosocial support to women who have experienced violence (Kasherwa et al., 2023). These shelters are available in communities to assist women and their children with temporal accommodation while social workers are rendering psychosocial services, family unification and so on. One of the key services social workers in the organisations is awareness and prevention. They visit communities, schools, and high institutions to teach people about several aspects of GBV. Awareness includes social workers educating clients about resources that are available for them when dealing with GBV.

It has been indicated that women subjected to GBV violence are displeased with the support that they receive from social services (Ekström, 2015, cited in Goicolea et al., (2023); Mulambia et al., 2018) .

3.6. Roles of social workers in rendering gender-based violence services

The National Association of Social Workers (NASW, 2022) declared social workers as the first respondents to address GBV (National Association of Social Workers, 2003). According to Du Bois and Miley (2014), as cited in Leburu-Masigo et al. (2019), social workers have the mandate of ensuring social justice for vulnerable groups including women, children, and older persons. Social workers designated at non-profit organisations have the role of ensuring that social services related to GBV are provided in collaboration as well as interdependently, as indicated in the National Gender-Based Violence and Femicide. Social workers have a critical role to play in addressing GBV through micro, messo, and macro methods. Hanson's (2011) study reveals that interventions occur in all social work methods (Kasherwa et al., 2023).

According to Kam (2014), as cited in Mahlori (2016), social workers who render GBV-related services may provide different social services. Social workers' roles in this regard include the provision of GBV-related services such as networking, advocating, referring, counselling, and educating. Social workers are trained to analyse and understand the complex reasons that perpetrate GBV against women. Social workers are capable of supporting communities with dynamic societal behaviour, hence, can prevent GBV. The following subsections discuss some of the prevalent activities or roles performed by social workers while providing GBV-related social services.

3.6.1. Advocate

In social work, advocacy is the act of encouraging and supporting the rights and well-being of individuals or groups. Advocacy is a fundamental aspect of achieving social work's goals of social justice and equality (Mosley, 2013). Advocacy can happen at all levels of social work practice, from micro to macro, and it aims to empower clients so that they make their voices heard. Social workers providing GBV-related services to victims may play the advocate role. Social workers can advocate for individuals who have experienced GBV by ensuring that their needs and rights are met, even after traumatic experiences. One of the responsibilities of a social worker is to speak on behalf of those who are unable to speak for themselves, hence the

advocacy role is paramount in social worker practice. According to Mosley (2013), social workers can advocate for a client through policies and different structures.

3.6.2. Referral

Social workers can refer clients to other professionals that specialise in the further needs for clients or when the social workers believe that they are not being effective. Social workers can refer clients to governments and non-profit organisations for services, for example to the Department of Health, for the victims to receive medical services, a police station for opening a case of abuse and other needs that can be fulfilled by law enforcement agencies. For other examples of needs, if the survivor of GBV needs a place to stay, the social worker may refer them to a shelter for abused women and children so that they receive sheltering services.

3.6.3. Counselling

According to Lazarus and Freeman (2009, p.14), counselling refers to "the professional guidance of the individual by using psychological methods, and utilising different methods in gathering case history data"(Lazarus & Freeman, 2009). Social workers can provide counselling, which provides support to GBV survivors as well as assisting them with psychosocial services (Karen, 2017). Social workers can also extend counselling services to survivors' families if they are affected. A social worker, based in a GBV organisation can render either short-term or long-term counselling, depending on the type of the case. For example, social workers rendering services in victim-friendly rooms are mandated to provide short-term services and then refer the client to organisations that are responsible for long-term services. Lazarus and Freeman (2009) argue that counselling focuses on assisting a client to manage the symptoms without medical intervention.

3.6.4. Networker/ Broker

Social workers providing social services to GBV-related cases may use the role of networking with other organisations and departments to ensure that the survivors receive relevant and appropriate services. Social workers may further create different relationships and partner with other service providers to assist the GBV victims. For example, the social worker can network with outside service providers such as stores around the area where the NGO is based, to hire women who have skills, after they are discharged from the shelter. This will give the affected women an employment opportunity to avoid dependence on the perpetrators. McArdle et al.

(2024) emphasise that networking includes creating good relationships and access to resources by making connections with others.

3.6.5. Educator

According to Patel (2015), one of the social workers' responsibilities is to inform the public about the causes and repercussions of GBV (Patel, 2015). Being an educator is sharing knowledge and bringing attention to early awareness interventions so that people know what to do. Social workers can utilise different platforms to inform the public about GBV, including public spaces such as schools, social media sites, or local radio stations. The well-known organisation that renders GBV-related services in Gauteng is ADAPT, which broadcasts through the Alexandra community radio station. Social workers can also conduct different educational platforms to share information such as facilitating workshops, GBV forums and training in mitigating violence.

3.7. Conclusion

This chapter comprehensively reviews literature that relates to the current study. The chapter presents perspectives from different scholars who researched GBV. The following was discussed; definition of GBV, the context and overview of GBV in and outside South Africa, and the experiences of social workers in providing GBV-related services. The literature review reveals the relevancy of the current study. The chapter that follows provides a detailed description of the methodology applied in the current study.

CHAPTER FOUR: RESEARCH METHODOLOGY

4.1. Introduction

This chapter discusses the research methodology that was used in the current study. The study explores the experiences of social workers in providing GBV-related services in non-profit organisations in the Alexandra township, Gauteng Province. The chapter discusses the research population, sample, and sampling methods. The chapter further discusses data collection methods and instrument, data analysis, data quality evaluation, the pilot study as well as the current study's limitations. Kothari (2004) defines research methodology as the procedures by which researchers conduct their work of describing and explaining phenomena (Kothari, 2004). It further provides the work plan or structure of a study.

4.2. Research approach

A qualitative research approach was adopted for the current study. Qualitative research is naturalistic, it focuses on natural settings where interactions happen (Maree, 2016). The approach also considers viewing social life as a process rather than a static event. According to Maree (2016, p.54), "qualitative research has three types of research approaches which are, exploratory, descriptive, and philosophical." In the current study, the researcher adopted exploratory approach. An exploratory research approach was suitable for exploring the experiences of social workers in providing GBV-related services. Qualitative research assisted in the current study in gaining a comprehensive understanding of the participant how they render GBV related services at non-profit organisations. According to (Rahman, 2016) the benefits of qualitative it to yield that a thick explanation about the research study from the participants which includes feelings and interpretations.

According to Aithal and Aithal, (2023) the exploratory approach's strength is to identify the insights of a investigated topic. However, it does not provide indications of how many or how often a situation occurs. Nonetheless, the qualitative approach is suitable for the current study, it can help discover and describe the experiences of social workers in the given environment.

The qualitative research approach has been recognised to have limitations including researcher's bias since they are the main research instrument, engage with participants. Furthermore, researchers use their perspectives to interpret the participants' realities (Creswell, 2014). In qualitative research, the presence of the researcher has a profound influence about

the study (Kothari, 2004). In the current study, bias is compensated by acknowledging it where it is likely to have influenced the outcomes (Pannucci & Wilkins, 2010). The strength of qualitative research is that the researcher may attain a more profound grasp of the participant's experiences and the meanings they ascribe to, events or situations (Creswell, 2014). According to Kothari (2004), qualitative research allows the researcher to gain an insider's view of the field and obtain issues that are regularly missed.

4.3. Research design

According to Khanday and Khanam (2023, p.367), the research design is "a plan, structure and strategy of investigation to obtain answers to research questions" (Khanday & Khanam, 2023). The strategy is to address the research questions presented in Chapter 0. To address the research questions, empirical data on the experience of social workers in organisations providing services to gender-based violence survivors is required.

Rahi, (2017) identified following types of research designs, applied research, descriptive research, analytical research, fundamental research, conceptual research, empirical research, longitudinal research, laboratory research and exploratory research. In this study, the explorative design was used as the suitable design for the study as it focuses on exploring the experiences of social workers providing gender-based violences related services. An exploratory research design "is a valuable means of finding out 'what is happening; to seek new insights; to ask questions and to assess phenomena in a new light" (Olawale et al., 2023,p.1384). It allows the researcher to be as creative and to obtain utmost understanding of the study (Olawale et al., 2023).

The data collection method utilised in the study are interviews. Interviews are a method of data collection, through exchanging information between the researcher and the participants (De Vos et al., 2011; Jamshed, 2014; Stuckey, 2013). In the current study, one-on-one interviews were utilised. An advantage of interviews for data collection is that they allow the researcher to probe participant's responses. Through probing, the researcher obtained more knowledge about the past and upcoming plans of the social workers who render GBV-related services (Taherdoost, 2021). However, to conduct effective qualitative interviews, the researcher must be skilled and familiar with the topic. The researcher selected the one-on-one interviews to promote confidentiality.

According to Stuckey (2013), structured, semi-structured, and narrative interviews are three common types of interviews. In the current study, the researcher utilised semi-structured interviews (Stuckey, 2013). The benefit of using semi-structured interviews is that, the researcher can make follow-up questions where necessary (Maree, 2016). Semi-structured questions also allowed the current study's participants to explain their experiences when rendering GBV-related services in-depth. The next section discusses the research population and sampling procedures that were followed in the current research.

4.4. Population, sample, and sampling procedures

Strauss et al. (2021), describe a research population as the totality of individuals, events, organisational units, and records, that the researcher intended to research on (Strauss et al., 2021). A research population is the entire of all the participants who have precise descriptions and are of pursuit to the researcher. The research population of the current study is social workers who provide GBV-related services in non-profit organisations in Alexandra Township. Alexandra Township is in the North-eastern suburbs of Johannesburg and is about 13 kilometres from Johannesburg's inner city. The researcher conducted a study on GBV because it is a predominant social issue that is still prevalent globally, regionally, and especially in South Africa (Autiero et al., 2020). The researcher also chose the field of GBV in Gauteng because of her familiarity with the topic and the province. This reduced the transport costs for the researcher, although it was time-consuming to travel from Pretoria (where the researcher lived at the time of the study) to Alexandra, which are about 30-60 minutes' drive apart.

4.4.1. Sample

Pandey and Pandey (2021), state that a sample is a small group identified as representative of the research population. The sample assists a researcher in obtaining accurate data about the research population (Pandey & Pandey, 2021). A research sample helps the researcher to reduce time consumption and cost by avoiding focusing on the whole research population. In the current study, the researcher interviewed 10 participants as a sample. These were social workers who provided GBV-related services from two selected non-profit organisations located at Alexandra township, Gauteng Province. The GBV-related services are provided by social workers who are designated in different platforms such as those employed in government. After 2020, President Cyril Ramaphosa issued a national call for specialised units of social workers to address the scourge of GBV.

4.4.2. Sampling procedure

The researcher utilised nonprobability sampling techniques for the current study. There are various kinds of non-probability sampling methods in qualitative research such as accidental sampling, purposive sampling, and snowball sampling (Burgess, 2003). The researcher selected purposive sampling because it was best suited for the study. According to De Vos et al., (2011), purposive sampling relies on the researcher's judgment. Purposive sampling is when the sample is chosen because their anticipated availability of information concerning one or more given characteristics (Pandey & Pandey, 2021). For instance, in this study, the researcher kept in mind that the study was focusing only on social workers providing GBV-related services in non-profit organisations.

The researcher obtained permission from the management of each of the two identified non-profit organisations that provide GBV-related services. The management communicated with social workers, after which the researcher met with the potential participants. The sample was chosen because it was accessible, by because it was not far from the researcher, that is only about 47 kilometres away. The study focused on social workers who were registered with the South Africa Council of Social Services Professions (SACSSP). The non-profit organisations from which the sample was recruited also employed other staff members who are not social workers, such as auxiliary social workers, human resource practitioners, and administrators. However, for participant recruitment, the only database that was used was that of social workers, resulting in 10 participants being recruited.

