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Addressing Gender-Based Violence through Policy Implementation: Key Stakeholders and Survivors' Perceptions in a Selected University in South Africa

Memory Gwiza[1*]
Eleanor A. Hendricks[2]

AFFILIATIONS

[1]Department of Social Work, University of Fort Hare, East London, South Africa.
[2]Department of Social Work, North-West University, Potchefstroom, South Africa.

CORRESPONDENCE

Email: gwizamemo22@gmail.com*

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Abstract: Universities have been stricken by gender-based violence (GBV). The high prevalence of GBV within universities is clear evidence of attacks on educational settings. To address GBV, universities have adopted policies that focus on deterring its occurrence. Shockingly, GBV incidents continue to manifest within universities despite these policies. This study aims to explore stakeholders' and survivors' perceptions of the effectiveness of the adopted university policy in managing GBV at the University of Fort Hare. The rational choice theory (RCT) underpins this study, informing how university policies should be implemented to effectively manage GBV. A qualitative approach, supported by an exploratory design, was employed to gain nuanced insights from participants' perspectives. In gathering data, ten purposefully sampled participants (two survivors of GBV, staff members from the GBV unit, counselling unit, HIV unit, and South African Police Service (SAPS) members) were interviewed one-on-one through semi-structured interviews. Data was analysed thematically. Findings based on participants' perceptions revealed that the UFH harassment, sexual harassment, and GBV policy fails to effectively manage and avert GBV at the UFH, there is poor policy implementation regarding the reporting of GBV cases, a failure to execute justice in GBV cases, and inadequate support for survivors of GBV. Based on the research findings, we recommend strengthening university policies, establishing confidential and accessible reporting channels, conducting ongoing policy evaluations, and adopting multi-sectoral approaches to better manage GBV within university campuses. Such measures would help create a more supportive and accountable environment free from GBV.

Keywords: University policy, implementation, gender-based violence, survivors, perpetrators.

1. Introduction

Universities have witnessed a distressing prevalence of GBV, creating an alarming environment for students and staff. Globally, GBV has become a critical issue plaguing societies, including universities (Dlakavu, 2022). At the outset, Enaifoghe et al. (2021) and Yesufu (2022) referred to GBV as a national plague, with a significant increase in violence perpetrated mostly against women in South Africa. The spread of GBV has become evident within university settings (Mutinta, 2022; Smith, 2017). South African higher education institutions reported experiencing a surge in cases of GBV (Manik & Tarisayi, 2021), with prevalent cases of sexual harassment (Hendricks, 2022), intimate partner violence (Klencakova et al., 2023), and femicide (Ndlovu et al., 2020). The rampant manifestation of GBV within universities is a clear indication of affected and unconducive educational settings, disturbed by GBV. South African universities, therefore, adopted policies to manage GBV within their environments (Mahabeer, 2021). However, the efficacy of these policies has become a contentious matter.

Universities are jeopardised by a severe dominance of GBV (Brink et al., 2021; von Meullen & van der Waldt, 2022). Mutinta (2022) found that, of 604 students at a public university in South Africa,

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56.5% suffered emotional or verbal abuse; 46.7% experienced sexual assault; 36.3% endured physical violence; 36.7% reported attempted rape; and 28.9% confirmed incidents of rape. Although GBV is rarely reported, incidents of GBV within universities are extensive (Cismaru & Cismaru, 2018). Due to the severe occurrence of GBV, universities worldwide recognise the importance of safety for their populations, as evidenced by the formulation of GBV policies to manage this issue (von Meullen & van der Waldt, 2022). Like other institutions, the University of Fort Hare adopted the Policy on Harassment, Sexual Harassment, and GBV to ensure effective management of GBV and create an inclusive and safe environment for every university member (UFH, 2019). However, the UFH still records catastrophic cases of GBV, such as the case of Yonela Boli, who was fatally stabbed on campus in February 2020 by another student (Buiten & Naidoo, 2020), the rape of one student, and the death of another student on 24 February 2023 (Saturday Night Live News 24, 2023), among other cases. This indicates that, while universities have implemented GBV policies, the effectiveness of these policies remains dubious (Sidayang et al., 2023; von Meullen & van der Waldt, 2022). Mutinta (2022) pointed out that although universities have developed policies to manage GBV, South African universities have faced criticism regarding the implementation and enforcement of these policies. Mahabeer (2021) argued that most universities' policies on GBV present gaps in practical implementation, which has led many universities to continue struggling with GBV (Statistics South Africa, 2021).

