



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

**Managing complexities: The experiences of practitioners and support staff members in
working with gender-based violence cases at the University of the Witwatersrand**

A report on a study project presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements

**for the degree Master of Arts by Course Work and Research Report in the field of
Social Development.**

by

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June 2025

DECLARATION

I hereby certify that I am the owner of this research report and that I cited all the sources I have used in report. I also declare that this research report has never been submitted to any other university for an exam or a degree.

N. Dlamini June 2025 Signature Date Nomthandazo Dlamini

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ACKNOWLEDGMENTS

This was a journey worth embarking on and experiencing; however, it would not have been possible and fruitful if it was not for the individuals and presence of the individuals highlighted below:

- I would first like to thank God for carrying me through this research study. It was not an easy journey; there were challenges I encountered along the way which made it seemed almost impossible that I would get to this stage. However, I am grateful for his presence in my life and for reminding me that I was not really built for the easy things in life. This was a journey worth embarking on and experiencing.
- I would also like to extend my gratitude to my mother for her supportive, strict and encouraging nature as she held my hand without her realising that she was actually holding my hand as I was embarking on this journey. Thank you to my sister for reminding me that there is so much more that I can do to further improve my career and myself. To my late brothers, I hope that you will always continue watching over me and cheering with me on every milestone I get to achieve.
- Thank you, the rest of my family, for their support and encouragement. I truly appreciate it.
- Thank you to my special friend for your support, presence and words of encouragement, as you always reminded me that I can actually do this.
- I am grateful to the University of the Witwatersrand for granting me permission to 'engage with staff members in different departments for this research study. My deepest appreciation and gratitude go to individuals who agreed to be part of the research study. It would not have been possible to be this far if it was not for you. I would like to thank the Gender Equity Office (GEO) and Campus Health for allowing me to engage with their staff members. The work that these departments do is remarkable, important and life-changing and may you continue to change one life at a time.
- To my supervisor, Dr Zintle Ntshongwana thank you for your guidance and support throughout this journey.
- To my colleagues, thank you for your guidance and encouragement, it truly means and meant a lot, I truly appreciate it.

- Lastly, I would like to thank myself for believing that I can do this and reach the finish line.

ABSTRACT

Educational institutions are meant to provide individuals with learning opportunities. However, that is not always the case as there are various issues students enrolled in these institutions face including gender-based violence and harm. The focus of this study is on the experiences of university practitioners and support staff members in working with GBV cases. The specific key focus areas included identifying the challenges they face and how they manage these challenges and exploring resources and interventions to support practitioners and support staff members. The study was conducted by inviting practitioners and support staff members who work under the Gender Equity Office (GEO) and Campus Health at the University of the Witwatersrand and data was collected through one-on-one interviews. This study aimed at exploring and analysing the experiences of university practitioners and support staff members at the University of the Witwatersrand and how they manage the various complexities when working with GBV cases. The population of this study were university practitioners and a support staff member who work at the University of Witwatersrand and who deal with and manage gender-based harm and violence cases at the university. The sampling technique for this study was purposive sampling. The data for this study were collected using one-on-one semi-structured interviews. Thematic analysis was a method used to analyse the data. The main finding from this study is that there is a need to have more and accessible debrief and support interventions for practitioners and support staff members. One key recommendation is for the policies in the university to be written in various languages so that they are relatable to every student and staff member and for them to own these policies.

KEYWORDS: Complexity, practitioner, support staff member, gender-based violence, experiences

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

Gender-based violence (GBV) is a worldwide issue that affects various settings and environments, which is linked to various societal constructs and inequalities. It has seemed to be spilling over in academic institutions, where many students are affected by this issue.

Globally, gender-based violence (GBV) is a serious issue affecting societies and universities (Dlakavu, 2022). The high rate of GBV in higher education is an unmistakable proof of assaults on learning environments, which further disrupts how institutions are meant to operate, how students are meant to progress and succeed in their studies and how they are meant to feel safe and secure within these spaces. Part of the root causes of GBV often lie in the patriarchal norms that are restrictive for women in South Africa, inequalities in gender mainly around education and employment (Mahlori et al., 2018).

The University of the Witwatersrand published a report on sexual harassment that was occurring at the university and this report revealed that there was a lack of policies and structures available that could help deal with GBV that occurs within the university (CALS, University of the Witwatersrand, 2013). This motivated the university and other universities to implement various policies, procedures and structures that could help mitigate the prevalence of GBV within universities. Despite universities having policies and procedures in place aimed at preventing and addressing GBV, its cases still occur in universities (Gwiza & Hendricks, 2024). With GBV cases still occurring regardless of the implemented policies and procedures, it is worth highlighting that those who are affected do receive the holistic support and intervention to ensure that their cases are well managed and handled. With GBV being prevalent in universities, it leads to concern for both students and staff. In 2019, the killing of Uyinene Mrwetyana sparked widespread outrage and protests in South Africa due to

gender-based violence (Geldenhuys, 2021). According to Cismaru and Cismaru (2018), the low reporting rates of GBV cases highlight that there are many students who get to experience GBV; however, they do not report this issue and the reasoning behind this may vary. Abubeker et al. (2021) asserted that violence against women is often not reported due to sentiments of shame, embarrassment, and remorse. Telegraph (2015) conducted a study that highlighted that about one-third of the female students in Britain had endured some form of sexual violence and harassment. Almost 97% of these cases often go unreported due to students feeling that the university could not effectively intervene (Telegraph, 2015). In addition, other factors contributing to under-reporting include, unclear reporting procedures, unclear policies, inadequate support for victims and survivors' procedures, a lack of awareness of current laws and policies, a lack of faith in institutional structures to act, a fear of being victimised and stigmatised, and a reluctance to go through extensive disciplinary proceedings (DHET, 2019). Although aware of GBV, bystanders are hesitant to intervene due to fear, ignorance, powerlessness, and lack of trust in the university's response to reports of bullying and sexual harassment (Paul et al. 2019).

1.2 Statement of the problem

A survey that was conducted at Georgetown University revealed that out of 51% of students who are female undergraduates 31% of them had experienced some form of sexual contact that was non-consensual (Sexual Assault and Misconduct Task Force, 2016). Another survey was conducted at a South African university, and it revealed that about 240 students, 21 administrative staff, and 51 academic staff members had experienced some form of GBV, with 206 of those incidents being reported (Finchilescu & Dugard, 2021). It is challenging to verify the exact figures of GBV that occurs in universities for various factors and reasons (Finchilescu & Dugard, 2021). This also makes it challenging for universities to fully understand the magnitude of GBV and its nature and continuously move towards reactive interventions to proactive interventions (Finchilescu & Dugard, 2021). However, various institutions have invested in trying to understand the various dimensions of GBV. Although studies have looked at the causes and consequences of gender-based violence, there are not many in-depth analyses that concentrate on the experiences of those who work with these situations in academic settings. This research gap emphasises the necessity of more studies into the viewpoints and difficulties encountered by these experts. GBV is typically characterised by stalking, sexual harassment assault and rape in academic contexts. Intimate

partner violence, gender-based violence, unfair discrimination and other forms of systemic latent sexual harassment are experienced by many employees and students, sometimes with little motivation to come forward and report (Brink et al., 2022). One consequence of the lack of research on GBV is that little is known about this social ill, including its prevalence and implications (Davids, 2020).

Additionally, it has been reported that students who experience GBV may experience a range of negative outcomes that impact their academic performance and general well-being, such as a decline in their grades, failing classes, changing degrees, quitting enjoyable activities, changing universities, or dropping out of school (Mahlori et al., 2018). University professionals are subjected to several pressures and traumas, which may have an impact on them as well. It can be extremely draining to work with survivors of gender-based violence, which can result in burnout or vicarious trauma. Practitioners' well-being and effectiveness at work may be impacted by stress, empathy fatigue, or secondary trauma. Practitioners need to remain up to date on the latest findings and recommended procedures in GBV. This usually means investing in ongoing education, attending workshops, and securing academic references. Their knowledge, which is continuously updated by scholarly references, is the foundation for their ability to offer helpful assistance.

1.3 Rationale

Examining the nature of this study will shed light on the experiences that support personnel and practitioners have when handled GBV cases at the university. Examining their experiences when handling GBV cases will highlight their accomplishments as well as some of the challenges they encounter and how they resolve them. Policymakers both inside and outside of the institution will be persuaded to enact comprehensive laws and policies that will help reduce the prevalence of GBV on campus and improve the care provided to academics and support workers. This study will further provide insight for the social work practice in how gender-based violence cases are managed within educational institutions and which key areas to be aware of when addressing this type. This will also improve the various theories and approaches that inform social work when it comes to how they are utilised and applied.

1.4 Brief description of research methodology and methods

This study employed a qualitative research approach and a phenomenological research design. An in-depth summary of some of the experiences of practitioners and support workers who deal with GBV cases at the university was given through a qualitative approach. Two

groups of practitioners and support workers who deal with GBV cases at the University of the Witwatersrand were included in the inclusion criteria for research participants. Purposive sampling was the sample technique used, and 5 people—4 practitioners and 1 support staff member—participated in this study. One-on-one semi-structured interviews were used to gather data, and thematic analysis was used to analyse the results. The participants were guided by the study instrument during an interview, which allowed them to fully express themselves. The research instrument contained a series of questions based on the main objectives and the overall aim of the study. Data collection took place at the university in various offices, which were the GEO and Campus Health. The data that was collected was analysed through the use of the thematic analysis method.

1.5 Definition of concepts

- ❖ **Experience:** According to Acampando (2019), experience is the result of an organism's interaction with its surroundings to reach a level of contentment. The relationship among survivors, the perpetrators' abusive behaviour, the overall environment, and how this interaction led to the perpetrator's sense of fulfilment were all examined in this study.
- ❖ **Complexity:** This broad idea serves as the foundation for the majority of human behaviour. According to Aksentijevic and Gibson (2012), it is a limit on what may be understood, expressed, and perceived.
- ❖ **Gender-based violence (GBV):** As defined by Mutitnta (2022), gender-based violence is violence committed against people as a result of unequal power relations and gender norms. Sexual, physical, and verbal/emotional abuse are all examples of gender-based violence.
- ❖ **Practitioner:** A practitioner is a person who pursues a certain line of work, profession, or creative endeavour (Diker, 2014). A skilled individual who provides mental health services is typically referred to as a practitioner (American Psychological Association, 2020). This includes social workers, psychologists, counsellors, therapists, and psychiatrists. By employing a range of therapeutic techniques to address emotional, psychological, or behavioural issues, these practitioners promote people's mental health and personal development (American Psychological Association, 2020). The phrase emphasises the proactive role they play in offering clients support and care. The practitioners in this study included

the investigations officer, social worker, mental health nurse, and primary health care nurse.

- ❖ **Support staff members:** According to Bossu (2019), the phrase "support staff" has been used to more broadly refer to university employees who do not work as academics or teaching staff. Roles within institutions that support departments and facilities in delivering their programs are identified by this term (Bossu et al., 2019). The advocate became a support staff member since they don't work directly with clients; instead, they assist the practitioners in their work.

1.6 Limitations of the study

Some of the limitations that were encountered during this study included:

- Not all participants agreed to be recorded, and this became a limitation in terms of capturing some of the exact citations that could have been used in the research study.
- The sample size was too small, and this provides a limited generalised view and understanding of the practitioners' experiences as it only focused participants from Wits

- Support staff members from other departments did not participate in this study, which could have provided a much broader perspective on the work they do.
- Data was collected through interviews, which may have posed various biases.
- Conducting the interviews, transcribing and analysing the data that was collected was time-consuming.

