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Unveiling silent struggles: Gender-based violence experiences of South African female students in higher education institutions

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ABSTRACT

South Africa has some of the highest rates of Gender Based Violence (GBV) worldwide. Higher Education Institutions (HEIs) as microcosms of the South African society have not been spared from this social pandemic of GBV, yet there is limited attention on female students' experiences. Undergirded by the African feminist perspective, this study utilized descriptive phenomenology to explore the GBV experiences of female students in HEIs. Seventeen female students were purposively sampled from two HEIs in South Africa and data was collected qualitatively and a thematic analysis conducted. The study found that female students experienced various types of GBV which included physical, sexual, verbal, and emotional abuse. The GBV experiences had adverse implications for survivors, including the stripping of their dignity, onset of mental health challenges, human rights violations, deepened vulnerabilities and served as a hindrance to their efforts for economic empowerment. The authors argue that there is a need for the development of policies that promote equality amongst students in HEIs whilst implementing holistic and collaborative efforts in the fight against GBV in HEIs. The authors further highlight an urgent need to train professionals offering services to the survivors of GBV in HEIs to mitigate the harmful effects. The article further recommends that further research be undertaken to evaluate the effectiveness of available GBV interventions in HEIs.

KEY TERMS: African feminism, experiences, female students, gender-based violence, higher education institutions, social services professionals, South African

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INTRODUCTION

Gender based violence (GBV) is a serious social and human rights issue affecting many women globally, and female students in Higher Education Institutions (HEIs) are no exception. South African HEIs have been plagued by GBV for over the years, yet available research does not seem to adequately showcase the magnitude of the social issue from the perspectives of female students as direct survivors of GBV. Research has consistently shown that one of the best strategies of addressing GBV is the economic empowerment of women, opportunities for such are enhanced through improvements such as attainment of educational qualifications in HEIs. However, women continue to face challenges in HEIs through GBV experiences which threaten their empowerment opportunities whilst causing emotional and physical harm to them. Their struggles are therefore silent as their voices are not yet largely available in research efforts. This article therefore aims to chronicle the GBV experiences of females in HEIs in South Africa whilst highlighting the adverse implications for survivors on their dignity, human rights, emotional and mental health, learning outcomes and economic development. Undergirded by the African Feminism lens, the article evidences the already existing vulnerabilities of the female students and how GBV deepens those and serves as a hindrance to economic empowerment for women further oppressing them and counteracting efforts for promotion of gender equality. This article sought to address the following research questions: What are the GBV experiences of South African female students in HEIs and how do the resulting adverse effects reflect the structural inequalities that render women a vulnerable population? Understanding the GBV experiences of female students and the implications is key in the development and implementation of gender responsive, holistic and collaborative intervention efforts to mitigate the harmful effects of GBV in HEIs whilst advancing gender equality, human rights and economic empowerment for the women. Social service professionals such as social workers in HEIs play a pivotal role in addressing the harmful effects of GBV by providing psychosocial support, advocacy, and preventative interventions. They also connect students with community resources, law enforcement, and healthcare services, therefore playing a crucial part in coordinating multidisciplinary responses, guaranteeing survivors have access to a comprehensive support network. Through these efforts, they actively promote human rights and contribute to women's long-term economic empowerment by fostering safer and more equitable learning environments.