It is imperative to recognise that the chief motive for university policies is to ensure zero tolerance of GBV. Yet, studies indicate that although university policies are implemented to address GBV within university premises (Hendricks, 2022; Mahabeer, 2021), cases of GBV within universities are still intensifying. Other scholars attribute this to a lack of training and policy understanding among the personnel responsible for implementing institutional policies related to GBV (Mutinta, 2022). Based on this background, this study aims to explore stakeholders' and survivors' perceptions of the effectiveness of the adopted university policy in managing GBV at UFH, as this is a crucial step towards establishing safe educational settings. In this study, we define GBV as any harmful act perpetrated against an individual or a group of individuals based on their gender or sex (Akudolu et al., 2023), while university policies are seen as instrumental frameworks that outline procedures for effectively managing GBV within universities (Mahabeer, 2021).

1.1 Research question

What are your perceptions regarding the effectiveness of the adopted policy addressing GBV at the University of Fort Hare?

1.2 Theoretical framework

In examining the effectiveness of university policy in addressing GBV at the University of Fort Hare (UFH), the rational choice theory (RCT) developed by Cornish and Clarke (1986) underpins this study. The RCT draws on criminal perspectives, positing that individuals engage in criminal behaviour after carefully weighing the potential benefits and costs associated with their actions (Welsh et al., 2018). The RCT perceives individuals as rational actors who make calculated decisions based on a self-interested appraisal of the costs and benefits of alternative courses of action, with the chosen action being the one with the greatest perceived utility (Patterson et al., 2022). The decision-making process underlying criminal behaviour is central to the RCT (Shon & Barton-Bellessa, 2015), suggesting that individuals engage in criminal acts after a rational evaluation of the potential rewards and risks involved (Loughran et al., 2016).

The RCT was employed in this study as GBV is viewed as a form of criminal behaviour perpetrated against individuals based on their gender identity (Klugman, 2017). As noted by Akhter et al. (2021), GBV violates human rights and constitutes a criminal offence. By engaging in such acts, Ziniakova (2020) suggests that perpetrators of GBV not only disregard the rights of victims but also undermine

the principles of equality and justice. The RCT posits that perpetrators make calculated decisions based on their perception of the rewards and risks associated with their actions (Kwiringira et al., 2018). For instance, factors such as the perceived likelihood of being caught, the severity of the punishment, and the potential rewards of the behaviour are all considered when individuals commit GBV. If the consequences of GBV are perceived to be minimal, perpetrators are unlikely to feel inhibited from committing such acts. The RCT further asserts that it is the motivations of policymakers that shape effective strategies to deter violence (Rossmo & Summers, 2021). Ultimately, effective policies deter perpetrators from committing GBV through proper disciplinary measures and effective preventative and responsive strategies. The RCT is useful in developing robust policies to manage GBV within universities.

2. Methodology

The study was underpinned by a qualitative approach, examining the matter under study through the eyes of the participants involved (Toyon, 2021). This approach allowed participants to freely share their perspectives and construct meaning from their experiences regarding the effectiveness of the adopted university policy in managing GBV at the UFH (Roberts, 2020). An exploratory research design was implemented in coherence with the qualitative approach, facilitating effective gathering and analysis of data from participants' perspectives. The non-probability technique, complemented by purposive sampling and snowball sampling, was used to select participants with first-hand experiences of policy implementation regarding GBV at the chosen university (Akkaş & Meydan, 2024; Tyabazeka, 2023). The resultant sample comprised ten participants: two survivors of GBV from the UFH, two staff members from the GBV unit, two staff members from the counselling unit, two staff members from the HIV unit, and two members of the SAPS who had addressed cases of GBV from the UFH. All participants were subjected to one-on-one (face-to-face) semi-structured interviews. Semi-structured interviews enable a flexible approach to questioning, allowing for both predetermined questions and open-ended inquiries, thus gaining insights into the perspectives of participants (Brown & Danaher, 2019). The collected data was analysed thematically, following six essential steps: data familiarisation, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing a report (Naeem et al., 2023; Perera, 2023). Ethical approval was granted by the Research Ethics Committee (HEN011SGWL01) at the UFH. Participants were well informed about the study, their confidentiality was guaranteed, they were protected from harm, and psychological debriefing services were made available upon participants' request.