The researcher utilised social workers who had been employed in the non-profit organisation rendering GBV-related services for at least 12 months. This assisted the researcher in obtaining rich information from the participants who had sufficient experience. The researcher also utilised different types of organisations providing GBV-related services, one which was shelters for abused women and the other which was the Victim Empowerment Programme (VEP) site organisation to diversify participants' perspectives. The next section discusses the research instrument used in the current study, as well as its pre-testing.

4.5. Research instrument

Research instruments are the tools that are used for data collection, measurement, and analysis. There are two types of interviews which include one-to-one interviews and focus group interviews (De Vos et al., 2011). The current study used one-on-one, semi-structured

interviews for data collection (Aborisade, 2013). Semi-structured interviews assisted the researcher in understanding the experiences of the social workers in-depth through probing. However, according to Pandey and Pandey (2021), semi-structured interviews also have limitations such as that the findings may be affected by the researcher's prejudices. Semi-structured interviews can take a long time to complete and may also be intense depending on the research topic (Pandey & Pandey, 2021).

4.6. Pre-testing

In the current study, the researcher utilised an interview guide with six questions for pre-test. The interview guide is the document comprises of questions to gather information related to the objectives of the study(Aishwarya B & Kar, 2024). De Vos et al. (2011) refers to pre-testing as research an instrument to utilised in a data-collection process on the small measure before the actual data collection resumes.

The interview guide was comprising of semi-structured questioners and 20% (2 social workers) were interviewed to test the procedures that were used in conducting the research. The purpose was to assist the researcher in improving the process of conducting the actual study, by limiting confusing questions, annoying, boredom, offensive language, and poor wording. According to Bowles (2003, p.111), cited in De Vos et al. (2011).

During the pre-test, informed consent was ensured to the social workers before data collection commenced. The pre-test was conducted to confirm that the study's instruments would yield the needed data and to increase the reliability as well as validity of the data.

4.7. Methods of data collection

Data collection is referred to as a systematic way of gathering information from the sampled participants. According to Taherdoost (2021), data collection is the process of collecting and measuring information on selected interests in a systematic way, to answer the research questions (Taherdoost, 2021). In the current study, a semi-structured one-on-one interview was utilised to collect data from the participants. This allowed the researcher to obtain an in-depth naturalistic explanation of the participants' experiences. Qualitative data was collected through open-ended questions. The researcher further observed both verbal and non-verbal expressions during the interview process. Open-ended questions were utilised to allow participants to express their experiences from their perspectives, using their own words. The depth of

participants' expressions assisted the researcher in developing a real sense of participants' experiences when providing GBV-related services daily. However, semi-structured interviews were time consumption and required more effort in analysing a large volume of notes (Adams, 2015).

An interview guide with six questions, which were comprised of both close and open-ended standardised questions was used to maintain consistency. The advantages of the semi-structured interview are that it increases validity as it allows the researcher to probe deeper, ask for clarification, and let the participant direct the conversation (Widiger & Samuel, 2005).

The researcher utilised tape recording to increase the validity and reliability of the data. The interview sessions took 45-60 minutes each per participant and a preferable language was utilised. In the next section, data analysis methods will be discussed. Recordings were useful as they ensured that the researcher could be fully attentive towards the participants without being preoccupied with writing notes.

4.8. Methods of data analysis

Data analysis is defined as a process of bringing order, sense, and structure to the collected data (De Vos et al., 2011). It is a process of making order and interpreting the meaning of the data. In this motive, thematic analysis was utilised as the most suitable method for the current study. Data analysis involves the process of reducing the size of raw data, sifting, and identifying important patterns (De Vos et al., 2011). Braun and Clarke (2006) explained that the benefits of thematic data analysis is simple compared to other qualitative methodologies, it is also not tied to an epistemological or theoretical perspective (Braun & Clarke, 2006). This means that thematic analysis is a flexible method that can be utilised in a variety of studies. However, thematic analysis also has limitations, which is the existence of multi-approaches sometimes creating confusion about the nature of the method and how to separate it from content analysis (Braun & Clarke, 2006).

During data analysis for the current study, the researcher transcribed verbatim all the interviews. She also made notes that helped her to better comprehend the data. Then she listened and relistened the audio recordings, after which she read, and reread data the transcribed data to ensure data reliability. Then the researcher grouped the data into derived themes according to the categories. The researcher conducted thematic data analysis in six steps, namely, "familiarisation, coding, searching for themes, reviewing themes, defining

themes and naming themes and writing up the results" (Clarke & Braun, 2017). The Seven steps were utilised to analyse data as follows:

Step 1: the researcher familiarised herself with the collected data by reading back and forth. This step included the researcher listening and relistening of audio recordings of the interviews, as well as reading, and rereading the interview transcripts to ensure that she understood the entire data. This stage assisted the researcher with the entry point to analysis (Willig & Rogers, 2017)

Step 2: generating initial codes is the second step in thematic analysis, which in the current study included recognising each segment of the relevant data. This phase involved the generation of codes by recognising structures that were relevant to the study. The researcher coded the whole data further, which assisted in developing codes and harmonising them with corresponding data so that they would be organised into meaningful groupings (Willig & Rogers, 2017).

Step 3: involved searching for themes by focusing on identifying preliminary themes about the research question. After data was coded and organised into groups, the searching of themes followed. Here, the researcher started listing potential codes and separated the codes that did not fit into the research topic. At the end of this step, the codes had been grouped into bigger themes.

Step 4: involved reviewing themes. This included the reviewing, modifying, and developing preliminary themes that were selected in step three. The identified themes were checked against the data to observe which ones matched perfectly, and whether would be removed or would be utilised in the findings write-up.

Step 5: included defining and naming themes. This concerned a final fine-tuning of the themes and identifying them as the core of what they signify and then utilised for report feedback on the experiences of the social worker's experiences when providing GBV-related services.

Step 6: is the writing of the report. This step included the actual writing of the current research report.

4.9. Data verification

According to Maree (2016), trustworthiness, "is the degree to which interpretations of concepts have mutual meanings between the participants and researcher." According to Guba (1981),

cited in Maree (2016, p.123), four criteria should be considered in the execution of the research study which includes transferability, credibility, confirmability, and dependability. Below, these are discussed and applied in the current study (Maree, 2016).

4.9.1. Trustworthiness

Trustworthiness involves elements of good practice that are presented throughout the research process. Trustworthiness also includes the efforts to reduce and make explicit the sources of the researcher bias (Coleman, 2022), cited in (Fitzgerald et al., 2019). According to Wagner et al. (2012), for a study to meet the standards of being trustworthy it must demonstrate four principles, which include transferability, credibility, confirmability, and dependability, discussed further below.

4.9.2. Transferability

Transferability refers to the extent to which research findings and interpretations of the findings can apply to other contexts (De Vos et al., 2011). For the current study, the researcher provided a detailed background, where and who the participants of the study were, and where they were recruited. Anney, (2024) also argues that transferability can be shared by obtaining data from the primary sources which can be interviews with correct interpretation.

4.9.3. Dependability

According to DeVos et al. (2011), dependability is attained through rich and detailed descriptions that explain the context of a study. Dependability means there is consistency in the findings over time and in different contexts. Dependability includes the incorporation of all participants evaluation, interpretation and recommendations in the fundings of the study (Anney, 2014). Dependability includes evaluation of the findings. For the current study, the researcher ensured dependability by not adding her thoughts or views during the presentation of the findings.

4.9.4. Credibility

Credibility refers to the way that the researcher describes and identifies the truthfulness of the research findings (DeVos et al., 2011). In the current study, the researcher demonstrated how the research methodology unfolded, which includes population, sample, and interviews as method of data collection in the research design. The researcher further ensured that credibility was applied by utilising triangulation of data. Triangulation of data means utilising multiple

data sources, such as interviews and observations (DeVos, et al., 2011). According to Anney, (2014) there are three types of triangulation strategies which includes the utilisation of more than one researchers to examine same topic, uses of several sources of data or research instrument and to utilisation of a research methodology. In the current study, the researcher utilised methodology as the strategy to achieve triangulation as presented in the methodology of the study.

The researcher utilised triangulation of data in this study, to obtain a broader understanding of the research topic. Furthermore, data was gathered from the relevant participants who were providing GBV-related services, to increase credibility.

4.9.5. Confirmability

Confirmability refers to the degree to which the findings of the study can be confirmed by other researchers. It includes data interpretation of the research findings that are derived from the data (De Vos et al., 2011). In the current study, the researcher presented the data collection method in section 4.8.

In this study, credibility, transferability, dependability, confirmability, and dependability were utilised through consultation of different literature based on the study, explained how data was collected and participants. This was also done with indicating authorization and permissions.

Anyone participating in a study needs to have a general understanding of what is accepted and not accepted in scientific research (Babbie& Mouton (2001). The researcher made some ethical considerations for this study these included explaining what the study was about to the participants as well as assuring confidentiality and anonymity for participants.

4.10. Ethical consideration

According to (De Vos et al., 2011) ethical consideration refers to the extent to whereby the researcher is well-informed and competent with research ethics.

4.10.1. Ethical clearance and authorisation

For the current study, the researcher conducted the research within bounds set out in the general ethical code of the South African Council for Social Service Professions (GOVERNMENT GAZETTE R103, 2011) as the researcher is a registered social worker. The researcher also attended training on research ethics, which further increased her skills on what was acceptable and unacceptable when conducting the study. The researcher was given ethical clearance to

conduct the study by the faculty of Humanities at the University of the Witwatersrand (Appendix F).

4.10.2. Informed consent

Informed consent involves respecting the participant by explaining and providing information about what will happen during the study (Bowles 2003, cited in De Vos et al., 2011). It includes obtaining consent for all possible information to be collected for the study, such as the process, expected duration, procedures, advantages, and disadvantages of participation.

In the current study, the researcher ensured that all participants understood and signed the informed consent before their participation. The researcher explained to participants that they had a right to withdraw from the investigation any time whenever they felt uncomfortable because participation was voluntary. The signed informed consent forms were kept safe in a file for future reference. Upon participants' consent, a voice recording device was used to audio record interviews.

4.10.3. Avoidance of harm

According to Babbie (2007), the ultimate moral rule of social research is that it must produce no injury to participants (Babbie, 2007). Creswell. (2003, p.64) agrees with Babbie's (2007) statement by emphasising that the researcher has, "an ethical obligation to protect participant within all possible and reasonable limits from any form of the physical discomfort that may arise from the research project" (Creswell, 2003). In the current study, the researcher ensured that participants were not subjected to any physical or psychological harm. The researcher utilised a conducive venue which was the boardrooms of the organisations. These were inside the premises of the organisations for comfortability of the participants. She also provided the participants with her contact number so that should they have felt any harm due to participating in the study, they could contact her. In addition, the contact details for Mrs Mpho Makgopa, who is a social worker in private practice, were shared with participants for free face-to-face psychosocial services. The researcher agreed with Mrs Mpho Makgopa to provide counselling services to the participants if the need arose.

4.10.4. Confidential and anonymity

In the current study, the researcher assured confidentiality by not indicating the actual names of the two selected organisations from which the participants were recruited. the specific information that is revealed in this study is only that the study was conducted in Alexandra.

The real names of the participants were not mentioned during the interviews or in writing. Instead, pseudonyms were created and assigned to participants, to maintain confidentiality. However, anonymity was impossible to maintain in the study because the participants were interviewed face-to-face. However, the researcher ensured that the notes that the researcher recorded concerning the participants, and the transcripts were kept safe, and that no one could access them except the researcher.

4.11. Limitations and delimitations

In the current study, participants were randomly nominated from the two non-profit organisations that provide GBV-related services only in Alexandra township, Gauteng Province. GBV is a predominant social issue which affects all other provinces, and, in those provinces, social workers do provide GBV-related services. Furthermore, only 10 social workers were selected to participate in the current study. For these reasons, it can be difficult to generalise the study's findings to the whole population of all social workers who provide GBV-related services in South Africa. Furthermore, the findings may not be reliable since they are based on only 10 social workers. This was not sufficiently representative of the South African demographics. To compensate for this limitation, the researcher utilised two different organisations that render GBV-related services. This diversified the study sites and experiences of social workers to limit bias.