BACKGROUND

The problem

Over the years, GBV in HEIs gathered more attention internationally, and more researchers and scholars began reporting and researching on issues around it (Gqola, 2007). Various studies such as Myende (2017) and Fengu (2018) have evidenced that female students are more likely to experience GBV than their male counterparts-in line with normal societal statistics where GBV is mostly experienced by females. Kordom, Julie and Arunachallam (2014) in a South African tertiary institution revealed that most students (65%) reported to have experienced psychological abuse, followed by financial abuse (39%), physical abuse (34%) and sexual abuse (23%) during 12 months prior to the study. Anitha and Lewis (2018) found that one in every seven female students who participated in their study had been the subject of serious sexual violence or serious physical abuse, and 12% had been stalked. The statistics above indicate that GBV is rife in HEIs and incidences skewed towards female students. African Feminism asserts GBV is rooted in disparities in cultural beliefs and practices, which promote the oppression of women through unequal distribution of power (Mshweshwe, 2020). The consequences of GBV in HEIs on survivors are negative and impact on various aspects for the victims including human rights abuses and poor academic outcomes and mental health challenges (Samakao & Manda, 2023). However, most studies on GBV in HEIs have given little attention to the actual GBV experiences of the female students, particularly in the South African context. There is a need to gain an in-depth understanding of what female students experience socially and emotionally with regards to GBV. This article sought to address the following research questions: What are the GBV experiences of South African female students in HEIs and how do the resulting adverse effects reflect the structural inequalities that render women a vulnerable population? This article seeks to further chronicle the GBV incidences of females in HEIs as directly experienced by the survivors, understanding their experiences through their voices as these are pertinent in intervention efforts which can include social work service provision.

Theoretical lens

This study is underpinned by the African Feminist theory. The development of African feminism was a result of black women's assertions that the earlier forms of feminism failed to take into consideration the oppression they endured due to both their gender and blackness (Ridgeway, 2009). African feminism recognizes the inequality between men and women endorsed by patriarchy, which is shaped by societal and social structures. Many African

cultures perceive men as superior to their female counterparts, promoting male privilege and unequal power dynamics. African feminism confronts these standards and values that oppress women without disparaging African traditions (Mshweshwe, 2020; Ratele, 2015) and simultaneously promoting cultural norms and values that encourage equality between males and females in society and empowerment of women (Rasool, 2019). African feminism focuses on the lived experiences of continental African women and their cultural norms (Nkealah, 2016) and is concerned with how African women interpret their experiences, interests, and empowerment within their context. In this case, the study aimed to understand the meanings attached to GBV experiences and how cultural beliefs and practices influenced implications whilst challenging any norms and policies that oppress female students in HEIs and encourage the development of practices and policies that are gender responsive, empower women and advance gender equality within African cultures.

Literature

Various studies (Anitha & Lewis, 2018; Svodziwa & Kurete, 2017 & Kordom, 2012) have provided evidence that the prevalence of GBV in HEIs is high worldwide. In a Hong Kong-based survey, more than 46.1% of undergraduate female students reported GBV experiences (Chan, et al, 2008) whilst, Wood et al., (2020) study in the United States of America (USA) revealed that 31% of their female participants recruited from more than eight universities had experienced GBV since enrolment. These high rates are alarming and South Africa as a country is not spared from this human rights violation, social issue, health challenge and global pandemic of GBV. A study carried by Kordom (2012) in South Africa among undergraduate student nurses at a HEI revealed that 42% of the participants who partook in the study had experienced one or more forms of GBV including physical, financial, sexual, emotional and verbal abuse. Another study conducted at the University of Venda by Allen (2017) on GBV among female students found that about 90.3% of the participants had experienced some form of GBV.

Physical violence is amongst the most prevalent forms of violence that female students experience in HEIs (Straus, 2004; Gebreyohannes, 2007; Kordom, 2012). The GBV incidents led to physical injuries and for some resulted in hospitalisation for the survivors which meant missing out on lectures and at times, unexpected university dropouts. Such acts of violence against female students places these women at risk of various health consequences such as infections and physical injuries that they may suffer while fighting the perpetrator and during sexual acts of violence. A study by Chanda, Likwa-Ndonyo, Nzala, and Mweemba (2014) found that many female students in a HEI experienced sexual violence, and as result some suffered from Sexually Transmitted Infections (STIs) which included HIV infections.

Another form of violence that most female students in HEIs are subjected to is financial violence. Some studies revealed that female students were forced to share their allowances and lend their intimate partners' money even when they themselves did not have enough (Durbach & Grey, 2018). In another study, female students reported that they were only allowed limited access to finances in their relationship (Sharp-Jeffs, 2015). Male perpetrators use denying victims access or allowing them limited access to finances as a technique to control female students by creating dependency (Rasool, 2019) thereby limiting their opportunities for financial freedom and empowerment.