1.7 Organisation of the report

Chapter One: Introduction

Introduction of the study and the overview, and the background of this research study are presented in this chapter

Chapter Two: Literature review and theoretical framework

This chapter highlights the theoretical framework that underpins this study, and the literature reviewed is highlighted.

Chapter Three: Research approach and design

The research design and methodology utilised in the research study are presented in this chapter.

Chapter Four: Results and Discussion

This chapter focuses on data presentation and the discussion of findings. **Chapter Five: Main findings, conclusions and recommendations were provided.** This chapter presents a summary of the main findings according to the objectives of the study, followed by the conclusions drawn from the findings, as well as the recommendations for social work practice, policies and future studies.

1.8 Conclusion

Chapter one presented the introduction of what this study is about. This section presented the foundation of the entire research report as it highlighted the statement of the problem, the rationale of the study, a brief description of the research methodology and methods that were used, definition of concepts, the limitations of the study and the organisation of each chapter of the research report. These components provided a guide of what each chapter will focus on. Chapter two focuses on the literature review of the GBV concept within the university. The theoretical framework that underpinned the study will also be highlighted in chapter two.

CHAPTER TWO

LITERATURE REVIEW & THE THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

2.1 Introduction

Chapter two of the research report provides an overview of some key areas found on the literature around of GBV within educational institutions. These key areas include: the nature and extent of GBV in universities, contributing factors of gender-based violence in universities, effects of GBV on students, interventions available to address GBV in universities, the role counsellors play in addressing and managing GBV in the university space and policy frameworks and policies to address GBV.

2.2 The nature and extent of Gender-Based Violence in universities

Gender-based violence is a social problem that goes unreported while being pervasive and has many negative health implications. It transcends in different social constructions such as racial, age, nationality, and culture, which affects vulnerable women and children, and is one of the most pervasive abuses of fundamental human rights in the world (Wane et al., 2018). Shame, stigma, financial barriers, the belief that criminals get away with it, cultural beliefs, a lack of information or access to services, the fear of losing children, and the concern that the

offender will get into trouble are some of the reasons why victims do not report or seek care from officials (Matzopoulos et al., 2019). The necessity for institutions to support social interventions to address GBV is highlighted by recent instances of GBV on college campuses, as well as efforts to downplay the problem and hold offenders accountable. According to Davids (2020), a significant proportion of GBV occurrences, including rape, are reported by South African university students. But there isn't any nationally representative data to show how widespread GBV is on HEI campuses. Samakao and Manda (2023) asserted that despite all attempts to combat this crime, higher education institutions continue to report high rates of gender-based violence (GBV). The most common types of gender based violence include physical, sexual, and psychological. Women and girls account for the majority of GBV victims worldwide. Higher education institutions have long been a breeding ground for GBV cases (Samakao & Manda, 2023).

Sexual violence on campuses is nothing new. Students began mobilising against the problem in 1984, and rules were adopted by universities starting in the late 1980s. In 1997, the Department of Education established a Gender Parity Task Team and issued a report with recommendations to enhance gender parity in education. These included initiatives to address sexual violence in the school sector (Department of Higher Education and Training [DHET], 2017). Beyene et al. (2019) highlighted that the following factors, for instance, were linked to a higher likelihood of gender-based violence: age, living in a rural area, having children, having experienced family violence as a child, educational attainment, marital conflict, and partner and individual usage of alcohol, tobacco products, and illegal substances. Students who had been victims of gender-based violence were more likely than their non-affected peers to report poor academic performance and a higher school dropout rate (Beyene et al., 2019).

GBV is not a single entity that should be explored on its own; however, in understanding this social issue various environmental elements should be considered, such as gender norms, cultural beliefs, and social structures as these have influence on this issue (Heise et al., 2002; Moylan & Javorka, 2020). GBV has always been tied to social norms that perpetuate gender inequalities (Heise et al., 2002). If these social norms exist in society, for example, masculine domination over women and acceptance of violence, they will eventually penetrate and emerge in many sub-settings, including higher education institutions (Owusu et al., 2024)

2.3 Contributing factors to gender-based violence in universities

Globally, one in three women will experience some form of sexual, physical, or psychological abuse in their lives, and one in five will become victims of rape or attempted rape in a variety of contexts, such as the workplace or an educational institution (Abubeker et al., 2021). According to Fischer et al. (2000), 81% of sexual assaults that occur on campus and 84% of those that occur off campus frequently go unreported, indicating that the issue is far more widespread than the data indicates. According to Collins et al. (2009), first-year students frequently find themselves in a new social setting with fewer restrictions and guidelines, giving them more freedom to experiment with drugs, alcohol, and sexual activity than they did before attending college. This suggests that because of their age, inability to understand institutional reporting procedures, and inability to understand boundaries and protect their personal spaces, young people are more susceptible to abuse. Additionally, the likelihood of victimisation may be increased by defencelessness and a lack of supervision (Gialopsos, 2017)

GBV cases among university students are widespread, underreported and understated (Cismaru & Cismaru, 2018). First-year female undergraduate students who participate in high-risk behaviours such as drinking and drugging are more likely to experience sexual victimisation. University students are increasingly consuming alcohol and other substances, leading to negative consequences (Welsh et al., 2019). In addition, Moure-Rodriguez et al. (2016) conducted a study that revealed that 40% of full-time university students aged 18-22 drank excessively. Research indicates that adolescents who consume alcohol regularly are more likely to experience negative consequences, including major health hazards and problematic behaviours, including being exposed to gender-based violence (Dinku and Fenta, 2019). As students transition from being in high school to being in tertiary institutions, there has been an increase in drinking, marijuana/drug use, and having multiple partners (Paul et al., 2024). Furthermore, university students living in residence halls are more likely to engage in alcohol or drug use and be exposed to gender-based violence compared to students who live at home with their parents.

Shoba et al. (2024) highlighted that in South Africa, some social and cultural norms contribute to the prevalence of gender-based violence. These social and cultural norms influence how individuals behave, conduct themselves and engage with others. Toxic masculinity and patriarchy are believed to have intensified gender-based violence in South Africa. Sikweyiya et al. (2020), the culture of male dominance, which puts women in

submissive roles and encourages males to use violence, is another factor contributing to gender-based violence in various communities. Furthermore, patriarchy has led men to believe that they have the right to rule and dominate women, which further encourages exploitation and abuse (Quek, 2019).

2.4 Effects of GBV on students

Students who experience GBV encounter various effects that have a negative impact on their lives and academic journey. Some of these effects include poor academic performance, missing classes, mental health challenges, low self-esteem and psychological stress (Samakao & Manda, 2023). When someone is violated, so many aspects change, and their lives get turned upside down. Students attend a tertiary institution so that they can build themselves and their careers; however, when they encounter traumatic experiences, their academic journey gets disrupted.

The perceived impacts of GBV on the academics of students were determined by whether students acknowledged their experiences with violence. If students choose to set aside and not acknowledge their experiences with GBV, then they tend not to see any major impact of violence on their academic performance. One study revealed that students who had experienced GBV would choose to focus more on school rather than dealing with their experiences of being violated as a way to deal with this issue, and so that their academics would not fall behind. However, choosing not to deal with the issue does not make the situation go away; it puts the students in a position where their experiences with GBV would perpetuate over time in different aspects of their lives. They may excel in their academics, but their emotional well-being will be affected over time as they have chosen to set aside their experiences.

On the other hand, students who chose to acknowledge their experiences with GBV highlighted various shorter-term effects which included difficulties with concentration on their schoolwork, avoidance of attending classes, campus or their schoolwork and decreased academic achievement. Long-term effects of GBV on students included decisions and crossroads, reclaiming academic careers and decreased academic standing. students' self esteem and self-worth were linked to their overall academic performance, and when their performance decreased, this then affected their identity of being a good student (Yates et al., 2024). Furthermore, students who experienced GBV had to constantly re-adjust, rethink and make a decision that would complexly change the trajectory of their educational and

academic careers. (Yates et al., 2024)

Being violated leaves scars that may take a long time to heal. Other mental health challenges include depression, anxiety, insomnia, suicidal thoughts and other challenges that disrupt the normal functioning of a human being (Samakao & Manda, 2023). When students are exposed to GBV and other violations, this may pose a concern to higher educational institutions, whether they are safe spaces or not and what is being done to mitigate this type of challenge.

2.5 Interventions to address GBV in universities

Dartnall and Channon (2020) highlighted that interventions for GBV can be classified as responsive and preventative. Responsive interventions are there to assist and support survivors and victims and aim to prevent GBV, whereas preventative interventions are more focused on preventing GBV from happening again. Responding to GBV cases is important; however, it needs to be reinforced with policy development and preventative interventions (Dartnall and Channon, 2020). Interventions that can be explored to ensure that GBV cases are effectively addressed include establishing a zero-tolerance stance to GBV and handling every case with absolute urgency and seriousness (DHET, 2019). It is also important to ensure that effective security, investigation and prosecution teams are provided to handle GBV cases on campuses. Moreover, providing effective counselling and support to victims and survivors of GBV in universities is also important. Lastly, strengthening the persuasion of legal and disciplinary interventions against perpetrators will assist in ensuring that victims feel supported and will encourage many victims to report GBV cases (DHET, 2019).

Effective university policies should include explicit, precise, and multi-layered actions, as well as awareness and preventative education for both staff and students. Myers and Cowie (2017), emphasised that, to promote effective and accessible reporting of GBV incidents, university policies and laws should include collaboration with external entities. A study that was conducted in Sri Lanka revealed that many students lacked the knowledge and understanding GBV meant and what its implications were within the educational institutions (Axemo et al., 2018). One of the challenges that this poses is that it becomes a challenge to implement interventions that are aimed at addressing this type of issue that the students do not even understand. Students' understanding of the depth of GBV assists in making sure that there is alignment in terms of some of the interventions implemented. According to Anderson (2016), universities need to be organised to deal with and manage GBV cases more effectively. Wits has various offices, such as the GEO and the CCDU, which have

social workers and psychologists who are trained to assist in intervening in GBV cases and offering support to victims and survivors. These offices also work closely with campus health, nearby hospitals and police stations. The work they do is guided by the various institutional policies.

2.6 The role counsellors play in addressing and managing this issue in the university space

The kind of services, support and interventions university practitioners offer to GBV victims and survivors is crucial. This means they must ensure that the GBV clients receive the necessary support. A study highlighted that unskilled, incompetent and unprofessional university practitioners disrupt the reporting and monitoring systems for GBV cases (Dranzoa, 2018). Through casework, group projects, advocacy, research and policy, community and professional development, and critical incident management, practitioners are entrusted with resolving issues that hinder students' successful learning outcomes (Jarolmen & Bauista, 2022). When it comes to tackling GBV in universities, practitioners who handle these cases have certain responsibilities. Social workers are among the crucial specialists in South Africa who assist victims of gender-based violence in gaining more self-determination. The empowerment and development strategies implemented in the post-apartheid era are followed in the provision of these services (Leburu, 2022).

Developmental social work is an integrated approach to social work that uses objective, strength-based models, approaches, and interventions to promote social and economic inclusion and well-being. It also acknowledges and addresses the relationships between individuals and their environments, as well as the relationships between micro and macro practices (Lombard, 2007). In addition to the work that psychologists and social workers conduct to handle GBV cases in academic institutions, they are essential in tackling this problem. To reduce and prevent faculty-perpetrated GBV, they must help develop interventions, support and promote professional sanctions for faculty members who are credibly accused of committing GBV, improve risk prediction models for GBV perpetration, enhance targeted and indicated prevention that emphasizes individual and contextual risk, look into the needs and experiences of student populations that have historically been underrepresented in GBV research, such as transgender, international, and returning (nontraditional) students, and develop and disseminate campus interventions that promote the development of relationship skills (Weberman et al., 2022).