4.12. Conclusion

This chapter discusses the methodology that was employed in the current study. The chapter thoroughly discussed how data was collected and verified, as well as the ethical considerations of the study. The chapter that follows is a detailed presentation of data and a discussion of the findings.

CHAPTER FIVE: PRESENTATION AND DISCUSSION OF THE FINDINGS

5.1. Introduction

This chapter presents the discussion of findings of the study on the experiences of social workers providing GBV-related services in non-profit organisations in Alexandra township, Gauteng Province. Table 1: demographic information of the participants provides the gender, number of dependent/s, university attended, marital status, work experience, SACSSP status of registration, age, highest level of education, occupation, and pseudonym. The findings present the themes and subthemes generated from the data collected. The themes are namely understanding and knowledge of the concept of GBV, views on GBV related services, roles of social workers in the provision of GBV-related services, experiences of social workers, training, and recommendations. The study explains the discussion of the findings incorporating them with significant literature.

Table 1: Demographic information of the participants

Pseudonyms	Age	Gender	Dependent/s	Home Language	Marital status	University attended	SACSSP registration	Occupation	Highest Qualification	Experience
GBVP1	37	Male	1	Xitsonga	Single	University of Johannesburg	Yes	SW	MASTER'S IN SOCIAL impact assessment.	6
GBVP2	62	Female	0	Sepedi	Married	University Pretoria	Yes	SW	MASTER'S IN SOCIAL DEVELOPMENT.	2
GBVP3	53	Female	3	Sepedi	Married	University of South Africa	Yes	SW	Bachelor of social work	6
GBVP4	54	Female	0	IsiZulu	Single	University of south Africa	Yes	SW	Bachelor of social work	5
GBVP5	36	Male	1	Venda	Single	University Venda	Yes	SW	Honours in anthropology	4
GBVP6	27	Male	0	Setswana	Single	University of Johannesburg	Yes	SW	Honors in Counselling psychology	5
GBVP7	34	Female	1	Sepedi	Single	University of Limpopo	Yes	SW	Bachelor of social work	5
GBVP8	32	Female	1	IsiZulu	Single	University of Zululand	Yes	SW	Bachelor of social work	4
GBVP9	32	Female	1	Siswati	Single	University of Venda	Yes	SW	Bachelor of social work	4
GBVP10	66	Female	0	Sesotho	Married	University of Johannesburg	Yes	SW	Master's Degree in Community Development	15

The information presented in table 1 is subsequently presented in further detail in the figures below.

5.2. Participants by age analysis

Figure 1 The chart represents the age of the participants.

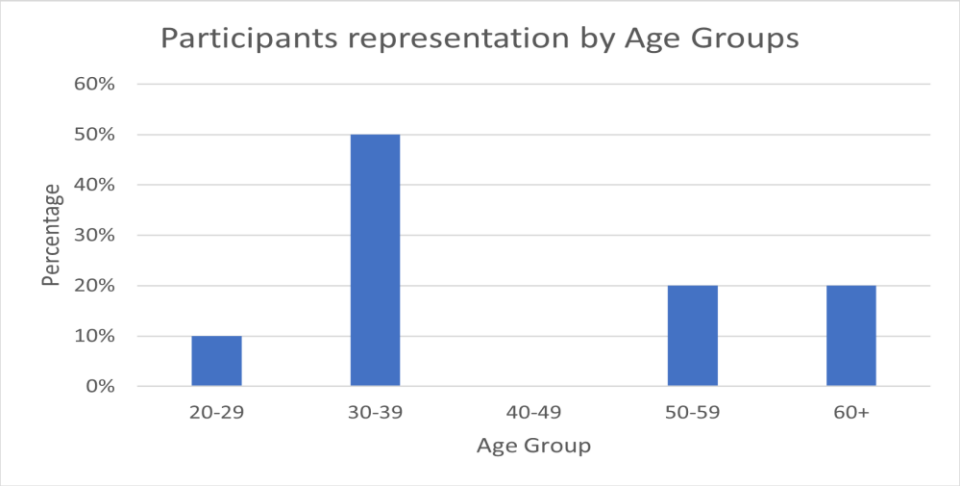


Figure 1: Participant representation by age

All participants were employed at the two non-profit organisations providing GBV-related services at Alexandra Township. The participants were aged between 20 and 69 years. One participant (10%) was in the range of 20 to 29, five participants (50%) were in the range of 30 to 39, two participants (20%) were in the range of 50 and 59, and two participants (20%) ranged at 60+. One participant was outside the working age, which is 65 years, while nine other participants were within the working age.

5.3. Participants by gender analysis

In figure 2 the chart represents the gender of the participants.

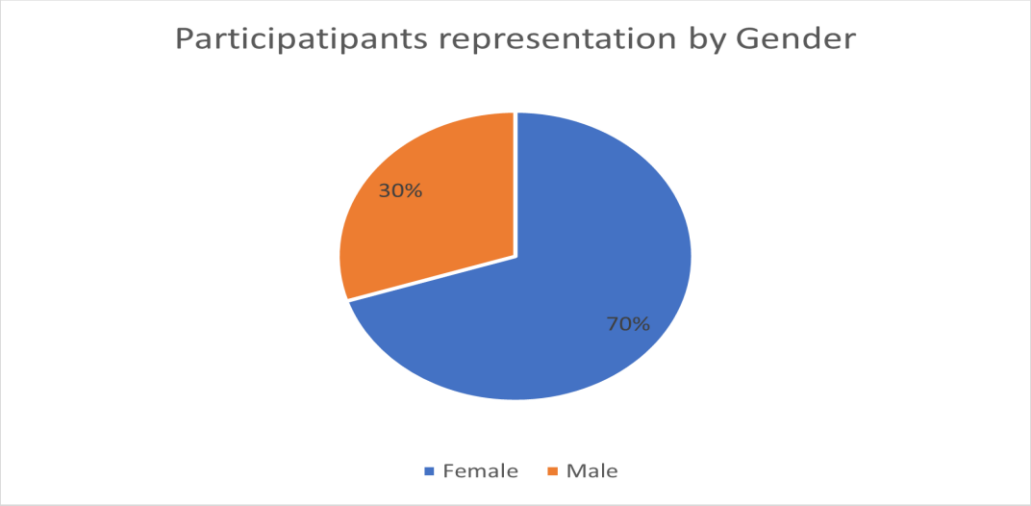


Figure 2: Participants' representation by gender

Out of ten (10) study participants, three participants (30%) were males, and seven participants (70%) were females. The profession of social work is dominated by females. Frieiro Padín et al. (2021) attested that the social work profession is predominantly female, as it is often associated with caregiving, a role traditionally ascribed to women. Therefore, this societal perception contributes to the predominance of women in the field (Frieiro Padín et al., 2021). Fortunately, the gender inequality is slowly evolving. However, a lack of gender diversity in social work can limit the perspectives and approaches within the field. Having more male social workers can bring different viewpoints and enhance the profession's effectiveness in addressing diverse client needs.

5.4. Participants analysis by number of dependants

Figure 3 represents the dependence/s information of the participants.

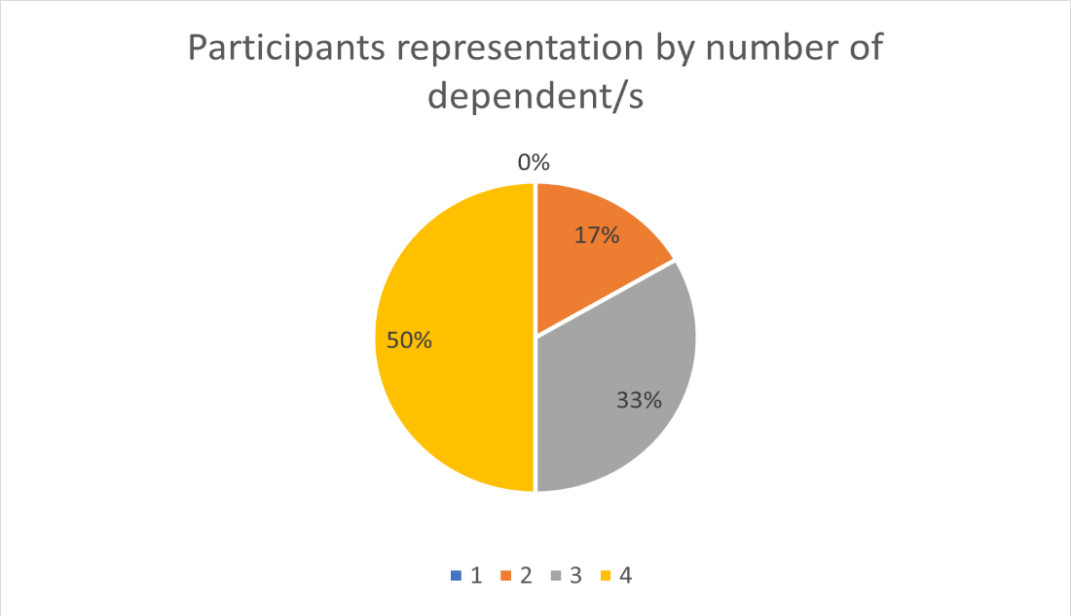


Figure 3: Participants' representation by the number of dependent/s

Out of ten interviewed participants, five participants (50%) had one dependent, four participants (33%) did not have dependents, and one participant had two dependents. This information demonstrates how social workers have their responsibility, including embracing diversity.

5.5. Participants analysis by home language

Figure 4 represents the home language of the participants.

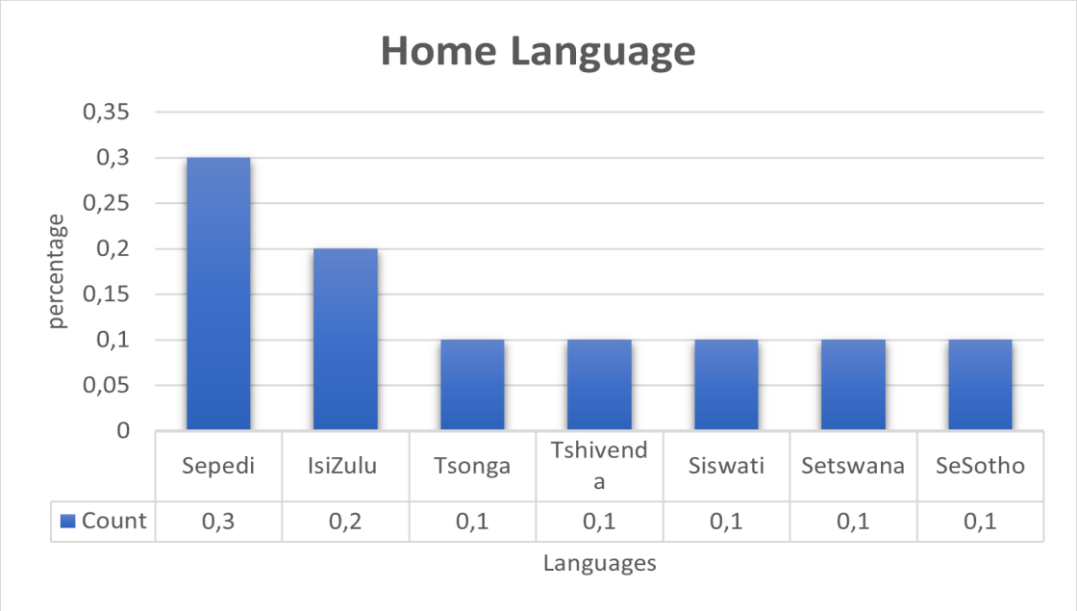


Figure 4: Participant representation by home language

Out of ten participants in the study, three (30%) participants had Sepedi as their home language, two participants (20%) were IsiZulu, one (10%) participant was Tsonga, one (10%) was Tshivenda, one (10%) was Siswati, and one (10%) was Sesotho. This is normal in the provinces like Gauteng as it accommodates individuals from different provinces.