3. Presentation and Discussion of Findings

In exploring stakeholders' and survivors' perceptions of the effectiveness of the adopted university policy in managing GBV at UFH, participants expressed the belief that the policy fails to effectively address GBV at the university. This conclusion is based on the following themes that emerged: policy failure in managing and averting GBV, poor policy implementation regarding the reporting of GBV cases, policy failure in executing justice for GBV cases, and inadequate support for survivors of GBV. All these themes are presented below.

3.1 Policy failure in managing incidences of gender-based violence

The UFH (2019: Section 4) policy focuses on ensuring zero tolerance for any form of GBV by effectively managing incidents of GBV at UFH. However, participants indicated that the university's adopted policy for managing GBV fails to adequately address GBV cases. The inadequacy of university procedures in handling GBV is a serious issue, resulting in recurring incidents of GBV within universities. From their perspectives, participants noted that the policy does not effectively address or deter GBV from occurring. This was aptly elucidated by a staff member from the HIV Unit who indicated that:

> *The policy is failing to resolve or deal with GBV issues… cases of GBV are increasing daily, so it shows that within the policy managing GBV here at our university, there are weaknesses. I think something has to be done on this policy to reduce or to desolate the number of GBV cases happening here* (HIV Unit Staff 1).

A Staff member from the GBV unit reinforced these sentiments, explaining that:

> *I cannot say the policy is not really effective. In this office, we investigate cases of GBV…Yes, I know that there is the UFH harassment, sexual harassment and GBV policy that is supposed to address cases of GBV here at our university. But, there are cases of GBV that still come to me as the investigation officer.* (GBV Unit Staff 2)

Another staff member from the GBV unit further explained that the policy managing GBV at the UFH is not effective in addressing GBV cases, and this is sometimes worsened by the departments responsible for implementing this policy. She mentioned that:

> *The policy is not entirely effective enough in handling GBV. I saw that up to date, we are still receiving cases of GBV, yet we have the policy in place which is supposed to stop GBV. However, I also discovered that sometimes it is not the policy itself but also the departments that we have to work hand in hand with... the policy is poorly implemented, and somehow there is no effective collaboration in addressing GBV within departments… However, we are trying to merge these departments, and check up with the policy implementation within departments.* (GBV Unit Staff 1)

On the same note, another participant mentioned that the policy managing GBV at the UFH fails to efficiently address the issue, as it inadequately punishes the perpetrator. This sentiment is reflected in the participants' comments that:

> *I wouldn't say the policy is effective because during the interim protection order, the perpetrator will be outside, so it means he/she is given a chance maybe to commit GBV again if he/she wants to … Also, the policy says the victim has to be removed from the perpetrator. Instead of dealing directly with the perpetrator, we remove the survivor to a safer place, so taking that victim from the place where the incident happened instead of dealing with the perpetrator, to me it is not fair, we need to focus directly on dealing with the perpetrator.* (SAPS member 1).

A further indication was provided by a staff member from the counselling unit, who explained that the policy fails to manage GBV at the UFH. The participant expressed that the policy does not protect the victims of GBV. The participant mentioned that:

> *The policy also fails to protect the perpetrators…Sometimes, If the alleged perpetrator is proven innocent, the university has no measures in place to protect him or her from the negative names he or she will be called by fellow students.* (Counselling Unit Staff 1)

