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license**INTEGRATING COMMUNITY WORK MODELS INTO
SOCIAL WORK INTERVENTIONS FOR GENDER-BASED
VIOLENCE IN SOUTH AFRICA: CONSIDERATIONS FOR
POLICY, EDUCATION, AND PRACTICE****Daniel Tuelo Masilo^{1*}**¹Faculty of Health Sciences, North West University, Community
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Potchefstroom, 2531, South Africa*Correspondence E-Mail: masilo.tuelo12@gmail.comDOI: <https://doi.org/10.30598/baileofisipvol4iss1pp1-19>**ABSTRACT**

Gender-based violence (GBV) against women and girls remains a persistent social and public policy challenge in South Africa despite extensive legislative reforms and intervention programmes. Existing social work responses have predominantly focused on individual and remedial interventions, with limited attention to the integration of community-based approaches that address the structural and socio-cultural dimensions of GBV. This paper examines how community work models can be systematically integrated into social work interventions to strengthen GBV prevention and response mechanisms in South Africa. Employing a desktop study methodology, the paper draws upon an extensive thematic review of scholarly literature, government reports, policy documents, and other credible sources related to community work, gender-based violence, and social work practice. Guided by the ecosystem perspective, the analysis explores five community work models—community education, community development, social marketing, social planning, and social action—and evaluates their relevance for enhancing social work interventions across policy, education, and practice domains. The findings demonstrate that integrating community work models offers a comprehensive and multi-level framework for addressing GBV by promoting community participation, social transformation, preventive interventions, and survivor-centred support systems. The novelty of this paper lies in its conceptual integration of community work models into social work practice for GBV interventions within the South African context, providing an ecosystem-informed framework that extends beyond conventional case-based approaches. The paper concludes that community-oriented social work interventions are essential for addressing the structural determinants of GBV and advancing sustainable social change. It further recommends the incorporation of community work models into social work policy frameworks, professional education curricula, and practice guidelines. The proposed framework contributes to sociological scholarship by enriching theoretical understandings of the relationship between social structures, community agency, and collective responses to gender-based violence.

Keywords: Community-Based Practice, Community Work, Gender-Based Violence, Social Work Interventions, Women

INTRODUCTION

Gender-based violence (GBV) remains one of the most pervasive social problems affecting women and girls across communities worldwide, with particularly profound implications in the South African context. In this article, the author advances an argument for integrating community work models into social work interventions to strengthen efforts aimed at preventing and

addressing GBV in South Africa. According to Mwedzi and Phipps (2025), GBV refers to harmful acts directed at individuals based on their gender, resulting in physical, emotional, and/or sexual harm or suffering. Within the context of this paper, GBV is conceptualised as an antisocial behaviour that disproportionately affects women and girls as vulnerable groups in South African communities and encompasses not only sexual, emotional, and physical violence but also financial violence. Gender-based violence manifests in various forms, including psychological, physical, and sexual abuse, all of which have enduring consequences for survivors' physical and psychological well-being (Oparinde & Matsha, 2021).

The severity of GBV in South Africa has been acknowledged at the highest political level. During the peak of the COVID-19 pandemic, President Cyril Ramaphosa described violence against women and girls as a “second pandemic,” emphasising its devastating impact on families, its substantial economic burden, the climate of fear and insecurity it creates for women and girls, and the intergenerational trauma it perpetuates (Ramaphosa, 2025). This characterisation underscores that GBV is not merely an individual or familial issue but a multidimensional social problem requiring comprehensive and coordinated interventions across different levels of society.

The persistence of GBV in South Africa is further illustrated by recent criminal justice statistics. In his 2026 State of the Nation Address, President Ramaphosa reported a 91.9% conviction rate (475 out of 517 cases) in femicide prosecutions, a 92.2% conviction rate (356 out of 386 cases) in intimate partner femicide cases, and a 74.8% conviction rate (3,460 out of 4,627 cases) in sexual offence cases across the country's provinces (Republic of South Africa, 2026). While these figures demonstrate progress within the criminal justice system, they simultaneously reveal the magnitude of the GBV crisis. Importantly, these statistics represent only cases from the previous financial year ending in March 2026 and are limited to victims and survivors who reported incidents and remained engaged in legal processes through to final court outcomes.