According to Webermann and Murphy (2020), psychologists are trained to identify covert

and overt pointers of gender-based violence, such as unexplained physical injuries, emotional retreat, heightened alertness, and feelings of fear or discomfort connected with individuals or places. Additionally, psychologists assess survivors' symptoms of anxiety, panic attacks, depression, or PTSD using clinical interviews and validated screening tools (Ernest, 2024). Psychologists provide trauma-informed care after a GBV diagnosis, fostering a secure, welcoming setting where survivors feel supported and understood. Psychologists assist survivors in processing trauma, reducing anxiety and depression, and creating coping mechanisms using therapeutic approaches such as cognitive-behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR), and trauma-focused therapy (Ernest, 2024).

2.7 Policy frameworks and policies to address GBV

According to Lakhno (2023), policy frameworks establish broad guidelines and delimitations in terms of principles, values, operational and managerial objectives, and modalities for broader policy attempts and initiatives outside the organisation that creates the framework, as well as for regulating some internal aspects of that organisation's work and operations. Thus, policy frameworks may be employed in institutional settings as well as for bigger policy undertakings

2.7.1 National legal frameworks play a crucial role in addressing gender-based violence (GBV) within universities

South African universities are governed by various major legislations and laws, and these include the **Protection from Harassment Act (Act No. 17 of 2011)** is a framework that is responsible for granting protection orders to safeguard individuals from all forms of harassment, as well as providing recourse to victims of harassment. Another framework is the **Promotion of Equality and Prevention of Unfair Discrimination Act (Act No. 4 of 2000)**, which aims to prevent and prohibit all forms of discrimination. Another law that regulates and seeks to eradicate sexual harassment and other types of harassment in the workplace is the **Code of Good Practice on the Handling of Sexual Harassment** in the Workplace.

(DHET, 2020; Brink et al., 2022). Within the international context, **the Clery Act was implemented in 1990 in the United States** to address various crimes that were reported on university campuses (Klein, 2018). The concept behind this act is that educating students, parents, and staff on the various crimes that take place on campuses can help prevent crimes.

Higher Education institutions are guided by the Clery Act to collect and disclose crime statistics, including sex crimes, and various crime prevention and safety strategies that can be implemented in universities (Klein, 2018). All these legislations and laws act in the best interest of either students or staff members at the university. They set out our various principles of how all individuals who find themselves in higher education institutions should be treated.

2.7.2 Sustainable Development Goals

Gender equality and women's and girls' empowerment are the main objectives of Sustainable Development Goal 5. Regarding the eradication of harmful practices and violence, the SDGs set two specific goals (Garcia-Moreno & Amin, 2016). According to Garcia-Monero and Amin (2016), Target 5.2 seeks to eradicate all types of violence against women and girls, including sexual assault, trafficking, and other forms of exploitation. The inclusion of these goals emphasises how critical it is to eradicate harmful behaviours and violence against women and girls to achieve gender equality and women's and girls' empowerment, both of which are essential for sustainable development. The basic rights of women and girls are often violated by men's dominance and superiority, which allows them to undermine and treat women and girls unjustly. In educational institutions, women and young girls contribute to the larger number of individuals who are affected by GBV, which makes it challenging to fully achieve SDG5. However, higher educational institutions have implemented various policies and procedures to ensure that GBV within this environment is addressed.

Additionally, "Quality Education," the fourth Sustainable Development Goal (SDG) of the UN, seeks to advance sustainable development ideas and methods to create societies with exceptional opportunities in all fields of education (Franco & Derbyshire, 2020). This objective is jeopardised, though, because students in training facilities and higher education suffer harm and abuse based on their gender. When students experience gender-based harm or violence, the quality of education and lifelong learning opportunities decline, making it nearly impossible to ensure inclusive and equitable quality education and to promote opportunities for lifelong learning for everyone. Every action taken to try to mitigate GBV within the university is carried out by various practitioners and support staff members. It is important to not only investigate or conduct research on the perspective of those who are affected by GBV but also to investigate the perceptions and the experiences of individuals

who offer support and guidance to either victims or survivors of GBV within the university. By doing so, gaps can be identified either in terms of the policies developed or what can be improved to ensure that generally GBV is addressed adequately and victims of GBV do get the support and assistance they need.

2.8 Theoretical framework underpinning the study

2.8.1 Transactional Model of Stress and Coping

One relevant theoretical framework that served as the foundation for the study was the transactional model of stress and coping. Numerous theoretical frameworks have been put out to clarify the causes of psychological stress, a complex phenomenon (Biggs et al., 2017). Based on their original conceptualizations of stress, these theoretical interpretations can be categorized into the following groups: They include stress as an external stimulus, stress as a reaction, stress as an individual/environmental interaction, and stress as a transaction (Cox and Griffiths, 2010). The transactional model of stress and coping sheds light on how university professionals who handle GBV cases evaluate and manage the pressures and difficulties associated with their job. This theoretical framework also looks into how these practitioners deal with stress and trauma through supervision and support networks. The fundamental idea behind this model is that an individual will evaluate the level of threat to their well-being as part of the primary appraisal process, which is triggered by a potentially stressful event (Goh et al., 2010). According to Lazarus and Folkman, stress is a subjective idea derived from a dynamic and intricate relationship between a person's surroundings and themselves (Ghaffari et al., 2021). The coping strategies or tactics a person uses in stressful situations have an impact on their physical and mental health, and their understanding of stress and its causes is associated with their susceptibility to stress.

The dynamic, relational character of the transaction in which stress may arise, as well as the cognitive-phenomenological processes that enable people to interpret their environment, are highlighted by transactional theories of stress (Biggs et al., 2017). The transactional approach is based on the idea that transactions between an individual and their environment are bidirectional. As a result, stress is not caused by either the individual or the environment alone, but rather by the complex interactions between the two. According to transactional theory, appraisal—the cognitive process by which meaning is assigned to events and stimuli—plays a mediating function in determining the intensity of a stress reaction (Biggs et

al., 2017). The secondary appraisal process provides a thorough evaluation of the person's coping mechanisms and capacity to handle the threat or challenge when an event is perceived as dangerous or difficult. According to Goh et al. (2010), coping reactions are initiated after cognitive evaluations, and the effectiveness of one's cognitive appraisals and coping mechanisms determines the entire psycho-physiological experience (stress consequences) of this potentially stressful situation. The stress outcomes will then be fed back to the cognitive appraisal phases for additional action as needed. The fundamental idea behind the transactional model is that stressors and their effects are mediated by primary, secondary, and coping strategies, and reappraisal. This enables people to choose and use the coping mechanism that works best for them, based on their living situation and interpersonal interactions (Glanz & Rimer, 2008). Two types of coping techniques exist. According to Schoenmakers et al. (2015), the emotional regulation coping approach focuses on controlling a stressor by altering one's thoughts or feelings about a situation or object, whereas the problem-focused coping strategy aims to eliminate or change the source of stress.

Working with GBV cases can be stressful as practitioners also get exposed to trauma and experiences that may affect them either professionally or personally. Therefore, it is important to identify and understand various stressors that come with the job they do. Concerning primary appraisal, this is where practitioners would determine the meaning and significance of a transaction to their wellbeing (Dewe and Cooper, 2007). The transaction they may experience may have a positive effect on their well-being or have no importance on their well-being, or it may be stressful.

The second appraisal identifies what can be done to manage the stressor and the resulting distress and is carried out when a given transaction is regarded as stressful, and it entails a cognitive process by which the individual determines and assesses their coping options (Biggs et al., 2017). This is where practitioners evaluate various available coping resources which could help them better cope with the stress that comes with working with GBV cases in the university. Support structures and systems are important to note during the second appraisal. Practitioners also need support and debrief services. This will help better maintain their emotional well-being, as being regularly exposed to clients who experience trauma may lead to them experiencing vicarious trauma or even compassion fatigue. In addition, support and debrief services can also influence professional development and skills enhancement as they would allow the practitioners to reflect on how they manage GBV cases, identify gaps

and further improve.

Coping behaviours are used when a situation is deemed stressful (primary evaluation) and requires attempts to manage or address the problem (secondary appraisal) (Biggs et al., 2017). The transactional theory defines coping as a frequent shift in cognitive and behavioural efforts to handle demands that are perceived as exceeding or draining a person's resources, whether they be internal or external (Lazarus and Folkman, 1984). It's critical for practitioners to know where to go in their professional community for help as they create different coping mechanisms and ways to deal with the stress that comes with their jobs. This theory does have drawbacks and criticisms in light of these ideas and discoveries. Many studies evaluated only portions of the model rather than the full model, according to Obbarius et al. (2021), which may have an impact on the data collected or the model's efficacy. The comparability of the results was further diminished by the fact that the studies that attempted to test the whole transactional model varied greatly in terms of the variables included in the model, the operationalisation of those constructs, and the research populations. The majority of earlier studies looked at very specific populations, such as teachers or primiparous women. Because the sample will consist of practitioners, it is also crucial to verify the model's reliability on a variety of samples, which is what this study attempts to do.

2.8.2 Burnout and Vicarious Trauma Theory

This theory highlights how being exposed to traumatic cases can lead to compassion fatigue, burnout and vicarious trauma (Leung et al., 2022). Practitioners and support staff members dealing with GBV in the university space deal with sensitive issues that involve heavy emotions that are revoked. Empathetic care and applying interpersonal skills are the foundation of healthcare and mental health care workers. The experience of practitioners of their compassionate connection for their clients can also be transformed into compassion satisfaction where the patient's suffering is shared, and this can lead to inspiration and self achievement (Leung et al., 2022). Practitioners being compassionate towards their clients can lead to job satisfaction because they can empathise with the client and be able to offer the support they need.

Practitioners being compassionate can also have negative effects on the overall support and interventions provided to clients. In some instances, secondary traumatisation is an effect of practitioners being compassionate towards their clients as they get exposed to the clients'

trauma while the client was the one who experienced the traumatic experience first (Greinacher et al., 2019). Vicarious trauma extends from secondary traumatisation as it does only look into the transference of symptoms that are trauma related between those who have experienced trauma first hand and those who are taken care of but it also includes the changes in the belief system and how people see the world around after they have been exposed to trauma (Greinacher et al., 2019). Being exposed to trauma as practitioners requires effective and continuous debrief services that will ensure that their belief systems are not compromised due to the trauma they have been exposed to.

2.9 Conclusion

This chapter highlighted the literature review and the theoretical frameworks that underpinned the study. The literature review focused on the nature and extent of GBV in universities, the contributing factors of gender-based violence in universities, the effects of GBV on students, the various interventions available to address GBV in universities, the role counsellors play in addressing and managing GBV in the university space and policy frameworks and also policies to address GBV. These various aspects of the literature review provided some insights into the overall issue of GBV within the educational space and how this issue is navigated. Furthermore, this chapter also highlighted the theoretical framework that underpinned the study, which includes the transactional model of stress and coping theory and the burnout and vicarious trauma theory. These theories provided a guide for further understanding the nature of the aim of this research study and also provide a much more structured perspective on how to navigate the nature of this study, which will also feed into the data that will be collected. The next chapter will focus on the research design and methodology of this study, which will provide a guide to the different methods that were used and utilised for the research study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter offers a thorough explanation of the study's research methods. The study's goals, purpose, and research questions are described. The research methodology, design, population and sample techniques, research tools, data gathering techniques, and data analysis methodology come next. The chapter concludes by outlining the ethical factors that have

been considered for this investigation.

3.2 Research questions

- What difficulties do support staff members and university practitioners face while handling GBV cases?
- How successful and efficient are the tactics and interventions used by support personnel and practitioners to handle and manage GBV cases?
- What resources and support networks are accessible to these practitioners and support staff?
- What suggestions are there to enhance the handling of GBV cases?