Emotional and verbal abuse is a common form of GBV prevalent in HEIs (Karakurt & Silver, 2013; Mesatywa, 2014). The participants in a study by Myende (2017) reported that they experienced verbal abuse in the form of swearing, using vulgar language and name calling. Further reports of GBV incidences included the use of words to insult, belittle, degrade, and manipulate survivors. Such abuse can have a negative effect on the female students' self-esteem and self-confidence, causing them to think there is something wrong with them and start blaming themselves for the abuse they are experiencing. Furthermore, GBV has an impact on the social, emotional, and academic well-being of female students, which sometimes lead to recurring absenteeism (Samakao & Manda, 2023). GBV may also lead to heightened psychological effects such as depression and anxiety which can hamper female students' capacity to fully engage in their studies and campus life (Gelaye et al., 2009). Additionally, beyond their academic achievements, survivors may experience chronic health problems, such as trauma-related disorders, that limit their prospects for the future. In the end, GBV hinders larger initiatives for women's empowerment and gender equality in higher education in addition to harming specific students.

The above review paints a clear picture on the high prevalence rates of GBV in HEIs, yet there is limited information on the actual experiences of GBV from female survivors and how GBV affected various aspects of their life. What is evident, however, is that GBV is a human rights violation, which undermines the humanism of the survivor (often female) and deepens their vulnerabilities to existing structural inequalities whilst presenting lifelong adverse outcomes which include loss of economic empowerment opportunities caused by incomplete studies or unsuccessful educational outcomes attributed to GBV in HEIs.

METHODOLOGY

The study adopted a qualitative research methodology whilst drawing from the principles of descriptive

phenomenology as a research design. This was done to enable the authors to explore and describe female students' experiences of GBV from their own frame of reference and based on the meaning that the female students attach to these experiences (Reiners, 2012). Descriptive phenomenology was useful and preferred for this type of research aimed at depicting GBV experiences of female students as accurately as possible while avoiding any pre-determined ideas and being true to the facts presented by the participants. To enable the authors to acquire participants who had experienced GBV, purposive sampling, a form of non-probability sampling was utilized to select the participants. This was done in collaboration with the student support services of the two HEIs. Requisition letters to conduct research in these institutions were written and permission was obtained. Data was collected from 17 black female participants through interviews, and a semi structured interview schedule was used. The authors did not intentionally set out to only interview black female students. However, the selected HEIs are historically disadvantaged universities and considered rural. Most of the students are black, this therefore increased the likelihood that sample size would only be black females. The fact that all participants were black, proved that black African women are often disproportionately affected by gender and socioeconomic inequalities influenced by their cultural norms as stated by Nkealah, (2016).

To ensure trustworthiness and rigour, the authors employed Guba's model of trustworthiness (Braun & Clarke, 2006; Lincoln, & Guba, 1982). Credibility was enhanced through member checking and the use of reflexive journals whereby the authors recorded and reflected on any preconceptions, values, and conceptual lenses to avoid analysing based on own pre-conceived ideas and values (Korstjens & Moser, 2018). Through member checking, the authors were able to present the findings and themes to the participants and receive feedback. This helped in ensuring that the analysed data represent the responses the participants gave. Transferability was accomplished by giving thorough, in-depth explanations of the research's background, participants, and conclusions, enabling them to determine the applicability of results to similar settings. Confirmability was upheld by maintaining a thorough audit trail of the entire research process, including the methods used for data collection, coding, and analysis, which guarantees uniformity and permits outside examination. This also included keeping accurate and detailed records of the research process.

Data analysis

Thematic analysis of the data collected was conducted following the guidelines outlined by Braun and Clarke (2006). The authors employed thematic analysis because it aligns better with the aim of describing participants' lived experiences without imposing heavy interpretative frameworks. The process started with the authors familiarizing themselves with the data by reading and listening to recordings of the interviews and making notes on the transcripts. The authors went through the dataset again and started producing initial codes focusing on the participants' experiences of GBV as well as the resultant effects from the abuse they experienced. Identification, analysis and grouping of statements of themes followed as recommended by Creswell (2014). The authors merged similar codes and themes and checked for themes and codes that were missed on the original dataset. An analysis of data was submitted to the participants for feedback through member checking.