The chart in Figure 5 represents the marital status of the participants.

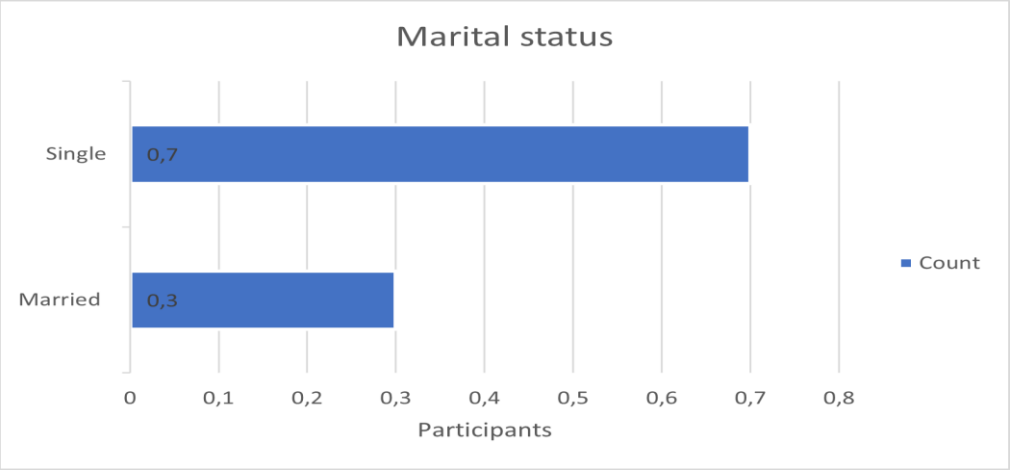


Figure 5: Participants representation by marital status

Out of the ten interviewed participants in the study, majority of the participants (70%), were single and three participants (30%) were married. According to statistics and other authors such as Whitaker et al., (2006), the social work profession is predominantly female, and research indicates that single women are more likely to join and remain in this field. This demographic factor could contribute to the lower number of married participants. According to Bride (2007),

social work is a high-stress profession, often involving emotionally taxing situations, high caseloads, and exposure to trauma. This can lead to burnout and impact personal relationships, including marriage (Bride, 2007).

5.6. Participants analysis by qualifications

The chart in Figure 6 represents the qualifications and university attended by the participants.

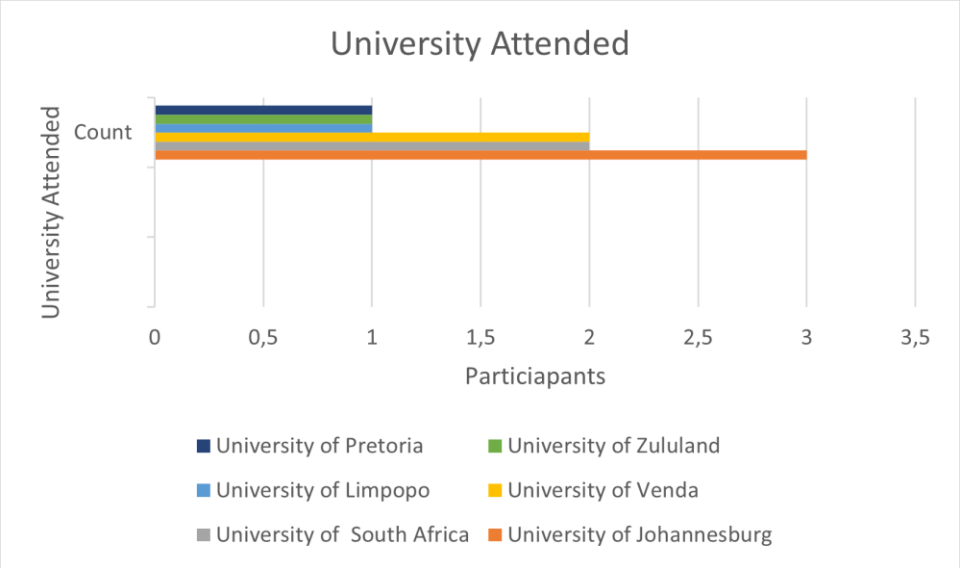


Figure 6: University attended by participants

All the ten participants were qualified social workers with bachelor's degree in social work. They were only diverse in terms of the tertiary institutions as indicated in figure 6 below. The participants have a diverse range of qualifications, which benefits our study by providing insights from different stages of professional development and theoretical training. Social workers with varying educational levels (e.g., Bachelor's, Master's, and Doctoral degrees) contribute valuable perspectives. Since the study focuses on social workers' experiences in GBV-related services, this diversity has enriched the study. Social workers with different levels of experience (e.g., newly qualified vs. seasoned professionals) offer a range of practical knowledge and skills, leading to a broader understanding of practice-related issues. This diversity has profoundly benefited the study, and the qualifications of the participants will be explained further below:

5.7. Participants' analysis by higher education qualifications.

Figure 7 is a chart representing the higher qualification of the participants.

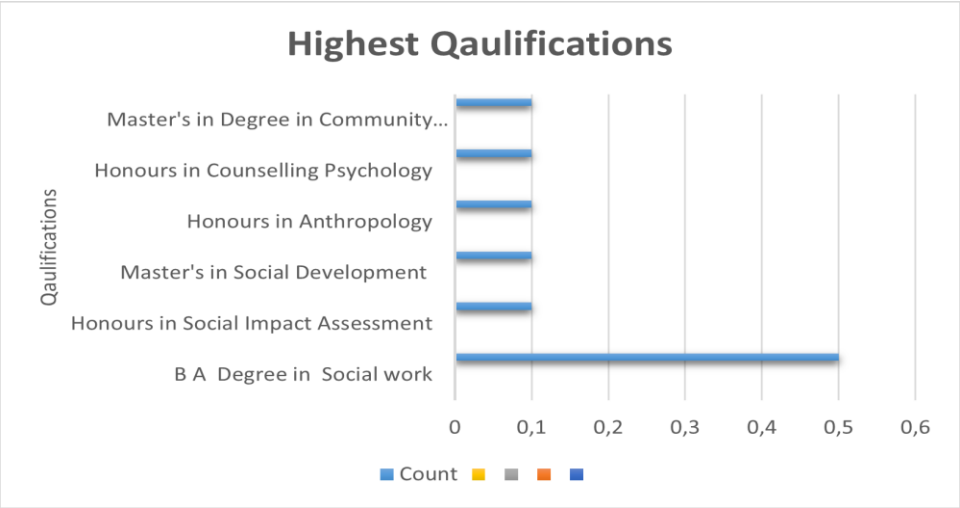


Figure 7: Representation of the highest qualification

Out of ten participants, five (5) participants which is five (50%) of participants did not have any postgraduate qualification. One participant (10%) had a master's degree in Community Development, one participant (10%) had an Honours degree in Counselling Psychology, one participant (10%) had Honours in Anthropology, one participant (10%) had a master's degree in social development, and one participant (10%) had master's in social Impact Assessment.

The chart in figure 8 represents the years of experience of the participants.

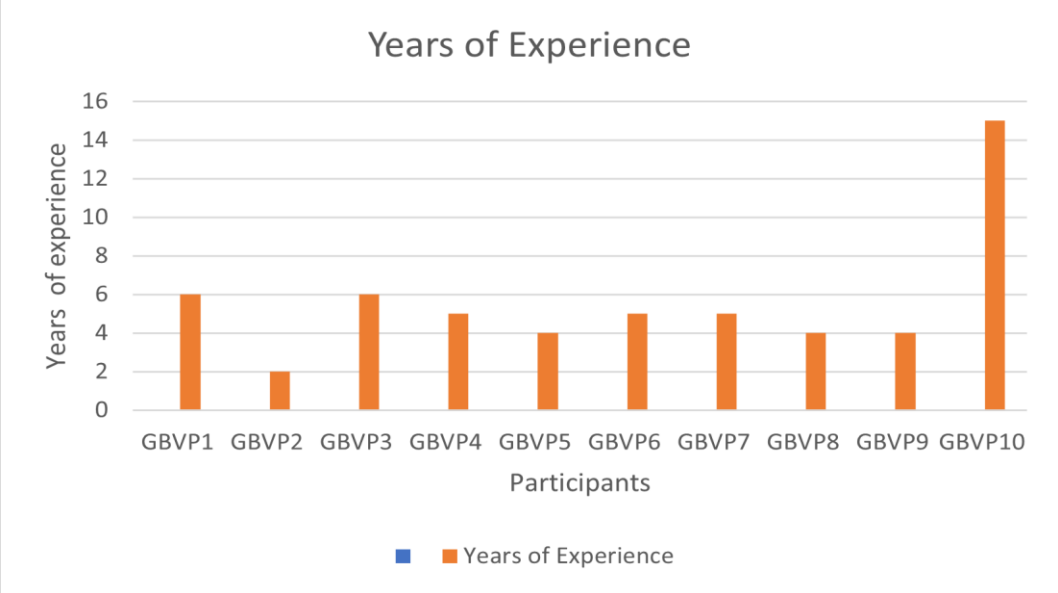


Figure 8: Presentation of years of experience of participants

The participants years of experience in the provision of GBV-related services, were as follows:

15 years (1) (the highest experience)

6 years (2)

5 years (3)

4 years (3)

2 years (1)

Three (3) participants had 5 years' experience, three (3) participants had 4 years, two (2) participants had six years, and one participant had two years rendering GBV related services within the organisation. This was interesting one participant had 15 years of experience rendering GBV-related services. The experience of the participants is not poor, as often indicated in most non-profit organisations that face challenges with staff turnover due to unstable funding (McIntyre, 2021). All ten (100%) participants were registered with the South Africa Council of Social Services Profession (SACSSP), and they were complying with the yearly renewal of their registration.

5.8. Thematic analysis

Table 3 below, indicates the themes and sub-themes that were developed during the data analysis.

Table 2: Themes and subthemes generated from data

	Themes	Subthemes
Theme: 1	Understanding and knowledge of the concept of GBV	1.Power struggle 2.Unlimited to one gender 3. GBV involve more than one violence
Theme: 2	Views on gender-based violence services GVB	1. Awareness and prevention 2. Psychosocial/Counselling support services 3. Referral
Theme :3	Roles of social worker in addressing GBV	1. Empowering 3.Advocating 4.Educating
Theme: 4	Experiences of social workers	1.Challenges

		2.Achievement 3.Supervision of social worker
Theme :5	Trainings	1. Views on BSW degree training regarding rending GBV 2. Other trainings relevant to the provision of GBV services
Theme: 6	Recommendations	1. Suggestions and strategies towards provision of GBV

The researcher used alphabets and numbers to develop pseudonyms. The pseudonyms: GBVP1, GBVP8, GBVP2, GBVP4, GBVP6, GPVP8, GBVP10, GBVP7, GBVP3 and GBVP9 represent the study participants. However, they are not arranged in chronological order as outlined in the demographic information, to protect the identity of the participants and maintain confidentiality. Each theme and its sub-themes are subsequently discussed.

5.9. Findings

5.9.1. Theme 1: Understanding and knowledge of the concept of GBV

It has been indicated that GBV can be defined or understood in different ways by various authors and organisations, such as the United Nations Inter-Agency Standing Committee. Three subthemes generated from the main theme of understanding and knowledge of the concept of GBV, which are: power struggles, not limited to one gender, and involving more than one violence.