3.3 Aim and objectives

3.3.1 Aim

Examine the experiences of University of the Witwatersrand practitioners and support staff members, as well as how they handle various challenges when handling GBV cases.

3.3.2 Objectives

- ❖ To recognise and comprehend the difficulties faced by university practitioners and support workers when managing situations of gender-based assault and damage.
- ❖ To support staff members in addressing and managing gender-based violence and damage, as well as to investigate the efficacy and efficiency of the interventions and methods used by these practitioners.
- ❖ To evaluate the effectiveness of the resources and support systems offered to university practitioners and support personnel in handling situations of violence and gender-based harm.
- ❖ To investigate and determine suggestions for enhancing the handling of situations of abuse and harm based on gender in the academic setting.

3.3.3 Research approach and design

A qualitative methodology was used in this investigation (Mwita, 2022). According to Mwita (2022), qualitative research encompasses a wide range of interpretive techniques that seek to elucidate, clarify, translate, and otherwise address the importance of particular everyday events in the social world rather than their frequency. Understanding the meaning that people have constructed, or how they understand the world and their experiences within it, is the aim

of qualitative research (Queiros et al., 2017).

Since the goal of this study is to investigate the experiences of university professionals who deal with gender-based injury and violence, such as social workers, counsellors, and psychologists, the qualitative technique was relevant and adequate. The researcher was able to comprehend the work that university practitioners and support staff do, as well as the different components that go into their jobs within the university when working with GBV cases, by using the qualitative approach.

The qualitative method also gave the participants a chance to talk about their experiences handling situations of gender-based violence at the university. Nevertheless, there were benefits and drawbacks to using the qualitative approach. According to Silverman (2010), the qualitative method is likely to overlook contextual sensitivity in favour of concentrating primarily on experiences and meanings. Another disadvantage is that smaller sample sizes raise questions about generalizability to the study's whole population (Harry & Lipsky, 2014). Finally, it takes a long time to analyze the instances, which may result in the researcher extrapolating the findings to a wider population in a limited manner (Rahman, 2017).

Additionally, because it sought to capture the essence or basic framework of experience, the phenomenology research design was also used in this study (Merriam, 2009). The purpose of this study was to document practitioners' and support staff members' intense experiences managing the many complications involved in working with GBV cases. The experiences of the participants, as revealed in the interviews, aided in identifying the different elements, such as institutional policies, interdepartmental cooperation, and support networks. The study of people's conscious views of their daily lives, social interactions, or lifeworld is known as phenomenology (Merriam, 2009). Accuracy is solely dependent on the participants' ability to articulate their experiences and emotions because phenomenology is based on their experiences. This implied that the depth of the data gathered might not be feasible if the participants did not publicly and honestly express themselves. Studying phenomenology might take a lot of time because it may take some time to interpret the information gathered. Finally, the qualitative nature of phenomenological research makes it difficult to summarise and explain the results, necessitating the inclusion of qualifiers and cautions in conclusions.

3.3.4 Population, sample, and sampling procedures

A population is a complete set of individuals who share specific traits and characteristics (Hulley et al., 2013). For this study, the population was university practitioners and support staff members who work with gender-based violence cases at the University of the Witwatersrand under GEO and Campus Health. According to Hulley et al. (2013), a sample is a selected group of people or objects chosen from a larger community. The sample size of this study comprised five participants, four who were practitioners and one who was a support staff member. Three participants were from the GEO (Gender Equity Office), which was a social worker, the investigations officer, and a support staff member, who was an advocate. Two participants were from Campus Health Office, a mental health nurse and a clinician.

Incorporating various participants who work in different offices was to get a broader understanding of the experiences of professionals who work with GBV cases and not only focus on one office. Purposive sampling was the sample technique employed for the study (Nyimbili & Nyimbili, 2024). Purposive sampling, sometimes referred to as judgment sampling, is the deliberate selection of individuals based on their characteristics (Etikan et al., 2016). In qualitative research, this technique is frequently employed to prioritise cases with a wealth of information and maximise resource utilisation (Eikan et al., 2016). This entailed finding and choosing people or organisations that were knowledgeable and experienced in a particular field (Nyimbili & Nyimbili, 2024); in many situations, these people or groups were university practitioners and support staff. The volunteers were specifically chosen since they have prior expertise in handling GBV patients at the institution. Practitioners provide intervention and psychological support. They provide services to pupils that help guarantee the complete well-being of the kids. Those who have not received the professional training necessary to become competent in a specialised sector were placed in the support staff. Although they are not certified to provide counselling or therapy, support staff members can provide their expertise and ideas from working with GBV cases. They collaborate closely with professionals who provide specialised interventions. In addition to offering a chance to investigate in-depth understanding based on the specific research goal, purposeful sampling offers a far more focused attention on the individuals who must be recruited. One drawback of using the purposive sample technique is that the study's conclusions might not apply to other, larger groups. The possibility of sample errors is an additional drawback.

3.3.5 Research instrument and pretesting of the data collection instrument A

semi-structured interview guide, which is a loose list of subjects and issues that the researcher planned to cover and discuss during the interview, was used in this study (Canals, 2016). According to Denzin and Lincoln (2018), developing an interview guide guarantees that every topic of interest is addressed and that participant data is comparable. An interview between the participants and the researcher was simulated using this interview guide. Asking questions, maintaining attention, and organising the interviewee's flow of thought are all made easier with the use of interview guides. For the pre-test, two (2) participants were chosen as a sample. These professionals were social workers who also held positions in higher education. They provided information, but it wasn't used in the study itself. Instead of collecting data, the goal is to determine whether participants may have trouble understanding and interpreting the topic (Hurst et al., 2015). The goal is to determine whether there are any issues with the way a question will be worded, whether the meaning it conveys is appropriate, whether different participants will interpret a question differently, and whether their interpretation deviates from your intended meaning (Hurst et al., 2015).

3.3.6 Method of data collection

Semi-structured one-on-one interviews were used to gather data (Schensul, 2012). Because the questions were more flexible and a combination of more and less structured questions, semi-structured interviews were appropriate for this study. A semi-structured interview uses a very thorough interview guide and concentrates on significant life events, life chapters, or self-defining memories (Schensul, 2012). The interviewer started off by asking open-ended, follow-up questions, or even just a list of bullet points. According to Morso et al. (2018), the researcher partially regulates semi-structured interviews by crafting the questions and interview domain that participants are free to respond to. With the participants' approval, the interview was recorded, and notes were taken to collect data. As soon as individuals were found and approved to participate, data collection began. There are a number of advantages and disadvantages of using semi-structured interviews to gather data. The two benefits are collecting qualitative open-ended data and investigating the participants' thoughts, feelings, and opinions regarding a certain topic (DeJonckheere & Vaughn, 2019). In addition to underestimating the resources needed to find participants, conduct the interview, transcribe, and analyse the data, drawbacks include failing to ask follow-up questions, not being able to

actively listen, and lacking a suitable interview guide (Denzin & Lincoln, 2018). 3 interviews were conducted at the GEO, 1 was conducted virtually, and 1 was conducted at the campus health office. Data collection was conducted at the university in relevant offices. Each interview lasted 20 - 30 minutes.

3.3.7 Method of data analysis

The data for this qualitative study were examined using thematic analysis (Nowel et al., 2017). The thematic analysis technique uses a number of aspects, including finding, analysing, organising, characterising, and reporting on themes found in a data collection set (Nowel et al., 2017). Because a comprehensive thematic analysis can yield trustworthy and significant results, this approach was selected for this study (Nowell et al., 2017).

Additionally, this approach offered a thorough description of the collected and acquired research data. Information was acquired, and the study report was written using the six (6) processes in this type of data analysis approach. Data analysis involves six processes: understanding the data, developing preliminary codes, identifying themes, assessing themes, defining and labelling themes, and producing the report (Dawadi, 2020)

Phase 1 involved the researcher becoming acquainted with the data. This stage highlights how crucial it is for the researcher to understand the data's content and depth about the entire research project and the intended outcome (Dawadi, 2020). The researcher reviewed the collected data to become acquainted with its contents.

Phase 2 is all about creating initial coding. At this point, the researcher started to create the first codes—meaningful groups—from the data. The researcher was able to develop more themes because the scripts were produced using the different data components. Following a study of the collected data, the researcher developed unique codes that categorised the data into pertinent groupings, enabling the development of themes.

Phase 3 is about finding themes. Following the creation of the codes, the researcher arranged them according to the many themes that emerged. Following a closer look at the codes, the researcher developed new themes based on the parallels found between the codes and the data collected.

Phase 4 is all about reviewing topics. In order to enhance the collected themes and present them in an organised way, this phase focuses on combining all of the created concepts. At this point, the researcher conducted additional analysis to ascertain whether the themes that

emerged were, in fact, themes. The developed themes were examined by the researcher to make sure they were correct and in line with the information gathered.

Phase 5 focuses on defining and naming themes. The concepts are developed and clarified at this point. This step involved exploring the significance of each subject in greater detail and arranging them logically so that they made much more sense. The researcher refined and finalised the concepts during this stage. To make sure the themes made sense, the researcher arranged them according to the goals of the study.

Phase 6 is all about completing the report. Following the completion of the fifth phase, the research report was written here. This stage considers the report's coherence, concision, logic, and interest. Here, the researcher confirmed that the report included adequate evidence supporting the themes found in the data. In order to provide a study report that is more focused on the previously defined themes, the researcher expanded on them during this phase.

Data trustworthiness

One technique for evaluating a query's quality and goodness in the constructivism paradigm is data trustworthiness (Morse et al., 2002). Dependability, confirmability, credibility, and transferability were used to assess the data's trustworthiness because this study used a qualitative methodology. These factors then revealed the data's validity and reliability. The researcher was able to convince herself and her readers of the importance of her research findings by being trustworthy.

To show the consistency and dependability of study results, dependability was widely employed (Stahl & King, 2020). The degree of stability, ***dependability***, and consistency of the interpretations of the research findings over the course of the study is referred to as dependability. ***Reliability*** was preserved by validating the gathered data from many sources. The goal of ***confirmability*** is to show that the study is impartial and unaffected by the biases or presumptions of the researcher (Stahl & King, 2020).

The researcher provided an audit trail detailing every stage of data processing and a synopsis of every interview question in order to demonstrate confirmability. Additionally, credibility involves evaluating the qualitative study's results for plausibility or reliability while taking the viewpoints of the research participants into account (Stahl & King, 2020). The researcher made consistent observations, checked members, and kept working with the data to make sure the study was credible. Lastly, the researcher employed a thorough description to show

transferability, which included giving participants adequate information about the methods used to collect the data. Assessing whether the study's conclusions may apply to other contexts or occupations is known as transferability (Stahl & King, 2020).

3.4 Ethical considerations

Bhandari (2022) defines ethical considerations as a set of rules and principles that direct the researcher's designs and procedures. Additionally, the way the researcher handles and treats research subjects is influenced by these ethical considerations. Voluntary participation, confidentiality and anonymity, preventing harm, and informed consent are among the ethical factors the researcher will consider during the research process.

Voluntary participation and Informed consent

Participants must expressly consent to participate (consent), understand what information a reasonable person in the same circumstances would want to know before giving consent (informed consent), and agree to participate free from undue pressure or undue incentive for their participation to be voluntary (Lapan et al., 2012). By creating a PIS, talking with the participants about the research study, and giving them enough information about it, the researcher complied with these ethical guidelines. Participants were allowed to ask questions about the study to the researcher. By explaining the nature of the research study, its purpose, and the length of time participants would be involved, the researcher ensured that voluntary participation was followed. After that, they were given the freedom to choose whether or not they wanted to participate.