Ethical considerations

Ethical clearance was sought from and obtained from the University of Johannesburg (Ethical Clearance Number: REC-01-022-2021) prior to conducting the study. Permission was also sought from the 2 selected HEIs to conduct the study with female students as research participants. Ethics of care were primary in conducting this research as GBV is a sensitive issue (Creswell, 2014). Only participants who volunteered to partake in the study and signed informed consent forms were included in the study. The authors firstly shared the benefits, which included how speaking about one's GBV experiences can help in the healing process and the possible disadvantages of partaking in the study and clearly indicated that there would be no financial rewards provided to participants. To enhance confidentiality, pseudonyms were used to report the findings of the study. To ensure that the safety of the female students was prioritized, interviews were conducted in a safe and private space to avoid possible disturbances that would have made the participants feel uncomfortable. The authors also made sure that debriefing was provided to all participants of the study and all who displayed signs of discomfort that needed further intervention were referred to student support for further counselling and support.

STUDY FINDINGS

Findings from the female students' experiences of GBV are presented below in a thematic framework. The participants shared experiences and how they were affected by the GBV in various aspects of their lives. These will be presented in two themes, namely GBV experiences of female students and the effects of GBV on survivors. The subthemes for GBV experiences include physical, sexual, financial and emotional and verbal forms of violence. For GBV effects, subthemes will discuss emotional and mental health challenges, academic effects,

deepened socio vulnerabilities and loss of economic empowerment opportunities. The findings unveil the silent struggles female students experience because of their GBV experiences.

Theme 1: GBV experiences of female students

Physical violence

Physical violence was identified as one of the commonly experienced forms of GBV by the female students in this study. All the participants reported incidences of physical violence which involved slapping, kicking, choking and pushing amongst other acts of violence. Some narratives of physical violence experiences are narrated

Barbra: *“I went out with my friends and came home late, I was met with kicks, slaps and pushed around like a raggy doll as soon as I entered the room”*

Priscilla: *“One day my boyfriend came from drinking with his friends and found that I did not cook, he got angry and started beating me up and dragged me out of bed, choking me and pushing me to go prepare food”*

Mokgadi: *“The first time he assaulted me was the day he came back from work around eleven at night and I asked where he was. He got angry and said I was trying to control him in his house. Before I knew it, he slapped me and I fell on the floor, then he kicked me on the stomach and the ribs. I remember waking up in hospital with broken ribs and the sad news that I got a miscarriage because I was pregnant, and I was waiting for the right moment to tell him since he always wanted a baby.”*

These narratives of the participants above clearly indicate that female students experience physical violence resulting from some patriarchal gender norms and practices that place men as superior to women. Hence, in response to women not complying with gender norms, even if it was once off, they were beaten into submission.

Sexual violence

Violence is another form of violence that most research participants reported to have experienced as a form of GBV whilst students at HEIs. For most female students, trying to negotiate for safe sex in their intimate partner relationships and not feeling like having sex was associated with being promiscuous by their male intimate partners. As they relate:

Pretty: *“A few hours after beating me up, he demanded to have sex with me even when I told him I do not want to have sex. I then asked him to use protection, and he asked why he should use protection if I am not sleeping with anyone else besides him and he refused to put it on.”*

Prisca: *“My partner used to demand sex even when I did not feel like having sex, he would even go to an extent of being aggressive towards me and because I knew that he can sometimes be physically abusive I would sleep with him to avoid having a fight with him.”*

Portia: *“One day after we had an argument, he took my phone and locked me in his room for hours without food or water. When he came back, he forced me to sleep with him, I told him I was not in the mood, but he did not even want to hear anything from me. Instead, he told me that it means I am sleeping with someone else that is why I do not want to sleep with him.”*

Female students in this study identify the power dynamics that exist between males and females, which represent the conformity with toxic masculinity that is perpetuated by a patriarchal system.

Financial violence

The findings from the study highlighted that some of the participants went through financial abuse. They reported that they were forced and obligated to provide financially for partners and family members despite being students themselves with no stable income nor financial security.