The official statistics do not capture the numerous cases that remain unreported or those withdrawn before judicial resolution. Victims and survivors frequently withdraw GBV-related cases due to intimidation by perpetrators, inadequate institutional support, or socio-economic pressures. Findings from a study conducted in Mpumalanga Province indicate that families of both the accused and the complainant sometimes mutually decide not to pursue sexual offence cases. In cases involving minor complainants, parents have reportedly negotiated financial compensation with perpetrators in exchange for withdrawing criminal charges (Commission for Gender Equality, 2025). Such practices significantly undermine efforts to achieve justice and protection for victims and survivors. Moreover, the withdrawal of criminal cases and protection orders—particularly where perpetrators are known to the victims—may expose survivors to heightened risks, leaving them without adequate protection and perpetuating cycles of violence within communities (Grotzinger, 2024).

South Africa's commitment to addressing GBV is further reflected in its adoption of the United Nations Sustainable Development Goals (SDGs), which include the elimination of all forms

of violence against women and girls in both public and private spheres, including trafficking, sexual exploitation, and other forms of abuse (Kusuma & Babu, 2017). Nevertheless, achieving this goal remains a significant challenge. Despite sustained awareness campaigns, policy initiatives, and governmental commitments, the lived experiences of many women and girls in South Africa continue to be characterised by fear, silence, and injustice (Sowetan, 2025). Consequently, there is growing concern that the aspirations embedded within the SDGs may remain difficult to achieve unless more transformative and community-centred approaches are adopted.

Addressing GBV in South Africa is therefore imperative not only because of its detrimental effects on individual safety and well-being but also because it exposes broader institutional, cultural, and structural inequalities that demand persistent and coordinated social change (Lalla, 2025). Effective interventions must adopt comprehensive and holistic approaches that empower women, reduce their vulnerabilities, and address both the causes and consequences of violence against women and girls (Kusuma & Babu, 2017). Such approaches require moving beyond individual-level interventions to embrace strategies that acknowledge the social environments within which GBV is produced, experienced, and sustained.

Social workers occupy a critical position in responding to GBV through diverse methods of practice, including casework, group work, community work, research, and administrative functions. Given the complex and multidimensional nature of GBV, social work interventions must extend beyond remedial responses and actively engage communities as sites of prevention, protection, and social transformation. It is within communities that social problems are experienced, negotiated, and ultimately addressed. Communities therefore play a pivotal role in challenging harmful social norms and practices that perpetuate violence against women and children (UNICEF-South Africa, 2025).

Community-based responses have increasingly demonstrated their effectiveness in GBV prevention initiatives. Kirsten (2023), for example, highlights how community organisations contribute significantly to GBV prevention by educating school learners on issues related to sexual activity, violence, and consent. Such interventions illustrate that community engagement constitutes an indispensable component of sustainable GBV prevention strategies. Consequently, strengthening community-based social work interventions presents an opportunity not only to improve prevention and response mechanisms but also to promote social justice for victims and survivors.

This paper contributes to social work scholarship by demonstrating how community work models can be systematically integrated into social work interventions addressing GBV across diverse community settings. The integration of these models is particularly important given the unique positioning of social work to intervene across multiple levels of practice, including prevention, early intervention, statutory intervention, reconstruction, and aftercare services. Social workers have long been recognised as key professionals supporting victims and survivors in accessing justice and psychosocial services. It is therefore unsurprising that the South African

government has consistently relied on social workers to spearhead interventions aimed at combating GBV.

Recognising the centrality of communities in addressing social problems necessitates a closer examination of community work as a method of social work intervention. Although community work lacks a universally accepted definition, it is widely understood as an action-oriented approach aimed at improving social functioning and enhancing community well-being (Qalinge-Okoro, 1998). From a social work perspective, communities represent social entities in which citizens can organise themselves or be mobilised to address shared concerns and improve their quality of life (Kirst-Ashman, 2017). Consequently, adopting a community-based social work approach is both necessary and appropriate given the community's significance as a site for social change (Poppo, 2015).

Community work is particularly relevant in addressing GBV because evidence consistently demonstrates that gender-based violence is fundamentally a community-wide issue requiring holistic and multidimensional interventions. This aligns closely with the overarching goals of social work, which seek to address social problems that hinder both individual and societal development (Sajid et al., 2020). Accordingly, community work offers social workers a valuable methodological framework for implementing GBV interventions across diverse community settings. One notable advantage of the community work method is its capacity to reach larger populations and facilitate broader social impact (Masilo, 2018b). This perspective reinforces the notion that responses to GBV cannot be confined to policy development at the national level in Pretoria but must actively extend into municipalities, schools, workplaces, religious institutions, and households across South Africa's provinces (Mboyisa, 2025).