Confidentiality and anonymity

Confidentiality of personal matters is one ethical standard that entails protecting participants' private information (Vanclay et al., 2013). Researchers have an ethical responsibility to ensure the privacy and anonymity of study participants by releasing data in a manner that makes it impossible to identify a specific person or the information they have provided (Lapan et al., 2012). Furthermore, confidentiality should be upheld for all private or personal topics or opinions, or when such a pledge is made, out of respect for participants (Vanclay et al., 2013). By giving participants advance warning of who will have access to the information they submit, what will be shared, and under what circumstances, the researcher was able to ensure confidentiality and anonymity. Since practitioners also had to adhere to the ethical

principle of secrecy, the researcher made sure that no personal information was revealed in the research report and that no client names were requested in order to preserve the participants' identities.

Avoidance of risk and doing harm

The numerous risks that research study participants may encounter are considered in this ethical consideration, together with the methods by which the researcher can ensure that the participants are protected from damage of any type (Bhandari, 2022). To ensure that the volunteers were not intentionally harmed, the researcher carefully avoided and analysed risks such as psychological, physical, or emotional damage.

3.5 Conclusion

The research strategy and methodology that supported this study were the main topics of chapter three. The difficulties faced by university practitioners and support workers who handle GBV cases were at the heart of the research topics. Determining the efficacy and efficiency of the tactics and treatments utilised by practitioners and support workers when handling GBV cases was the subject of a different study question. The next question examined the resources and support networks accessible to practitioners and support personnel while handling GBV cases. The recommendations were the subject of the last query.

In addition, this chapter also highlighted the research aim, which is to explore the experiences of university practitioners and support staff members at the University of the Witwatersrand and how they manage the various complexities when working with GBV cases. The population, sample and the sampling procedures were also highlighted. 5 participants were interviewed, which were 4 practitioners and 1 support staff member. A semi-structured interview guide was employed as the research instrument, and one-on-one semi-structured interviews were utilised to collect data. Thematic analysis was an approach used to analyse the data that was collected.

Another focus of this chapter was highlighting the ethical considerations that were considered and maintained, including voluntary participation and informed consent, confidentiality and anonymity, and avoidance of risk and harm. In conclusion, this chapter will further build into chapter four, which will focus on the results and the discussion of the data that was collected. This chapter highlighted the research approach and methodology that this study utilised. This

chapter also highlighted the research questions, the aim, objectives, the research design, the population and sample of the study, research instruments, the data collection method and the method of data analysis. The chapter that follows focuses on the data that was collected in terms of the findings and what these findings mean.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The results of the data collection are presented and discussed in this chapter. The biographical details of the individuals were analysed using narrative analyses, and thematic analysis was used to examine the qualitative data and document any pertinent themes that surfaced from the gathered material. The data's conclusions are examined, relating them to the study's goals and the inherent constraints of the design and analysis of the research.

Participants' biographical information

4.2 Biographical profile for the practitioners and support staff members (N=5)

Biographical Factor	Category	Number
Gender	Female	4
	Male	1
Age	18-29	2
	30-39	2
	40-49	
	50-59	1
	60-79	

Race	African	5
	Coloured (Mixed	0
	Race) White	0
	Indian/Asian	0
	Other	0

Years of experience	0-5 years	1
	6-10 years	1
	11-20 years	2
	21-30 years	1
	Other	0
Profession	Social worker	1
	Mental health nurse	1
	Primary health care	1
	nurse Investigations	1
	officer	1
	Advocate	

Table 4.2: This is the representation of the biographical profile of the participants.

Gender: The aspect of gender investigated how many practitioners and support staff members were either female, male or non-binary. It became evident that there is not enough male who are practitioners who deal with GBV cases within this university. Most of the practitioners were females

Age: The table showed that all 5 participants were over the age of 30. 2 participants were between the ages of 30-39, 2 other participants were between the ages of 40-49, and 1

participant was between the ages of 60-79.

Race: All the participants who were interviewed were African/black.

Years of experience: It was important to invite participants who had at least one year of experience in the field of GBV, as they would have been in a position to share extensive and valuable information regarding the work they do. The participants' work experience ranged from 1-25 years of working experience when it came to working and dealing with GBV cases. All the participants had diverse work experiences and backgrounds, which included working with people in different spaces and sectors. Each participant brought forward their unique, rich and valuable experiences of working with GBV cases.

Profession: The pool of practitioners and support staff members who work with GBV cases is small, and it was important to at least interview participants in different departments.

Although the population sample of practitioners and support staff members was small, it was important to get various perspectives of professionals who work with GBV cases. Each professional highlighted the important work they do when it comes to addressing GBV within the university space. Inviting various professionals provided a holistic approach to understanding the work that is being done to address GBV within the university.

4.3 Main themes and sub-themes that emanated from the study

Objective 1: Identify and understand challenges experienced by university practitioners and support staff members when handling gender-based harm and violence cases.

Main Theme	Sub Themes
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Contributing factors to GBV cases within the university	• Students are naïve • Students want to experiment • Independency • The university is dealing with the consequences of what happens in the general society • Lack of accountability from perpetrators • Disregard for the law and the university's policies • Intimate partner relationships are not going well • Negative effects of technology
Complexities that practitioners and support staff members encounter when working with GBV cases	• Trauma that comes with dealing with these cases • Low reporting rates and anonymity for the victims • Delayed reporting

Table 4.3:1: This table highlights the main themes and sub-themes which emanated from the study focusing on the first objective

4.3.1 Main Theme 1: Contributing factors to GBV cases within the university

4.3.1.1 Subtheme 1: Students are naïve

Participants shared various contributing factors that also pose a challenge in dealing with GBV cases. The majority of students who enrol at Wits have different perspectives based on this new environment they have just entered. Some students are naïve, which affects the

decisions they make regarding relationships and their social world; this also reflects the level of independence they are exposed to. The university deals with the various consequences of what happens in the general society, where individuals are accustomed to certain beliefs and behaviours. Most perpetrators violate other individuals within the university, and some of the challenges include them not being held accountable for their actions, disregarding the law and university policies based on reasons that will be discussed below. These contributing factors tend to be repetitive across the university, and it is challenging for practitioners and support staff members to effectively address many cases of GBV within the university.

“What I have noticed is that students are naïve, they come from different backgrounds, and they think when you go and study it’s only that, whereas it is not”. (Primary health nurse)

“Students come into this new environment with hopes that they will get by easily without thinking that there may be challenges they need to face and tackle”. (Social worker)

From some of the responses that were captured, it became evident that the majority of first year students tend to be naïve as they come to this new environment with little to no experience of relationships or how the new environment works. According to Mutinta (2022), asserted that younger students under the age of 19 are more likely to experience GBV compared to older students. This may be related to the notion that younger students often lack information and experience on how to swiftly identify situations that would lead to gender based violence (Mutinta, 2022).

4.3.1.2 Subtheme 2: Independence and students wanting to experiment

The university environment provides young people with the opportunity to not only fulfil their dreams but also find themselves through exploring different activities. However, students may have a different perspective in terms of what they want to explore or experiment with. Some students tend to go overboard when it comes to exploring and experimenting within the university space. Another factor that would make students go overboard when it comes to wanting to explore or experiment would be the accessibility of various things or activities.

“Others feel like I want to experience life, a friend would say let's go to a party, and

that's where they experience with alcohol or drugs, which further puts them at risk because we receive cases that often happen outside” (primary health care nurse)

“Everybody here is independent, then someone will feel like I can do whatever I like”. (Social worker)

The majority of young people who are aged between 18-23, being in university, have presented the first opportunity of independence to live away from home, which then opens up a door to experimentation (Collins, 2016). University students occupy various residences, either on campus or off campus. This then allows them to be independent and be in positions where they are looking after themselves. However, this could potentially pose a risk to some students as they would often feel as though they want to experiment either with alcohol, drugs or have multiple partners, which could also expose them to gender based violence. Students who were staying by themselves or who were sharing accommodation with their boyfriends in rented accommodations off campus were more likely to experience gender based violence compared to students who were sharing accommodation with other students without their boyfriends (Swartz et al., 2017).

4.3.1.3 Subtheme 3: Lack of accountability, disregard for the law and university policies

There are various reasons why students lack accountability for their actions, disregard the university policies that are related to GBV and the law in general. Some of the reasons include a lack of self-awareness and general unawareness, wilful ignorance, and the perception that there will be minimal consequences for their actions. The sad reality is that when students get admitted to study at the university, their personalities and background are unknown, and their problematic behaviours come up over time.

“What gives rise to a lot of GBV cases is the lack of accountability, and I think there is that type of narrative that even within the higher education space and even within the university...”. (Social worker)

“a lot of people will feel that actually I can do what I want with impunity, and no one is going to hold me accountable and nothing can be done, so that would then contribute to why we see a lot of perpetrators”. (Investigations officer)

“There is also a lot of disregard for the law, so people understand that yes, Wits has these policies, but they don’t recognise them as being binding on them, which is unfortunately a misunderstanding.” (Investigations officer)

“So, the disregard for the law more generally also spills to the disregard of the university’s policies. People will perpetrate and think what is Wits going to do about it, yes, they will have a hearing but what else is going to happen.” (Investigations officer)

Perpetrators lack accountability for their actions when they commit gender related violations, and reasons may differ, especially if their actions are not fully reprimanded; this puts them in the position to continuously violate other people/students. Other perpetrators have little regard for the law and university policies because perpetrators feel as though the university cannot do more than conduct a disciplinary hearing. In other instances, victims would choose not to further escalate their cases to the police and would opt to only allow the university to conduct their disciplinary hearings. This then makes the perpetrator not be fully accountable for their actions, not care much about the law or the different university policies. Shame has been regarded as a tool that can be used for perpetrators to take accountability for their actions (Camp, 2018). It had been believed that if perpetrators were to be shamed or humiliated, then perpetrators could take accountability for their actions. Judges who have sentenced perpetrators for intimate partner violence would make perpetrators hold signs that read, “This is the face of domestic violence” (Camp, 2018). This would humiliate the perpetrators but would encourage them to take accountability, as it was believed that perpetrators did not take accountability for their actions.

4.3.1.4 Subtheme 4: Consequences of what happens in the general society

Different broader societal norms, values and other structural inequalities have an influence on the prevalence of GBV within the university. The university environment often mirrors what happens in the wider society, where violence is normalised, and this has created a culture where GBV is tolerated, minimised and excused in different environments. Students who get

admitted to the university already have internalised harmful gender norms, behaviours and values they have learnt in their communities, which poses an issue in how students engage with each other. Attitudes around consent, power dynamics, and victim blaming are shaped by social influence and then get reproduced on campus. This means that GBV cannot and should not be addressed in isolation; instead, it needs to be understood in the broader social environment from which the students and staff members come.

“As a university, we are a microcosm of society; everything that happens in society, you will see that it is happening here at Wits. Most of what we deal with did not start at the university, and we are only just dealing with the consequences because we have got a community where people can then perpetrate or act in a certain way...” (Investigations officer)

“Each student who comes here comes in with their own sets of beliefs, behavioural patterns and customs that sometimes spill over to the university and sometimes contribute to GBV”. (Social worker)

According to Kurbanov et al. (2019), gender-based violence is a social issue which is complex and takes into consideration the socio-cultural aspect. GBV is a result of various social and cultural constructs that people have created. These social constructs place either men or women in positions where they can be violated. Any type of violence is reflected in the complexities of social and economic transformations of a society (Kurbanov et al., 2019). Individuals who come into the university space come from different backgrounds where they have gotten used to a certain way of doing things, which may be problematic in this new social setting. In some settings or cultures, it is believed that a man beating a woman is worthy or man enough (Kurbanov et al., 2019). The challenge is that if a student has been taught this, then this is the same mindset he/she will enter the university space with, which then spirals into GBV or IPV.