Khodani: *“I was expected to provide material things because I had more allowance than my partner, so he would demand things from me and if I cannot do those things then he would say that I do not love him and sometimes would be aggressive.”*

Lerato: *“My purse would be taken without my knowledge, and the little money I had would be gone. I eventually stopped asking questions and withdrawals and claim to be broke every time”*

Mokgadi: *“The guy used to make me ask and beg for everything from him because he was the one working and I did not have any income, so I had to ask everything from him. I did not have any say on how things should be done, especially where finances are concerned. That stripped my dignity”*

The narratives above show that not having any income in a relationship is one of the factors that deepened their vulnerabilities because they are fully dependent on their partners for basic survival. But even in cases where they had more finances than their partners, they were abused.

Emotional and verbal forms of violence

All the 17 research participants reported incidences of emotional violence. Their GBV experiences on this form of violence included being belittled, stonewalled, being shouted at, insulted and humiliated. This is evidenced by some narratives indicated.

Kgomotso: *“He used to insult me and threaten to kill me if I dared to leave him. It got worse that he would even come fetch me on campus and just speak to me anyhow in front of my friends and classmates.”*

Lebogang: *“I was insulted and called a ‘slut’ for not giving him attention after I caught him cheating. He literally turned everything to look like it was my fault that he was cheating on me. He would stop talking to me for weeks on end whenever I tried to address his cheating tendencies”*

Lerato: *“Every time we argued he would insult me and tell me how I am nothing without him because I am from a poor family background and my family depended on him. He would sometimes say it even in front of his friends and my friends.”*

The above demonstrates that participants frequently experienced verbal and emotional abuse. This type of violence took the form of persistent humiliation, threats, insults, and manipulation that undermined their dignity and sense of self.

Theme 2: Effects of GBV on survivors

Emotional and mental health challenges

The findings from the study provided evidence of emotional and mental health challenges attributed to the GBV experiences such as post-traumatic stress disorders, high anxiety levels, depression and poor emotional regulation. These were shared through the quotes.

Lebogang: *“I got emotionally overwhelmed because of the abuse, sank into a dark place and was later diagnosed with depression. That was the beginning of my mental health challenges”*

Prisca: *“Since the repeated incidences of abuse, I has been failing to regulate my emotions and constantly on high alert, I am anxious all the time”*

Lindani: *“I was diagnosed with post-traumatic stress disorder after the beating; I was never the same”*

Participants' narratives highlight the severe psychological effects of GBV in addition to the immediate physical harm, with some reporting chronic emotional problems like anxiety, depression, and post-traumatic stress disorder.

Academic effects

Findings from the study showed that GBV experiences may cause adverse effects on the female survivor academic performance, this includes poor academic performance, high absenteeism rates and dropouts. This also serves as a hindrance to empowerment efforts for women.

Mokgadi: *“I didn’t do well at school as I was absent for way too long due to my hospitalization”*

Priscilla: *“For the first time in my life, I failed, it was so painful and I had to repeat a whole year.”*

Lindani: *“I had to drop out of school, stayed home for 2 years and come back again to study this year. I was losing it mentally after that man put me through hell and could not cope at school, I failed all modules in my 2nd year of study”*

These findings show that participants' capacity to focus, attend classes regularly, and advance academically was directly hampered by the trauma and instability brought on by GBV. This in turn undermines their educational empowerment, leading to some of the deepened socio-vulnerabilities described by the participants in the following subtheme.

Deepened socio-vulnerabilities

Females are already considered a vulnerable population, GBV incidences seem to exacerbate and deepen their vulnerabilities socially and otherwise as evidenced by this study. The study findings highlighted some of the deepened vulnerabilities, some stemming from existing structural inequalities, traditional gender attitudes and cultural practices and norms.