Participant perceptions demonstrated the basic flaws in the policy managing GBV at UFH. Participants believed that although there is a policy in place meant to protect and prosecute perpetrators of GBV, the policy hasn't been able to stop the growing number of GBV incidents on campuses. This indicates that the fact that GBV cases keep being recorded at UFH means the policy is failing to effectively address GBV. Particular shortcomings perceived by the participants include the absence of procedures for stopping offenders and inadequate survivor support resources, which contribute to the persistent occurrences of GBV. These persistent occurrences draw attention to important gaps in the policy and its inadequacy in addressing GBV. When compared against the existing literature, these findings appear factual; reports from South African universities express that GBV policies within universities are ineffective in tackling GBV (Mahabeer, 2021). Research further illustrates that university policies have faced criticism for their inadequate prevention and response mechanisms in addressing GBV within universities (Mutinta, 2022). It is believed that university policies are established to ensure that GBV cases are addressed appropriately and that preventative measures are in place to deter GBV from occurring (Mahabeer, 2021). However, Nunlall (2022)

contradicted this, stating that South African universities' policies to manage GBV are poorly implemented. Mahabeer (2021) and Hendricks (2022) therefore elucidate that there is an escalation of GBV within the majority of South African universities, attributed to ineffective university policies. This evidence suggests that although universities have enacted their policies, such policies are failing to manage GBV. Although other studies portray that university policies are trying to raise GBV awareness and educate students and staff about GBV (Axemo et al., 2018), participants believed that GBV is still recorded at UFH, depicting the policy's failure in managing GBV. It is crucial to note that GBV has become rampant within universities. The University of Cape Town reported the case of Uyinene Mrwetyana, who was killed in 2019, in the presence of its Sexual Violence and GBV policy (Harris, 2021). It can be argued that, although universities have policies in place, there is impractical implementation of such policies, resulting in ongoing occurrences of GBV.

In understanding effective policy implementation on GBV, the RCT provides a clear standpoint. It was posited that individuals weigh the potential costs of engaging in violent behaviours against the benefits that come with their actions (Steele, 2016). If the repercussions inflicted by the policies towards perpetrators of GBV are light, individuals continue committing GBV. Poor policy implementation within universities enables the perpetrators of GBV to perceive that committing GBV outweighs the potential risks that come with it. Henceforth, the flaws in university policies must be altered to effectively manage GBV within universities.

3.2 Poor policy implementation towards reporting of GBV cases

The policy managing GBV at UFH aims to ensure that cases of GBV are reported without hindrance to support systems such as the GBV unit and SAPS (UFH, 2019: section 21). However, this study revealed that the policy fails to facilitate effective reporting of GBV incidents at UFH. Participants' perceptions indicated that the policy is poorly implemented, which inhibits survivors from disclosing their experiences. This is exemplified by a staff member from the GBV unit, who articulated that:

> *With regard to 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-victimized, to be blamed where were you, when did it happened, the way you addressed, why did you go out at night at that time and where were your friends. People do not want victim blaming and they decide to shut down their mouths and not report we should not see because they then die in silence* (GBV Unit Staff 2).

A survivor of GBV also reinforced that:

> *…The policy is failing to resolve or deal with gender-based issues…the cases are increasing daily, so it shows that within these policies there are some weaknesses. I think something has to be done to reduce or to desolate 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. As I was saying if you report, still support so difficult to get. Sure students opt not to report GBV cases; you deal with it by yourself if there is no support to expect.* (Survivor 2).

Similar views were further provided by a SAPs member, who mentioned:

> *People do not report because they are like: why this person is not imprisoned? They also have a question about people not being punished yet have they committed crimes.* (SAPs - member 2)

Based on participants' perceptions, it is indicated that the adopted university is ineffective in ensuring effective reporting of GBV. It is mentioned that university policies managing GBV within universities ought to have clear guidance and reporting mechanisms for GBV incidents (Mahabeer, 2021). However, participants' perceptions from this study contradict Mahabeer (2021), revealing that university policies have become the stumbling block, hindering the disclosure of GBV within university settings. The study's findings seem precise when compared to previous studies; reports depict that although South African universities enacted policies to manage GBV matters, there are