5.9.1.1. Power struggle

In the context of this study, different authors perceived GBV as violence based on a power struggle from one gender to another. Ward, Lafrenière, Coughtry, Sami, and Lawry-White (2015), defined GBV as an umbrella term referring to violence that occurs due to power imbalances between males and females. This demonstrates that GBV occurs when one gender has power over the other. Sabri and Granger (2018) cited in the Finnish Embassy (2016) that GBV occurs when there are power imbalances between the two genders in a relationship. The findings from the interviews also support the above-mentioned authors on their understanding and knowledge of the concept of GBV. The participants expressed that GBV mostly occurs

due to power struggles from one gender to another. Below are some of the quotations from the participants:

> GBVP3: *"As the social worker, gender-based violence is about power and control because sometimes you can find a male partner coming home from work with his frustrations and overwhelmed take it out to his partner."*
>
> GBPV4: *"Right now, my understanding of gender-based violence is that violence happens because of a power struggle and yah gender-based violence is about power struggle because it cannot by the person who may be lower than me with position or maybe be lower than with resources and abused me it based on power and control."*
>
> GBVP8: *"My knowledge about gender-based violence is the overuse of power in a relationship, it can be between partners of the same gender or different genders, so it's when the other partner is overpowering or controlling the other partner".*

Govender, (2023) also revealed similar with the participants findings about the GBV as the violence happened due to imbalances of power, gender inequality and power and control which is known as patriarch. Russo and Pirlott, (2006) shared similar findings that GBV is recognised as the violence emanating from the power and structural dimensions.

5.9.1.2. Unlimited to one gender

The participants revealed that GBV is not based or committed by one gender to another, it can occur from woman to man, man to woman, or same gender. The quotes from some of the participants are given below:

> GBVP3: *"In general gender-based violence is violence that happens differently between genders such as male and female. However, now is no longer basically on gender because where currently we have LGBTIQ+ who are also experiencing gender-based violence."*
>
> GBV8: *"My understanding of gender-based violence was more of an abuse of women and children. It never clicked much to me that men can be victims of gender-based violence, too. So, now my understanding as a social worker in a gender-based violence*

setting is that gender-based violence is broad and when we are talking about gender-based violence, we are talking about everyone. Men can also be victims."

GBVP6: *"So, my understanding regarding gender-based violence is I would say gender-based violence, is a form of violence that is perpetuated to one based on their gender, and it does not choose which gender. So, it means anyone can be the victim of gender-based violence. o, it means anyone can be the victim of gender-based violence. It can be a child; it can be female it can be male."*

The above findings confirm that everyone can commit GBV or be a victim. GBV is not gender focused as it is also prevalent in the LGBTIQ+ community. The participants demonstrated their understanding and knowledge that GBV is not limited to men as perpetrators, as highlighted by other authors. They recognize that men can also be victims. This aligns with the ecological systems theory, specifically the chronosystem, which indicates that time and an individual's experience can influence how they respond to changes and developments in the future. Shikongo., (2023) revealed that formations are created in the past. Therefore, it is fundamental for social workers to recognise how the past has moulded the discourses in the present society. Evens et al., **(**2019), James, et al., (2015) and Evens, et al., (2019) cited in Dunn (2020), agree with findings that GBV has lately been reported among transgender, non-binary, gender-non-conforming individuals, and men. This demonstrates that violence can be committed by any gender (Dunn, 2020). This is crucial because in the past, prevalence showed that most victims were women. However, as the world evolves, it is becoming evident that every gender and other communities that define their identities are also equally affected.

5.9.1.3. GBV involve more than one violence

Some of the study's participants shared their understanding of GBV as encompassing multiple forms of violence rather than being restricted to a single type. Below are the quotes from the participants who expressed their understanding and knowledge:

GBVP2: *"It includes violation of human rights, it also includes violence in terms of physical, emotional, psychological, spiritual, religious economic that fall under types of gender-based violence."*

GBVP9: *"Gender-based violence is not just limited to physical abuse and femicide. Gender-based violence has different types, it can be emotional abuse, it can be financial*

abuse, it can be sexual violence, it can be technologically facilitated abuse, like when people are being threatened via social networks, phones, and the internet, those kinds of things."

In our understanding, we often think of GBV as physical. However, the context of GBV reveals that it includes various forms of violence, such as physical, sexual psychological. The participants also demonstrated their understanding that violence is not limited to a single form but includes a wide range of types, as previously mentioned. This finding was supported by the United Nations (UN) definition of GBV as "any form of violence, such as physical violence, sexual violence, psychological abuse or economic abuse, deprivation of liberties and harm or suffering inflicted on another person due to their gender, whether occurring in public or in private life and the context of a relationship or not" (Mahlori, 2016). Also, there are other findings by(Devries et al., 2013), attesting that even in countries within the SADC region, GBV is perceived as involving more than one violence, such as domestic violence, sexual harassment in the workplace, human trafficking, and sexual and emotional abuse. All findings attest to the knowledge and understanding of the social worker who renders GBV-related services in non-profit organisations.

5.9.2. Theme 2: Views on gender-based violence services GVB

This theme discusses the social workers' services in the provision of GBV-related cases in non-profit organisations. The findings from the study revealed that social workers involve all systems when providing services to victims of crime and GBV. The findings are also supported by the ecological systems theory, which highlights that individuals are constantly engaging with each other within the environment. It further indicates that there is a shared influence between individuals and their systems (Hepworth et al., 2010).

The ecological systems theory helps us understand that individuals do not live in isolation but are interconnected within their environment and are influenced in many ways. This perspective allows social workers to understand the situations of saviours of GBV in a broader context rather than in isolation (Shikongo, 2023). Three different services were revealed from the findings, and they include awareness and prevention, psychosocial support services, and referral.

5.9.2.1. Awareness and prevention

The National Strategic Plan on Combating GBV and Femicide has indicated seven (7) pillars. The second pillar emphasises on awareness and prevention services as "the one pillar that should be utilised in rendering GBV services. The participants during the interviews revealed that one of the services they employ to address GBV is awareness and prevention. Kasherwa, et al., (2023) attested that social workers' interventions in the provision of GBV-related services occur at all levels, which are micro, messo, and macro levels (Kasherwa et al., 2023).

> GBVP5: *"That's why we are having programs in high schools, local schools in Alex. We have these programs to say, as a social worker, I am going there and speaking with them about the issue of gender-based violence and teaching them what to do and not what to do. It is an issue of early intervention, like campaigns and awareness. You see, that is why we have six pillars of a national strategic plan for gender-based violence and femicide, as social workers. It is my Bible which we use to say we have pillar one until pillar six. You see, we have six pillars we focus, as social workers, we focus on number two, which is prevention and then number four,"*

> GBVP4: *"Social work is about prevention, preventative programmes support and intervention so, I think some other roles that as social workers we should focus on preventative measures it must not end with counselling though we are social workers. I wish we must have 30% doing outreach programmes that we do to engage them in the comfort zone".*

> GBVP1: *"And with the trends as well but for us, we believe that GBV is a 365-day thing. It doesn't have to be given attention only on 16 days If you look at 16 days you will think that GBV is happening a lot there sometimes it is because of the attention that is given during those days so what about the other days because there are horrible things that are happening regarding GBV and if it's not within the 16 days."*

The findings from the participants demonstrate that social workers also provide awareness and prevention services as part of their GBV-related work. GBVP1 emphasises that awareness and prevention efforts should not be limited to the 16 days of activism but should continue throughout the entire year. The participants indicated that they are providing awareness and prevention services in schools around the Alexandra Township, raising awareness on GBV issues. According to the researcher, it shows that the social workers are holistic.

5.9.2.2. Psychosocial support services

The previous study by Mbowana (2016) supports the provision of psychosocial support services by social workers in delivering GVB-related services to victims of crime and GBV. Social workers also play a crucial role in providing psychosocial services. However, Ekström, (2015) cited in Goicolea,Bäckström, Lauri, Carbin, and Linander, (2023) revealed controversial evidence regarding victims who were dissatisfied with the psychosocial support services provided (Goicolea et al., 2023). Mulambia (2018) also supports the idea that most respondents were not happy with intervention for GBV survivors (Mulambia et al., 2018). The below quotes were derived during the interviews, with participants supporting the evidence by Mbowana (2016) regarding psychosocial support services rendered by social workers (Mbowana, 2016).

> GBVP7: *The core services are just like providing psychosocial support, empowering the victims, and educating them because you find that some of the clients or some victims do not understand what gender-based violence is.*
>
> GBVP8: *"the psychosocial service is the most important one for the victims or as a social worker in the gender-based violence setting. So, that is the number one service that you have to offer to your victim because it just allows the victims to be more empowered in different ways. During the psychosocial services, it helps them to unpack or to understand even to get the options that they need to deal with the problem they have".*
>
> GVBP9: *"The main core service for gender-based violence is the psychosocial and then, the rest follow, like when the court processes and other stuff. But once the person gets the psychosocial services, it just unpacks everything It allows them to understand what is it that they need for themselves."*

Social workers can provide counselling and psychosocial support to survivors of GBV (Karen, 2017). Kam (2014), cited in Mahlori (2016) also supports the findings that social workers intervene in GVB-related services by rendering different services, such as crisis intervention, counselling, safety and protection of the victims. GBVP:4 and GBVP:8 highlighted that they also provide counselling services (Mahlori, 2016). The above quote indicates that she offers mostly counselling services to victims of crime and GBV.

GBV4: *"The core services of the social worker in rendering gender-based violence are counselling, support, and advocacy to the survivors of gender-based violence. Especially as me here I normally conduct counselling since most of my clients are clients who experienced gender-based violence in the form of rape."*

GBVP8: *"Mainly for us is counselling because people come to our offices and we guide and provide information for them because sometimes they come to us not being aware that they are being abused and if they are aware they don't know what to do and we do not tell them what to do but we provide options for them like there is a shelter if you don't want to go back home or you can open a case."*

5.9.2.3. Referral services

Referral services were revealed as part of services social workers conduct in providing GBV-related services in non-profit organisations. During the interviews with the participants, it was indicated that the social workers either are receiving referrals from the other stakeholders or they are giving referrals to them. The quotes below are derived from the study participants:

GBVP10: *"Alex we have Masiphephe which involves stakeholders that are in the GBV sector and equate it to victim empowerment networks as the organisation we utilised to work together with other stakeholders and that for me is giving positive results because the referrals system has been improved and people are beginning to know that they cannot work alone and is reduce secondary to our client because you see people moving from one organisation to another and only to return to the initial organisation."*

GBVP2: *"Here my role is to contain the client and refer the client to other stakeholders because you cannot work alone. Refer the client to relevant other stakeholders because you cannot work alone for instance and there is a clear role, if the case is about the family, I know that FAMSA will assist me".*

GBVP3: *"Mmm… I normally refer clients to police stations and court."*

GBVP1: "*Then the police station becomes a very important referral system. And when we look at, there is one of our police stations, extension 15 becomes one of the, you know, whenever it's something in Alex, whenever they think of police station it becomes the central police station that a lot of people refer to or they always run to."*

The participants revealed that they were also performing referral services in providing GBV-related services. These services further ensured the coordination and interdependence of services received by clients, which is emphasised by pillar one of the National Strategic Plan for Combating Gender-Based Violence and Femicide. However, it was revealed that some participants, such as GBVP4, sometimes find it difficult to fulfil referral roles due to the unavailability of landlines or phones. As a result, they may end up referring clients without verifying the availability of other stakeholders. It was also revealed that the social workers at these organisations utilise Masiphephe Forum, making their referral process more effective. This is due to all departments and non-profit organisations rendering GBV-related services around Alexandra are represented. This finding was also supported Earle (2008) cited in Sibanda (2019) that social workers in non-profit organisation are operating under poor conditions, such unavailability of tools of trade, including office space and furniture.

5.9.3. Theme 3: Roles of social workers in provision of GBV services

This theme was derived from exploring the roles of social workers in rendering services to victims of crime and GBV. The participants expressed playing various roles in addressing GBV in non-profit organisations. Three subthemes were derived from the theme namely: empowering, advocating, and educating.