Tinyiko: *“Since I was dependent on him financially, after I dumped him for beating me, my mother and grandmother were unhappy about my decision, since I used to send them money he gave me. The lack of support made me feel isolated”*

Khodani: *“I was raised by my granny who taught me that a man is to be respected and must be kept happy always, so because my partner knew how I was raised and what I was taught, he used that whenever he wanted to manipulate me into doing things I didn't want. Whenever I tried to report to my family, they sided him with him all the time”*

Nolwazi: *“My partner used to demand sex whenever he feels like it and he would say that as a man he needs sex to survive and culturally he is entitled to having his sexual needs met by me as her woman so I cannot always say I am not in the mood when he wants sex. I felt helpless, useless and dirty whenever he forced himself of me, what hurt was that he knew I wouldn't leave him, no one else would love me he said and I believed him”*

These accounts illustrate how gender-based violence exacerbates social vulnerabilities by combining gendered expectations, economic reliance, and cultural pressures. As a result, survivors become more stigmatised, isolated, and less able to get help or leave abusive relationships.

Loss of economic empowerment opportunities.

It is quite common that females are kept from participating in the economy or empower themselves as a result of GBV. Findings of the study showed that some of the participants were held back from financial independence and lost economic empowerment opportunities as a direct consequence of GBV experiences.

Mokgadi: *“I was a tutor at my school-because I was hospitalized for a long period after he broke my ribs, my work terminated my contract and I had to understand.”*

Portia: *“The day he locked me in the room for 4 hours, I had an interview as a part time cashier, I couldn't attend and lost out on the opportunity. I was heartbroken as I really needed that job as a student”*

The participant narratives demonstrate how, in addition to the immediate physical and psychological harm, GBV directly impairs women's economic empowerment by depriving them of chances for employment, financial independence, and income generation

DISCUSSION

This article sought to address the following research questions: What are the experiences that female students have of GBV and the adverse effects thereof whilst highlighting the structural inequalities that women generally face as a vulnerable population? The findings of the study provided clear evidence that female students experience various forms of GBV in HEIs. These included physical, sexual, financial and emotional and verbal forms of abuse. These findings are in correlation with other findings from other studies such as Myende (2017) and Kordom, (2012) which showed that GBV is rife in HEIs, skewed towards female students who directly experience

financial, sexual, emotional and verbal abuse as prominent forms of GBV. These findings however do not suggest that male students don't experience GBV in HEIs, to the contrary they do, however not at alarming rates as compared to female students.

Physical violence was one of the most common forms of IPV experienced by the participants in this study. The participants reported to have been beaten, slapped, kicked, and choked by male perpetrators of GBV. This was followed by sexual violence reports in terms of prevalence, this finding is in alignment with a study by Amoakehene et al., (2019) where female survivors of GBV were being hit and raped by male perpetrators. Another form of GBV revealed in the study was financial abuse as some denied financial resources to survive, forced to provide financially to male perpetrators and at times money taken from them forcefully. These findings correspond with the findings of the study by Kordom (2012) and Pelsler et al., (2005), which demonstrated that female students were financially abused as perpetrators forced them to share meagre allowances and took their money without consent. In addition, the GBV experiences of female students included the mental health consequences intensified by emotional abuse. Most participants in this study reported emotional and verbal abuse by male perpetrators. The use of words to insult, demean, control, isolate and belittle women was part of the emotional and verbal form of GBV women experienced from male partners. Studies conducted in HEIs in other parts of the world also revealed that emotional violence is one of the forms of GBV commonly experienced by female students (Lysova & Douglas, 2008; Iliyasu et al. 2011).

It is pertinent to note that a common factor in the above listed forms of GBV, force and use of power is utilised to perpetrate. The use of force by men on women is perceived by African feminism as a result of practices and norms that place men as superior to their female counterparts (Ademiluka, 2018). The notion created by norms and practices that promote male supremacy contribute to all these forms of GBV as such values oppress women and make men believe that they have the right to use force to exercise and maintain power over women (Rasool, 2019). The inequality between men and women created by the patriarchal norms and practices plays a role in influencing violence because of the overall acceptance of toxic masculinity in the society.

Furthermore, African feminist believe that cultural beliefs and practices that are enforced in patriarchal communities may also play a pivotal role in the belief that force must be used against women. For example, this study clearly showed that some of the male perpetrators had a sense of entitlement over females and their bodies. This resulted in the survivors feeling powerless. The use of vile, abusive and manipulative words is a weapon used by perpetrators to seize the victims of their power and make them continuously feel inferior and thus being able to control them. This, according to African feminism, is influenced and promoted by patriarchal norms and practices that promotes male domination and female subjugation (Tonsing & Tonsing, 2019). The findings also reiterate that women are at the periphery in various spheres in life (compared to male counterparts) including economic development and general empowerment, this is a result of structural inequalities that they are already exposed to putting them at a disadvantage and increasing their propensity to GBV. This included impacts on their emotional and mental health leading to depression, high anxiety levels and PTSD, these are findings common in research outcomes on GBV (UN, 2020; Kordom, 2012). Their efforts by female students to liberate themselves from economic bondages were met with hurdles as some had to stop studies and lost jobs as a result of GBV experiences. What is clear is that these GBV experiences deepened the existing vulnerabilities of the female students, further disadvantaged them on the basis of gender and violated their human rights. GBV is ingrained structural inequalities which are systemic and institutionalized, leading to disparities between men and women. The findings suggest that to address GBV, there needs to be transformative gender responsive approaches using multilevel, multisectoral, comprehensive and collaborative strategies, starting by policy reforms before implementation at social work practice level. At the core of these strategies is advancing the human rights agenda, promotion of gender equality and empowerment of women.

IMPLICATIONS AND RECOMMENDATIONS FOR SOCIAL WORK PRACTICE, POLICY IMPLEMENTATION AND FUTURE RESEARCH

The findings of this study clearly demonstrate that GBV is ubiquitous in HEIs and how it adversely affects survivors in all aspects of their lives thus influencing their course of life outcomes in the long term. Social Workers are obligated to play an instrumental role in holistic, multi sectoral and collaborative efforts to address the effects of GBV on survivors, enhancing their psychosocial functioning, overall, wellbeing whilst simultaneously fighting the war against GBV by promoting human rights, gender equality and empowering women. This can be done through policy, practice and research efforts as these provide a clear blueprint of how GBV can be addressed and prevented in HEIs.

- HEIs should develop and implement and evaluate gender responsive (take into account existing structural inequalities etc) policies to fight GBV, promote gender equality, advance human rights and empower women (female students).
- HEIs should appoint Social Workers that are responsible to respond to the problem of GBV in HEIs.

The social service providers should be adequately trained and skilled to effectively address GBV, provide support for survivors, mitigate harmful effects and implement prevention efforts. This should also apply to other professionals in HEIs who offer services to survivors of GBV.

- The prevention efforts should include, leveraging technological resources, creating awareness and equipping students with knowledge to use these such as Namola apps and social media to fight/prevent GBV.
- Social workers must continue their advocacy efforts and work collaboratively with other stakeholders in fighting for vulnerable populations such as female survivors of GBV.
- Incorporating GBV education on the curriculum and conducting public lectures (invite external communities and students) about GBV and marketing social services available to support students who experience GBV can play a pivotal role in helping HEIs address this problem.
- Given the prevalence of GBV in HEIs as evidenced by study, it is recommended that further research be undertaken to evaluate the effectiveness of available GBV interventions in HEIs.

CONCLUSION

The objective of the study was to chronicle the GBV experiences of females in HEIs in South Africa whilst highlighting the adverse implications for survivors on their dignity, human rights, emotional and mental health, learning outcomes, women empowerment and economic development efforts. The study provided evidence that GBV is rife in HEIs and female student experience various forms of ranging from physical violence, sexual violence, emotional violence, and financial violence. This is despite the fact that HEIs are expected to be a safe and secure space for learning where GBV should be low or non-existent. Cultural beliefs and norms, structural inequalities, gender inequality were identified as some of the leading factors of GBV in HEIs that placed men as superior to their female counterparts. In conclusion, these findings are crucial and warrant the development of research informed, gender responsive (addressing GBV causal factors as identified above) policies and collaborative, multisectoral, multilevel, comprehensive strategies and interventions to mitigate the effects of GBV on survivors and prevent GBV in HEIs.

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