

Justice for the Survivors: Examining the Effectiveness of the Adopted University Policy in Serving Justice on Gender-Based Violence Cases at a Selected South African University

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Abstract

Incidences of gender-based violence (GBV) on university campuses have become endemic. Although some universities developed policies to manage the scourge of GBV on their campuses, the effectiveness of such policies in serving justice to the victims of GBV remains controverted. This study examined the perceived effectiveness of an adopted policy and its implementation in serving justice for the victims of GBV at a selected South African university. A radical feminist perspective underpinned this research. A qualitative research methodology with semi-structured self-administered interviews was used to collect data from 10 purposefully sampled participants: two victims of GBV, two staff members from the GBV unit, the counselling unit and the HIV unit, and two members of the South African Police Service (SAPS). Using a thematic analysis, the study found that the implementation of the adopted policy at the selected university failed to ensure effective reporting of GBV incidents. It also did not serve the appropriate justice for the victims of GBV by punishing the perpetrators of GBV or by rendering adequate support to the survivors of GBV. The research recommends enacting multi-sectoral approaches, ensuring increased training on the processes to be followed, and evaluating the relevant policy management and implementation of the GBV policy at the university regularly. The university should change the sociocultural environment on campus to one of zero tolerance towards GBV and any other form of violence. Better implementation of the policy, collaboration with the SAPS and transparent dealings with perpetrators will lead to enhanced justice for victims.

Keywords: gender-based violence (GBV); social justice; policy

UNISA 

Social and Health Sciences

Volume 24 | Number 1 | 2026 | #17436 | 20 pages

<https://doi.org/10.25159/2957-3645/17436>

ISSN 2957-3645 (Online)

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Introduction

Universities, as spaces of learning and social development, are obliged to create a safe environment for all students from diverse backgrounds. However, reports highlight that South African universities have increasingly become unsafe, with widespread reported cases of gender-based violence (GBV) (Mofokeng & Tlou, 2022). The increasing frequency of GBV incidents taking place at South African universities has been considered a “twin pandemic” to Covid-19 (Davids, 2020; Finchilescu & Dugard, 2021). Makhene (2022) describes South Africa as an equal-to-war country with regard to its GBV crisis. GBV encompasses physical, sexual, psychological and economic harm that is inflicted on others. It is based on gender, power disparities and social norms and affects individuals of all gender identities, but mostly women and girls (Thelma, 2024). Pande et al. (2020) assert that gender roles, behaviours and identities that society assigns to men, women and non-binary people influence how individuals experience and react to violence.

Universities in South Africa have emerged from a history of racial segregation and inequality, where higher education was used to reinforce apartheid’s discriminatory policies (Gumede, 2020). Since 1994, efforts have been made to transform South African universities into inclusive institutions that reflect the country’s diverse society (Mzangwa, 2019). However, these institutions still face challenges such as addressing historical imbalances in access to resources, equal representation, and managing structural legacies of inequality that persist in academic systems. The prevalence of GBV in education settings can be traced back to the legacy of apartheid, when violence was institutionalised as a means of social control. Apartheid strengthened racist systems that marginalised and devalued women (Reilly, 2024). Structural disparities continue to marginalise vulnerable communities, which amplify power imbalances that often result in violence against women and children (Motala, 2020).

Despite post-apartheid reforms that introduced formal equality, GBV remains disproportionately prevalent in higher education settings (Deane, 2024). Finchilescu and Dugard (2021) report that GBV has been a growing crisis for decades in South African universities. Sexual harassment (Hendricks, 2022), intimate partner violence (Klenckova et al., 2023) and femicide (Ndlovu et al., 2020) are the most prevalent forms of GBV reported in South African universities. However, underreporting remains a significant challenge, as many survivors fear retaliation, stigma and institutional inaction. Statistics South Africa (2021) reveals alarming rates of GBV incidents at universities, which emphasises the urgent need for more effective interventions. A study by Mutinta (2022) reports that out of 604 students surveyed at a public university in the Eastern Cape, 56.5% reported experiencing emotional or verbal abuse, 46.7% had been sexually assaulted, 36.3% faced physical violence, 36.7% experienced attempted rape, and 28.9% had been raped. Despite growing awareness of the problem, universities and the authorities are failing to hold perpetrators accountable, which led to nationwide protests such as the “Total Shutdown” movement (Parker, 2022). These concerns

underscore the necessity of robust institutional policies that go beyond awareness-raising.