5.9.3.1. Empowering

The role of empowering emerged as one of the subthemes regarding how social workers render services to clients at GBV organisations. The role of empowering was viewed as crucial by social workers during the interviews in the study. This is because victims of crime and GBV often feel disempowered and lose hope due to their experiences of violence. Different participants expressed how they utilised the role of empowering during their intervention process with GBV survivors.

> GBVP9: *"I Empower the clients so that they become empowered, and they get to move on with their lives and heal. Because I believe that victims of gender-based violence do not just need to heal physically, but they also need to feel emotionally and mentally okay so that they get to move on with their lives*."

> GBVP7: *"The services are just like providing counselling, psychosocial support, empowering the victims and educating them because you find that some of the clients*

or some victims do not really understand what gender-based violence is. For us to really stop this gender-based violence, we need people to understand that this is wrong, and these are the things that you can do to protect yourself or to empower yourself so that you can walk away from this."

GBVP4: *"Yeah my core services are to empower and support victims of crime and gender-based violence through containment services sometimes by creating awareness to them."*

Social workers use the victim empowerment programme as one of their tools when providing services related to GBV. The victim empowerment initiative, according to Mbowana (2016) focuses on providing survivors of GBV and crime with psychosocial support and empowerment (Mbowana, 2016). The participants expressed the distinct roles they played during the intervention of GBV-related services. However, empowerment was seen as a common role. It was further observed that the role of empowerment is primarily utilised in psychosocial services to help the victims or survivors regain control over their lives back and facilitate their healing process. According to the researcher, empowerment is essential in the context of GBV, since it supports individual survivors in their recovery and growth, as well as fostering broader social and systemic changes that can prevent violence in the future.

5.9.3.2. Advocating

Advocating role emerged as a subtheme regarding how social workers provide GBV-related services. The participants indicated that the advocating role is used at the intervention level to ensure that the victims' voices are heard, and that justice is served. Mosley (2013) shares the same sentiments regarding the advocating role. It is the fundamental aspect utilised in the social work field to bring social justice, equality, and the promotion of human dignity. Mosley (2013) further asserts that social workers providing GBV-related services can advocate for clients by challenging legislations and community structures that perpetuate GBV. The participants expressed their experiences of using the advocating role in providing GBV-related services, as GBVP1 reported, *"In terms of advocacy, you know some cases come into our offices, and you'll also find that they are also going through court so, as a social worker or organisation, we can pick it through the justice system".*

These findings are also supported by the ecological systems theory on the macro level. It states that social workers can identify the structure that persuades and discontinues the scourge of

GBV by advocating on behalf of the clients. Wies and Haldane (2011) cited in Shikongo, 2023), revealed that it is important to recognise structures that condone GBV at the macro level. Addressing these structures is crucial for challenging social norms that escalate GBV (Shikongo, 2023).

> GBVP7: *"It's quite tricky but being or playing the role of an advocate to these victims or survivors or our beneficiaries is very important because some of them come here, I don't want to use the word "voiceless", but you'd find that they struggle to speak for themselves So, advocating for them so that they receive the justice they deserve."*

The study findings revealed that social workers providing GBV-related services utilise the role of advocacy by accompanying victims to court to ensure that justice is realised or achieved for their clients. However, one participant GBVP:4, expressed that her role of advocating needs to be intensified form of training, as she sometimes feels her knowledge on this role is limited.

> GBVP4: "*We need those kinds of training, it becomes difficult at some point you end up saying because I gave them counselling, I think what we are doing is not enough because of lacking skills."*

5.9.3.3. Educating

The role of educating was also indicated as one of the roles used by the social workers in the provision of GBV related services. Social workers render services in three distinct levels which are micro, messo, and macro. The educating role was discovered to be mostly utilised on the macro level. This is the level where social workers educate community members on the impacts of GBV and the various services available in their organisations to mitigate the scourge of GBV. Patel (2015) supports the study findings, in that social workers are educating the public on the causes and repercussions of GBV.

> GBVP7: *"Educating them about themselves as well. Because being a victim of gender-based violence, you end up losing yourself in the process or during that point where you are being victimized and you end up not knowing who you really are. So, as a social worker that works with beneficiaries of gender-based violence or victims or survivors of gender-based violence, continuously providing information."*

> GBVP6: *"We also have forums whereby men gather; we see the need to involve men as part of the solution to addressing gender-based violence. Because if we are to only*

capacitate the woman who will have intimate conflict, because one way or the other, she will go back to the same guy who is not capacitated. So, we educate them through the forums and capacitate them with modules around gender-based violence so that they are able and know how to relate with those women who are independent."

GBVP5: *"We have programs for local schools in Alex we involve these young ones, young boys, young girls the other relevant police and legislations because we must teach a young individual from the beginning to say, this is wrong. We have these programs to say, as a social worker, I am going there and speaking with them about the issue of gender-based violence and teaching them what to do and not what to do. It is an issue of early intervention, like campaigns and awareness. You see, that is why we have six pillars from the National Strategic Plan on Combating GBV and Femicide."*

It was observed that social workers also educate children in schools and attend forums on a community level. The researcher also observed that the participants' services focus on both men and women, as it was revealed that all genders experience violence. Findings by Evens et al., (2019) revealed that transgender, non-binary, gender-nonconforming individuals, and men are also recognized as victims of GBV. The participants provide services to victims of crime and GBV while adhering to the National Strategic Plan on Combating Gender-based Violence and Femicide, as well as following norms and standards for victim empowerment service delivery and other relevant policies and legislations.

5.9.4. Theme 4: Experiences of social workers

This theme was generated from exploring the experiences encountered by social workers when rendering GBV-related services. Three subthemes derived from the experiences of social workers, which include the challenges, achievement or the high notes, and social workers' supervision.

5.9.4.1. Challenges

This subtheme emerged from the experiences of social workers in provision of GBV related services. During the interviews, it was revealed that participants face challenges. These findings were also revealed by Mhango (2012) and Leburu-Masigo et al. (2019), asserting that there are a lot of difficulties and challenges experienced by social workers working in NPOs. The main challenges include lack of finance, shortage of social workers, shortage of tools trade,

low salaries, and staff turnover. Sibanda (2019) also revealed similar findings which supports the finding of Mhango (2012), that social workers in NPOs face various challenges. Earle (2008) cited in Sibanda (2019) also revealed same findings supporting the above authors regarding the challenges experienced by social workers, which include issues such as unavailability of tools of trade, such as office space and furniture. Below are the quotes revealed by the participants regarding their challenges:

> GBVP9: *We haven't been paid for two months, it's the issue of consistency and it's the first time our payments have been delayed for two months because of the interference of the politicians for me if the politicians could just let the civil society and the governing officials to be given the ability to do their job properly, we wouldn't be where we are."*
>
> GBVP7: "*In this, I'd say in the NPO sector one of the challenges that I have personally experienced is workload, because being one social worker in an organization, sometimes we visit a lot of clients, sometimes you have seven or six clients, and they have kids as well, so you'd find you have 12 to 13 clients, and you have to deal with those cases alone. It can be very challenging, it can be draining, and it can also affect the quality of work that you do".*
>
> GBVP4: *"My experiences firstly are the one for resources is based on the facility social workers based in a non-profit organisation, for an example, we do not have phones to call the client, electricity here is the challenges besides the issue of woodshedding, water is the problem and the clients who do not come for follow up sessions."*
>
> GBVP2: *"We still lack in aftercare service, shelters for abused women are not enough, after were referred the client, we were able to contact the client and check how the client doing."*
>
> GBVP3: *"The problem is that there is no funding responsible for those resources only funding for personnel who are rendering, most of the time we are working with women with children and have homes, you find out sometimes there is no sanitation, wipes pamper, milk etc. We will the client waiting for you as the social worker at the police station without eating the whole night with no refreshment of food sometimes as social workers you will end up taking your lunch box."*

The participants expressed various challenges they encounter daily when providing GBV-related services. The researcher grouped these challenges as follows, unavailability of stable funding, interference of politicians, poor salaries, unable to implement aftercare services, unavailability of trade, space to render services. The researcher noted that some of these challenges also impacted the social workers on personal level. This may have a negative impact on their family members or those close to them. Kilanowski (2017) cited in Shikongo (2023), highlighted that there is a strong influence between an individual and enclosed intercommunications of the close surroundings.

5.9.4.2. Achievement

The participants not only expressed their challenges but also shared their positive experiences and achievements in rendering services in the GBV sector. The quotes below were expressed by the participants:

> GBVP8: *"My high notes are seeing from our victims being survivors and being able to stand on their own, being independent and they are even free to talk about the challenges they went through. Because if there is no progress it also affects you as a social worker you feel like you are not doing your work enough or putting enough effort into your work."*
>
> GBV10: *"In advocacy work, it has become easier for us to be acknowledged because of the national strategic planning strategy and national strategic plan for gender-based violence and homicide and for me talking about it now. I think we are winning now because that was unheard of when we started, we were on our own but through advocacy work, we are being recognised and people are talking about GBV everywhere. The amendment of the legislation act has also brought about a significant change in how must live life unlike before."*
>
> GBVP7: *"I think the best part of being in this environment for me is having to see how you helped someone transform their lives or having to see your clients different from how they came looking like, and it makes me sleep better at night knowing I helped someone to see life from a different angle."*
>
> GBVP1: *"The organisation has the basket of services for clients, it is because I see the positive of that, there is a basket of services. The only thing that is not there, might be*

the shelter but the other basket of services of GBV is there. So, I think it's the positive that I think it's there here at the organisation because there is VFR, there is VEP there is perpetrator program so services are catered to everyone who needs them."

Bahula (2022) also revealed findings aligning with the GBVP1 by indicating that the Zimbabwean government has established a programme for victim-friendly rooms, a feature also presents in the organisation where the study was conducted. Conversely, Van Der Heijden, et al., (2020) revealed that countries such as Sweden, the USA, and Germany have various forms of strategies for victims and perpetrators of GBV, which was also indicated by the participants. The study findings revealed that they were positive experiences during the provision of services to victims of crimes and GBV. One of the key highlights was the joy and peace participants felt from assisting clients transition from victims to survivors. The participants' responses were not only focused on their efforts but also on improvements observed from the amendments to the policies and legislation they utilised. According to the researcher, being a social worker and being consistent with helping people is also considered as an achievement. They require resilience and coping strategies; hence, it is an important and fulfilling internal achievement.

5.9.4.3. Social workers' supervision

This theme was derived from exploring the participant's views on the supervision they received regarding the provision of GBV-related services and identifying other supportive structures to assist in performing their role. The quotes below were derived from the interviewed participants during the study:

GBVP3: *"Supervision is also assisting in instilling growth and development to me as a social worker because I have six years' experience rendering gender-based violence without have a gap but I still need supervision. Our supervision sessions are conducted monthly."*

GBVP5: "*Okay in terms of supervision here at the organisation it happens monthly, Individual supervision one-on-one me and my senior, like line manager, we do supervision, then number two is group supervision. Group supervision it is just us as social workers, not excluding other staff. So, it is group supervision for only social workers and number three, it is catch-up social work meetings, so we have three*

supervision and the last is catch-up meetings where we speak about the challenges and everything we encounter in the different offices because we do have different offices."

GBVP7: *"In this organization is quite tricky because I do not have an assigned supervisor, so what happens is that we usually have meetings or I would say group supervision, where we share cases and try to find solutions for some of the things that I struggle with and I think I do need supervision or rather let me say working in an environment where you work with people. It is okay to work alone, but also, I also think it is very important to have someone who guides you because we are working with people's lives. You carry a person's life and if you do not get proper guidance or being corrected here and there, you might end up damaging one person's life."*

The participant's responses demonstrate that they do attend supervision sessions once a month, where they receive support and guidance on how to intervene in difficult cases. In addition, it was highlighted that social workers have individual and group supervision as form of support. However, one participant expressed that she does not attend supervision sessions which becomes a problem since she does not receive guidance and support. BASW (2011) cited in Manthorpe et al., (2015), highlighted supporting findings about the importance of supervision, which includes support and assistance in providing quality and effective services. Lloyd et al., (2002) cited in Manthorpe et al., (2015), revealed that supervision in the social work profession can protect social workers from being exposed to issues such as burnout and increase satisfaction (Manthorpe et al., 2015). This shows that some social workers are not fully equipped to be competent in their work, and that can negatively affect them.

