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Empowering victims of intimate partner violence: Development of practice guidelines for social workers to enhance victim empowerment interventions

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ABSTRACT

Intimate Partner Violence (IPV) is a pervasive yet often silent epidemic that results in severe consequences for women, including poor health, displacement, and disempowerment. In addition to other consequences, intimate partner violence results in death or disability. Developing practice guidelines is crucial for ensuring high-quality, competent, and impactful services for individuals experiencing IPV. Although various societal structures support survivors, there is limited evidence on the structured implementation and effectiveness of these interventions. This study aimed to develop guidelines to equip social workers with the skills necessary to provide meaningful empowerment services to survivors of IPV. A phenomenological and exploration qualitative methodology was employed to explore the lived experiences of 15 individuals who experienced IPV and 5 social workers. Data was collected through semi-structured interviews using purposive sampling and were analysed thematically to identify key themes and inform recommendations. The practice guidelines were developed through a structured process grounded in the study's findings. These findings revealed multiple challenges experienced by both survivors and social workers responsible for implementing victim empowerment services, highlighting gaps in practice and systemic constraints. The study underscores the need for more effective implementation of victim empowerment programmes (VEPs) to address the adverse consequences of IPV and offers valuable insights for planners, decision-makers, stakeholders, and funders seeking to strengthen sustainable empowerment strategies for survivors.

KEY TERMS: guidelines, intimate partner violence, interventions, programmes, victim empowerment.

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INTRODUCTION

The first South African National Gender based violence Study provides critical baseline data on victimization and perpetration patterns, underscoring the scale and urgency of the IPV crisis in South Africa (Zungu et al., 2024). Despite the widespread availability of victim empowerment programmes (VEP) across South Africa, significant gaps in implementation and service delivery have left many IPV survivors without adequate support. These guidelines offer a roadmap for closing those gaps and further aim to equip social service practitioners who provide services to victims of IPV, ensuring that they contribute to breaking the IPV cycle and that necessary social services are provided to support victims. The researcher argues that the guidelines have the potential to enhance the value of empowerment for victims from the VEP and to support social workers and other social services practitioners in delivering quality services to victims. The process of developing the guidelines was based on the study's findings, which revealed several challenges faced by both victims and implementers of Victim Empowerment Services. The paper will begin by presenting the background, followed by a literature review, methodology, findings, and presentation of social services practice guidelines. Lastly, conclusions will be presented.

THEORETICAL FRAMEWORK

The paper was guided by two relevant theories: the Evidence-Based Practice (EBP) framework and the Ubuntu philosophy. The EBP framework is designed to facilitate the translation of knowledge into the delivery of sustainable, evidence-based interventions. Whereas the Ubuntu philosophy, rooted in African humanist values, provides a transformative framework for developing practice guidelines that empower victims of intimate partner violence (IPV). The evidence-based practice (EBP) and literature supported the formulation of practice guidelines for victim empowerment programmes. Evidence-based practice, according to Steglitz et al. (2015), is an approach that aims to improve the process through which high-quality scientific research evidence can be obtained and translated into the best practical decisions to improve health. Research findings derived from the systematic collection of data through observation and experiment, as well as the formulation of questions and testing of hypotheses, comprise the evidence supporting practice. The findings of this study, after being obtained, were translated and used to formulate the best practical guidelines to improve Victim Empowerment Services.

According to Beauchamp et al. (2015), guidelines for clinical practice, which are also becoming more common in the social sciences, are one method commonly used to inform the services offered by professionals and to help them implement a practice. For example, practice guidelines focus on the concerns of the user and the potential benefits that can be expected or hoped for in each context; as such, they can inform service users about what ought to be expected from an intervention and a practitioner and discourage exaggerated claims or expectations about the effects of an intervention.