Against this backdrop, this paper seeks to contextualise community work models within social work interventions addressing gender-based violence in South Africa. The social work profession provides a diverse range of theoretical frameworks and practice models applicable to individuals, families, groups, and communities (Shulman, 2016a). Models are conceptualised as theory-informed guidelines that provide direction for professional practice and intervention strategies (Netting et al., 2022). Drawing upon this understanding, the paper discusses five community work models—community development, social planning, community education, social marketing, and social action—as conceptual tools for strengthening and expanding social work interventions addressing GBV.

These models are purposefully selected because they offer complementary mechanisms for enhancing prevention initiatives, community mobilisation, policy advocacy, and survivor support. Rather than providing an exhaustive or prescriptive framework, this paper offers key conceptual and practical considerations for social workers operating within policy, education, and practice domains. The intention is not to integrate all possible social work interventions into each model but to demonstrate how community work can contribute meaningfully to comprehensive and sustainable responses to GBV.

The arguments presented in this paper are further informed by the ecosystem perspective, which serves as its theoretical foundation. The ecosystem perspective integrates systems theory and ecological theory to explain the dynamic interactions between individuals and their environments (Gerrish, 2025). According to Miley et al. (2017), the ecosystem perspective examines the reciprocal relationships between human systems and their social environments in order to understand social phenomena and develop strategies for meaningful change. Similarly, Teater (2021) argues that the ecosystem perspective seeks to assess the multiple systems that influence an individual's growth, development, and lived experiences.

Applying the ecosystem perspective to GBV in South Africa highlights the importance of understanding violence as a product of interactions among individual, relational, community, and structural factors. Whether occurring in public or private spheres, GBV cannot be adequately understood or addressed in isolation from the broader social contexts in which it emerges. This perspective therefore supports the argument that effective GBV interventions must be community-based and designed to strengthen positive interactions between individuals and their environments.

The ecosystem perspective is particularly relevant to the community work models discussed in this paper because each model fundamentally acknowledges the interconnected relationship between individuals, communities, and social structures. Community members possess valuable contextual knowledge regarding the cultural beliefs, power relations, and social dynamics that shape the occurrence and perpetuation of Gender-Based Violence and Femicide (GBVF) within their communities. Consequently, communities themselves constitute indispensable actors in combating the GBVF epidemic and promoting sustainable social change (Mkwananzi & Nathane-Taulela, 2024). Integrating community work models into social work interventions therefore represents a promising and theoretically grounded approach for strengthening GBV prevention and response efforts in South Africa.

RESEARCH METHOD

This study employs a desktop methodology, utilizing a literature review as its primary research approach. According to Schurink et al. (2021) literature comprises credible materials that contextualize the research topic within an existing body of knowledge. For this paper, various sources were consulted, including academic articles, newspaper articles, books, theses and dissertations, government reports, and policy documents. Consistency in thematic discussions was maintained by utilizing keywords such as community work models, gender-based violence, social work, women and girls, and violence against women and girls in South Africa to identify pertinent information for analysis and synthesis.

RESULTS AND DISCUSSION

Community Development Model

As defined by Chapelle (2014), community development is a social work strategy aimed at improving people's lives by enhancing aspects of their shared existence. Ronad (2022) further expands on this, asserting that community development not only involves addressing community members' problems but also enhances their overall quality of life. According to Weyers and Geyer (2011), the community development model holds that community members are best positioned to drive their own development and address obstacles to progress. The Sustainable Development Goals prioritize the eradication of all forms of violence against women and girls, including trafficking and sexual exploitation, in both public and private spheres (DESA, 2018). Considering this, this paper advocates for social workers to adopt the community development model to address the needs of GBV victims and survivors within the South African context. An essential aspect of these interventions should prioritize economic development, given that financial abuse is a prevalent form of GBV experienced by women in intimate partner relationships, including marriage. Many women, especially those economically dependent on their partners, are often silenced by abusive behaviour (John, 2021).