Recognising the severity of GBV at universities, the South African Department of Higher Education and Training introduced the policy framework to guide institutions in developing effective mechanisms for addressing GBV on campuses (Jagath, 2023; Mofokeng & Tlou, 2022). In response, universities implemented various policies aimed at preventing and managing GBV cases. One such institution is the present study's selected South African university, which adopted the "UFH policy on harassment, sexual harassment and gender-based violence" in 2019 (which was updated in 2024) (henceforth called the policy). This policy outlines disciplinary measures, such as warnings, suspensions and expulsions. It also provides support services for both survivors and perpetrators, which include legal assistance, psychosocial support and protection services (UFH, 2024). While this policy seeks to create a safer university environment, questions remain regarding its effectiveness in delivering justice for GBV survivors. Scholars argue that university policies often fail to provide meaningful justice, and focus instead on procedural compliance rather than survivor-centred outcomes (Murhula, 2022). Based upon ineffective implementation of the universities' policies, ensuring justice for GBV victims and survivors remains questionable (Davids, 2020).

Reports depict that universities often fail to hold perpetrators of GBV accountable (Mahabeer, 2021). List (2017) states that universities lack transparency regarding how and if GBV perpetrators are punished and how universities ensure justice in reported GBV cases. UNESCO (2016) and Wane et al. (2018) raise concerns regarding the punishment of perpetrators and the adequacy of support services for GBV survivors in universities. Universities have limited legal options to punish perpetrators, other than giving them warnings, or at worst expulsion from the university. It is only the authorities (the South African Police Services (SAPS)) that can act and open cases against the perpetrators, if such cases are reported to the police. However, many victims of GBV fear repercussions from opening a case and therefore most cases of GBV remain unreported and therefore without any consequences for the perpetrators. It should therefore be the role of the relevant supportive staff at the universities to ensure that victims feel confident enough to consult them, receive support and open cases and, in so doing, not only have the opportunity to be given justice, but also potentially reduce the incidences of such crimes by having perpetrators see that their actions will have consequences.

Policies that fail to account for gender inequalities, power dynamics and social norms often lack effectiveness in providing survivors with the necessary support and in holding perpetrators accountable. A comprehensive approach requires universities to acknowledge how cultural norms and structural injustices shape both the experiences of GBV survivors and institutional responses to GBV cases. Without this understanding, policies risk being ineffective, discriminatory or disconnected from survivors' lived

realities. Donaldson and McCarry (2018) suggest that universities' policies focus more on creating GBV awareness than on ensuring accountability for perpetrators or support for victims.

Given this background, this study positions itself within South Africa's post-apartheid context to explore how university policies can combat GBV more effectively and ensure justice for survivors at the selected South African university. Hester et al. (2023) report that victims of GBV perceive justice as accountability, equal treatment, protection from further harm, recognition, empowerment and fairness. Mulvihill et al. (2018) emphasise that justice includes ensuring survivors' safety, dignity and access to comprehensive support and legal procedures to serve justice for GBV survivors.

Theoretical Framework

To examine the effectiveness of the adopted policy in serving justice for GBV survivors, this study adopted the radical feminist theory. According to the radical feminist theory, patriarchy makes use of violence to oppress and control women (Liko et al., 2023). Systemic and patriarchal structures that uphold male dominance and gender inequality are at the core of such violence. Grosser and Tyler (2022) point out that for radical feminism, societal norms are shaped by patriarchal power dynamics, which create a culture of male entitlement over women. This culture is reflected in various violent crimes, including GBV. Donovan et al. (2020) argue that radical feminism calls for significant social change to eradicate power structures that lead to GBV.

Özdemir (2024) notes that radical feminism challenges patriarchal systems that perpetuate gender inequality and considers GBV the result of power imbalances that institutions must confront. Senra (2021) points out that, with the radical feminist perspective, justice for survivors extends beyond protecting individual rights to actively dismantling the patriarchal structures that enable and normalise GBV. This implies that institutions have the responsibility to safeguard potential victims and survivors and enact policies that fundamentally change patriarchal power dynamics (Benn-John, 2021). Thus, effective justice for survivors requires collective, survivor-centred responses that go beyond procedural support to disrupt underlying gendered power structures (Wilson, 2019). Radical feminists advocate comprehensive policies that prioritise survivor autonomy, proactive support and empowerment programmes, which confront and counteract the patriarchal societal norms that tolerate and perpetuate GBV. This includes empowering survivors through leadership opportunities and survivor-centred measures that address GBV systematically rather than superficially (Stoever, 2019).

The radical feminist theory was adopted in this study as it offers a critical framework for analysing whether the implementation of the university's policy serves justice for GBV survivors. Özdemir (2024) argues that systemic patriarchal structures frequently ingrained in universities can covertly or overtly minimise or discount the experiences of GBV survivors. Radical feminism demands that these systems be dismantled and that

laws be put into place that put survivors' rights first, support zero tolerance for GBV, and remove the institutional and cultural barriers that support inequality (Gruber, 2020). The radical feminist theory underscores that to ensure genuine justice, universities must create a sociocultural and systemic shift that challenges ingrained inequalities, which makes campuses safe and equitable spaces for all.

Methodology

A qualitative approach underpinned this study, which allowed the participants to express their experiences and opinions on the effectiveness of the university policy in serving justice for survivors of GBV at the selected university. Gofe et al. (2022) perceive a qualitative research approach as a blueprint to comprehend and interpret social or human-related topics. Understanding and interpreting people's experiences, behaviours and subjective feelings is the primary intent of a qualitative approach to research (Rahman, 2020).

The study purposefully sampled 10 participants through a non-probability sampling technique (Adeoye, 2023). Through the help of the university's support systems and snowball sampling, the researchers reached individuals with direct experience and knowledge of GBV cases and policy implementation at the selected university. The sample included two GBV survivors, two SAPS members, two GBV unit members, two counselling unit members, and two HIV unit members. These participants had first-hand insights into university policy outcomes. The participants' ages ranged between 22 and 56 years, and included three men and seven women. All the participants were black South African citizens. Two survivors of GBV were undergraduate students, while the other participants (university staff and SAPS) were degree holders. The selected survivors of GBV were a man and a woman. While GBV survivors are essential in comprehending the efficacy of the university policy, SAPS members, GBV unit members, counselling unit members, and HIV unit members were sampled to offer a comprehensive picture of how the policy is implemented at the university. Survivors of GBV provided first-hand accounts of the effects of the policy based on their personal experiences, whereas the other participants evaluated the efficacy of the policy implementation.

The researchers achieved rapport with the two GBV survivors through a trauma-informed, empathetic approach that emphasised confidentiality, respect and anonymity by securely handling their data, using pseudonyms, and limiting identifiable information for privacy. The researchers' background in social work, especially GBV matters, informed the sensitivity of and insight into survivors' challenges, which fostered trust while maintaining ethical rigour. This positionality allowed the researchers to balance professional understanding and to value the participants' perspectives. The participants came from middle-class backgrounds. Their intersecting identities with regard to race, gender and social class shaped their experiences of and perspectives on the policy's effectiveness. All the participants were English and isiXhosa speakers. While the

participants were identified as heterosexual, the study was sensitive to how gender identity and sexual orientation could intersect with GBV experiences.

The researchers, being black women from middle-class backgrounds, shared a racial identity with the participants, which fostered a sense of trust and understanding. They strived to create an environment of empathy and respect, and recognised that their positionality shaped the narratives shared with them and the broader implications of the findings in addressing the systemic problems regarding GBV.

Semi-structured, one-on-one (face-to-face) interviews were conducted with the participants to generate rich, in-depth data on the topic under study. These interviews were held at the selected university in the Eastern Cape, South Africa. The semi-structured interviews combined predetermined questions with the flexibility to explore the topic in greater depth (Mannan & Afni, 2020). The interviews used a guide that focused on the participants' experiences with the university's GBV policy, while allowing open-ended responses and follow-up questions to encourage the participants to share nuanced insights and personal reflections. Scheduled for 45 minutes, the interviews provided ample time for the participants to engage with the policy, which allowed a rich exploration of the policy's impacts and areas for improvement.

The key questions that guided the interviews were:

- How effective is the adopted university policy in managing GBV cases at the selected university?
- How effective is the university policy in serving justice for the survivors of GBV?
- Are the survivors supported through the university policy? Explain.

Data analysis was conducted using a thematic analysis approach, which is well suited for examining qualitative data and interpreting the participants' subjective experiences. The study followed the thematic analysis stages (Martin, 2022): (i) familiarising the data; (ii) generating initial codes; (iii) searching for themes; (iv) reviewing themes; (v) defining and naming themes; and (vi) producing the final report.

During familiarisation, the researchers immersed themselves in the data by repeatedly reviewing audio recordings and transcripts to understand the content. This process helped them to reflect on and set aside assumptions about GBV policies, which ensured that the participants' voices remained central. In the coding stage, the researchers practised reflexivity by creating initial codes that highlighted core issues and questioning if these codes genuinely represented the participants' perspectives rather than researcher biases. The codes were refined based on the authentic participant experiences, which supported a participant-centred analysis. During the theme development and review, the researchers prioritised narratives over personal assumptions, and the themes were named and aligned with the participants' lived experiences. The final report was crafted with themes being checked against the

participants' input, which ensured methodological rigour, honoured the participants' insights, and captured the reality of those affected by the university's GBV policy.

To ensure data trustworthiness, the researchers enhanced credibility through prolonged engagement and participant feedback, and transferability through rich contextual descriptions. Dependability and confirmability were strengthened by audit trails and reflexive journalling, which documented the researchers' evolving insights and decisions taken (Hayre, 2021).

Ethical Consideration

The researchers ensured the confidentiality and anonymity of the participants (Hoft, 2021) by protecting their data through the use of pseudonyms and avoiding identifiable participant information. The researchers ensured informed consent by providing the participants with comprehensive information about the study's objectives, methods and possible risks (Josephson & Smale, 2021). Participation was voluntary. The participants were free to leave the study at any time without facing any consequences. The study used trauma-informed methods and offered resources for support, such as counselling referrals, to avoid re-traumatisation. To ensure fairness, dignity and beneficence in their procedure, the researchers also followed the international ethics codes, namely, the WMA Declaration of Helsinki, the Nuremberg Code, the Belmont Report, and the Universal Declaration of Ethical Principles for Psychologists (IUPsyS, 2008) (Sinclair, 2017). The study upheld the integrity of research, while prioritising the participants' safety by adhering to these international ethical guidelines. Approval was granted by the university's research ethics committee (HEN011SGWL01) to conduct the study.

Research Findings and Discussion

To gain perspectives on the effectiveness of the university's policy in serving justice for the survivors of GBV, the participants' responses related to their experiences, where the adopted university policy (UFH, 2024) was implemented in addressing cases of GBV. The themes that emerged were: (1) policy failure in ensuring effective reporting of GBV cases; (2) policy failure in delivering justice for GBV survivors; and (3) poor policy implementation in ensuring adequate provision of support services to survivors of GBV.

Policy Failure in Ensuring Effective Reporting of GBV Cases

The findings revealed that the university's policy for managing GBV was poorly implemented, which led to survivors not reporting their GBV cases. The underreporting of GBV cases highlights the effects of power dynamics, as those in authority, such as university personnel accountable for policy implementation, benefit from a system that minimises the visibility of GBV cases. In contrast, survivors of GBV bear the burden of silence, often feeling powerless and unsupported, which perpetuates a culture of fear and stigma regarding reporting. This tends to safeguard the university's reputation, while it obscures the university's accountability to protect its students.

The participants viewed the policy's implementation as ineffectual and lacking genuine commitment, which made them lose trust in its credibility. This reinforces existing power imbalances, where survivors' voices are silenced, while institutional interests remain prioritised. Ultimately, the findings of this study revealed that ineffective implementation of the university policy not only jeopardises the rights of survivors, but also supports a systemic avoidance of responsibility by those in positions of power within the university.

A staff member from the GBV unit asserts that:

Regarding GBV, the reality is that there are a lot of instances of GBV that happen and are never reported . . . people are scared to be re-victimised, to be victim-blamed: where were you when this happened, the way you are dressed, why did you go out at night, and where were your friends? People do not want victim blaming, and they decide to shut down their mouths and not report. They die in silence. (GBV Staff Member 1)

A police officer echoed these sentiments, which emphasised that survivors of GBV choose not to report cases because of the poor enactment of the university's policy, which fails to punish perpetrators:

People do not report because they are like: why is this person not imprisoned? They also have a question about people not being punished; yet, they have committed crimes. (SAPS Member 2)

A GBV survivor validated these concerns, stating:

The policy is failing to resolve or to deal with gender-based violence issues . . . the cases are increasing daily, so it shows that . . . there are some weaknesses. . . something must be done to reduce or stop the number of cases. In terms of reporting GBV, I am sure people don't report because there is no outcome to expect after reporting. . . if you report, support is still so difficult to get. Students opt not to report GBV cases; you deal with it by yourself if there is no support to expect. (GBV Survivor 2)

South African universities formulated policies to address GBV matters, which should be achieved through effective reporting channels, support, prevention and disciplining on GBV matters (Mofokeng & Tlou, 2022). However, this study's findings revealed that poor policy implementation at the selected university has led to underreporting of GBV cases. The lack of effective reporting mechanisms and the absence of consistent follow through on policy commitments erodes the policy's credibility, which amplifies survivors' mistrust. If policies are poorly implemented, they disempower those who depend on them. Other studies found that GBV at universities is underreported primarily because of ineffective implementation of these policies (Brink et al., 2021; Von Meullen & Van der Waldt, 2022). This aligns with global reports, which indicate that GBV is an underreported scourge (Chambers & Smith, 2023). At one South African university, 27.2% of students who did not drink alcohol reported experiencing sexual violence, while 48.4% of students who drank alcohol reported experiencing sexual violence. A

total of 58.0% of those who received insufficient financial support and 20.8% of those who received adequate financial support disclosed higher rates of sexual violence (Ajayi et al., 2021). However, most reports of GBV are based on GBV cases that gained media attention, which means that the extent of actual GBV taking place at universities remains unclear (Misheck et al., 2023).

Mutinta (2022) argues that GBV continues to be a pervasive, underreported problem, with most instances frequently disregarded at universities (Cismaru & Cismaru, 2018). The underreporting of GBV highlights a troubling gap between policy and practice, where survivors' lived experiences remain ignored. A lack of awareness about appropriate actions, fear of stigmatisation and inadequate reparative measures to tackle GBV contribute to survivors' reluctance to report their experiences. Davids and Waghid (2019) note that only a small number of high-profile GBV incidents receive national media coverage, despite the high occurrence of GBV at universities nationwide. This suggests that university policy frameworks are largely reactive rather than preventive, and only address high-profile cases that draw external attention.

The selected university has drawn media attention based on a number of severe GBV incidents, such as the tragic case of a student who was fatally stabbed by another student at the selected university in February 2020, and the horrific murder of another student by her partner in 2019 (Chiumbu, 2022). However, although such cases made media headlines, there are many cases not reported that took place on the university's premises. The policies adopted to ensure zero tolerance to GBV are failing (Cowan & Munro, 2021) because of a lack of consistent and appropriate implementation. For GBV matters to be effectively addressed, all cases must be reported and effective measures must be implemented to deter further occurrences. When survivors opt not to report GBV cases, the perpetrators of GBV can continue to exploit the poor reporting mechanisms. Based on the radical feminist theory, policies failing to protect students reflect deeper institutional biases that prioritise maintaining the status quo over addressing the lived realities of those affected by GBV (Baird, 2023). Radical feminists emphasise that ineffective GBV policies are not merely insufficient, but they are complicit in sustaining systemic oppression by failing to challenge and dismantle embedded patriarchal power dynamics. This would require a radical restructuring of institutional norms that silence victims and prevent them from actively disrupting and transforming the circumstances that allow GBV to continue.

Policy Failure in Delivering Justice for GBV Survivors

The findings of this study underscored the failure of the university's GBV policy implementation, which exposes survivors to potential further harm and perpetuates a cycle of violence. Despite the existing policy framework being available to manage GBV, victims received little to no institutional support, and as there was inadequate punishment for the perpetrators, justice remained elusive. This was evident in the lack of feedback on the GBV cases and the opaque handling of GBV cases. This fostered an environment of silence and mistrust, which ultimately sheltered perpetrators, while the

victims struggled to receive justice. This even extends to the authorities, where the SAPS were believed to be shielding perpetrators.

One survivor expressed that:

For my case, justice was not served. After my boyfriend harassed me at my residence, here on campus, my case was not handled well . . . I never got assistance from campus. Instead, I was . . . looking for help from my friends. The following day, I reported my case to the police, and they said I should compile a report. I was sent to the clinic to get proof of injuries . . . I never received any feedback from the police up to now. (GBV Survivor 1)

The study's findings illustrate the broader challenge that not only did the university fail to intervene effectively, but the responsible authorities also failed to act, and did not follow up on the GBV case. Another GBV survivor referenced high-profile cases at the selected university, which highlighted the institution's reluctance to publicly acknowledge or resolve GBV cases:

I cannot say justice is being served for GBV survivors. Some cases have happened here at our university, like the student who was raped and another who was murdered at the Tyme Bridge. We never received any news on how justice was served. If justice was truly served, we should see the outcome. But here, GBV is reported, and nothing happens. (GBV Survivor 2)

Further assertions were provided, which alluded to the fact that justice for the victims of GBV is not effectively served as the perpetrators of GBV are not appropriately punished:

A staff member from the GBV unit stated:

From the reported cases of GBV, the policy rarely ensures that perpetrators are punished. Reports lack clarity on how perpetrators were dealt with. Sometimes, the policy is said to be implemented, but in reality, when it comes to punishing perpetrators, it is ineffective. (GBV Unit Staff Member 1)

A GBV survivor shared that:

There was a case reported of a female student who was sexually harassed at Tyme River. . . . The university policy was not effective. The punishment was too light. Remember, the pain remains for the survivor, but the perpetrator was simply expelled. That is not justice. (GBV Survivor 2)

While the university's policy did not lead to victims reporting GBV cases or receiving adequate feedback, the participants also reported not realising that legal steps for the punishment of perpetrators can only happen through the justice system and not the university. The university can expel a student, but it has no legal capacity to proceed

beyond such action. Mahabeer (2021) asserts that the implementation of the universities' GBV policies is often ineffective, which leaves survivors feeling powerless. Similarly, Cowan and Munro (2021) highlight the widespread inadequacy of institutional responses, which reinforces survivors' perceptions of neglect. Eriksen et al. (2022) and Reilly (2024) emphasise that public reporting of GBV often lacks meaningful institutional follow up, which exacerbates survivors' distress. At the selected university, survivors of GBV and staff members expressed their frustration at the lack of rigorous punishment for perpetrators. This not only emboldens perpetrators, but also discourages survivors from standing up for their cases, thus, reinforcing the view that lenient punishments for GBV perpetrators discourage survivors from seeking justice. Wafula (2018) observes that university students are increasingly concerned about the mismanagement of GBV, which undermines the effectiveness of survivor-centred justice. Mahabeer (2021) also argues that without stringent measures universities risk perpetuating a culture of impunity.

Justice entails that the perpetrator of any committed crime receives the appropriate punishment in line with the committed case through the relevant authorities. However, the policy's procedures failed to ensure proper punishment for the perpetrators of GBV. The literature states that universities are meant to manage GBV, but they cannot ensure that the perpetrators of GBV received proper punishment (UNESCO, 2016). The literature further reports that the policy's primary flaw remained the absence of explicit and severe penalties for those guilty of GBV (Macleod et al., 2018). Knowing that the perpetrators of GBV were properly punished empowers GBV survivors and helps them heal, and it encourages other victims to come forward to report instances of GBV (Killian, 2021). Given the failure of the policy's procedures to ensure explicit penalties, past and future perpetrators of GBV are not discouraged from committing crimes (Ernandes, 2023), and this can result in a cycle of violence (Udenka, 2024). The findings of the present study underscore the radical feminist perspective that, without policies designed to dismantle entrenched patriarchal power structures which support GBV, universities cannot deliver effective justice for survivors of GBV (Grosser & Tyler, 2022). Without an urgent assessment of how the policy's procedures should be improved, how faster more effective implementation can be achieved, how survivor-centred approaches can be prioritised, how transparency can be implemented, and how the policy can be enforced more strictly, GBV will still continue to persist unchecked.

Poor Policy Implementation in Ensuring Adequate Support Services to Survivors of GBV

Justice entails that survivors of GBV are effectively supported, and their cases are responded to. However, the findings of the present study revealed that there is poor provision of support services for the survivors of GBV at the selected university. Students struggle to receive immediate support, while some cases are never attended to. This lack of timely and effective support highlights the university's failure to execute the policy effectively, which leaves survivors vulnerable and unsupported. The participants' experiences revealed a hierarchy of power, where institutional responses

prioritised procedural adherence over survivors' needs, thereby silencing the concerns of those affected by GBV. This not only created a sense of abandonment by survivors, but also undermined the survivors' right to support services.

This is gleaned from the experience of one survivor of GBV, who expressed that:

My boyfriend was harassing me here on campus. We came from Disco club . . . but everything started on our way back. He started to shout at me . . . until I get to my residence, where he started to harass me. . . . I saw that he was very angry at me, I sneaked out of my room, and went to my friend's place. He followed me, and by that time he was holding a knife. I didn't know what to do, and even my friends were scared of him too. I tried to shout for help, but I didn't get any assistance. The worst part is, there was no security around . . . no support service came to rescue me, even campus control did not attend to me when my ex-boyfriend was harassing and stalking me here on campus. . . . on the following morning, that's when I went to the police station to report my boyfriend because I was very scared since I couldn't get help on campus. The SAPs attended and assisted me, but . . . the constable told me to go to the hospital and produce the proof of injuries . . . I never received any feedback from the police where I reported my case up to now. (GBV Survivor 1)

Another participant concurred with these sentiments, stating that:

. . . in one of the cases that happened recently at the bridge Tyme River, this case happened around 3 am. The case was reported at around 7–8 am the following morning, when support systems went there, so it takes a bit of time for survivors of GBV to get support. (GBV Survivor 2)

The findings revealed that there was a lack of immediate and follow-up assistance provided to survivors of GBV. In most cases, survivors of GBV had to find ways to deal with GBV themselves, often because of the lengthy reporting procedures. While Magudulela (2017) argues that universities have support systems in place to assist survivors of GBV, Von Meullen and Van der Walde (2022) critique the effectiveness of these systems, and emphasise that the policies' existence did not equate to accessibility or efficiency. Similarly, aligning with the findings of the present study, the findings by Makhene (2022) report that a noteworthy number of survivors struggle to access support services at universities. The lack of immediate support exacerbates survivors' trauma, as noted by Toccalino et al. (2022), while ineffective investigations contribute to survivors feeling deserted and disqualified from justice (Wane et al., 2018). Survivors of GBV may then find it difficult to navigate their traumatic experience. The lack of victim support clearly also exposes the flaws at the authorities/SAPS. Although the policy highlights the university's available support system, the participants encountered poor service delivery of such systems, with some GBV cases taking extremely long to be addressed.

These findings illustrate how institutional barriers systematically disadvantage survivors by prioritising bureaucratic procedures over survivor-centred care. Until

universities adopt a survivor-centred approach that prioritises effective and timely interventions, survivors of GBV will continue to face abandonment.

Contributions of the Study

This study examined the effectiveness of the university's policy implementation in serving survivors with justice. The study provided an insight into the occurrence and treatment of GBV cases in a university setting and the implementation of the policy for managing GBV at universities. It also identified that better support systems were needed to address the psychological, physical and legal needs of survivors of GBV, and the importance of transparent measures in response to GBV matters. The findings expose significant shortcomings in the university's GBV policy implementation, and provide universities and policymakers with guidelines to ensure zero tolerance for GBV. Based on the ineffective implementation of the policy, the study advocates ongoing training for personnel addressing GBV, and presents procedures to foster a culture of accountability and transparency in all interventions towards GBV at universities. Besides training of the relevant staff, the university should also re-examine the procedures which are to be followed during the reporting and feedback stages.

This study also contributes to the broader discourse on GBV in post-apartheid South Africa, and emphasises the need for coordinated responses that involve collaboration across sectors to address systemic issues and enhance support for survivors. The study aligns with national initiatives aimed at combatting GBV and promotes the development of comprehensive strategies that prioritise survivors' rights and foster a culture of respect and safety in educational settings.

Study's Limitations

This study has some limitations. The study examined only one South African university, which limits the findings' generalisability to other universities. Although the sampled participants offered deep qualitative insights, the use of self-reported data also raises the possibility that the participants may have been reluctant to fully disclose their experiences out of concern for stigma or negative consequences. Finally, the study's emphasis on the policy framework might obscure hegemonic patriarchal elements and norms in society.

Conclusions

This study examined the effective implementation of the university's GBV policy (UFH, 2024) in ensuring justice for the survivors of GBV from the perspectives of survivors of GBV, university staff members from the GBV unit, the HIV counselling unit and the SAPS. The findings of this study revealed that the implementation of the policy on managing GBV failed to serve justice for the survivors of GBV. It also noted an underreporting of GBV cases by survivors of GBV at the selected university. Survivors of GBV did not receive appropriate, timely support, and perpetrators were

not effectively punished or there was no feedback on how perpetrators were punished. Although the policy's implementation failed to serve justice for survivors of GBV, such policies did, however, monitor the reported cases of GBV and raised awareness of GBV.

Recommendations

The study's findings underscore the critical need for ongoing evaluation of the effective implementation of policies managing GBV at universities, and highlight that such assessments can identify areas for improvement in the current framework or its implementation. Implementing multi-sectoral approaches that involve closer collaboration between university administration, law enforcement, mental health services and community organisations are essential for creating a comprehensive strategy to address GBV effectively. Such collaborative efforts can facilitate the sharing of resources and expertise, and ensure that survivors receive holistic support that encompasses legal, psychological and educational dimensions. By fostering an environment of accountability and responsiveness, these strategies can enhance the university's ability to provide justice to survivors, and ultimately contribute to safer and more equitable educational settings.

Future research should consider broadening its focus to encompass several South African universities to enable a comparative evaluation of GBV policies quantitatively and their efficacy in various settings. This would improve the findings' generalisability and give a more complete picture of the challenges faced by universities, the SAPS and the victims of GBV. Also, including a broader representation of participants from various socio-economic, racial and gender backgrounds would enhance the data and reveal subtle insights into the different stakeholders' perspectives. Longitudinal studies would be useful for evaluating the long-term effects of interventions and policy changes over time, and would enable researchers to assess the efficacy of initiatives that have been put into practice. Combining quantitative and qualitative methods might yield a more thorough understanding of the incidence of GBV and the efficacy of current regulations. Finally, future research should examine the connections between GBV and more general societal issues such as economic inequality and cultural attitudes.

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