On the other hand, the practice guidelines grounded in Ubuntu prioritize relational healing, communal support systems, and restorative justice for victims of IPV. Ubuntu, according to Bolden (2015), is in relationships with others. It is a collectivist in orientation, expressing the value of collaboration, cooperation, and community. Ubuntu philosophy further espouses an ethos of care and respect for others and the importance of solidarity in the face of adversity, which is evident in what the practice guidelines for victim empowerment aim to achieve. Practice guidelines grounded in Ubuntu prioritize relational healing, communal support systems, and restorative justice.

LITERATURE REVIEW

Studies from South Africa and sub-Saharan Africa show IPV is shaped by gendered power inequities, poverty, masculinity norms, and intergenerational violence exposure (Jewkes, 2002; Zinyemba & Hlongwana, 2022). The World Health Organization's clinical and policy guidelines (2013) and the related clinical handbook for health providers (2014) establish global standards for compassionate, non-judgmental, survivor-centered care that integrates safety planning, psychosocial support, and referral pathways across health, legal, and social sectors. Logical and programmatic reviews indicate that empowerment-oriented interventions, which combine psychosocial support, safety planning, legal aid, peer support, and economic or livelihood components, have the strongest evidence for reducing re-victimization and improving mental health and agency outcomes. Several recurring principles emerge, which should be embedded in guidelines to make them culturally congruent and effective.

- Communalism or Collectivism, recognizing that decisions, support, and healing are often collective in African communities (family, elders, spiritual groups). Guidelines should include the involvement of supportive networks, rather than isolating victims. Spirituality and Holism, emerging from the premise that life is understood as an integration of material, social, and spiritual realms. Healing from IPV may require spiritual support, rituals, or reconnection with culture (Rankopo & Diraditsile, 2020),
- Cultural legitimacy and identity affirmation, affirming survivors' identities (ethnic, cultural, religious)

- as sources of resilience, rather than seeing them as barriers or problems (Shokane & Masoga, 2018).
- Power, gender norms, patriarchy, critical engagement with patriarchy, not just at the individual level but at the societal and structural levels. Guidelines must include strategies to confront gender norms, such as community education and social mobilization (Jewkes et al., 2015).
- Indigenous justice and decision-making. Using or adapting indigenous conflict resolution, restorative practices, and communal accountability, where safe and desired, alongside formal legal systems (Murithi, 2006).
- Empowerment is multi-dimensional. Not just legal or economic empowerment, but social, psychological, spiritual, cultural, and relational empowerment (Kabeer, 1999).

IPV interventions rooted in Afrocentric principles can challenge patriarchal norms while affirming African values of care, reciprocity, and collective survival (Udah et al., 2025). To inform the development of guidelines in this study, the findings similarly revealed that the current services and programmes are not adequate in responding to the empowerment needs of victims of Intimate Partner Violence.

Social workers operating across the continent, from the townships of South Africa to rural villages in Uganda, require culturally responsive protocols that acknowledge the role of extended family systems, traditional leaders, and faith-based communities in both perpetuating and potentially interrupting cycles of violence (Decker et al., 2016; Yakubovich et al., 2018). The guidelines must also address resource constraints characteristic of many African nations, offering pragmatic strategies for intervention in settings where formal support services remain limited or inaccessible (Stern et al., 2018; Michau et al., 2015).

METHODOLOGY

The study employed a qualitative approach involving 20 participants: 15 survivors of IPV from VEP shelters and 5 social workers. Purposeful sampling was the primary sampling method, which was employed in this study, where all participants who met the inclusion criteria were purposefully selected through gatekeepers. The inclusion criteria for survivors required that they be above the age of 18 and reside in a shelter after experiencing IPV. The inclusion for social workers required that they be registered social workers working and have experience with victims of GBV.

Face-to-face semi-structured interviews, guided by open-ended questions, were conducted to gather information from participants, using separate interview guides (victims and social workers). The researcher administered two sets of semi-structured interview guides, one for survivors of IPV and the other for social workers. Thematic analysis, as described by Braun and Clarke (2006), was used to analyse and generate the meaning from the data collected.