4.3.1.5 Subtheme 5: Intimate partner violence (IPV)

IPV is one of the most underreported forms of GBGV that occurs on university campuses. This type of violence includes different forms of coercion, emotional abuse, physical abuse, stalking, financial control and other forms of violations. Such behaviours often go unrecognised due to the normalisation and misconceptions around relationships. IPV among students often occurs in private settings and is disguised with love. Students who experience IPV would dismiss it as normal drama that occurs in relationships. Some students who have survived or have experienced IPV often find it challenging to come forward and report due to shame, fear, dependency on their partners, love, ignorance in terms of the kind of assistance they may receive, and concerns around the consequences within their academic communities. Practitioners and support staff members often find themselves in the position where both the perpetrator and the victim are enrolled in the same institution, which adds layers of ethical and procedural challenges.

“Most of the cases that we receive are relationship-related, IPV”. (Advocate)

“Sometimes you may find the relationship is not going well and someone wants to quit that relationship, then they end up being harassed and they up physically violated”. (Mental health nurse)

Intimate partner violence occurs in all social settings, populations and backgrounds (Miller & McCaw, 2019). The prevalence of this issue is higher among young people who are between the ages of 18-24 (Miller & McCaw, 2019). This is the same age group as the majority of the students' population. Young people within the university get into various relationships with the hopes of building connections; however, these connections do not always end up well. IPV does not completely end when the relationship ends or when partners break up (Stewart et al., 2013). Perpetrators would still use some form of violence to control and continuously harass their ex-partners. The sad reality is that the effects of this kind of violence could be long-lasting and will generally affect the life of a student. Victims of IPV do not perform well in school, they struggle to cope, experience increased alcohol use, and other mental health challenges.

4.3.1.6 Subtheme 6: Technology

Young people are a technology-driven generation who use technology to engage with others and find information. However, technological tools are often used to perpetuate abuse and violence. The anonymous and distant nature of technology often makes the institutional intervention process and responses complicated. Students who have experienced violations through the use of technology often struggle with feelings of fear of not being believed, shame and uncertainty about how to go about reporting digital abuse. On a lighter note, technology has the potential of being a supportive and useful tool that can be used to report, raise awareness or also offer virtual support.

“We have so many cases relating to technology”. (Advocate)

“In as much technology is used to connect and communicate, you find students harassing others or bullying other students. (Social worker)

Technology, or rather social media, has been seen to be another contributing factor to the increase of gender-based violence. According to Rentschler (2015), social media has been widely recognised as the new form of communication that relates to sexual and gender violence due to its culture and power. Young people mostly rely on social media to communicate and engage with others; however, they tend to use the different platforms to do no good. Social media has influenced, facilitated and maintained the majority of abusive relationship patterns (Fairbairn et al., 2013). However, the challenge with dealing with violence perpetuated by social media is that it is difficult to trace or track some of the perpetrators. Any behaviour is learnt either in social or non-social situations (Akers & Jennings, 2015). This means that for students to be naïve or lack accountability or disregard the law or university policies, this sort of behaviour has been learnt. How people behave, interact with others or do things is tied to the different learnings they have encountered in their lives. Having to get through the negative learnt behaviours is another challenge on its own because individuals would often believe that they are right and nothing can change who they are or what they do.

4.3.2 Main theme: Complexities that practitioners and support staff members encounter when working with GBV cases

Working with GBV cases is highly sensitive and can be traumatic not only for the victims but for practitioners and support staff members. Various challenges come with working with GBV cases that practitioners encounter, and these include trauma, low reporting rates, anonymity of victims and delayed reporting. These challenges affect how practitioners and support staff members do their jobs.

4.3.2.1 Subtheme 1: Trauma that comes with dealing with some of these cases

The participants had touched on the fact that having to listen to the stories of victims and survivors often leads to emotional exhaustion, compassion fatigue and also symptoms of anxiety and burnout. Working with GBV cases is traumatic as every case highlights a violation of the individual, which leaves them with scars. When cases are reported and victims or survivors do not receive justice, that could leave the practitioners or support staff members feeling like they could not offer adequate intervention or assistance.

“A lot of the matters are traumatising and difficult to work through. So, you will find challenges even with the investigation stage where you must continuously engage the survivor, and if the person is not ready to go through the process or if you see that they are struggling, that becomes an obstacle, and you can’t conclude the investigation”. (Mental health nurse)

“A lot of experiences that students go through, they stay with you, you don’t just close your laptop and go on with life, you carry some of that with you”. (Investigations officer)

“It’s such an emotional job because sometimes you get students who will come in and they went out trusting their friends to have fun, and now they are coming back, and they have been violated. So, it is very traumatic also to you as an individual”. (Primary health care nurse)

Dealing with GBV cases comes a lot of trauma as the cases are highly sensitive. Practitioners and support staff members may be exposed to secondary trauma or compassion fatigue, and if not properly dealt with, either through a debrief session, it can have negative impacts on the

work that they do. This theme encourages institutions to be more supportive in ensuring that those who deal with such sensitive issues receive the necessary and effective support to enhance their overall performance, ability and contribution to provide support and intervention to those affected by GBV within the campus. The impact of being exposed to trauma can be far-reaching as it can disrupt the assumed world, which is a cognitive schema (Sui & Padmanabhanunni, 2016). People create their realities through the development of various cognitive schemas. According to Sui and Padmanabhanunni (2016), schemas are the beliefs about an individual, others, and the world, and they help us interpret situations and be able to make sense of them. Trauma can disrupt different assumptions that people make about themselves and raise questions about the meaning of life and the fairness of the world. Trauma can also influence the belief systems of individuals negatively, which then leads to PTSD and psychological distress. Other effects of dealing with being exposed to trauma include continuous negative emotions, recurring memories of the client's traumatic narrations and changes in reactivity.

4.3.2.2 Subtheme 2: Low reporting and anonymity of the victims

Students who have experienced GBV do not always report their GBV experiences, which results in lower reporting rates. This is a challenge to practitioners and support members, as this puts them in a position where they cannot offer any support services that are available in the university. Low reporting also contributes to building up and worsening trauma for the victims and survivors, which means that the effectiveness of the institutions' response is limited. Practitioners and support staff members would also feel helpless when they are aware that GBV is occurring; however, they cannot offer support or any intervention. Even though anonymity can be a protective mechanism, it is also a challenge for practitioners and support staff members as it limits the ability to fully provide direct support and intervention to the victims. When victims want to remain anonymous, it also hinders the investigation and disciplinary process that needs to be carried out to hold the perpetrators accountable.

“We also have a lot of students who feel such a duty or an obligation towards their respondent or the perpetrators. So instead of activating all the protections that they ought to, they will say, but no, what if so and so loses their job, what if the hearing results in this. So,

we have a lot of people who don't want their identities to be known; they just report a matter.” (Investigations officer)

“If that is the case, you can't hold a disciplinary inquiry for someone who does not know who is accusing them, it's against the law.” (Investigations officer)

One of the biggest challenges when working with GBV cases is low reporting rates from the victims. Reasons may vary as to why they choose not to report their cases, and these include fearing for their own lives, not wanting the perpetrator to either lose their job if they are a staff member, or not wanting the perpetrator to be shamed or humiliated. Such challenges make it difficult to get perpetrators to acknowledge what they have done, take accountability or be reprimanded. It also makes it challenging to put an end to violating behaviour and puts the victims or other students at a greater risk. Another challenge is victims not wanting to reveal their identities or the identities of the perpetrator when they report the cases. This makes it challenging to conduct a full investigation or disciplinary process. Low reporting rates also hinder the accessibility of medical, psychological and legal services for survivors of GBV, and it also does not enable perpetrators to be held accountable (Ssanu et al., 2022). Furthermore, high reporting rates within the university space allow practitioners (legal officers, medical personnel or social workers) to accurately estimate the prevalence of GBV and allow them to act quickly.

4.3.2.3 Subtheme 3: Delayed reporting

Victims and survivors do not always choose to delay reporting; however, it is a challenge for the practitioners and support staff members. Evidence gets lost due to delayed reporting, and cases often get weakened, which limits the possibility of full disciplinary and legal actions that need to be taken. In some instances, the longer the delay in reporting, the more the victims or survivors become more isolated, retraumatised and anxious. When they finally decide to report, the emotional burden may be severe, which means that there will be a need for longer and intensive psychological support provided.

“You will have matters stemming from three years ago, people will come in and say so and

so touched me, but I don't want to do anything about it". (Social worker)

"Reporting late is a challenge because the minute you come to me and it's day 3, then it means you have missed a step where I was supposed to protect you from HIV infection."

(Primary health care nurse)

When cases are reported late, this has an impact on the evidence that should be collected and on the victims' accounts as memory strength decreases with time (Ailwood et al., 2022).

Cases that are reported early can assist in maintaining the accuracy and completeness of the victim's accounts over time (Stevens et al., 2022). Furthermore, early reporting can also reduce susceptibility to information that may be misleading after the event has occurred (Gabbert et al., 2022).

Some victims do always choose to report within the university.

One of the biggest factors is that some incidents happen on the weekend, and either the GEO or campus health only opens on a Monday. Victims would also lose the opportunity to be cleared of any illness, such as HIV, if they were sexually violated. This may also contribute to perpetrators not being held accountable on time.

Objective 2: Explore the efficiency and effectiveness of the interventions and strategies employed by these practitioners and support staff members in addressing and handling gender-based harm and violence.

Main Theme	Sub themes
Roles played by practitioners and support staff members in addressing GBV and the effectiveness of the roles they play.	• Advocate • Mental health nurse • Investigations officer • Social worker • Primary health care nurse

Table 4.3.2: This table looked into the main theme that emerged from objective two, as well as the subthemes that came from the main theme under objective two.

4.4.1 Main Theme 1: Roles played by practitioners and support staff members in addressing GBV and the effectiveness of the roles they play

Different roles players assist with addressing GBV within the university. Practitioners and support staff members all play important roles in addressing and dealing with GBV cases within the university. Every role that is played is interlinked and often depends on each other to ensure that victims do get the holistic interventions they need.

4.4.1.1 Subtheme 1: Advocate

An advocate plays an important role in providing support as they are the bridge between the students and the institutional systems. They are there to ensure that they raise awareness of what occurs in the university and the available resources within the institution. An advocate would also become a voice for students who are voiceless and also encourage them to speak out and seek help when they need to. The role that an advocate plays is important to ensure that the entire university community is aware of which institutional policies are available to guide behaviours for every member of this community.

“My work is to do advocacy when it comes to gender-based harm or gender-based violence” So we get invites from faculties, for example, there is a case or there was a conflict between partners in class, and they want us to do an intervention...” They also invite us when the cases are employee-related...”

“We do campaigns related to gender-based harm, sexual harassment”

“We also do pop-ups outside just to make sure that people are aware that we have this office.”

Advocates play an important role in making sure that students, staff members and the rest of the university community are aware of the different services available to address GBV cases within the university. Advocates play an important role in addressing GBV within the university. According to Fayoyin (2013), advocates have the power to influence, share information, be involved in strategic partnerships and speak up on various social issues. The majority of university students, especially first-year students, may not be fully aware of the various important services available within the university and how to access those; therefore, advocates should assist in bridging that gap. Some of the most important skill sets that advocates need to include, technical competence, strategic networking, art and science of

communications and mobilisation and strategic thinking and problem solving (Fayoyin, 2013). These skills contribute to effective advocacy interventions and ensure the issue of GBV is effectively addressed.

4.4.1.2 Subtheme 2: Mental health nurse

A mental health nurse is responsible for providing much more specialised psychological and emotional support and care. They work hand in hand with social workers to ensure that students who have experienced GBV in the university receive adequate support to ensure that they can better navigate the different effects that come their way what they have experienced. In some instances, the mental health nurse would either be the secondary point of support after the health clinician or after the student had seen a social worker.