Women frequently find themselves in dependent roles, lacking financial autonomy and the tools to leave abusive marriages in societies where men control economic resources (Mestvirishvili et al., 2025). Research by Slabbert and Green (2013) revealed that 25% of their study participants reported partners deliberately withholding money for essential household items instead of spending it on alcohol or drugs. Such financial control diminishes women's economic capacity and their ability to participate in the labor market, economy, and social welfare activities (Ndondo, 2023). A study conducted by Mesatywa (2014) highlights how abusive men limit women's access to family resources, often taking control of their pay cheques and providing only minimal allowances. This pattern of financial control is unacceptable and demands intervention. The implications of financial abuse extend to children within these families, as their basic needs may go unmet due to parental financial constraints.

Removing structural barriers to women's economic empowerment and promoting education and employment opportunities are significant in efforts to prevent GBV by increasing women's independence and self-awareness of their potential (Sahakyan, 2022). Accordingly, within the community development model, social workers need to identify the socio-economic needs of GBV victims and survivors. By collaborating with them, social workers can develop and implement economic development projects that create income-generating opportunities and employment. Such interventions can support the government's commitment to directing at least 40% of public procurement towards women-owned businesses, as announced by Cyril Ramaphosa during his Women's Day address in August 2023 (South African Government News Agency, 2023). However, achieving this goal requires removing the responsibility of connecting women-owned businesses with relevant government departments for procurement from politicians. This is because politicians have been shown to unduly influence public procurement

processes, including awarding tenders to associates and family members. The findings of a desktop study on ethical leadership in the South African public sector revealed a range of complex challenges affecting tender processes, including bribery, bid rigging, ghost payments, discrimination, financial misconduct, as well as a lack of impartiality, transparency, and the prevalence of patronage (Thagakane et al., 2026).

Social Planning Model

Weil (2013) asserts that social planning is one of the major models of community practice, operating at multiple levels. The social planning model emphasizes social pathology and social needs. Since community members may face social problems beyond their control, it's crucial to provide them with therapeutic services from experts to address or resolve these issues (Weyers & Geyer, 2011). In this regard, the South African government is actively pursuing measures to strengthen response, care, and support services for victims and survivors of GBV, including expanding the number of Thuthuzela Care Centres across the country (More, 2024). Thuthuzela Care Centers (TCCs) function as one-stop facilities that form a key component of South Africa's anti-rape strategy, aimed at reducing secondary victimization and improving the likelihood of successful prosecutions and since 2006, 51 centers have been established. However, the current number of one-stop facilities is insufficient, resulting in inadequate coverage across communities, thereby limiting access to essential support services for victims and survivors of GBV in many areas. Regrettably, this observation has been noted and highlighted in the report by the Public Protector of South Africa, wherein it was found that there are insufficient shelters to cater for the victims of GBV, and this is contrary to section 27 (1) (c) of the South African Constitution, which is about everyone's right to have access to social security, including those who are victims of GBV (Gcaleka, 2024).

One of the pillars of the National Strategic Plan on Gender-Based Violence and Femicide focuses on response, care, support, and healing. This pillar aims to ensure that every victim and survivor of GBV has access to appropriate and sensitive response, care, and support, facilitating immediate containment, medium to long-term healing, and agency in reclaiming their bodies, mental and physical health, well-being, and lives (Madumise-Pajibo & Shisana, 2020). To achieve this ambitious goal, social workers, utilizing the social planning model, are strategically positioned to mobilize necessary resources, including infrastructure and relevant professionals with specific expertise. These professionals may include psychologists, medical doctors, psychiatrists, and legal practitioners. The needs of victims and survivors often extend beyond psychosocial services, requiring support from various sectors (Department of Social Development, 2020a). This paper argues that these professionals should ideally be mobilized, encouraged, and supported to reach underserved areas, particularly rural areas, where the psychosocial and healthcare needs of GBV victims and survivors are often neglected due to limited resources. These professionals play crucial roles throughout the GBV incident lifecycle, including assessing needs, providing relevant services, and acting as witnesses during court trials

when alleged perpetrators are prosecuted.

Community Education Model

Community education is crucial in social work practice, particularly in addressing and preventing social problems. It plays a vital role in delivering awareness messages to the target audience. Qalinge-Okoro (1998) advises that education and community awareness should ideally be conducted through accessible, understandable, and relatable means for all community members. Therefore, this paper highlights the community education model as a relevant approach for enhancing and strengthening social work interventions to address gender-based violence in the South African context.