The researcher obtained UNISA's Ethical Clearance Number 2380798_CRECHS_2021 from the College of Human Science Ethics Committee, and further permission was granted by the Head of the Department of Community Safety, as the custodian department for Victim Empowerment Centres (also known as shelters) in the Gauteng Province. Furthermore, participants signed a consent form to ensure voluntary participation in the study, while interviews were recorded with their prior permission. To ensure conformity, the researcher detached her opinions from the study to remove any subjectivity. The researcher therefore ensured that the study's findings were the result of the participants' experiences rather than the researcher's preferences by presenting recorded audio tapes, an audit trail of the raw data, memos, notes, data reduction, and analysis.

STUDY RESULTS AND DISCUSSION

The development of the guidelines was based on the findings and recommendations of the study, which identified several challenges faced by both victims and social workers working with Victim Empowerment Services. The study revealed that most victims of IPV have different needs when they get to the centres, of which shelter and unemployment are the most critical ones, and that makes them vulnerable to abuse. Another challenge from social workers was policy gaps and long-term support for victims.

The findings of the study revealed that the current services and programmes are not adequate in responding to the empowerment needs of victims, more especially providing sufficient time for the provision of shelter and follow-up support, which is an extremely critical element of empowering victims into survivors of IPV. This inadequacy has mostly led to women going back to their perpetrators, having feelings of apathy about their lives, which is the main cause of despondency.

RATIONALE FOR DEVELOPMENT OF PRACTICE GUIDELINES

Based on the study's results, the primary goal of developing guidelines is to enhance the provision and implementation of Victim Empowerment Services for victims of IPV, aiming to mitigate the impact of IPV

through victim empowerment.

Objectives of the practice guidelines for Victim Empowerment Social Workers are to:

- Provide evidence-based guidance to advance services for IPV victims
- Address psychosocial well-being challenges through stress reduction programmes
- Guide meaningful, impactful implementation of VEPs
- Promote sustainable empowerment solutions
- Strengthen interventions supporting victims to break victimization cycles
- Accelerate progression of empowering victims to leave violent relationships and live independent, productive lives
- Guide multi-sectoral participation in providing support services with sufficient resources responsive to actual needs

The process of developing of guidelines for Victim Empowerment Social Workers

One of the study's objectives was to develop guidelines that inform the practice of implementing VE programmes. The development of the guidelines was influenced by the gaps identified, which indicated a visible implementation gap among all stakeholders involved. This gap poses a challenge to the competencies of implementers in rendering effective and seamless services to victims of IPV.

Figure 1. Process of formulating guidelines for practice.