“My role is very limited, partly because we have an office that handles such cases. What I would do, I would get cases that would come directly but it will normally be those cases that are not aware of those services that are available” ... if I happen to be the one that treats them, I will give them initial support and then refer the case to the office like the GEO...”

“My role is different from what social workers do because I mainly deal with mental health, specifically diagnosis, whereas social work they deal with social aspects.”

“If we were to get a rape case, you have to be experienced and qualified to handle such a case because it is very sensitive....” My part with GBV cases is to provide support and once the traumas are addressed, but later there are emerging effects like your PTSD, sleeplessness, if the person is depressed, then that’s when it comes to me...”

“My role is more focused on the secondary support”

Mental health nurses deal with the various mental health challenges that result from the violations that victims experience. Their role is more centred around providing direct emotional and psychological support to ensure that the mental aspect of the victims and survivors is taken care of. Mental health nurses are perceived as essentially basic, custodial professionals and are practised under the direction (Wand et al., 2021). Mental health nurses provide psychological interventions that include CBT (Cognitive Behavioural Therapy) and SFBT (Solution-Focused Brief Therapy) to different clients who deal with mental health

challenges (Browne & Hurley, 2018). In this context, the mental health nurse would normally provide interventions to clients who are experiencing prolonged effects of being violated; these could be amnesia, depression, anxiety, or any other disorders. Mental health is also responsible for providing psychoeducation regarding the various symptoms the clients face, how to manage those symptoms and recommend medications that the client can take if there is a need (Hurley et al., 2022).

4.4.1.3 Subtheme 3: Investigations officer

An investigating officer plays an important role in ensuring that students who have experienced abuse or violation within the university receive a thorough and fair investigation and intervention regarding their cases. They are responsible for making sure that when cases are reported, evidence is gathered, involved parties are interviewed, and facts are gathered. They provide resources that the victims may not have access to and ensure that their cases are dealt with professionally.

“I am the senior investigations officer; all matters that are reported to the GEO come to me, so they would go to our social worker, then the social worker will bring the matter to me if there are any legal interventions that need to be taken. Our work is governed by the university's policies on sexual and gender related misconduct. The policy sets out what the legal interventions can be...”

“In some instances, we would have to issue a cease and desist, which operates the same way as a protection order...”

“Some instances students would say, I want this matter to be investigated for purposes of a disciplinary inquiry and if that's the case, then I would have to conduct a full investigation, contact witnesses, gather evidence, medical records, screenshots, eyewitness accounts then put together an investigations report then I have to put together a hearing panel then facilitate the hearing of the matter...”

Investigations officers/legal practitioners have the responsibility of collecting the relevant evidence that will support the various investigations that will be conducted. They facilitate legal and disciplinary proceedings within the university and ensure that the legal information and knowledge are provided to victims and survivors of gender-based violence (Bird et al.,

2015). Investigations officers play an important role in engaging with either victims, witnesses or the accused individual through conducting interviews and collecting the relevant information. A key aspect to highlight is that the investigations officer get to deal with victims that have gone through traumatic experiences and they need to ensure that they use various trauma informed interviewing techniques when they engage with the victims. The investigations office would not act as legal representative for the victims, however their duty includes providing guidance, the relevant information to all parties involves in various cases. However, with every intervention they take, they need to comply with the various policies that are put in place by the university or by the law. Another important element that investigations officer needs to always be mindful of is the documenting and reporting of various cases.

4.4.1.4 Subtheme 4: Social worker

The scars and effects of having had the experience of GBV within the university space run too deep and would normally disrupt people's lives. The functioning of an individual who experiences GBV completely changes, which is where social workers come in to assist in moving forward and being able to deal with the various effects of GBV. Social workers play an important role when it comes to working with GBV cases within the university space.

“When we receive clients, I would listen to their story to find out how I can support them. Through them sharing their story, I will identify various areas that need attention or intervention, then provide psychosocial support based on the identified areas, then after they have gone through the intervention process, I will debrief with the client so that I can refer them”

“You may find that there may be other contributing factors to the main problem; therefore, through the various sessions I will have with the clients, we will unpack the various aspects”

“As a social worker, I will have about 3 sessions with the client, which is providing brief support then refer them to CCDU for them to provide the client with a longer intervention”

“We encounter some historical GBV cases where you find that the student was violated back at home or a long time ago... we will still offer support to ensure that we stabilise then refer.”

Social workers play an important role in addressing GBV within the university space. These are professionals who offer empowerment services to individuals who are affected by GBV (Leburu, 2023). The kind of interventions social workers provide are backed up by the empowerment and developmental approaches. Social workers not only deal with the effects of being violated, but they also provide a holistic intervention that will focus on the various aspects of the client's life. The ultimate goal of what social worker do is to enable their clients to be able to overcome various conditions which may set them back from actively being part of the general society and to ensure that their needs are met for them to function within their spaces to the best of their potential (Helmersson & Johnson, 2015). In this context, the social workers provide their services to students, and they play an essential role in ensuring that the students receive the psychosocial support after they have experienced GBV stop enabling them to perform well in their academics and to actively engage with those around them.

4.4.1.5 Subtheme 5: Health clinician

The role that the health clinician plays highlights an important contribution to the work that has been done to assist in managing and dealing with GBV cases within the university space. Students who experience GBV may need not only emotional and psychological interventions to assist them in dealing with their experiences of GBV. However, the health clinician is there to ensure that any physical harm that the students may have experienced because of GBV is addressed and cared for. The role of a health clinician also includes keeping a record of the various injuries the student could have sustained during their GBV encounter, which normally helps during legal proceedings as evidence.

“My role is to assess, so I am the first contact, they will come to us just after the case, and then I assess how badly they are injured, provide any medical assistance needed, treat them and then refer...”

As a health clinician, we deal with the body, and then the mental health nurse will deal with the mind”

Health clinicians are responsible for the examination and assessment of the physical aspects of the client's body and well-being. They play an important role in the recovery and well-being of clients who have experienced GBV (Bradbury-Jones et al., 2011). Their jobs also

include working with the clients they receive to further prevent any illness that may result from them being violated in any way. The service and intervention they provide opens up an opportunity for the next practitioners to take over, as they will now be responsible for dealing with the mental, psychological effects of what they have experienced. Health clinicians may be the ones who get to see the client first before they can refer, and they need to create a safe space for the client and ensure that they do feel heard and bring that sense of hope that they will get the assistance they need. This will help set a positive tone for the rest of the intervention process, even when the client has been referred.

Objective 3: Assess the support structures and resources available to university practitioners and support staff members and their effectiveness in dealing with gender-based harm and violence cases.

Main Theme	Subthemes
Interventions implemented to support practitioners and support staff members in dealing with GBV	• GEO • Policy on sexual and romantic relationships between staff and undergraduates • Policy and disciplinary procedure on sexual and gender related misconduct • Policy on declaration of interest • Sexual offences and related matters amendment act

Table 4.3.3: *This table highlights the main theme and sub-themes that came from objective three of the study.*

4.5.1 Main theme: Interventions implemented to support practitioners and support staff members in dealing with GBV

The university implemented various resources, policies and interventions that are aimed at supporting the practitioners and support staff members in terms of the work they do at the university. These policies and interventions provide guidelines in terms of how every practitioner and support staff member needs to do their work and how they can be supported in doing so.

4.5.1.1 Subtheme 1: Gender Equity Office (GEO)

The participants gave a brief background of how the GEO was established at Wits. Its objectives. They further provided information on different internal stakeholders that they work with, which include the Counselling Careers and Development Unit (CCDU).

“Here at GEO, we normally offer short-term interventions to students who need the support and then when they need additional support or more sessions, we refer them to CCDU”

(Social worker)

“We closely work with GEO as we would also refer some of our clients there for them to be seen by a social worker” (Mental health nurse)

The Gender Equity Office was established at the University of the Witwatersrand in response to a recommendation regarding sexual harassment within the university (University of the Witwatersrand (Wits), 2021). This office was established to close a gap that was identified in terms of how gender related cases are addressed and managed within the university. The GEO now has various practitioners who are responsible for handling various departments. This office has a prevention unit, which is responsible for advocacy and training, the intervention unit, which is responsible for providing psychological support and the accountability unit, which is responsible for investigating complaints (Wits, 2021). After the GEO was established, the university also established the Gender Equity Advisory Committee, which is responsible for supporting and guiding different interventions regarding any sexual and gender related misconduct and providing further support to the GEO (Wits, 2021).

A number of universities have created gender equity offices or departments that are tasked with developing and implementing strategies that will promote gender equity and diversity (Bethman et al., 2019). Gender equity offices also host workshops, training sessions and

initiatives that will raise awareness of gender related issues within the institution (Kela et al., 2024). These offices play an important role in gathering and monitoring GBV cases in the university and ensure that students who experience gender related issues receive assistance and intervention.

4.5.1.2 Subtheme 2: Policy and disciplinary procedure on sexual and gender related misconduct

Findings of the study revealed different policies and procedures that professionals at GEO use. These policies help to protect the victims of GBV, and they guide the GEO professionals on disciplinary procedures that they can take against the perpetrators of GBV, as well as how they can assist and support the survivors.

“This policy assists us a lot when cases of GBV are reported because it provides us with guidelines on how to best approach every case” (Advocate)

“Some students may not be aware that in the university we have such a policy until they have experiences, GBV and have now started the process of healing” (Investigations officer)

This policy was implemented to provide structure to effectively respond to various complaints related to sexual and gender related misconduct and to provide necessary support to individuals who have experienced gender related issues (Wits, 2021). This policy highlights that the university does not tolerate any gender and sexual related offences, especially if these are conducted by a university staff member or student and disciplinary action will be taken. Some of the role players who are involved in the various proceedings of gender and sexual related cases include the GEO, which will liaise with other departments such as CCDU (Counselling and Career Development Unit), Campus Health and the Wellness Centre. Other role players include Milpark Hospital, SAPS, human resources and the GEAC. All these role players are responsible for ensuring that reported cases are effectively dealt with, victims do get the support, and perpetrators are held accountable for their actions.

4.5.1.3 Subtheme 3: Policy on sexual and romantic relationships between staff and undergraduates

Findings revealed that the university has a policy against sexual and romantic relationships between staff members and students. This policy, however, says that if the relationship was there before the student/ staff member joined the university, they need to disclose it to HR and our office. They have this policy because they want to protect both employees and students, as in some instances, employees use their powers to manipulate students into being in relationships with them, or when the student lies about having a relationship with a particular staff member.

“A staff member who is new and coming to work for the university would be in a relationship with a student, and they will need to disclose this to the university. The relationship could have started way before the staff member started working at the university. This policy helps us intervene” (Advocate)

“Relationships between lecturers and students are not encouraged as there would be power imbalances; therefore, this policy provides a guide in terms of how to navigate such a situation” (Investigations officer)

This policy was implemented to actively protect against the potential of harmful situations, which may include the abuse of unequal institutional power and exploitation of students who may be vulnerable for sexual purposes (Wits, 2016). This policy prohibits every staff member who works in the university from having abusive or sexual relationships with students. This policy does take into consideration that not all romantic or sexual relationships between staff members and students are always problematic; however, there is a potential risk for abuse of power in relationships like these.

Staff members are prohibited from having any sexual or romantic relationships with undergraduates or honours students, irrespective of whether the staff member is directly teaching or supervising the student (Wits, 2016).

4.5.1.4 Subtheme 4: Policy of declaration of interest

This policy encourages staff members to declare any relationship that they might have with a student or another staff member. This includes familial relationships, or one is married to a student.