In one of their newsletters, Gender-Based Violence and Femicide Response Fund (2024), asserts that curtailing the spread of Gender-Based Violence and Femicide (GBVF) necessitates the active engagement of men. Ideally, men should take a leading role in the fight against GBVF, given that they are often perpetrators toward women, girls, as well as men and boys. Through the community education model, social workers must educate community members, particularly men, about mutual support, which entails caring for one another (Kirst-Ashman & Hull Jr, 2018). This concept aligns with the "Ubuntu" philosophy, a longstanding value within African communities, emphasizing humanity's care, concern, and love for the welfare of others and the environment in all its forms, whether natural, man-made, visible, or invisible (Dudzai & Mabvurira, 2023) .

Regrettably, Ubuntu appears to have diminished within South African communities, including families, contributing to numerous social ills, including GBV. Supporting this notion, Masilo and Nkala-Dlamini (2024) assert that the absence of Ubuntu within the family unit leads to occurrences of child sexual abuse perpetrated by family members, such as fathers and uncles, against their children. Therefore, it is imperative to educate community members about the significance of Ubuntu in addressing GBV. This aligns with the perspective advocated by Singha and Kanna (2022) who suggest that Ubuntu can be expressed positively through love, which, in turn, will spread, and that if someone follows the path of peace, peace will prevail. This paper supports this viewpoint, as the love and peace stemming from the Ubuntu philosophy enable people within communities to coexist harmoniously without resorting to acts of GBV.

Effectively addressing gender-based violence (GBV) across diverse community contexts requires the active involvement and collective responsibility of all community members. Community-centered interventions can serve as a platform for uniting various stakeholders, thereby facilitating the mobilization of resources to combat GBV. When adequately trained and informed about women's abuse, community structures can function as extensions of formal support systems. This empowerment enables them to identify and respond to power imbalances within abusive relationships, as well as to challenge underlying patriarchal norms during intervention efforts (Mwatsiya & Rasool, 2021). Therefore, it is essential that community education programs include information on bystanders' roles in combating GBV. According to

Ward (2022), bystanders are neither perpetrators nor victims of a particular act of violence, but they can intervene through their words or actions to interrupt harmful behavior. Involving bystanders in addressing GBV holds significant potential for increasing the reporting of cases to social workers and police officials. This has been confirmed by the findings of a study conducted in the KwaZulu-Natal province, where neighbors, family members, and friends took it upon themselves to ensure that cases of abuse against people living with albinism were addressed (Shabalala, 2023).

It is also crucial to encourage individuals in positions of authority within various community settings where incidents of GBV occur, and they become aware of them, to report such incidents. This reminder is important, as research by Coetzee (2018), focusing on child sexual abuse within schools, reveals that principals, trade union representatives, and Department of Education representatives often handle sexual abuse cases in secrecy. This secrecy has resulted in the State being held liable and having to provide financial compensation to victims and survivors. Masilo (2019) advocates for implementing school-based employee educational workshops to address this issue. These workshops would educate employees about their legal obligations regarding reporting incidents of sexual abuse against learners to police officials.

Community Social Marketing Model

It is often observed that women may justify violence against them due to traditional gender roles within a family and may refrain from reporting cases of violence due to a lack of information and knowledge about their rights and freedoms (Sahakyan, 2022). Building on this observation, this paper argues for the adoption of a social marketing model in interventions for gender-based violence by social workers. According to Weyers and Geyer (2011), the social marketing model is ideal for situations where community members may not be aware of specific social work organizations, services, programs, or events. In the context of this paper, social workers must comprehensively market the services they provide to community members, with a particular emphasis on GBV interventions at various levels, including prevention, early intervention, statutory intervention, and aftercare. It is argued that raising awareness among community members about available social work services increases the likelihood that they will utilize them. This has the potential to not only reduce incidents of GBV but also ensure that victims are able to report cases and receive appropriate services.

One of the obstacles to eliminating all forms of violence against women and girls is the underreporting of incidents to relevant authorities. Women's ability to seek help is severely hindered by various strategies employed by perpetrators, including constant surveillance, restricting their freedom of speech and movement, confinement, physical and sexual abuse, or undermining their relationships with others (Rasool, 2021). According to Masilo (2018a), incidents of child rape within the family system are often not reported to authorities, particularly when the perpetrator is a breadwinner and threatens the child victim. Additionally, victims of GBV may be uncertain about where to report, whom to approach, and the procedures to follow

(Council on Higher Education, 2019).

The crucial message that should be conveyed to community members in all settings by social workers and other stakeholders involved in addressing GBV is that the actions of perpetrators, such as rape, physical violence, emotional violence, and financial violence, are not mere "mistakes." Instead, these actions are intentional and legally inexcusable. Therefore, it is imperative for victims to seek help from relevant individuals and professionals so that perpetrators can be held accountable through legal channels. Legal platforms should offer victims and survivors recourse to address the psychosocial and healthcare needs resulting from the actions of perpetrators. To encourage victims and survivors of GBV to seek help from relevant stakeholders, it is essential for social workers and other stakeholders to promote available services that enable victims and survivors to receive assistance. Supporting this argument, Leburu-Masigo (2020) found that social work services benefited women who may not have fully recognized or accepted that they were abused or who had endured abuse for an extended period but remained with their partners, helping them recognize the abuse and its impact on their well-being.

Social Action Model

The social action model posits that a disadvantaged, often oppressed, segment of the population requires organization, potentially in alliance with others, to exert pressure on the power structure for increased resources or social justice (Zastrow, 2017). It is undeniable that incidents of GBV leave a lasting psychosocial impact on victims and survivors, amounting to oppression and disempowerment, which require addressing through psychosocial and healthcare interventions. Supporting this observation, Sepeng et al. (2022) note that rape predisposes survivors to various healthcare problems, including the risk of contracting HIV, sexually transmitted infections, pregnancy, and long-term mental health effects. Available information confirms these observations. For example, Norah Mathibela, a survivor of rape by her biological father, attributes her HIV-positive status to the rape incidents she suffered at his hands (Mokgolo, 2017). Additionally, in August 2018, Khensani Maseko committed suicide following reports of her rape in May 2018 (Timeslive, 2018). Sexual victimization can have numerous consequences for victims, impacting how they perceive themselves, their self-esteem, and their confidence in relating to others (Wemmers et al., 2023). A study by Mavhunga and Boshoff (2024) in Tsakane, Gauteng province, found that IsiZulu-speaking children who experienced sexual abuse exhibited troubling behavioural traits such as social disengagement, sleep difficulties, changes in eating habits, mood swings, and reluctance to discuss the abuse. The psychosocial effects of GBV also extend to the family members of victims and survivors. For instance, in a Parliamentary presentation, the then Minister of Home Affairs, Professor Hlengiwe Mkhize, stated that families and friends who live with survivors of GBV often bear the emotional burden of the pain experienced by the victims (Mkhize, 2017). The implication of these effects of GBV on victims and survivors is that radical action is required in the implementation of social

work gender-based violence interventions. Therefore, as part of the community work method, the social action model is ideal and must be implemented by social workers to accelerate the agenda of victim empowerment in South Africa. This argument aligns well with the social work profession's primary mandate: to provide care and protection to the most vulnerable groups in society.

This paper highlights that despite significant progress in the development and implementation of policies to address GBV in South Africa, a major gap remains in the form of a mandatory recourse program for victims and survivors of GBV. Masilo (2023) notes the absence of any mandatory recourse program for victims and survivors of rape in the current literature in South Africa. This gap exists despite acknowledging that the justice system primarily focuses on the rights of arrested and accused persons, as outlined in section 35 of the Constitution of the Republic of South Africa, 1996. While the rights of arrested and accused persons are clearly articulated, the same level of attention is not given to victims, despite the constitutional provision of equal treatment before the law and equal benefit and protection of the law for everyone (Department of Social Development, 2020a). This paper argues that the time is ripe for the introduction and implementation of a mandatory recourse program for victims and survivors of GBV. Such a program has the potential to significantly contribute to the agenda of victim empowerment, which encompasses comprehensive support services aimed at helping victims recover from victimization and extends beyond psychological and social services (Department of Social Development, 2020b)

In this context, social workers, through the social action model, which involves coordinated efforts to advocate for change in established laws, customs, or patterns of behaviour to benefit a specific population Kirst-Ashman and Hull Jr (2018), are well-positioned to advocate for the establishment of a mandatory recourse program in South Africa. Such a program would provide victims and survivors with monetary compensation and services aimed at addressing their health and psychosocial needs resulting from GBV incidents perpetrated against them. The availability and accessibility of resources strongly influence the effectiveness of any intervention. In addressing the GBV pandemic in South Africa, a prominent debate has arisen over the need to allocate resources to accelerate intervention measures. Although numerous GBV service providers operate within communities, some districts in South Africa still lack essential facilities such as clinics and shelters. As a result, survivors are often required to report incidents of violence without having immediate access to support, leaving them to seek assistance that may exist in theory but is effectively inaccessible in practice due to poor coordination (Muffuh, 2026). It is not surprising, therefore, that the Commission for Gender Equality (2022) recommends the establishment of mobile regional courts and stations, recognizing that many people are denied access to justice due to the distance from police stations or courts. In the context of this paper, shelters are identified as crucial resources to address the needs of GBV victims and survivors. According to Leburu-Masigo (2020), shelters provide access to healthcare and assist with legal needs such as protection orders, reporting abuse, and initiating divorce proceedings. However,

shelters encounter several challenges, such as inadequate funding, limited transport to assist victims in traveling to and from police stations and healthcare facilities, and a shortage of social workers in certain centres (South African Government News Agency, 2023).

Implications For Policy, Education, and Practice Considerations

Policy Considerations

In addressing GBV in South Africa, policies and legislation are essential, requiring effective implementation and ongoing refinement where necessary. At the time of writing, the South African government had declared Gender-Based Violence and Femicide (GBVF) a national disaster on 21 November 2025. The President, Cyril Ramaphosa, maintained that this classification strengthens the mandates of key departments—including Police, Justice and Constitutional Development, Social Development, Health, and Basic Education—to enhance survivor support, expand shelters and safe spaces, and accelerate the allocation of emergency resources (Ramaphosa, 2025). While this development has been welcomed across many sectors, its sustainability remains uncertain, as national disaster declarations are temporary, whereas the scourge of GBVF is an enduring problem that requires long-term, sustained interventions. This is particularly significant given that the government's declaration was not made voluntarily, but followed pressure from the civil society organisation Women for Change, which gathered over a million signatures in a petition calling for gender-based violence and femicide (GBVF) to be declared a national disaster (Roberts, 2025).

This paper advocates for the introduction of a mandatory recourse program for victims and survivors of GBV as part of policies and legislation. Ideally, such a program should be financed by both perpetrators of GBV, the government, and other stakeholders. The importance of this call for a mandatory recourse program lies in its potential to provide victims and survivors of GBV with resources to reclaim their violated human rights. It is recognized that regardless of the form of GBV experienced, victims often face psychosocial and health effects that require intervention, which may not always be readily accessible. As Dearing (2016) notes, individuals who suffer harm from criminal offenses deserve support, concern, and, to a certain extent, financial reparation. Therefore, this paper strongly recommends that relevant Portfolio Committees of Parliament, as well as government departments, urgently consider the need to introduce and implement a mandatory recourse program for victims and survivors of GBV in South Africa. This program would not only provide essential support and resources to victims but also help hold perpetrators accountable for their actions.

At the statutory level of services for victims and survivors of GBV, especially during court proceedings, social workers play an instrumental role by offering reports to the court on the impact of GBV on the lives of the victims and indirect victims, such as family members. Building on this role, this paper recommends that social work policy developers and managers collaborate closely with the National Prosecuting Authority to advance the rights of victims and survivors to claim damages resulting from GBV incidents. To facilitate this, social workers supporting victims

and survivors of GBV should request prosecutors, acting on behalf of the injured party, to ask the court to award compensation from the perpetrator to the victim in accordance with section 300 of the Criminal Procedure Act 51 of 1977 as amended (Republic of South Africa, 1977). Ideally, this should occur during prosecution trials to avoid delays associated with separate litigations that may take longer to be finalized. It is important to clarify that compensating victims and survivors of GBV should not imply that perpetrators should not be incarcerated if found guilty. Both compensation and incarceration can be pursued concurrently to ensure accountability and justice for victims and survivors of GBV.

Education Considerations

Institutions of higher learning play a vital role in preparing future social workers to respond to a range of social challenges, including GBV. This paper, therefore, calls on South African social work departments to integrate community-based intervention models for GBV into their curricula. Such an approach would equip students with the knowledge, skills, and competencies needed to address GBV effectively. Considering the scale and complexity of GBV in South African communities, the involvement of social workers with specialized knowledge and expertise is indispensable. The need for specialized knowledge is supported by the findings of a study focused on support services provided by a Child and Youth Care Center (CYCC) to adolescent witnesses of domestic violence (Rasool & Swart, 2024). The study reveals that services offered to adolescent witnesses of domestic violence are often generic and may not provide proactive, therapeutic support to address trauma resulting from witnessing domestic violence in their home environments (Rasool & Swart, 2024). Therefore, this paper advocates for the design and development of social work programs, including short learning courses and postgraduate programs at the master's and doctoral levels, to provide specialized training for social workers in implementing GBV interventions. By incorporating specialized GBV intervention training into social work education, future social workers will be better equipped to address the complexities of GBV effectively and provide comprehensive support to victims and survivors.

Social workers must align their practice interventions with new research-based knowledge to remain relevant and effective in rapidly changing communities characterized by many social problems. This necessitates social workers to stay informed about new developments in knowledge. This paper calls on practicing social workers to take note of the advanced discussions and to advocate for the integration of community work models into social work interventions addressing gender-based violence. In support of this perspective, Leburu-Masigo (2020) emphasizes the importance of educating social workers to enhance their knowledge of GBV issues, relevant laws protecting women, and economic and other matters to improve women's lives. Achieving this requires the active involvement of social work supervisors. Supervision is a critical component of social work practice, providing supervisors and supervisees with opportunities to enhance client services in their organizations. As highlighted by Budeli (2018), the primary goal of supervision is to ensure that the quantity and quality of services lead

to successful client outcomes through social work interventions. Therefore, this paper calls on social work supervisors to facilitate in-service training for social workers dealing with GBV matters to enhance their knowledge base and improve social work gender-based violence interventions. By providing ongoing training and support, supervisors can empower social workers to effectively address the complex challenges of GBV and contribute to positive outcomes for victims and survivors.

Practice Considerations

In the practice arena, social workers require sufficient resources to implement GBV interventions effectively across various levels, and one such crucial resource is office space. According to Leburu-Masigo (2020), in the North West province, some social workers tasked with providing victim empowerment services to GBV survivors noted that their office environments were not conducive to conducting interviews. In some cases, they had to share offices with other personnel. To address these challenges and other factors impeding the effectiveness of social workers in addressing the needs of GBV victims and survivors, this paper recommends that social work managers or organization managers ensure that social work practitioners have adequate resources and tools necessary for their roles. Providing them with appropriate office spaces and ensuring they have all the essential tools will enhance service delivery and strengthen their ability to fulfil their responsibilities effectively.

The central argument of this paper is that GBV remains a significant community concern, underscoring the necessity of social work interventions that use community-based models across diverse settings. For the scope of this paper, community settings encompass workplaces, family households, religious institutions, schools, cultural and traditional organizations, public spaces such as taxi and bus stations, community-based organizations, and specific community wards. Thus, social workers are encouraged to embed their interventions within these community settings and collaborate closely with key stakeholders and community members. Such an approach holds the potential to enhance the impact and efficacy of social work interventions against GBV, ultimately contributing to a decrease in GBV incidents within these communities.

CONCLUSION

In conclusion, this article has argued that addressing gender-based violence (GBV) in South Africa requires a decisive shift toward the integration of community work models within social work interventions. While legislative frameworks, policy commitments, and increasing conviction rates reflect important progress, the persistence of GBV, underreporting, and withdrawal of cases demonstrate that institutional responses alone are insufficient. The lived realities of victims and survivors—shaped by fear, economic dependence, social norms, and limited access to services—highlight the need for interventions that are deeply rooted in community contexts. Drawing on the ecosystem perspective, the paper demonstrates that GBV is not an isolated phenomenon but is embedded within complex social, cultural, and economic

systems. Consequently, sustainable solutions must extend beyond individual-level interventions to include community-driven approaches that address structural inequalities, harmful norms, and service delivery gaps. The discussion of community development, social planning, community education, social marketing, and social action models illustrates the breadth of strategies available to social workers to prevent GBV, support victims and survivors, and mobilize communities toward collective accountability. Importantly, the paper underscores the critical role of social workers as agents of change across all levels of intervention. By adopting community work models, social workers can enhance outreach, strengthen prevention efforts, facilitate access to multidisciplinary services, and advocate for systemic reforms such as the introduction of a mandatory recourse program for victims and survivors. These efforts are essential not only for improving individual outcomes but also for advancing social justice and human rights. The implications outlined for policy, education, and practice further reinforce the need for coordinated, well-resourced, and contextually relevant responses to GBV. Integrating community-based approaches into social work education, strengthening policy implementation, and ensuring adequate resources for practitioners are all necessary steps toward a more effective response.

ETHICAL STATEMENT AND DISCLOSURE

This is a desktop paper that did not involve human participants, and as such, no ethical clearance certificate was required. The researcher did not receive any funding, and there is no conflict of interest.

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