still ineffective reporting channels for GBV matters (Mofokeng & Tlou, 2022). Research indicated that GBV within universities is mostly under-reported due to poor reporting mechanisms from the policies meant to address GBV (Brink et al., 2021; von Meullen & van der Waldt, 2022). The fact always remains that GBV mostly goes underreported. Jewkes et al. (2011) denounced that South African universities have disclosed GBV as a current concerning matter; however, such is based on a few cases that were made public in media headlines. This is apparent from the UFH, which has drawn attention from the media for its concerning GBV incidents; yet, a larger number of GBV cases are not reported. Mutinta (2022) revealed that GBV is a widespread problem receiving scant attention, and Cismaru and Cismaru (2018) argued that incidents of GBV in universities are often downplayed. GBV is often downplayed within universities due to inadequate policies managing GBV, leaving survivors without proper support or justice (Mutinta, 2022). The fact is that the benefits of reporting, such as justice and protection, do not outweigh the costs in the eyes of the victim; survivors opt not to report their cases since university policies fail to adequately address issues of GBV (Cowan & Munro, 2021). It can therefore be argued that universities ought to establish policies with clear and accessible reporting mechanisms for survivors of GBV, as well as the accused perpetrators, thus creating violence-free premises**.**

3.3 Policy failure in executing justice on GBV cases

The UFH policy on managing GBV indicated its intention to address cases of GBV in line with the principles of natural justice, ensure effective disciplinary procedures for perpetrators, and guarantee that all survivors are protected against victimisation (UFH, 2019: section 1).

From the participants' perceptions, the policy on managing GBV at UFH was found to be failing to deliver justice in these cases. It is well known that ensuring justice in GBV cases is a cornerstone of an effective policy targeting this issue. Participants highlighted how the policy fails to serve justice for survivors of GBV. One survivor mentioned that:

> *The policy is not effective especially on justice, it imposes very light punishment…and even for my case, although my boyfriend was called to the police, I never get any feedback up to now on how he was punished, authorities are just quiet as if I never reported that I was sexually harassed by my boyfriend.* (Survivor of GBV 1)

Another survivor of GBV supported that:

> *There was a case reported of a female student who was sexually harasses at Tyme river… I cannot say the university policy was effective, rather the punishment implemented on this case was not fair enough…remember the pain always remains for the lady who got sexual harassed, and the perpetrator was just expelled from the university, so I do not think the policy was effective, the punishment was light for the case committed.* (Survivor of GBV 2)

The SAPs member, who also deals with GBV cases from the UFH pointed out that:

> *…perpetrators of GBV should be well punished … also, instead of dealing straight with the perpetrator, we remove the survivor of GBV to a safer place, so taking that survivor to a safe place instead of dealing with the perpetrator to me it is not fair, we need to focus directly in dealing with the perpetrator. Removing the survivor from where violence occurred mean nothing to me, we should punish the perpetrator so that lessons can be taken, and justice be saved for the survivors of GBV.* (SAPs- member 1)

A Staff member from the GBV unit reinforced these sentiments, arguing that:

> *I can say that the policy is not entirely effective in ensuring that the perpetrators of GBV are punished. We hear a lot of GBV cases here, some not even reported, but on the side of the perpetrators' punishment, nothing is being done. Yes, cases of GBV are reported, unfortunately, we don't receive feedback on how perpetrators are punished. So to me, I see that perpetrators are not being punished effectively.* (GBV unit staff member 2)

Similar sentiments were provided by a staff member from the GBV unit, who enlightened that:

> *The policy is not always effective, because there is a case reported where a staff member was sexually harassed in one of the offices here, however, for the perpetrators who were accused of both rape and assault, there was no clear feedback or evidence of how they were punished. There is nothing that has been done to the one who reported the case as well. So, there are still loopholes on the policy managing GBV at our university.* (HIV unit, staff member 2)

A staff member from the GBV unit corroborated that:

> *From the reported cases of GBV, the policy rarely makes sure that the perpetrators get punished, and given the extent to which perpetrators are punished I cannot say the policy effective… The reports are not really clear on the punishment of the perpetrators of GBV. From the reported cases of GBV, sometimes the policy is said to be implemented accordingly, but on perpetrators' punishments, the policy is not effective. (GBV unit-staff member 1)*

Another participant reinforced that survivors' justice is not served at the UFH, arguing that:

> *I can say the university is failing survivors of GBV, especially on justice matters… I think there a need for heavy punishment, maybe if one perpetrator is to be jailed. Proper punishment of perpetrators should be done rather than suspension even on heavy matters like femicides. GBV is a serious case affecting people worldwide, maybe if life in jail life penalties can be incorporated, others will learn from that and not commit GBV. People know that after committing GBV, the punishment is light, and I think this is the reason why GBV is always reported here.* (Counselling unit staff 2)

Based on participants' perceptions, the adopted university policy fails to execute justice in GBV cases at UFH. It is indicated that survivors of GBV are not attaining effective justice for their GBV cases. These findings contradict the widely held belief that universities adopt policies to efficiently handle GBV cases. Previous studies conducted within universities in South Africa indicated that most of the policies managing GBV within campuses are not effective in serving justice towards survivors' cases; as such, some perpetrators are not effectively punished (Mahabeer, 2021). Participants believed that perpetrators of GBV are ineffectively chastised, which necessitates that survivors are not getting justice. When contrasted with relevant studies, these findings seem valid, as survivors of GBV were reported as concerned, feeling impoverished, and disheartened as they are not receiving justice for their cases of GBV within universities (Mahabeer, 2021). Research presented a vast number of captured instances of GBV; however, university GBV policies were discovered to be insufficient to fairly address incidents of GBV (Cowan & Munro, 2021). Eriksen et al. (2022) and Reilly (2024) reasoned that the majority of GBV incidents are reported publicly; however, there are poor responses which exacerbate the experiences of survivors. Wafula (2018) argued that students worry about the mishandling of GBV within universities. It should be comprehended that a robust and efficient policy managing GBV is essential in holding perpetrators of GBV accountable for their actions and countering recidivism. As such, university policies should deter GBV incidents by ensuring that perpetrators of GBV are not given opportunities to continue committing GBV nor are situational conditions influential to their decisions. Therefore, universities need effective policies to guarantee survivors' justice and deter perpetrators from committing GBV.

3.4 Inadequate support to survivors of GBV

It is revealed that once a procedure for reporting GBV is implemented, the support systems play a significant role in addressing complaints of GBV at UFH (UFH, 2019: section 13). It is further claimed that support systems, such as the GBV unit, should support both the survivor of GBV and the perpetrator, from case investigation to legal procedures, and ensure that all survivors of GBV are protected against victimisation (UFH, 2019: section 1).

Findings based on participants' perceptions also indicated that the policy managing GBV at UFH fails to effectively support survivors. Participants expressed that survivors of GBV often do not receive prompt assistance, with some of their cases remaining unaddressed. This observation comes from a staff member of the GBV unit that:

> *Although we respond to cases of GBV, the procedures are very long and this affects the survivors' support… what takes time is the investigation processes and case follow up, which mostly affects survivors because they have to go through such long procedure up to a point where their cases will be fully addressed. I remember one case I attended, the procedure was very long, you know they must go up and down on the courts and all such… yet the family of the survivor needed support. So, after seeing that this family was desperately in need of support I had to chip in and engage with them, sometimes I have to interact and spent time with their young ones.* (GBV unit Staff 1)

A survivor of GBV expressed that:

> *My boyfriend was harassing me here on campus. We came from DISCO club where we were drinking alcohol nicely, but everything started on our way back. He started to shout at me, but I thought it was going to end, until I get to my residence, where he started to harass me… The time 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… As for me, I can say my case was not attended on the spot here on campus, 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. Lately, on the following morning, that's when I went to the police station to report my boyfriend because I was very scarred since I couldn't get help on campus. The SAPs attended and assisted me, but it was only that the constable told me to go to the hospital and produce the proof of injuries… I never receive any feedback from the police where I reported my case up to now.* (Survivor 1)

Another survivor of GBV mentioned that;

> *…in one of the cases that happened recently at the bridge-Tyme river, this case happened around 3am. 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.* (Survivor 2)

Findings exhibited that survivors of GBV do not always receive the prompt and ongoing support they need. Participants' views indicated that the UFH (2019) was ineffective in providing the necessary aid promptly to those victimised or to survivors of GBV. Based on the study findings, survivors of GBV typically had to navigate the impacts on their own and endure prolonged procedures when seeking help. This study's findings align with those of von Meullen and van der Waldt (2022), who noted that the effectiveness of the services provided by university support systems regarding GBV remains unclear. Research has revealed that survivors of GBV in higher education find it difficult to obtain assistance (Makhene, 2022). As a result, survivors of GBV experience social, psychological, and emotional anguish (Hair et al., 2024). However, Magudulela (2017) claimed that universities have support structures in place to address GBV issues. Survivors of GBV need immediate support to overcome their traumatic experiences (Toccalino et al., 2022), and effective investigations provide survivors with support regarding their legal rights (Wane et al., 2018). Therefore, university policies managing GBV should ensure adequate support for GBV matters.

4. Conclusions and Recommendations

The study explored stakeholders' and survivors' perceptions of the effectiveness of the adopted university policy in managing GBV at the University of Fort Hare (UFH, 2019). Survivors of GBV, staff members from the GBV unit, counselling unit, HIV unit, and SAPs revealed that the adopted

policy fails to effectively address GBV cases at UFH. Although UFH has a policy intended to manage GBV incidents effectively, GBV continues to manifest within the university premises. Evidence suggests that GBV is poorly addressed within universities. Studies have depicted high-profile cases being reported, highlighting universities' policies' failure to create GBV-free academic settings. The study noted a gap in the implementation of university policies managing GBV, as survivors struggle to report incidents. It was indicated that the policies lack effective reporting mechanisms, and perpetrators of GBV are often not held accountable, leaving survivors without justice. A lack of comprehensive support for survivors was identified as a concern, causing them to navigate their experiences alone. While some studies suggest that universities have support structures to respond to GBV matters, findings based on participants' perceptions indicate that such structures operate ineffectively, leading to long-term challenges for survivors.

However, it is acknowledged that the study's focus on university policy implementation may not encompass the broader societal, cultural, and systemic factors that influence GBV, potentially affecting the generalisability of findings to other educational settings beyond UFH. Furthermore, the study relied on the accounts of only two survivors, which may not adequately represent the range of experiences with GBV at UFH, as well as the possibility of biases in the perspectives of other stakeholders interviewed.

Based on the study's findings, we recommend:

- Strengthening and effectively enforcing university policies to address GBV within universities.
- Establishing clear, confidential, and accessible reporting channels for GBV.
- Ongoing evaluations and amendments of university policies to ensure effective management of GBV.
- Enacting multi-sectoral approaches to addressing GBV within universities.

4.1 Study's contribution to knowledge

Participants' perceptions revealed the flaws and shortcomings in the implementation of university policy addressing GBV within the university. This considerably improves our knowledge of GBV management in South African higher education institutions. Findings indicated that present policies are ineffectual in managing GBV within university campuses, drawing on the experiences and perspectives of survivors and university stakeholders. The continuation of GBV implies a breakdown in the application of GBV policies, underscoring the necessity for more robust accountability measures within universities. Additionally, the study enriches knowledge by highlighting the insufficient support systems for survivors, who frequently have to navigate their experiences without adequate institutional guidance. The efficacy of GBV policies was found to be weakened by an environment of impunity that is fostered by a lack of responsibility for perpetrators and inadequate support for survivors. The research hence recommends a multi-sectoral strategy, strengthening university policies, the establishment of clear, confidential, and accessible reporting channels for GBV, and ongoing evaluations of university policies to ensure effective management of GBV within universities. Therefore, this study contributes to our understanding of the drawbacks of the GBV policy and unlocks a pathway for future research on GBV survivor support, policy implementation, and accountability processes to create safe university environments.

5. Declaration

Authors contributions: Conceptualisation (M.G. & E.A.H.); Literature review (M.G. & E.A.H.); methodology (M.G. & E.A.H.); software (N/A); validation (M.G. & E.A.H.); formal analysis (M.G. & E.A.H.); investigation (M.G. & E.A.H.); data curation (M.G. & E.A.H.) drafting and preparation (M.G. & E.A.H.); review and editing (M.G. & E.A.H.); supervision (E.A.H.); project administration (M.G. & E.A.H.); funding acquisition (N/A). All authors have read and approved the published version of the article.

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Data availability: In accordance with ethical standards and the stipulations set forth in the consent agreement with participants, the data must be maintained as confidential. Nevertheless, individuals seeking further information may contact the corresponding author.

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