“There are instances where you find that a lecture is working under the same department as where their relative/partner who is a student is studying. In such a case, the university has to be aware of such relations so that there is no conflict of interest” (Advocate)

Another policy that the university implemented was the policy on the declaration of interest. This policy is set to regulate any actual or potential conflicts of interest that may arise among staff members. This policy is set to manage any beneficial aspects of the emerging expertise of staff members through taking part in activities of other institutions that may lead to conflicts of interest in their roles (Wits, 2014). This policy ensures that there is fairness amongst every staff member and students within the university and that there is transparency from all members of the university (Wits, 2014).

4.5.1.5 Subtheme 5: The Criminal Law (Sexual Offences and Related Matters)

Amendment Act

This is one of the Acts that the University also plans to use. However, the act came into effect last year (2024), and the university is still trying to engage with the police to try and figure out how the process is supposed to unfold. However, there is progress in implementing some guidelines around the act.

“As a university there is an obligation that has been placed on the university recently by the sexual offences and related matters amendment act, that act says that if we come across any sexual offences which have been committed within your precinct and against females under the age of 25, we have to reports those to the police...” (Investigations officer)

This act was implemented to comprehensively review and make changes in all areas of the laws and the implementation of different laws that relate to sexual offences, and to also deal with the various legal proceedings of sexual offences (The Criminal Law (Sexual Offences and Related Matters Amendment Act, 2021). The act came into effect last year, and the university is still trying to engage with the police to try and figure out how the process is supposed to unfold. However, there is progress in implementing some guidelines around the act.

4.6 Conclusion

This chapter presented the main findings of the data that was collected. Four main themes with different subthemes were developed based on the data that was collected. The themes that were developed further devolve deeper into the research questions and the objective of the study. The participants shared their experiences that came from working with GBV cases within the university space. Each person had their unique yet similar experiences when it comes to working with the GBV space.

Based on the data that was collected, it became evident that working with GBV cases has its challenges and various areas to look into with regard to the individuals who offer these services. It is important to note that the kind of work practitioners and support staff members do is highlighted as important and sensitive, as they get to deal with real-life experiences that are also sensitive. The next chapter of this study presents the conclusion drawn based on the nature of the study.

CHAPTER FIVE

MAIN FINDINGS, CONCLUSION, RECOMMENDATION

5.1 Introduction

This chapter looked into the main findings after the data was collected, analysed and engaged with. Under each main theme (objective), there were main findings that stood out based on the nature of this study and the general aim. Conclusions were also drawn based on the main findings, and then recommendations were provided for institutions, policy makers within the institutions and also for future studies.

5.2 Summary of the main findings

This study provided an overview of the experiences of practitioners and support staff members, some of the challenges they encounter and how they manage some of these challenges to get a better understanding of the work they do. Who listens to those who offer help and support to others? This research report successfully explored the experiences of practitioners and support staff members who work with GBV cases at the University of the Witwatersrand.

5.3 Identify and understand challenges experienced by university practitioners

and support staff members when handling gender-based harm and violence cases

• Contributing factors to GBV within the university

Interviewing practitioners and some support staff members regarding the prevalence of GBV within the university, they shared various contributing factors to the GBV cases that occur in the university. Every individual who applies to study at Wits hopes for a better future where they get access to quality education that will provide them with valuable experiences for their career endeavours. However, it is a sad reality that some members of this community see it fit to violate other students. Factors that contribute to the rise of GBV within this university are that students are naïve, perpetrators lack accountability for their actions, there is a lot of disregard for the law and the university policies, technology, as well as the university dealing with some of the consequences of what happens in the general society. These are some of the contributing factors based on the experiences of the practitioners and support staff members. Students experience university differently; however, it is important to be aware of such factors to know and understand how to better navigate the university journey. Some of these contributing factors may change over time based on the access of information for students in them knowing how to protect themselves, and the introduction of new trends can influence some of the contributing factors of GBV within the university space in the next year or so.

• Challenges that come with working with GBV cases

There are various challenges that come with GBV cases within the university space, simply because this is a highly sensitive subject matter. It was also important to explore how these challenges affect their ability to do their work effectively and adequately. Another area that was explored was how they manage these challenges. There is a lot of trauma that results from working with GBV cases, and practitioners and support staff members may be exposed to secondary or vicarious trauma. There are debrief and support services available to some practitioners and support staff members, as these are important to ensure that they can better cope and manage this type of challenge. Another challenge that was highlighted was that there are low reporting rates and anonymity for the victims. This is one of the biggest challenges that and there are various reasons as to why there are low reporting rates. These include fear for the perpetrator losing their job if they are a staff member or being suspended

if they are a student. Victims would want to remain anonymous when they report their cases, and this makes it challenging to initiate a disciplinary process if the victim does not want to be known. Another element of anonymity is that victims will not disclose the perpetrator, and a disciplinary hearing cannot be held if that is the case. However, what is important is to ensure that the victims do get the necessary support they need, even though there will not be a disciplinary hearing held. There is another challenge, which is the delayed reporting of the cases, because this could potentially have implications on not taking the necessary steps to protect the victims, like making sure the victims are protected from unwanted pregnancies if they are sexually violated and preventing HIV. One of the main reasons why cases are reported late is that some incidents happen over the weekend, and the victim would have to wait for Monday to either access campus health or the GEO. Another aspect of delayed reporting is that some cases are historical; someone would report a case that happened a few years ago, and it is challenging for them to make the necessary follow-ups, apart from offering psychological support.

5.4 Explore the efficiency and effectiveness of the interventions and strategies employed by these practitioners and support staff members in addressing and handling gender-based harm and violence

• Role players in addressing GBV

There are various and important roles players that assist in addressing GBV within the university. The kind of work they do is important to ensure that victims of GBV within the university space do get the support and interventions they need. Advocates play an important role in making sure to constantly put the work out there in terms of the available services around the university and where they can access these services should they need it. Their work provides a bridge between the university community and the available services within the university. Social workers provide an important aspect of support as these are the individuals who offer psychosocial support and assist victims in navigating the experiences they had. Social workers play various roles; they are educators, they are mediators, they are counsellors, and they are also advocates. They play all these roles to ensure that those who have experienced violence can address the issue in a safe space, and they can navigate their lives after such experiences. Mental health nurses are there to address the various mental health effects of being violated. They work hand in hand with social workers to ensure that the social and mental aspects of students who have experienced GBV are effectively addressed.

Lastly, an investigation officer is responsible for facilitating the investigations and the disciplinary hearing processes when cases are reported. They do not act like a prosecutor; however, they ensure that they are there to support victims throughout the investigation process, and they are well informed of the various legalities that come with being through this process.

The University of the Witwatersrand ensures that there are set structures in place to ensure that everyone plays their part effectively. Each department involved in addressing GBV is well-equipped to handle cases and refer them to the appropriate authorities once their part is complete. The GEO offers short-term intervention to clients in the form of psychosocial support and then refers them to CCDU if the client requires a longer intervention.

5.5 Assess the support structures and resources available to university practitioners and support staff members, and their effectiveness in dealing with gender-based harm and violence cases:

• Intervention/ policies implemented to address GBV at Wits

The university has implemented policies and structures to address GBV and to ensure both students and staff members are protected. Every department that is involved in addressing GBV is guided by these policies and structures that are implemented. The university of the Witwatersrand implemented the GEO due to a gap that needed to be filled regarding students being violated by staff members or other students. The office is responsible for handling any gender related issues experienced by the students. The policy on sexual and romantic relationships between staff and undergraduate and honours students prohibits these types of relationships because of the exercise of power and the implications these types of relationships may have on the work the staff members do and the students' academics. The other policy is the policy and disciplinary procedure on sexual and gender related misconduct. This policy sets out terms and objectives when it comes to sexual and gender related cases, outlines the disciplinary process and who is involved in that process. The policy on declaration of interest. This policy aims to guide how staff members and students should declare any personal interest that they may have or that may arise, and how to deal with such cases. Lastly, the sexual offences and Related Matters Amendment Act sets out various obligations the university has in terms of dealing with and reporting any sexual and gender related violations of students within the university. These policies are effective to a certain extent, and they do serve their purpose to ensure students are protected from any harm and to

ensure that staff members act in a professional way.

5.6 Conclusions

GBV is an issue that affects every society and community. Within the university space, it was necessary to engage with individuals who do offer support to those who are violated or those who need support services. This gave a much broader perspective in terms of some of the role players involved in tackling this issue. The work that practitioners and support staff members do is essential and valued, and it is worth hearing to hear some of their experiences, the challenges they face and how they manage these challenges.

There are various contributing factors that influence the increase in GBV cases. Exploring some of these factors highlighted what practitioners and support staff members encounter as they work with GBV cases. Working with GBV cases also affects practitioners and support staff members in some way due to the sensitivity these types of cases represent. Victims go through traumatic experiences, and practitioners and support staff members also get exposed to that trauma when they engage with the victims. Practitioners have the responsibility to ensure that the victims do get the assistance they need while making sure that they also take care of themselves so that they are able to do their jobs effectively. There is a need to have effective supportive interventions and policies that will allow practitioners and support staff members that will be able to do their jobs effectively and also still be able to take care of themselves to avoid vicarious trauma. F

The current support structures, interventions and policies the university has implemented have provided a set and clear direction in terms of how gender and sex-related cases need to be handled within the university. These interventions and policies have been effective to a certain extent; however, there are still areas of improvement that will ensure that these interventions and policies are easily accessible to everyone in the university. There is still more that can be done to tighten up the effectiveness of these policies and structures that have been in place. This study was able to explore the experiences of practitioners and support staff members who work with GBV cases at the University of the Witwatersrand and how they manage some of the challenges that come with working with such cases. It is important to listen and engage with those who offer support to ensure that they are also better supported to do their jobs adequately and effectively.

5.7 Recommendations

5.7.1 Recommendations for institutions in addressing GBV

- Based on my findings, there should be enough and easily accessible debrief and support services available for practitioners and support staff members.
- There should be more practitioners in terms of social workers and psychologists who address GBV cases, as universities admit a large number of students.
- There is a need to have measures in place that will assist students to report cases at any time of the week, especially on the weekend, so that they do not have to wait until Monday for them to get assisted.
- The gender of practitioners needs to be broader, meaning that universities need to invest in employing more practitioners who are male, because there are more female practitioners as opposed to a balanced ratio.

5.7.2 Recommendations for the institutions' policy and policymakers

- Based on the findings, policies need to be written in different languages as individuals would have a better understanding of the policies in place and also of them.
- Policies need to be inclusive of individuals who live with different disabilities.
- Policies and interventions implemented in the universities need to be effectively communicated to students and staff members continuously and not occasionally, so that these can be embedded in the students' lives and experiences same goes for the staff members.

5.7.3 Recommendations for future studies

- Explore experiences of practitioners and support staff members in other institutions and provinces in terms of the work they do when it comes to working with GBV cases.
- Explore a bigger sample size to get a be achieve a more generalised, concise
- Utilise a mixed method of data collection to explore the difference that would make on the overall study

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APPENDIX A: ETHICS CLEARANCE CERTIFICATE



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

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SW24/10/01

PROJECT TITLE

Managing complexities: The experiences of practitioners and support staff members in working with GBV cases at the University of the Witwatersrand

INVESTIGATOR

DLAMINI N

SCHOOL/DEPARTMENT OF INVESTIGATOR

SOCIAL WORK

DATE CONSIDERED

15 NOVEMBER 2024

DECISION OF THE COMMITTEE

APPROVED UNCONDITIONALLY

RISK LEVEL

LOW RISK

EXPIRY DATE

19 NOVEMBER 2027

ISSUE DATE OF CERTIFICATE

19 NOVEMBER 2024

CHAIRPERSON

(DR L PETERSEN)

cc: Supervisor: DR Z NTSHONGWANA

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 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

19 / 11 / 2024

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES