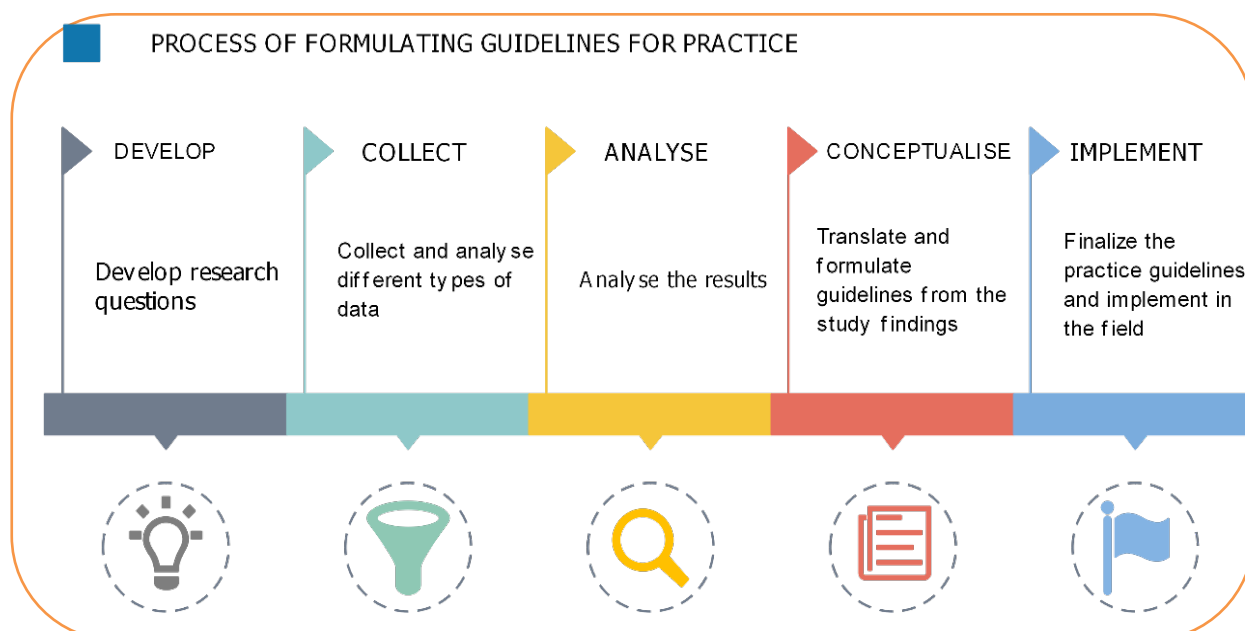


Figure 1 illustrates the process followed in this study to develop guidelines from the Evidence Based Practice Model (EBP). The aim of the process was to answer the research questions that were developed at the beginning of the study, collect and analyse the data, translate and formulate guidelines from the study findings.

The EBP, literature and study results supported the formulation of practice guidelines for Victim Empowerment Practice. EBP, according to Steglitz et al. (2015), is a methodology that seeks to enhance the acquisition and application of robust scientific research findings to inform optimal decision-making for the advancement of healthcare. The evidence that supports practice is produced from research findings obtained through the systematic collection of data via observation and experimentation, as well as the formulation of inquiries and the testing of hypotheses. The acquired data from this study were subsequently translated and utilized to provide optimal practical guidelines aimed at enhancing VE Services.

The data collected in the research served as evidence in the study, which aimed to explore the experiences of women victims of IPV and implementers of Victim Empowerment Services. The findings and recommendations contributed to the development of guidelines. The following guidelines are proposed to inform social work practice.

GUIDELINES TO INFORM THE PRACTICE OF VICTIM EMPOWERMENT PROGRAMMES SOCIAL WORKERS

Guideline 1: VE Social workers should intensify the promotion and awareness of Victim Empowerment

Programmes to other social workers and the broader community.

The lack of knowledge and understanding among the general community about the programmes of victim empowerment limits the optimal use of their services. Essue et al. (2025) are of the opinion that limited information on eligibility criteria for government support also influenced the help-seeking decisions of some women without legal status in the USA. Therefore, it is notable that insufficient knowledge about free legal services, shelters and counselling discourages women from seeking help, while women who acquired knowledge of the available services gained self-confidence and a sense of their rights.

VEP social workers and other practitioners should ensure that there are information and awareness about these programs and services. They need to ensure that victims of IPV are equipped with information and are self-reliant post-exposure to violence. Despite the increasing accumulation of knowledge regarding the extent, trends, and causes contributing to intimate partner violence (IPV), there are still several areas in the field that require further exploration, such as post-shelter reintegration into the community and economic empowerment of survivors of IPV. Social workers further need to have in-depth knowledge and understanding of their role in victim empowerment and the understanding of the concept of empowerment of women, particularly victims of intimate partner violence.

Guideline 2: VE Social workers should develop a training program for victims to equip them as agents of change.

Peer education training empowers individuals, often people who share a common goal, to become educators within their own peer groups. This training could equip survivors with the skills and knowledge to disseminate information, help prevent IPV, promote self-empowerment, and address issues relevant to their community. It leverages the influence of peers to foster social change and support.

This guideline suggests that social workers should introduce a peer group-based programme that will train survivors to be agents of change.

According to Machel (2020), the “MultiChoice the Brotherhood and Sisterhood GBV virtual conference” urged the public to view GBV survivors as agents of change. She echoed, “When they tell their stories, they sensitise us to be intolerant of this [GBV]”.

The training will help community peer educators disseminate information on Victim Empowerment in communities to increase knowledge. The training will further strengthen community awareness and fill the knowledge gap regarding the availability and role of VEP in communities and accelerate community education and awareness to enhance knowledge and understanding of the victim empowerment approach.

Guideline 3: VE Social workers need to advocate for decentralisation of services of Victim Empowerment Centres that encourage self-referral at local community level.

Results of the study indicate that, notwithstanding the fact that most victims access the VE Centres through a referral from social workers and or the police owing to the high prevalence of IPV, victims need to have awareness of available empowerment facilities where they can self-refer, without going through structural red tape (excessive formal process). The concept of the right to self-referral for quick access entails that victims possess the ability to directly contact and avail themselves of shelter services without being subjected to a bureaucratic process or the discretion of other organizations in determining their eligibility for admission. The aim of this guideline is to establish pathways that enable victims to self-refer.

VE social workers should establish pathways for victims to self-refer to empowerment centers in their local communities. This will aid in moving services from one central point into accessible points where victims can easily access in times of need. Most VE Centres are geographically located at places that are not easily accessible for walk-ins or self-referral.

Guideline 4: VE Social workers should develop structured, needs-based admission procedures.

The aim of the guideline is to ensure that the admission assessment process aligns with the type of problem experienced by the victim, their social circumstances, and an appropriate plan for admission to a second-stage shelter, if available. The Minimum Standards on Shelters for Abused Women (2001) suggest that a standardised intake sheet should guide assessments, placement, and referrals. Standardisation refers to the process of establishing a set system of attending to tasks and operations without flexibility. Victims need to develop their own individualised needs-based developmental plan that will help social workers’ intervention processes. Centres should have a clear re-admission policy for victims who find themselves in the same situation without judgment. Work standardisation involves setting standards for workers to execute tasks and follow standard operating procedures (Padayachee & Munro, 2020). However, it was established that when victims are admitted to VE

Centres, priority is given to providing shelter as a crisis response. Even though a shelter, according to Sipamla (2012), refers to a residential facility providing short-term intervention in a crisis (ranging from two weeks to approximately six months, as the need dictates), the needs of the victims vary according to their circumstances. This intervention includes meeting basic needs (protection, food, and clothing) as well as support, counseling, and skills development (including victims' rights and capacity building).

The proposed structured needs-based admission procedures should be included to realise effective admission processes.

Guideline 5: VE Social workers should develop victims' measurable personal development goals that will promote self-efficacy.

The guideline aims to ensure that the goal of empowerment, which is to reduce re-victimization, address immediate needs, and eliminate variables that serve as barriers, is achieved.

The study revealed that it is equally important to have individualised development goals. According to Albanesi et al. (2021), significant, outcomes-oriented goals and objectives are necessary.

The process of empowerment relies on the crucial step of identifying personal goals by exploring several alternatives and selecting the most suitable option based on the individual circumstances faced by everyone at any given moment. This aspect entails frequently reassessing objectives and sub-objectives over time, as the surrounding circumstances and other elements of the procedure undergo changes.

According to Albanesi et al. (2021), there is a need for meaningful, power-oriented goals and objectives. The identification of personal goals through the exploration of possibilities and the selection of the best option based on the unique circumstances each individual faces at any given time is essential to the empowerment process. This component often also involves revisiting goals and sub-goals over time, as the context and other components of the process shift.

Guideline 6: Provision of Systematic Continuous Professional Development (CPD) for Victim Empowerment Social workers to strengthen their competencies in dealing with Victims of IPV.

Despite social workers having basic training and some other added training, the challenges experienced is related to the relevance and objectivity of trainings.

The South African Council for Social Service Professions (SACSSP) deliberately chose to implement CPD as a mandatory criterion for professional registration. CPD aligns with the principles upheld by professional organizations like the SACSSP, which is dedicated to promoting fairness and equality for marginalized and underprivileged individuals within society (Lombard et al, 2014).

CPD is necessary to support IPV victims effectively. Continued education should incorporate:

- Social work management competencies: Leadership skills are integral to effective practice (Hussain & Ashcroft, 2020). Management training empowers social workers for leadership positions, contributing to the development of sustainable, results-oriented organizations.
- Training on IPV victim empowerment Relies on social workers' capabilities to communicate sensitively and empoweringly.
- Debriefing: Structured programmes, including peer debriefing, must be incorporated in organizational strategic plans and regulated by hosting departments. Social workers are indirectly exposed to traumatic experiences of those they serve (Vandeusen, 2016).
- **Programme monitoring and evaluation skills:** Social workers need training for results-oriented implementation, enabling them to implement designed programmes with clear outcomes.

Guideline 7: VE Social workers should increase the use of a multidisciplinary approach to VE interventions.

The aim of this guideline is to ensure the comprehensiveness of the VEP services. An organogram, like the one below, is ideal for implementing victim empowerment programs and should therefore be adopted, employed, and maintained.

The study revealed that VE centres are not equipped with sufficient teams to deal with holistic needs of victims. The victim empowerment approach emphasizes the importance of employing a multidisciplinary team to meet victims' needs. The study revealed that the care of victims of intimate partner violence has been left solely in the hands of social workers. There are other care professionals who play a critical role in the journey of a victim to survivor, but they are not available in the shelters.

In addition to social workers, it should be prescriptive for all VE centres to ideally have team members that may include law enforcement, medical service providers, occupational therapists, psychologists and skills development officers according to (Johnson & Stylianou, 2020).

Figure 2: Proposed structure of personnel in the VE centre (Johnson & Strydom, 2020)



Figure 2 proposes the ideal professionals for a VE center. According to the National Policy Guideline on Victim Empowerment (2013), to address the diverse needs of victims, services must be rendered on a multidisciplinary basis by relevant role players across sectors in a coordinated and integrated manner.

Guideline 8: VE Social workers should assist victims in developing goal-driven strategies to plan their exit from the Victim Empowerment Centres.

It was revealed that social workers have challenges when victims are ready to exit the centre. When victims do not know what their next step in life is, it makes it easier for them to fall back into the hands of their perpetrators. Alternatively, women might keep going back to their violent partners because they do not have a clear exit plan on how to move forward without support.

Social workers need sufficient time to adequately prepare women for exiting relationships and establishing independent homes. Prolonged shelter stays decrease accommodation capacity for additional beneficiaries (Watson & Lopes, 2017). VEPs may meaningfully help women find ways of exiting abusive relationships. Suggested victim exit plan includes:

- Where are we now? Heightens awareness of status, raising consciousness about situations.
- Where do we want to be? Explores prospects regarding physical location (housing) and life prospects (psychological, employment, education).
- How will we get there? Social workers assist in developing life roadmaps, including family and community referral processes.
- What will we need? Identify internal and external resources for plan realization.
- How will we know if we've been successful? Develop personal objectives indicating plan success.

Guideline 9: VE Social workers ought to provide integrated service delivery that is multi-sectoral.

The study confirmed that victims of IPV need psychosocial, emotional, and mental support post-trauma; however, it further revealed that the most predominant needs for victims of IPV are long-term shelter or housing, employment, education, and long-term emotional stability.

The current status of the coordination of multiple role-players according to the National Policy Guideline on Victim Empowerment (2013) suggests that the above partners can only be co-opted in the coordination structures and are not mandated; however, the study has revealed that it would be beneficial for the long-standing support of victims upon exit, for them to have a contribution.

The following players could support women victims upon exiting the centres.

- Ministry of Housing: Should ensure victims are removed from harm and provide long-term or permanent housing alternatives. Victims often must relocate for safety, requiring permanent housing in new environments. Yakubovich et al. (2022) note that effective housing solutions for securing stability, maintaining safety, and receiving trauma-informed care remain unclear. Housing is critical for independence and self-sufficiency. The department needs integrated GBV national strategic plan responses.
- Ministry of Small Business Development: VEP skills programmes had limited growth potential for sustainable self-employment because women weren't trained in starting and sustaining businesses.
- Entrepreneurship empowers women by increasing their family, economic, financial, and social status. Female entrepreneurial activities contribute to economic well-being, poverty reduction, and women's empowerment (ILO 2008 in Selvan & Vivek, 2019).
- The Department should assist women's small businesses in achieving sustainability and profitability by developing strategies that translate victim-empowerment skills programs into sustainable businesses, thereby fostering self-efficacy.
- Educational institutions: Women victims had low education levels and expressed wishes to return to school. Lack of education contributes to IPV and impairs rational judgment and decision-making. Channawar (2016) considers education a basic requirement and a fundamental right, a powerful tool that reduces inequality by enabling independence. Women facing discrimination have specific needs.
- Education allows sound decision-making regarding lifestyle, life partner, job, career, eating, and sexuality. Enrolling victims in educational programs increases their educational levels, enabling them to make informed decisions.
- Private sector: Businesses play a crucial role in responding to victims' needs for social reintegration by providing critical support and funding interventions. Mainstreaming GBV/IPV response into business strategies could address unemployment and support GBV response funds.
- Public-private partnerships alleviate the government's burden in providing IPV victim services. Van Heyningen (2020) notes that the private sector can reduce this burden by contributing to efforts to prevent abuse. The private sector is well-positioned to influence change in domestic violence by raising awareness, challenging attitudes and norms, and transforming business practices. Workplaces can offer on-site violence prevention interventions through employee assistance, while creating employment opportunities is a social protection strategy tackling domestic violence.

Guideline 10: Victim Empowerment Social workers should develop strategies to enhance victim after-care support programs, aiming to facilitate their reintegration into society and strengthen connections to external resources.

The study has revealed that victims are reintegrated with their families or communities, not because their needs have been met or objectives achieved, but because the prescribed period of shelter admission would have lapsed. This guideline aims to recognize that after-care services form an integral part of a survivor's life, ensuring that victims receive ongoing support. Across studies, family and friends played a vital role as informal supports, both by fulfilling emotional and material needs and by facilitating women's exit from abusive relationships (Essue et al., 2025).

Social support: IPV interventions using social support can improve health-seeking behavior, resource access, and mental health outcomes (Ogbe et al., 2020).

Continued psychosocial support: Link survivors eager to leave partners with existing resources offering multidisciplinary support: crisis hotlines, legal services, and community organizations. Connect survivors with community support groups providing continuous peer support and belonging.

Facilitate economic opportunities: Lack of financial security contributes to family conflict and violence. Niolon et al. (2017) found that reducing financial stress may decrease relationship conflict and dissatisfaction, strong IPV predictors. Improving financial stability and autonomy reduces financial dependence on potential perpetrators, providing alternatives to unhealthy relationships. Gender inequality in education, employment, and income is an IPV risk factor. Improving financial security for families and women's education, employment, and income may reduce IPV risk.

CONCLUSION

Addressing the devastating consequences of intimate partner violence demands effective planning and implementation of VEPs. This article responds by presenting ten evidence-based practice guidelines specifically designed for VEP implementers, centre management, and social workers. These guidelines, developed through a rigorous, systematic process, provide clear, actionable direction on what services should be delivered, who should deliver them, and how they should be implemented to best support IPV victims. By adopting these guidelines, practitioners and organizations can move beyond fragmented, inconsistent approaches toward a unified, effective framework that meaningfully improves outcomes for those affected by intimate partner violence.

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