5.9.5. Theme 5: Training

This theme was derived from exploring the participants' views of Social Work undergraduate training with regards to assisting them in rendering GBV-related services. Two sub-themes derived from this study are the views of the participants on undergraduate training in line with the provision of GBV and what other training they attended before, and which ones can be relevant in the provision of GBV services by social workers to render effective and efficient services.

5.9.5.1. The views on undergraduate training regarding to provision of GVB-related services

Below are the quotes from interviewed participants during the study:

> GBVP7: *"I feel like, those who are still in their undergraduate days, should also kind of specialize in GBV I think it would help them when they graduate and come into these kinds of spaces. Because most of us graduate with just general knowledge of gender-based violence and then some of the things you start to learn when you are working. So, I believe universities should also prioritize gender-based violence training."*

> GBVP6: *"The undergraduate degree did justice, but there was a gap regarding one transitioning from being a student and putting everything into practice. And now I am in practice, and I am dealing with GBV. I would say regarding undergraduate, I do not know, but undergraduate focuses on generic and tends to miss the critical point of transition. So that is the gap I noticed, then regarding the training that is essential for GBV."*

> GBVP4: *"Regarding the skills that I am using right now, that was, or I acquired from university they are still relevant, but more training is necessary because Aaa… I remember during the time I was studying Domestic Violence it was not yet amended. So, similarly, with another Act, it should improve and improve. Yes… in skill at some point, it should be some additional skills although I am not quite sure which ones."*

The responses from the participants indicate that the training received during their BSW undergraduate studies was inadequate in terms of GBV-related services and did not adequately prepare them to render effective services. The participants further revealed that the undergraduate for BSW only provided them with the basics and suggested that it would be better if the GBV services were introduced to the university curriculum. This shows that they are not fully trained and prepared to render services. In addition, the amount and quality of practical fieldwork or internships included in the undergraduate program should be increased. Hands-on experience with supervision can significantly equip students to handle GBV cases.

5.9.5.2. Training attended before, and which one believes can relevant

The quotes below were derived from interviewed participants regarding the trainings:

GBVP4: *"I think everyone in the sector can get trained in domestic violence who is working in this programme need to train on domestic violence act about the necessary to programme to be rendered, Human trafficking is also important although every time we are not getting more cases of human trafficking, although we're not receiving them everyday day but it's happening kidnapping in the community of Alexandra is happening."*

GBVP9: *"Yes, risk assessment helped me because I am able now to understand if the client is at high risk or is just low risk."*

GBVP7: *"Another thing that can be done, is the justice system is failing us specifically directed to SAPS I think they need serious training when it comes to GBV cases because it's tough, so that is one of the reasons the numbers are always going up because victims go to report and they tell them to go and talk about it at home and it ends ups continuing and she ends up getting killed and that's where we get shocked but she did try to report and they sent her back home… I feel like they are limited, and we need to have more training because this is a sensitive matter and training should not be provided to social workers only, but to everyone who needs or who is in this space or who works in this kind of space. For instance, you would find that there are police officers who do not really understand the sensitivity of gender-based violence or how to provide services to victims of gender-based violence."*

GBVP3: *Another one is for the art therapy or activity as healing because sometimes. Because sometimes as a social worker will end up being a preacher during the counselling sessions. Also, the clients are not the same some clients can benefit from the counselling services, and some can benefit from art as therapy. It will also promote participation from the client so that we realise that the sessions are about him or her."*

The study participants revealed that they did attend training. However, they felt that it is not sufficient as most of the policies and legislations utilised in the provision of GBV-related services have amendments. DuBois and Miley (2014), cited in Mahlori (2016), also pointed out similar findings regarding social workers not receiving sufficient training for responding to cases of GBV professionally, including rape (Mahlori, 2016). It was also indicated that not only social workers providing GBV services need training. but other stakeholders who render GBV services, such as domestic violence, human trafficking, risk assessment art therapy also

require training. According to the researcher, participants revealed that training, workshops, and other platforms for equipping undergraduates are not enough to prepare them to provide services. While undergraduate training can provide a solid foundation, many professionals think that further education, specialised training, and field experience are necessary to effectively and confidently provide services in the sensitive and complex field of GBV. Therefore, studying further and specialising in certain areas of social work might also enhance their full potential.

5.9.6. Theme 6: Recommendations

This theme was derived from exploring the recommendations and strategies towards the provision of GBV-related services by social workers. In addition, it is to further explore the participants' suggestions towards improvements of BSW undergraduates, to assist future social workers in providing GBV-related services.

5.9.6.1. Suggestions and strategies for gender-based violence services

The study participants expressed their suggestions and views towards the provision of GBV services. Below are the quotes for suggestions and views of the participants regarding the provision of GBV-related services:

> GBVP4: *"Another thing is the issue of theories specifically for addressing gender-based violence, the social worker must have their own theories in the provision of gender-based violence services. Many theories may come to assist the social workers in dealing with gender-based violence*."

> GBVP8: *"So, my say on this one thinks it will be that we need more support for the victims from the government and we also need more shelters for women and men, we also need more training as social workers about the issues of gender-based violence".*

> GBVP10: *"I think the first one I would say is that the government is trying hard enough to try and capacitate our organisations but capacity building without financial support and low incomes of social workers demotivated. I would say the scale of social workers in NGO sectors should be equated to that of government social workers and the second one I would recommend that the government should give recourses to the NGOs according to the program matching part of the services."*

GBVP4: *"We need to intensify the early awareness services so that people from the community understand gender-based violence. In addition, all officials working in gender-based violence should be trained on issues of gender sensitivity and the community members can be taught about gender sensitivity."*

GBVP1: *"Yes it becomes a policy of the Department of Education that we should introduce GBV education also in schools through LO and that will already put a stamp from the top that yes we have to implement because GBV is not only for adults."*

The researcher summarised the recommendations from the participants regarding GBV-related services as follows: development of GBV theories, additional shelter for abused women and establishment of men's shelters, more continuous training for social workers on GBV-related services and other stakeholders especially SAPS officials, improved salaries and equated of NGOs social worker's salaries in line with SWs in government, allocation of resources to NGOs as the programme needs and introduction of GBV issues to the education curriculum.
Most participants recommended additional shelters for abused women and children, as well as the establishment of shelters for abused men. Participants also revealed that they do receive men who are victims. Ecological systems theory is the chronosystem, indicating that the chronosystem level includes the dimensions of time or events that have occurred in an individual's life. These events are experienced by individuals who can influence how every individual will respond to changes and developments in the future.

5.10. Conclusion

This chapter presented and discussed the findings of the study, with participants' information entirely indicated in Table 5.1 and broken down into graphs and bar charts. The findings were then presented in different themes and their subthemes derived from data analysis. As indicated in section 5.1 above, the main themes are understanding and knowledge of the concept of GBV, views on GBV-related services, roles of social workers in the provision of GBV-related services, experiences of social workers, training, and recommendations. However, addressing GBV effectively requires a multidisciplinary approach. Social workers should collaborate with healthcare providers, law enforcement, and community organisations to offer holistic support to survivors. Coordinated efforts to ensure that survivors receive comprehensive care that addresses their physical, emotional, and legal needs (Cayir et al., 2021). Lastly, Social workers

should pursue ongoing training and education to be updated on the latest research, practices, and policies related to GBV. Continuous professional development ensures that social workers are equipped with the knowledge and skills necessary to provide effective support to survivors (Gitterman, 2004). The next chapter will present the main findings, conclusion, and recommendations of the study.

CHAPTER SIX: MAIN FINDINGS, CONCLUSION, AND RECOMMENDATIONS

6.1. Introduction

The study explored the experiences of social workers providing GBV-related services in NPOs in Alexandra township, Gauteng Province. The study consisted of ten social workers from the two NPOs providing GBV-related services at Alexandra. This is the final chapter of the study. Therefore, it presents the extent to which research objectives were met, and the research question are discussed. In addition, the main findings obtained through the qualitative approach were presented in the previous chapter, along with the conclusions and recommendations of the study. Furthermore, it also presents the limitations of the study.

6.2. Aim of the study

This study aimed to explore the experiences of social workers providing GBV-related services in NPOs in Alexandra township, Gauteng Province. This involves understanding the challenges, strategies, and support systems that social workers encounter and utilise in their work. The study aimed to shed light on the effectiveness of these services, identify areas for improvement, and contribute to the development of best practices for supporting GBV survivors. The aim of this study was achieved by meeting the following three objectives. Each objective will subsequently be discussed in terms of how it was achieved in this study.

6.2.1. First objective

6.2.1.1. To ascertain the views of social workers on their role in the provision of services to gender-based violence in non-profit organisations

An in-depth literature review on various roles played by social workers in providing GBV-related services in non-profit organisations has been further discussed under Chapter 3. The conducted literature review pointed out the roles of social workers, providing a broader understanding. The further achievement of this objective was through the study findings, as presented in Chapter 5 of the study. The findings indicated that there is a high level of understanding and knowledge of the roles of social workers in GBV-related services. In addition, understanding roles is in line with ecological system theory, which was also presented in Chapter 2. Furthermore, it was noted that social workers' roles in provision of GBV-related services include advocating, empowering, making referrals, and educating. However, empowerment and advocating roles are viewed as the ones utilised frequently.

6.2.2. Second objective

6.2.2.1. To evaluate the experiences discovered from literature against experiences by social workers in the provision of gender-based violence

This objective was met through an in-depth analysis of the literature review on the experiences of social workers providing GBV-related services in NGOs. Furthermore, experiences from the literature were evaluated alongside the findings presented in Chapter 5 of this study. The social workers were interviewed using a qualitative approach based on their experiences providing GBV-related services in NPOs in Alexandra, Gauteng Province. Interviews were conducted with ten social workers for data collection. Six themes were derived, as well as subthemes discussed in detail in Chapter 5 of this study.

The literature review revealed that social workers providing GBV-related services in non-profit organisations encounter a lot of challenges, which include limited funding, lack of resources or tools of trade, shortage of social workers, and poor salaries. However, the findings revealed that there are challenges, and some have a negative impact on the services provided by the social workers. In addition, the findings revealed the personal achievements experienced by social workers, such as the joy of assisting clients bring about positive changes in their lives and the improvements in policies and strategies for providing GBV services.

6.2.3. Third objective

6.2.3.1. To suggest strategies for the provision of gender-based violence services by social workers

This objective was achieved and discussed in Chapter 3, the literature review of this study, by detailing the interventions and strategies for addressing GBV. Furthermore, in Chapter 5, the recommendations theme includes suggestions for strategies to improve GBV services. This further revealed the aspect that includes continuous training of social workers on the dynamics of GBV, trauma-informed care, cultural competency, and the latest intervention strategies, provision of supervision, allocation of funding to cover the needs of the entire programme, introductions of GBV in the curriculum of basic education, and consideration as a field that needs specialisation. Lastly to ensure services are culturally appropriate and accessible to diverse populations, considering language barriers and cultural norms.

6.3. Key Findings

The key findings summarised from the social workers providing GBV related services in non-profit organisations in Alexandra township, in Gauteng Province, as follows:

- Social workers are solely dependent on the DSD for training and mostly the training has no CPD points.
- Social workers are determined and competent in the provision of GBV-related services.
- The clients are not willing to lay charges or if they manage to open a case, they immediately withdraw the charges.
- There is a stakeholder engagement at Alexandra under the Masiphephe forum, where all departments and local non-profit organisations responsible for rendering GBV services meet.
- Lack of proper structure for referring clients to access psychosocial services, as most clients require psychologist services.
- Social workers providing GBV-related services understand the policies and legislation and the minimum norms and standards of victim empowerment programs.

- There is need for continuous training, capacity building, and debriefing sessions for social workers working with traumatising cases. Trainings on LGBTQ+ sensitivity, risk assessment, and art therapy were highly suggested.
- There is a need for expansion of services or programmes targeting both victims and perpetrators.
- Social workers in NPOs encounter a lot of challenges that include poor working conditions, lack of tools of trade, unavailability of social workers' supervision, poor salaries, staff shortages, limited funding, high caseloads, and limited funding.
- Social workers have a high level of understanding of the roles and services they are rendering. However, continuous training is required since policies have amendments.
- Due to high targets required by the founders of NPOs, social workers tend to strive for numbers instead of quality service to clients.
- The clients are reluctant to attend aftercare services, they only visit the office immediately after facing a challenge.
- SAPS officials are not trained on GBV issues, causing secondary trauma to victims of crime and GBV.
- The social workers providing GBV-related services need to strengthen early and awareness-raising prevention services.
- There is need for the field of GBV to be specialised in terms of the SACSSP mandate.
- There is collaboration between the stakeholders, which is promoted by the existing forums.

6.4. Analysis

Findings from the study revealed various experiences of the social workers in the provision of GBV-related services in NPOs in Alexandra township, Gauteng. In the study, it was revealed that social workers have a high level of understanding of their roles and services regarding the provision of GBV-related services. Although there is a need for continuous training for social workers and all stakeholders involved in GBV services due to several amendments to policies and the severity of the epidemic, this further emphasises the importance of collaboration and interdependence among stakeholders in providing GBV-related services. Social workers

cannot work alone. There is a significant need to intensify and strengthen early awareness interventions that focus on raising awareness campaigns on GBV-related issues and disembark the scourge of GBV in all existing structures. Additionally, the study highlighted that social workers in NPOs encounter lots of challenges, such as limited funding and poor salaries. However, they strive to always provide efficient and effective GBV-related services to our clients. Furthermore, the study also revealed that social workers do attend training, but they are not adequate as there are amendments to policies and an increase in GBV cases within the communities. This further requires continuous structured supervision, capacity building, and debriefing sessions for social workers as they work with traumatising cases of GBV.

6.5. Recommendations

In this section, recommendations for interventions for interventions as well as opportunities for future research are presented.

6.5.1. *Recommendations from* interventions

- Additional shelter for abused women and children and establishments for shelter for men, as the findings revealed that men are also the victims of GBV.
- The organisations should establish their means of fundraising for training and not solely for the DSD, for social workers to be able to render effective services to clients.
- Continuous training and provision of continuing professional development (CPD) of social workers, especially regarding GBV, is necessary to acquire knowledge as NPOs have high social worker turnover due to poor salaries and instability.
- There should be structural supervision for social workers, where they will receive support, guidance, and mentorship to manage difficult cases. This will further assist in lessening the level of stress and burnout as they work with traumatising cases.
- The working conditions of social workers employed in non-profit organisations should be improved, especially their salaries, to match those of their counterparts in government. Despite having the same degree and performing similar duties, social workers in NGOs often handle higher caseloads.
- Introduction of GBV topic in BSW undergraduates, so that social workers will have understanding from the high institution level, rather than u when they must implement services for clients.

- Recommendation of robbing psychologist services in NPOs as most victims of GBV portray mental health symptoms that require psychologist services.
- Funding from the DSD should also cover the needs of the GBV programme, and not only focus on those who conduct the duties, since it has a negative impact on the services rendered by the social worker.
- Recommendations on the expansion of services and programmes that cover all the victims and perpetrators, since findings revealed that other countries have started introducing those programmes.

6.5.2. Recommendation for Future Research

It is recommended that future studies be conducted on social workers in other provinces and include more than ten social workers to allow for more confident generalisation of the results. Furthermore, a similar study should compare the experiences of social workers rendering GBV-related services in NPOs with those of social workers employed in government, according to the DSD. In addition, similar research was also conducted. across countries in the SADC region to gain insights into the experiences of social workers providing GBV-related services. Collaborate with healthcare providers, legal advisors, and other relevant professionals to provide holistic care and build strong partnerships with local organisations, shelters, and advocacy groups. By adhering to these recommendations, social workers can provide comprehensive, empathetic, and effective support to individuals affected by GBV within non-profit organisations.

6.6. Conclusion

In conclusion, this chapter discussed the findings of the study. The conclusions and recommendations were also presented in this chapter. The study achieved the objectives of exploring the experiences of social workers providing GBV-related services in non-profit organisations in Alexandra township, Gauteng province. Social workers providing GBV-related services in non-profit organizations play a significant role in supporting survivors and fostering societal change. By adopting a holistic, empathetic, and collaborative approach, they can significantly contribute to reducing the prevalence of GBV and aiding survivors in their journey of recovery and empowerment.

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APPENDIX A: PARTICIPANT INFORMATION SHEET (PIS)



Dear Sir / Madam

My name is Nozipho Zamambo Sibiya I am a Masters' student in (Occupational Social Work) at the University of the Witwatersrand, Johannesburg. My supervisor is Prof Thobeka Nkomo. I am conducting a research study about gender -based violence services. The study tittle is "Exploring social workers' experiences in providing gender-based violence related services in the non-profit organizations in Alexandra township, Gauteng Province."

I am inviting you to take part in an interview questionnaire. If you decide to take part, your participation in this research study will last about a year. The interview activity will take place at your organization boardroom at 10:00 -11:00.

With your permission, I would like to audio interview. This data will be stored in protected folder for five years and deleted after five years. Only the researcher will have access to the data.

During the research activity, I will need to ask for some personal information about you, including your experiences in providing gender-based violence in non -profit organization.

The interview will be confidential and anonymous. When I share the results of the research study, I will not include your name or anything else that could identify you. With your permission, other researchers may use the data collected from this research study, but your name and any personal information will not be used or passed on.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services, benefits, or rights you would normally have if you decided not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study. Your travel costs to attend the interview will be reimbursed to a maximum of R150.

The risks for this research study are no more than what happens in everyday life. OR Some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time. If you need some support or counselling services following the

interview, these are available free of charge at. The name of the counsellor is Ms Mpho Makgopa, and the contact details for the counselling service are Mpho Makgopa Psychosocial Services and contact details: 082 0877 785.

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnonmedical@wits.ac.za.

Yours sincerely,

Researcher:

Nozipho Sibiya, 2726146@students.wits.ac.za , 084 661 7213

Supervisor:

Prof Thobeka Nkomo,Thobeka.Nkomo@wits.ac.za , 011 7174 583

APPENDIX B: CONSENT FORM

Exploring social workers' experiences in providing gender-based violence services in the non-profit organizations in Alexandra township, Gauteng Province

I……, agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

The research study was explained to me. I understand what this study is about.	YES	NO
I understand that I can volunteer to take part in the study.	YES	NO
I agree that the interview other activity may be audio recorded	YES	NO
I agree that direct quotations from my interview other activity may be used by the researcher in their research report.	YES	NO
I agree that my participation will remain anonymous (my name will not be used by the researcher in their research report)	YES	NO
I agree that other researchers may use the information I provide in my interview other activity, but my name and any personal information will not be used or passed on	YES	NO

…… (signature)
…… (name of participant)
…… (date)

…… (signature)
…… (name of researcher/person seeking consent)
…… (date)

APPENDIX C: INTERVIEW QUESTIONS

MA BY COURSE WORK AND RESEARCH REPORT IN OCCUPATIONAL SOCIAL WORK

1. **Demographic information**
    - Age:
    - Gender:
    - Marital status:
    - Dependent/s
    - Home language:
    - High qualification:
    - Current position
    - University attended
    - Registration with SACSSP
    - Any postgraduate qualification
    - Experience providing gender-based violence services:
2. **Knowledge and understanding of gender- based violence services.**

    - What is your understanding of gender-based violence services in general?
    - What is your understanding of gender-based violence services as a social worker designated in non-profit organization?
    - What are the core services you providing as a social worker based in gender-based violence non-profit organization?
    - Who are your stakeholders in providing gender-based violence?
    - Which are the most referrals you receive and why?
    - Which section (s) of Domestic violence Act No.116 of 2008 you are utilizing in rendering gender-based violence services.

- What are policies and legislation are you utilizing as a social worker in providing gender-based violence services?

3. Trainings in the provision of gender-based violence services

- Do you think the training you obtained from your undergraduate degree provided relevant skills to provide gender-based violence services? Please elaborate.
- Which skills and information you obtain from undergraduate degree assist in providing gender-based violence services? Please Elaborate
- Have you ever attended other training in gender-based violence except of the undergraduate degree? If yes, what type of training was it and how is assist you in rendering your services?
- Which trainings do you think will be off relevant in providing gender-based violence services and why?

4. Roles and responsibilities of social workers in provision of gender-based violence

- What is your understanding of the role(s) of a social worker in the field of providing gender-based violence?
- Which roles you perform most in rendering gender-based violence?
- Do you think you are capacitated adequately to perform those roles.
- Which skills do you think you need most and why?
- Which knowledge/ support do think as a social worker providing gender-based violence services do you need?
- Do you receive supervision? What kinds of supervision do you receive

5. Experiences in the provision of gender-based violence services

- What are the challenges you experiencing in providing gender-based violence in non-profit organization?
- What are the most positive experiences you come across with in rendering gender-based violence services?
- What mostly contributes to these challenges?
- How do these challenges affect your provision of gender-based violence services? Please elaborate.

- Is there any support in your organization to assist you deal with challenges?

6. Recommendation and way forward

- What suggestions do you have regarding the provision of gender-based violence services in non-profit organization?
- What improvement or strategies can be introduced in the field of gender-based violence service as whole?
- What do you recommend should form part and parcel when it comes provision of gender- based violence by social workers?

APPENDIX D



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The Social Worker: Maphuti Shamaine Padima

Bombani Shelter for Abused Women and Children

P O Box 91

Alexandra

2090

24 July 2023

Nozipho Sibiya

Student Number: 2726146

University of Witwatersrand

School of Human and Community Development

RE: Permission to conduct a study with the Social Worker at Bombani Shelter for Abused Women and Children

This letter serves as a confirmation that Bombani Shelter for Abused Women and Children grant Ms. Nozipho Sibiya permission to conduct a study with the Social Worker at the Shelter.

For further communication, kindly contact us at info@bombanishelter.org or socialworker@bombanishelter.org .

BOMBANI SHELTER
FOR ABUSED
WOMEN AND CHILDREN
est. 1999

Warm Regards

MS Padima

bombanishelter@gmail.com



To: University of Witwatersrand

School of Human and community development

From: Mss Olga Baloyi

Senior social worker ADAPT

Date: 18.07.2023

RE: Confirmation of permision to conduct a research Social workers at ADAPT

Mss Nozipho Sibiya: Student number2726146

This letter serves to confirm that ADAPT has accepted Mss Nozipho Sibiya to conduct her reaserch study with social workers at ADAPT.ADAPT will assist Mss Sibiya accordingly during her time.

Regards

Mss Olga Baloyi

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APPENDIX F

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: SW23/07/01**
PROJECT TITLE	Exploring social workers' experiences in providing gender-based violence-related services in the non-profit organizations in Alexandra township, Gauteng Province
INVESTIGATOR	**N SIBIYA**
SCHOOL/DEPARTMENT OF INVESTIGATOR	SOCIAL WORK
DATE CONSIDERED	17 November 2023
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	MINIMAL RISK
EXPIRY DATE	17 NOVEMBER 2026

ISSUE DATE OF CERTIFICATE 20 November 2023 **CHAIRPERSON**
(DR L PETERSEN)

cc Supervisor: PROF T NKOMO

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature **Date** 20 / 11 / 23

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES