FUTURITY
Education

DOI: https://doi.org/10.57125/FED.2025.09.25.01

How to cite: Katende-Kyenda, L. N., & Mteleli, T. (2025). Assessing attitudes of female academics on gender-based violence in a tertiary institution in South Africa. *Futurity Education, 5*(3), 4–38. https://doi.org/10.57125/FED.2025.09.25.01

Assessing Attitudes of Female Academics on Gender-Based Violence in a Tertiary Institution in South Africa

Lucky Norah Katende-Kyenda*

PhD, Department of Internal Medicine & Pharmacology, Walter Sisulu University, South Africa, https://orcid.org/0000-0002-5398-3253

Tembani Mteleli

Master of Psychology, Department of Psychology, Walter Sisulu University, South Africa, https://orcid.org/0009-0001-0453-5817

***Corresponding author**: *nkatende-kyenda@wsu.ac.za.*

Received: February 7, 2025 | **Accepted:** April 9, 2025 | **Available online:** August 17, 2025

Abstract: In South African Higher Education Institutions (HEIs), one of the most significant social problems they face is Gender-Based Violence (GBV) against adolescent and young adult women. Reports of GBV incidents in these institutions of low- and middle-income countries are infrequent. Therefore, this study

aimed to assess the attitude of female academics towards GBV at a tertiary institution in South Africa. A quantitative cross-sectional design was used. A non-probability purposive sampling method was used to choose a sample size of 50 participants. Demographic information and characteristics about attitudes regarding GBV were gathered using a validated structured questionnaire. Data were analysed using SPSS to obtain descriptive statistics of demographics and associations between demographics and independent variables. These associations were examined using Pearson's Chi-square, and values of $p \leq 0.05$ were considered statistically significant. The highest age-range (18–35) were 23(46%) with master's degree 30(60%), 30(60%) singles and 43(80%) employed as lecturers. In terms of attitudes towards GBV, 34(68%) felt angry, 15 (30%) said victims never get justice, 15(30%) said GBV harms mental health, those with masters said females (37)74% are the most-affected by GBV, and 17 (34%) stated that norms contribute to GBV. A significant association ($p = 0.013$) was established between educational level and feeling angry. Females were mostly affected by GBV ($p < 0.001$) and norms contributing to GBV ($p = 0.050$). Gender-based violence hurts the mental status of survivors. The institution should understand the origins of GBV and its effects, provide psychological facilities, awareness programs, and preventative measures, strategies, and policies to eradicate and prevent it.

Keywords: Gender-Based Violence, female academics, attitudes, tertiary institutions.

Introduction

Gender-based violence (GBV) is defined as violence targeting individuals based on their gender. The United Nations program (2023) defines GBV as any act or threat of physical, sexual, or psychological harm committed against a woman or girl due to her gender by males or institutions controlled by men. It is a complex global phenomenon that affects women negatively, including those in higher education institutions. It remains a global, pervasive violation of human rights with far-reaching consequences for individuals, communities, and countries. The scourge of GBV has been highlighted in numerous studies, and statistics have shown that instead of decreasing, the incidence thereof is rising. A staggering 89,000 women were victims of intentional homicide worldwide in 2022, according to a UN Women and UNODC report (2023). Africa had the highest reported cases of femicide compared to other regions. Furthermore, a study by Sardinha et al. (2022) revealed that in Southern Africa, a staggering 27% of women aged 15 and older experienced physical and/or sexual violence from an intimate partner at some point in their lives.

The African Union's Agenda 20634 identifies GBV as a significant obstacle to human security, peace, and development. There is a growing urgency to accelerate investments in women to end GBV. GBV is a human rights violation rooted in harmful social norms that perpetuate gender inequality and discrimination. Thanks to decades of advocacy by women's rights organisations, GBV is now globally recognised as a human rights violation that undermines dignity, safety, and well-being, rather than being seen as a private matter or inherent vulnerability (United Nations Program, 2023).

Under-reporting of GBV remains a challenge. The prevalence of GBV against women is alarmingly high, yet it remains underreported, mainly hindered by factors spanning individual, sociocultural, and structural domains. As stated by Maddalen et al. (2022), a significant cultural barrier to disclosing GBV is the widespread normalisation of such violence.

South Africa has the dubious distinction of having the world's highest rates of violence against women and girls, with a femicide rate that is five times the global average. The alarming statistics reveal that an estimated 12.1 out of every 100,000 women fall victim to femicide each year."

South Africa's staggering GBV statistics are comparable to those of a country in a state of war. The COVID-19 lockdown in March 2020 further exacerbated the crisis, revealing the devastating consequences of confinement on GBV victims. Alarmingly, the Government's GBV and Femicide Command Centre received over 120,000 calls from victims in just the first three weeks of the lockdown (Statistics SA, 2021). The pervasive systemic gender inequality in today's society has disempowered women, silencing their voices and preventing them from being heard (Enaifoghe et al., 2021). According to Sinko et al. (2020), these presumptions help to spread the notion that men's violent acts against women must be viewed as partly usual because men's sexual violence is just natural. As stated by Bloom (2020), it is also possible to think of men's violence against women as a means of upholding the established gendered hierarchy.

Violence not only causes harm but also raises women's long-term risk for a variety of other health issues, such as depression, physical impairment, chronic pain, and drug and alcohol dependence (Vargas et al., 2021). In addition, women who have experienced physical or sexual abuse are more likely to become pregnant unintentionally, contract STDs, and have unfavorable pregnancy outcomes. However, when victims of violence seek medical attention, they frequently have requirements that the specialists are unaware of, do not inquire about, or are ill-equipped to handle. In patriarchal cultures, masculinity is associated with aggression, desire, and domination, whereas femininity is socially created and portrayed as meek, weak, and subservient.

The essence of writing an introduction is not only to give the background of the topic in question, but also to identify any gaps that other authors could have omitted; therefore, this section outlines the research gaps in the introduction. Despite its complexity, GBV in HEIs lacks comprehensive, nationally representative research to fully understand its nature and extent. Additionally, there is a need to investigate why GBV, particularly sexual violence, is underreported. Without such studies, it is challenging to determine the true prevalence of GBV in HEIs. The underreporting of sexual violence may lead HEIs to underestimate its severity, assuming it is not a significant issue, and consequently, failing to develop adequate institutional responses to address it.

Therefore, in this research gap, the following key points were considered: *Power dynamics, Institutional culture, Impact on academic performance and Intersectionality,* how factors like race, sexual orientation, and disability intersect with gender to further influence female academics' experiences of GBV.

A case in question is that a study of female academics' attitudes towards GBV at Walter Sisulu University has not been done. Therefore, there is a need to study the detailed analysis of female academics' attitudes toward GBV within their professional roles. Furthermore, the study includes how their position within the academic hierarchy might influence their exposure to and reporting of GBV. This will also include understanding the unique challenges they face in reporting incidents due to potential power dynamics and the fear of career repercussions when reporting against colleagues or superiors. At a later stage, another study will be done on the knowledge, perceptions and experiences of female academics towards GBV at Walter Sisulu University.

The research significance of this study is such that carrying out a study of this kind will add value to the existing body of knowledge in the field of human rights and development specifically GBV in that: The results from this study will help affected female academic staff to be more cautious about negative impact of GBV, thus facilitating the development of gender role attitudes. This study will also help develop and present recommendations that the institution might subsequently use to eradicate and prevent GBV, a global pandemic.

The challenges of GBV and practices of care in HEIs will demonstrate that these challenges can be tackled. Furthermore, the study will also contribute by adding value to the existing literature on the challenges associated with GBV in female academic staff. Hence, this study aimed to assess attitudes of female academics in higher education towards GBV.

Statement of the problem

In South African Higher Education Institutions, inadequate policies and structures to prevent and respond to GBV pose significant institutional risks. Many HEIs lack concrete plans to address GBV, and some do not even have policies on sexual harassment. Among those with GBV policies, there is significant variation, and currently, there is not a single, overarching policy to address GBV across all HEIs in South Africa.

One of the primary organizational triggers for GBV is the nonexistence of appropriate policies and methods to avert and address GBV. Gender-based violence policies in organisations that have them frequently fail to remain current with best practices and new laws. Furthermore, these regulations frequently fall short in their scope and/or execution, which means they are ineffective in addressing GBV on campus. In addition to that, the general campus population frequently struggles to find and understand these policies. More so, many institutions lack specific reporting requirements for survivors and/or the support systems required to handle and respond to GBV situations.

Research Aim and Research Questions

This study aimed to assess the attitudes of female academic staff on GBV at Walter Sisulu University. The research question for this study was:

What are the attitudes of female academic staff on GBV at Walter Sisulu University?

The aim of the study was achieved through the following specific objectives:

- Assessed the demographic characteristics of female academic staff at WSU
- Determined the attitude of the academic staff on GBV
- Investigated female academics' attitudes towards GBV within their professional roles
- Studied the position within the academic hierarchy might influence their exposure to and reporting of GBV

Literature review

Introduction of the Literature Review

This section starts with an overview of the literature review and its aims.

A literature review is a comprehensive analysis and synthesis of existing research on a specific topic. It integrates the findings and conclusions from multiple sources to provide a thorough understanding of the topic, forming the basis for the research question and subsequent original research. The literature review evaluates sources; it goes beyond a simple annotated bibliography, offering a nuanced and in-depth examination of the existing knowledge on the topic. This section explores the existing literature concerning both global and local perspectives on attitudes of female academics towards GBV in a tertiary institution. It emphasises the key factors associated with the demographics of female academics and attitudes towards GBV.

Furthermore, a literature review on the attitudes of female academics towards GBV within a tertiary institution aims to comprehensively examine existing research on how female academics perceive, understand, and respond to GBV issues occurring within their academic environment. It explores factors influencing their attitudes, potential barriers to reporting, and the role they can play in prevention and support mechanisms. Ultimately, the literature reviews will contribute to a better understanding of how to address GBV within the higher education setting effectively.

Gender-Based Violence Globally

As stated by the United Nations Program (2023), gender bias remains a widespread issue globally. The Gender Social Norms Index (GSNI) measures attitudes towards women's roles across four critical areas: politics, education, economics, and physical autonomy. According to the index, which covers a significant 85% of the global population, a remarkable 90% of both men and women exhibit fundamental biases that perpetuate gender inequality.

Globally, nearly half of the population believes men are more adept at leading in politics than women. At the same time, two-fifths think men excel more in business management, according to the United Nations Program (2023). Both nations with low and high Human Development Indexes (HDIs) exhibit significant gender bias. These biases are a global problem since they are prevalent across cultures, income levels, geographies, and developmental stages.

The COVID-19 pandemic exacerbated existing social and economic stress, further entrenching toxic social norms and gender inequality. During the pandemic, half of the global population was under lockdown. According to UN Women (2020), at least 243 million women and girls aged 15-49 experienced sexual and/or physical violence by an intimate partner. Many countries, regardless of economic status, reported a surge in GBV cases during the lockdown period.

According to UN Women (2020), several countries reported significant increases in domestic violence cases during the COVID-19 lockdown. France saw a 30% rise in domestic violence cases, while Cyprus and Singapore experienced 30% and 33% increases in helpline calls, respectively. Argentina noted a 25% increase in emergency calls related to domestic violence. Moreover, women's rights activists and civil society partners in countries like Canada, Germany, Spain, the UK, and the USA reported rising domestic violence cases.

According to UN Women (2020), the surge in GBV cases during the COVID-19 pandemic put immense pressure on essential services. In Australia, a survey revealed that 40% of frontline workers in New South Wales reported an increase in requests for help from survivors, with 70% noting that the cases had become more complex. Additionally, China, Italy, and Singapore saw a rise in physical and verbal attacks on healthcare

workers (UN Women, 2020). Simonovic from Human Rights Watch highlighted that certain groups of women are more vulnerable to GBV due to intersecting marginalization and discrimination. These groups include domestic workers, older women, women with disabilities, those without access to technology, women facing multiple forms of discrimination, and those experiencing housing insecurity and violence (Simonovic, 2020).

The government of Canada (2022) defined GBV as a violation of human rights in which individuals face violence because of their gender, expression, identity, and/or perceived gender. Interpersonal GBV in the workplace can manifest in various ways, such as sexual violence, harassment, verbal mistreatment, bullying, coercion, psychological intimidation, inequality, and stalking. (Government of Canada, 2022).

Banner et al. (2022) stated that these verbal actions are considered subtle or "yellow zone" incidents, as the actions are often undetected or misunderstood. "Yellow zone" behaviors are also included, as supported by Richards and Rennison (2022), including one-time events such as sexist comments and bullying. These harmful behaviors contribute to unsafe work environments and negatively impact an individual's experience.

A study conducted by Agbaje et al. (2021) among Nigerian university women found that the prevalence of workplace incivility, bullying, and sexual harassment was 63.8%, 53.5%, and 40.5%, respectively. Additionally, Agardh et al. (2022) conducted a study among staff at a Swedish university and discovered that 24.5% reported having to be exposed to sexual harassment. These findings emphasize the need to cultivate a culture of respect in the learning environment as a crucial step in addressing and countering disruptive behavior and gender inequalities.

Gender-Based Violence in South Africa

South Africa has the highest reported rates of GBV globally, including rape and domestic violence. President Ramaphosa described GBV and femicide as a "second pandemic" alongside COVID-19, highlighting the alarming statistic that a woman is killed every three hours. The COVID-19 pandemic and lockdown exacerbated the issue, leading to increased GBV and femicide cases. Despite historical underrepresentation, with women making up less than 2% of parliamentarians in 1994 (20-Year Review SA 1994-2014). SA has implemented targeted interventions and policy reforms aimed at achieving gender equality. Notable policies include: The Promotion of Equality and Prevention of Unfair Discrimination Act, The Promotion of Administrative Justice Act, The Employment Equity Act of 1998, The National Crime Prevention Strategy of 1996, prioritizing violence against women and children. These policies aim to protect women's rights and promote gender equality.

Despite these initiatives, GBV and femicide remain very high in SA (Vargas et al., 2021). The United Nations Program (2023) defines GBV as psychological, physical and/or sexual violence perpetrated or condoned within the family, the general community or by the state and its institutions. South Africa remains a society profoundly marked by violence (Statistics SA, 2021).

Key factors that are generally identified as the leading causes of GBV in SA.

The notion of patriarchy, as described by Frieslaar and Masango (2021), is the view of women as inferior to men in South African society. This worldview is evident in diverse social, religious, and cultural frameworks, perpetuating male domination and the marginalization of women (Buqa, 2022).

In SA, as in many other communities, these deeply embedded ideas can be difficult to destroy. According to Magezi and Manzanga (2021), this perspective is evident in some church settings, where women may be vulnerable and subjected to subservient situations while religious texts serve as a cover.

Sociocultural violence against women has been attributed to the patriarchal system and gender disparity. According to Moreroa and Rapanyane (2021) in a study on GBV in SA, certain cultural customs like lobola and ukuthwala, along with other traditional African norms, are responsible for women's subordination and the development of an inferiority complex in their interactions with men. Additionally, socioeconomic variables and changing cultural dynamics were regarded as two of the leading causes of worsening GBV in a study by Zinyemba and Hlongwana (2022).

As SA joins the global call to action during the 16 Days of Activism Against GBV, a pivotal study by the Human Sciences Research Council (HSRC) offers an unwavering look at the reality of GBV in the country. The study on GBV reveals the extent of a crisis that continues to devastate individuals and communities. It also challenges activists, policymakers and communities to confront the systemic inequalities and cultural norms that fuel violence against women and vulnerable groups.

A study conducted by Zungu (2024), looking at the prevalence of lifetime physical violence regardless of partnered status, found that 33,1% of all women aged 18 years and older had experienced physical violence in their lifetime. This translates to an estimated 7,310,389 women when generalised to the South African population. Research has shown that Black African women experience significantly higher rates of lifetime physical violence compared to women from other racial groups. Additionally, women who are cohabiting but not married are more likely to experience physical violence than married women or those not in a romantic relationship.

A 2023 qualitative study examined programs addressing GBV at South African universities with medical campuses. The research identified essential factors for GBV programs to be practical, relevant, inclusive, and person centred. The study aimed to establish a baseline for future research evaluating existing GBV programs at these institutions. Gender-based violence has reached alarming levels in South Africa.

A national study on female homicide found that in 1999, 8.8 per 100,000 women (14+ years) were killed by intimate partners, translating to four women per day or one woman every six hours. Furthermore, a study on femicide between 1999 and 2009 revealed a significant increase in female homicide rates, from 24.7 per 100,000 in 1999 to 12.9 per 100,000 in 2009, although the rates remain disturbingly high. A study revealed alarming rates of GBV in SA, with 77% of women in Limpopo, 51% in Gauteng, 45% in the Western Cape, and 36% in KwaZulu-Natal reporting experiences of GBV, primarily perpetrated by men (DHET, 2020). Furthermore, a significant percentage of men admitted to committing GBV, including 76% in Gauteng, 48% in Limpopo, and 41% in KwaZulu-Natal.

The COVID-19 lockdown saw a disturbing spike in GBV, with 2,320 complaints filed in the first week, exceeding the 2019 weekly average by 37% (Enaifoghe et al., 2021). South Africa's Constitution, specifically Chapter 2's Bill of Rights, guarantees equality, human dignity, and prohibits GBV in all forms (DHET, 2020). According to the Department of Education, gaps in systems and regulations to prevent and address GBV can lead to fewer victims and survivors disclosing their abuse and seeking help. This can also embolden perpetrators, increasing the likelihood of GBV. Therefore, effective GBV prevention and response strategies

are crucial, and support pathways must be clear and accessible to reduce GBV incidents and encourage more survivors to seek assistance (DHET, 2020).

Gender-Based Violence forms

Gender-Based Violence can take many forms, such as cyber, sexual, societal, psychological, emotional, and economic (Government of Canada, 2022). It has far-reaching consequences, as individuals experiencing sexual violence due to gender are more susceptible to developing concurrent mental and chronic health issues. They are also facing challenges in their work, compensation, daily activities, and caregiving responsibilities. Moreover, victims of domestic violence experience both immediate and enduring psychological, behavioural, tangible, and mental consequences. For example, intimate partner violence incurs substantial economic and social burdens on women, their families, and societies. These may include instances of homicide or suicide, bodily injuries, unwanted pregnancies, abortion, and reproductive issues.

Gender Inequality

Gender inequality in the workplace is a multifaceted issue that not only results from GBV but also arises from institutional policies and practices that historically privilege men's productivity and outputs over women's. Structural GBV, characterised by systemic inequalities embedded in social, economic, and institutional frameworks, plays a critical role in perpetuating these disparities. Policies such as the lack of parental leave and insufficient support for women with children, as reported by Górska et al. (2021), create significant barriers to women's professional advancement, reinforcing a culture that undervalues their contributions and perpetuates gender inequality.

In academia, opportunities for benevolent sexism are common as traditional, societal gender roles. These may provoke gendered pay gaps, unpaid labour roles assumed by women, and misogynistic attitudes toward women's work abilities. All stated limits upward mobility for women in leadership positions. For instance, highlights that many workplace policies fail to accommodate the needs of women, forcing them to choose between career advancement and personal responsibility. This structural inequity not only hinders women's career progression but also creates an environment where interpersonal GBV, such as sexual harassment and bullying, can thrive.

Validation of the abuse screening inventory, violence against women is a manifestation of systemic inequality. This is defined as an attempt by men to retain authority and power over women. Men's increased agency makes this fundamental disparity clear. The disparities between the sexes increase the danger of violence against women. This is evident in the feminisation of poverty, asset ownership, professional employment and educational attainment, and other areas. The global estimate demonstrates the magnitude of this issue, that 30% of women may experience physical and/or sexual assault in their lives. From a feminist standpoint, understanding gender roles that are dictated by male-dominated social structures and processes, together with concepts of patriarchy and gender performativity, aids in a deeper investigation of the violence and abuse that women experience.

Effects of Interpersonal GBV

GBV Among Women

Based on a large sample of academics and residents in research, Vargas et al. (2021) found that women were much more likely than men to face gender policing harassment. This is a form of harassment characterized by unfavorable treatment because of one's gender role by staff. In addition, female members of underrepresented groups, including Asian, Asian Americans, or Pacific Islanders, experienced greater rates of racialized sexual harassment committed by insiders (Vargas et al., 2021).

In their initial investigation of sexual harassment among California university library staff, they discovered that 54% of workers had either personally experienced or seen sexual harassment at work. Additionally, Sougou et al. (2022) reported that obstacles to professional advancement of women researchers in West Africa, women in Senegal found it more difficult to advance to leadership positions. This was due to institutional policies, which deepened gender disparities and gender-insensitive organizational culture. Women in academia experienced higher gender discrimination and harassment than their male counterparts. Gender harassment was more widespread among women university lecturers and researchers.

GBV Among 2SLGBTQ+

Vargas et al. (2021) found that individuals in the 2SLGBTQ+ community were at a higher risk of experiencing heterosexist harassment from both internal and external sources compared to cisgender heterosexual participants. Heterosexist harassment in the workplace is defined as violent and insensitive verbal and symbolic behaviour directed at non-heterosexual individuals in the workplace (De Freitas Oleto & Palhares, 2024). The same authors investigated the experiences of Brazilian gay professors to heterosexist harassment. Results from their study revealed that instances of harassment were more overt when the professor exhibited more effeminate traits.

For instance, in an academic context, as stated by Bothwell et al. (2022), only 36% of women hold senior university positions, including full professors, deans, and university leaders. Moreover, 2SLGBTQ+ individuals are found to be particularly vulnerable to heterosexist harassment (HH), indicating the need for specialised interventions to ensure their safety and inclusion (Vargas et al., 2021). These findings echo the notion that GBV affects individuals in complex and interconnected ways, necessitating a holistic approach to its prevention and mitigation.

Psychological Impact

Victims of Gender-Based Violence (GBV) often experience severe psychological and emotional trauma, including anxiety, low self-esteem, hopelessness, and post-traumatic stress symptoms. These consequences can have significant economic costs for individuals and society. Women who have been physically assaulted are more likely to suffer from social isolation, PTSD, panic attacks, sleep disturbances, and eating disorders. A study by Vargas et al. (2021) found that a culture of fear pervades among women in South Africa, perpetuated by the authorities' inadequate response to GBV. This systemic failure exacerbates the trauma and vulnerability of survivors, undermining their trust in institutions and perpetuating cycles of violence. Missing work, reporting the incident to a line manager and filing a disciplinary complaint or grievance were among the effects presented by employees.

Societal Factors

Sexual Harassment and Bullying (Yellow Zone)

According to a study by Banner et al. (2022) in the United States, 43% of participants had experienced inappropriate behavior at work, and 42% reported having encountered a "yellow zone incident" (such as inappropriate jokes, derogatory remarks, or hostile emails) while employed by the university (Banner et al., 2022). The study also revealed that 28% of respondents had experienced sexually offensive remarks, 23% had experienced sexual topics being brought up that made them uncomfortable, and 19% had experienced comments about their body or appearance that were inappropriate. The authors concluded that there is a critical need for an institutional response to "yellow zone" kinds of harassment.

GBV in a Virtual Setting*.*

According to a Canadian study by Gosse et al. (2021), factors like gender and physical appearance appear to contribute to online harassment (e.g. receiving negative comments online, zoom-bombing, doxing, etc.) that academic professors as well as graduate students experience (Gosse et al., 2021). It was suggested that universities expand their definition of workplace safety to include virtual environments. Another Finnish research study by Oksanen et al. (2022) reported that online abuse caused psychological discomfort and generalised mistrust among 30% of the respondents who belonged to minority groups. Derogatory remarks or inappropriate jokes, aggressive email, or verbal contact decreased job productivity for that person or others in the unit. Angry outbursts were just a few of the behavioural issues that have been seen or experienced.

The workplace culture in academia continues to promote hyper masculinized behaviors, including competitiveness, stoicism, autocratic leadership, dominance, and a hierarchical access to power based on male (Täuber et al., 2022). Even though efforts have been made to promote gender equality and structural change, power dynamics continue to be unequally distributed in social discourses. This encourages cultures of silencing, invalidation, and minimization or dismissal of reports of interpersonal GBV at an institutional level.

According to academic institutions, they are not only shaped by their formal structure, but also by the informal values they project. These values contribute to the tolerance of sexual harassment and influence the way institutions respond to said harassment. Findings from Banner et al.'s (2022) study resonate with those who revealed alarming rates of sexual harassment, cyber incivility, and poor organisational climate within academia. A case in question is particularly among those belonging to minority groups, such as women and those from underrepresented groups (e.g., LGBTQ+). As such, there is a dire need to cultivate a culture of respect and a sense of security by considering the effectiveness of internal anti-harassment policies within the academic environment.

Currently, those who experience GBV are subject to internal scrutiny regarding the legitimacy of their reporting of GBV and conferral of partial responsibility for their victim status. Authors agreed with the previous studies that suggested an external complaint process to review and provide actionable recommendations to redress GBV in academic workspaces. This would protect GBV reporting channels by maintaining anonymity and promoting appropriate justice for the accused and the victims. The findings also illuminate gender-specific variations in the experiences of GBV. Those who identify as women, as demonstrated by Conco et al. (2021), are disproportionately affected, facing increased odds of workplace

bullying and experiencing identity-based harassment. Women are typically at a greater risk of experiencing workplace bullying due to being underrepresented in the workforce, particularly in higher-level positions.

Furthermore, the inherent characteristics of academia, in terms of academic work productivity and career progression, require conformist behavior to be selected as a "good fit" for a limited number of faculty positions or promotions. This can lead to them feeling more inferior and vulnerable compared to their male counterparts. The females may assume unpaid work assignments, have increased pressures to perform, and be forced into stereotypical roles within academia (e.g., support staff, teaching assistants, or non-advancing roles) (Rosander et al., 2020).

For instance, in an academic context, only 36% of women hold senior university positions, including full professors, deans, and university leaders (Bothwell et al., 2022). Moreover, 2SLGBTQ+ individuals are found to be particularly vulnerable to heterosexist harassment, indicating the need for specialised interventions to ensure their safety and inclusion (Vargas et al., 2021). These findings echo the notion that GBV affects individuals in complex and interconnected ways, necessitating a holistic approach to its prevention and mitigation.

Lack of Effective Institutional Policies

DHET aims to establish a supportive and inclusive environment to eliminate GBV through its policy framework. This framework seeks to promote respect, protection, and fulfilment of human rights, as outlined in the South African Constitution's Bill of Rights (Act No. 108 of 1996), to create a safe and equitable society (DHET, 2020). Stellenbosch University (SU) has incorporated GBV into its Transformation Plan, requiring an annual Institutional Transformation Report to be submitted to the DHET. The DHET framework will inform the revision of SU's Unfair Discrimination and Harassment Policy. As a contributor to the DHET Policy Framework, SU has a clear guide to enhance anti-GBV initiatives systematically. Such policy frameworks serve as vital advocacy tools, providing clear guidelines and a mandate for anti-GBV work, which is crucial for advancing this work within institutions that may resist change due to entrenched patriarchal cultures.

Survivors will find it challenging to report incidents and seek assistance if the systems and processes designed to support victims are perceived as daunting and convoluted. Conversely, where comprehensive policies and structures are developed, which are supportive and survivor-centered, an increase in survivors reporting occurrences and seeking aid is probable. There is a lack of clear, up to date, comprehensive policies and structures to address GBV. Higher education institutions must have policies addressing sexual harassment. This raises the possibility that GBV may be committed with impunity in addition to having a detrimental effect on survivors' attempts to seek care (DHET, 2020).

There are a number of reasons why this is happening with impunity: First, female staff members may not be aware that their actions are illegal because they are unaware of what GBV is or the laws in SA that prohibit it. Secondly, because sexism and supreme masculine norms are so ingrained in our society across racial and class divides that GBV is not even considered violence. This emphasizes the urgent need for action on GBV across the post-school education and training sector as well as implementing ongoing, multifaceted efforts and tactics to challenge these GBV norms and attitudes (DHET, 2020).

According to United Nations Development program (2023), some people may be aware that their actions are GBV, but because there are no institutional policies or procedures that address GBV, they are content to

carry out these activities because they do not fear retaliation. To put it another way, to effectively address GBV, institutional policies are necessary. Without clarity and with complicated and poorly understood response structures, people are more likely to engage in sexual assault because they have no fear of retaliation, let alone serious retaliation.

The United Nations Development Program (2023) asserts that gender inequality and the Sustainable Development Goals cannot be accomplished until discriminatory gender social norms are addressed. Women's options and prospects are limited by biased gender social norms and the undervaluation of women's rights and abilities in society. This should be accomplished by establishing rules for behavior and defining the parameters of what women are and are not expected to do. One of the biggest obstacles to attaining gender equality and empowering all women and girls is biased gender societal norms.

In conclusion, we hereby give a brief description of existing research gaps identified in the literature review.

Research on female academics' attitudes towards GBV in higher education institutions often lacks depth in exploring the multiple factors of their perspectives, particularly regarding the intersectionality of factors like race, class, and discipline, as well as the specific challenges they face in reporting and addressing GBV within their institutions; to bridge these gaps, researchers should: conduct qualitative studies with diverse samples of female academics, investigate the influence of institutional culture and power dynamics on their experiences, and explore the specific strategies they employ to combat GBV within their academic spheres; additionally, researchers should consider the following areas for further investigation:

Key Research Gaps should include:

Lack of intersectional analysis, Limited exploration of institutional context, Under-examination of reporting mechanisms, Neglect of male allies and bystander intervention, Limited focus on the impact of GBV on academic work, Qualitative research methods, Intersectionality framework, Institutional analysis.

Conduct site-specific research within different higher education institutions to understand how institutional policies, leadership practices, and culture influence GBV reporting and response. These include:

- **Investigate reporting mechanisms:**

Explore the challenges female academics face when attempting to report GBV incidents, including perceived retaliation, lack of confidentiality, and inadequate support systems.

- **Engage male allies:**

Include male academics in research to understand their perspectives on GBV and identify potential strategies to engage them as active allies in prevention efforts.

- **Examine the impact on academic work:**

Explore how experiences of GBV affect female academics' research productivity, teaching effectiveness, and career progression.

By addressing these research gaps, as a researcher I could develop a more comprehensive understanding of female academics' attitudes towards GBV in higher education institutions, enabling the design of effective prevention and intervention strategies tailored to the unique challenges faced by this group.

Connection between existing studies and specific research focus of female academics

To strengthen the connection between existing studies on GBV and a research focus on female academics' attitudes towards GBV in South African Higher Education Institutions (HEIs), the following was done as I carried out the study:

I critically reviewed relevant literature on attitudes of female academics on attitudes towards GBV in academia, particularly within the South African context. I tailored the research questions and methodology to address those gaps and build upon existing knowledge specifically. The above included incorporating of relevant legislation, policies, and institutional frameworks related to GBV in HEIs in South Africa.

We followed the following key strategies to achieve this connection:

Comprehensive Literature Review:

- Prioritise research on GBV in South African HEIs, including studies on attitudes of female academic staff on GBV and institutional policies.
- Specifically, I looked for studies that explore the attitudes of female academics on GBV within HEIs.
- Analysed where existing research falls short, such as a lack of focus on specific forms of GBV, under-representation of certain academic disciplines, or limited exploration of the attitudes of female academics towards GBV in leadership positions.

Research Question Development:

- Framed research questions that directly address the identified gaps in attitudes on GBV by female academics at the institution, while still connecting to broader themes from existing studies.
- Explored questions about female academics' attitudes on GBV prevalence on campus, their experiences with reporting mechanisms, their attitudes towards existing policies, and their role in prevention strategies.
- Consider how factors like race, discipline, and institutional context might influence female academics' attitudes on GBV.

Methodology Design

- Select a representative sample of female academics across different disciplines within the South African HEIs.
- Consider incorporating quantitative data collection methods where appropriate to provide broader context on the prevalence of GBV within the sample.

Data Analysis and Interpretation

- Compare findings to existing research on GBV in South African HEIs, highlighting similarities and differences, and explaining potential reasons for these variations.

- Discuss how this research findings can inform the development and implementation of policies and interventions aimed at addressing GBV within South African HEIs, particularly regarding the role of female academics in prevention and response strategies.

By following these steps, this research can effectively build upon existing knowledge on attitudes of female academics towards GBV in South African HEIs, while providing valuable insights into the unique perspectives and experiences of female academics on this critical issue.

Methodology

Study design

This was a cross-sectional quantitative approach using a previous designed validated structured questionnaire on female academic staff who volunteered to participate in the study. The design was chosen because Quantitative research is an informal, systematic, and objective process used to describe and test relationships and examine cause and effect interaction among variables. The information for the study was collected through face-to-face interviews. Furthermore, the design was chosen to meet the objectives of the study which were to assess the attitudes of WSU Female Academics Staff on GBV.

However, the potential limitation of using a cross-sectional design is its inability to establish cause-and-effect relationships between variables. It only captures data at a single point in time, making it difficult to determine which factor came first. The other potential limitations include susceptibility to selection bias, recall bias, and the inability to study trends or changes over time.

A few key limitations of cross-sectional designs are:

- Cannot establish causality
- Temporal ambiguity
- Selection bias
- Recall bias
- Inability to study changes over time:
- Cohort effects
- Limited generalizability.

Research setting

The study was conducted at one campus of WSU: Nelson Mandela Drive (NMD), Mthatha.

The research participants/population

A population according to is defined as all the elements (including individuals, events and objects) that meet sample criteria in a study. The study population consisted of selected females' staff in academia at WSU – Nelson Mandela Drive Campus.

Measures

The primary outcome variables, self-reported of the female academics was based on attitudes towards GBV. The questions on attitudes were based on: How do you feel about GBV in general? The responses were coded as follows: 1 = Angry, 2 = Furious, 3 = GBV hurt too many people, 4 = People do not believe the victims, 5 = Frustrating. Depending on the response to the above, the following question was asked: Why do you feel like that? Responses were coded as follows: 1 = Victims of GBV never get justice, 2 = No one should be subjected to violence, 3 = Some people do not believe the victims, 4 = GBV harms mental health, 5 = GBV tends to be suicidal, 6 = GBV hurts a lot people and leads to complications.

The explanatory variables included sociodemographic variables that included the following: age (18–35, 36–40, 41–55, >56), Educational level (Honors, Masters, PhD), Marital Status (Single, Married, Divorced, and Cohabiting), Position held (Lecturer, Senior Lecturer, Associate Professor, Full Professor and others).

Other variables included attitudes towards GBV in terms of how they feel about GBV by stating whether they were angry, furious, if GBV hurt too many people, if they were frustrated. Other question of attitude towards GBV was Why they felt that way by giving the following responses: victims of GBV never get justice, GBV harms mental health of the victims, No one should be subjected to GBV, some people do not believe the victims, GBV harms mental health of victims, tends to be suicidal, hurts a lot of people and leads to complications. Furthermore, further questions about attitude were: who is mostly affected by GBV, if females, males, both women and children and children. Lastly the question about what contributes to GBV in terms of norms, disrespect, harmful, men's ego and power, drugs and finances.

Data collection and tool

Our data collection instrument was a structed questionnaire. According to Burn and grove (2019), information that is obtained through the use of a structured questionnaire is no different to that obtained by interview, but the questions have less depth.

Validity of the questionnaire

Validity is an indication of the extent of the questionnaire is a true indicator of what it aims to measure. Questionnaires also come with weaknesses, for example they may be a question of validity and accuracy (Burn & Grove, 2019). The subjects may not reflect their honest opinion and answer what they think might please the researcher.

Furthermore, questionnaire validation is the process of evaluating a questionnaire to ensure the following: its accuracy, relevance, and ability to effectively measure the intended variables. This is done by assessing whether the questions are clear, unbiased, and appropriate for the target population. Ultimately the validation of the questionnaire aims to collect reliable data for research or analysis purposes. This typically

involves multiple steps, like content validity, face validity, construct validity, and pilot testing to verify that the questionnaire is measuring what it is designed to measure.

Reliability of the Questionnaire

Reliability is the extent to which the questionnaire can give the same results when repeated multiple times (Oxford Concise Medical Dictionary, 2015). To ensure the reliability of a questionnaire before pre-testing, researchers typically conduct an expert review, pilot test with a small sample, and analyse the questions for clarity, consistency, and potential bias, often using techniques like cognitive interviewing to identify any issues with question comprehension or response options, allowing for adjustments before full-scale data collection.

Key methods to assess reliability before pre-testing:

- Expert review
- Content analysis
- Cognitive interviewing

To ensure the reliability of a questionnaire beyond pre-testing, the following is done: carefully review responses during data analysis, looking for patterns of inconsistency, missing data, or unusual answers, and consider incorporating quality checks like attention checks or response consistency checks within the questionnaire itself; further analysis methods like factor analysis can also help assess internal consistency and reliability of your questionnaire items.

Key strategies to enhance questionnaire reliability beyond pre-testing:

- Thorough data cleaning
- Item analysis
- Statistical analysis

The questionnaire was in English because the academics are eloquent in the English language. The questionnaire consisted of two sections: Section A and Section B. Section A requested demographic information from participants, including age and other details. This information helped determine whether the GBV challenges faced by female academics differ according to demographics. Section B aimed to gather the views of female academics on the attitudes of female academic staff towards GBV at WSU.

The following was used to decide upon the use of a questionnaire:

- It allowed a high response rate as the questions are short and easy to understand,
- It required less time and energy to be completed,
- The questionnaire offers the possibility of anonymity as subject names are not required.

Sampling strategy

Purposive sampling was used for this research. This method allowed the selection of sample members based on their attitudes regarding the research topic. In this study on female academics' attitudes towards GBV in South Africa, purposive sampling was preferred over random sampling because it allows researchers to intentionally select participants who have specific characteristics and experiences relevant to the study of

GBV, such as being female academics in different disciplines, working in diverse institutions, or having personal exposure to GBV, which can provide richer and more nuanced data as compared to a random selection that might not capture the necessary range of perspectives on this complex issue.

A few key reasons for choosing purposive sampling in this context over random sampling are:

- **Targeted insights:**

By selecting female academics, the study can specifically explore their unique perspectives on GBV within the academic setting, which might differ from those of the general population.

- **Access to relevant knowledge:**

Purposive sampling allows researchers to intentionally include academics who are actively involved in research, policy development, or advocacy related to GBV, providing valuable insights into existing issues and potential solutions.

Sample size and calculation

The sample size was calculated from the average and variance. The number in each group was calculated to be representative of the population at a 95% confidence level. The sample size was determined using Taro Yamane's formula:

$n = N / 1+N (e)^2$ Where:

n = signifies sample size,

N = signifies population under study,

e = tolerable / margin error (5%).

$n = 67/1+ N(e)^2 = 67/1+67(0.05)^2 = 50$

The sample size of 50 participants was agreed upon, and questionnaires were distributed to the participants.

Ethical considerations

The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by Walter Sisulu University, Faculty of Medicine & Health Sciences Biosafety Human Research Ethics Committee (HREC). The project identification number was 213/2021 and issued on 26 JANUARY 2021. Furthermore, permission was obtained from WSU Gatekeepers to fulfil the Protection of Personal Information (POPI) Act. Each participant was adequately informed about the aims and objectives of the project using a Patient information sheet, and informed consent was obtained from them to allow the collection of data using a Patient Consent Form.

The questionnaire, patient participant sheet, and informed consent form were in English only, as the participants were fully fluent in the language and understood what was expected of them, their rights as study subjects, and the aims and objectives of the study, regardless of their level of formal education. To ensure

confidentiality, participants were not required to provide names or identification numbers. They were guaranteed anonymity and informed about available university psychosocial support services in case the survey triggered distress.

Data management

Insight was given to members of the group who formed part of the data collection team on how to approach the participants. This approach ensures reliable data quality through ongoing discussions. Pretesting was also done for the questionnaire with at least 10 female academics to ensure the quality of the data and to improve the data collection tool.

Data cleaning and capturing

Before data was captured in the computer, each of the questionnaires was checked for completeness, clarity, and consistency. Thereafter, data were captured into the computer using the Statistical Package for the Social Sciences (SPSS).

Data protection

All data about the participant's identity was always protected and was not available to anyone outside the group of researchers. The data entered in the computer was password-protected. All questionnaires were stored in a lockable cupboard, and the key was kept and only accessible by the principal investigator.

Data Analysis

After collecting the data and capturing it into a computer, it was analysed using SPSS software version 22.0 (SPSS Inc., Chicago, IL). Standard deviation, frequency, and percentages were used to obtain descriptive analyses of the participants' answers to each question. Following a descriptive study and a comparison with the body of existing research, the results were displayed as tables. The information about GBV in terms of knowledge and opinions was obtained through descriptive analysis and cross-tabulations. Values of $p \leq 0.05$ were considered statistically significant.

Data analysis was performed using SPSS version 29. Descriptive analysis was employed to obtain descriptive statistics on the demographics of the participants. Prevalence of participants in response to attitudes towards GBV in terms of how they feel about GBV and why they feel so was also obtained. Associations between demographics and independent variables were obtained using Pearson's Chi-square, and values of $p \leq 0.05$ were considered statistically significant.

Results

Characteristics of Participants:

1.Age Group (n = 50)

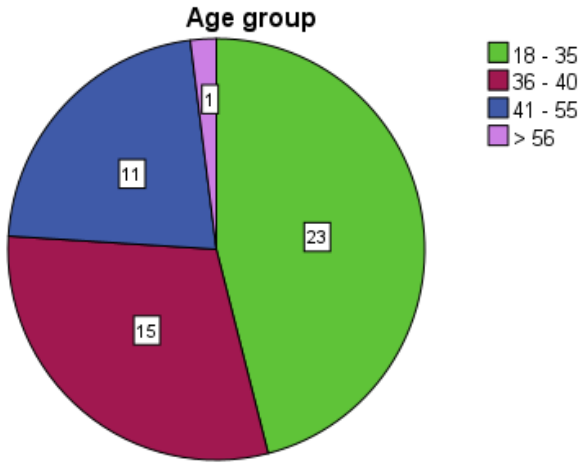
Table 1

Age Group of Participants

		Frequency	Percent
Valid	18 – 35	23	46.0
	36 – 40	15	30.0
	41 – 55	11	22.0
	> 56	1	2.0
	Total	50	100.0

Figure 1

Age Group of Participants



The study sample consisted of 50 respondents, as reflected in Table 1 and Figure 1. Most respondents 23 (46%) were aged 18–35 years old, followed by those aged 36–40 years old with 15(30%), then age group 41-55 years with 11(22%) and lastly the lowest 1(2%) in the age group > 56 years, as indicated in Table 1 and Figure 1.

For marital status, the majority, 30(60%) were singles, followed by married with 14(28%), then divorced with 5(10%) and cohabiting with 1(2%) as reflected in the bar chart 1 below.

The results by educational level show that the majority, 30 (60%) of the female academics, hold master's degrees, followed by 13 (26%) with honours, and lastly, 7 (14%) with PhDs, as demonstrated in Bar Figure 3 below.

Figure 2

Marital Status of participants

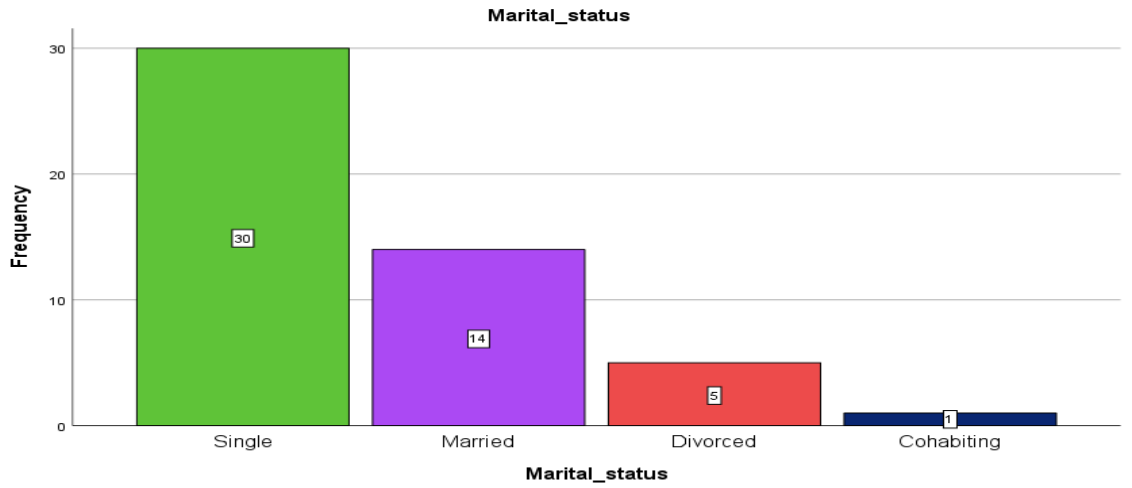


Figure 3

Educational Level of participants

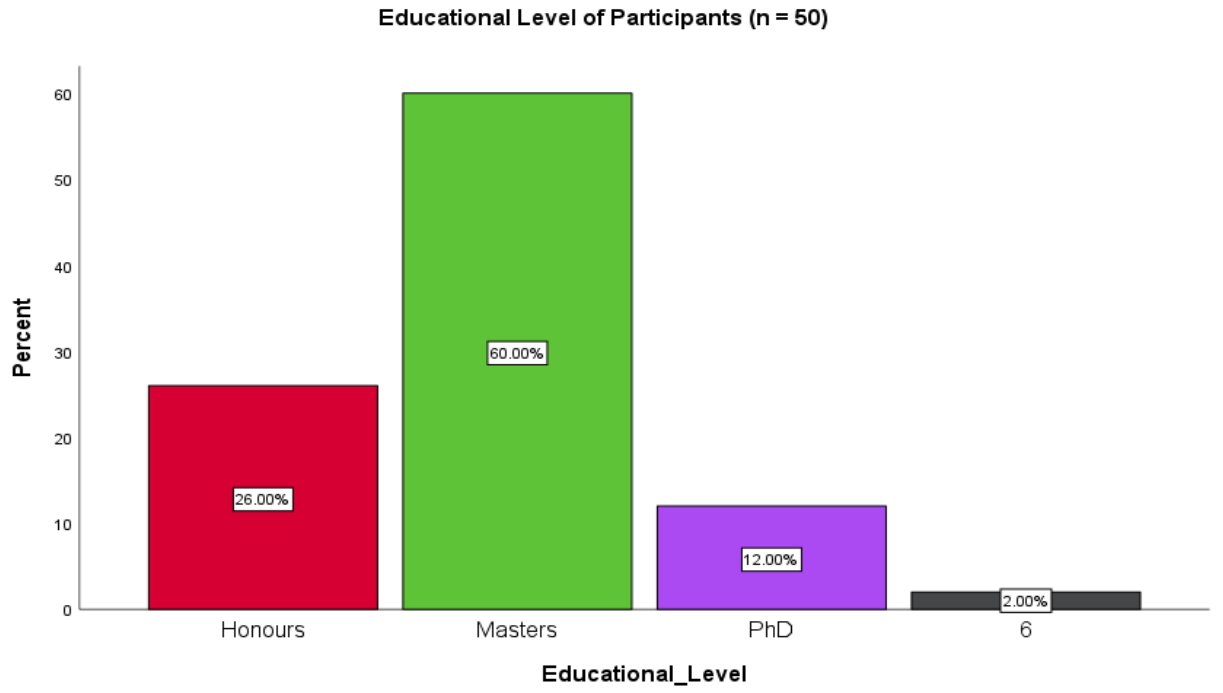
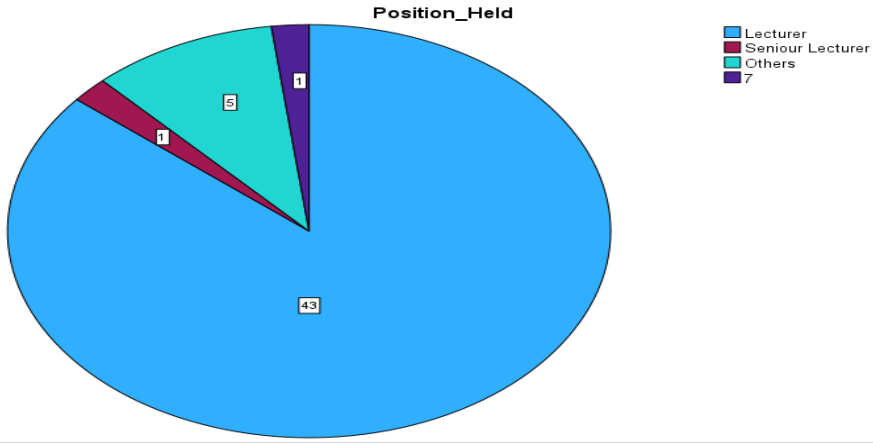


Figure 4

Position held by participants



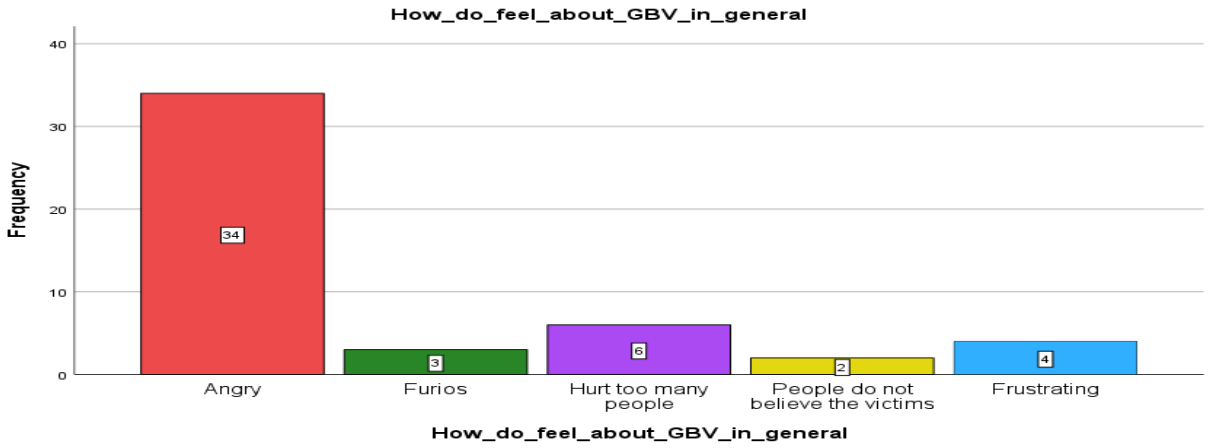
The distribution of positions held was as follows: the majority, 43 (86%), were employed as lecturers, followed by those in other positions, accounting for 5 (10%), and 2 (4%) employed as senior lecturers, as reflected in Figure 4 above.

Prevalence of participants in response to attitudes towards GBV

Question 1: How do female academics feel about GBV?

Figure 5

How female academics feel about Gender-Based Violence.



The prevalence of participants in response to attitudes towards GBV was obtained by asking them how they feel about GBV. The following responses were revealed: The majority 34 (68%) said they were angry, followed by 6 (12.2%) who stated that GBV hurt too many people, then 4 (8%) said they were frustrated, 3 (6%) stated that they were furious and 2 (4%) said that people do not trust them that they were subjected to

GBV. Responses of female academics' attitudes towards Gender Based Violence are indicated. There was no response from 1 (2%) as demonstrated in Figure 5 above.

Table 2

Responses of participants on how they feel that way.

Question 2: Why do you feel that way?		
Response	**Frequency (N)**	**Percentage (%)**
Victims of GBV never get justice	15	30
No one should be subjected to violence	6	12
Some people do not believe the victims	5	10
Harms mental health of victims	15	30
GBV tends to be suicidal	1	2
GBV harms a lot of people and leads to complications	5	10
Total	47	94
N/A	3	6
Total	**50**	**100**

N/A = Missing data

Prevalence of participants in response to attitudes towards GBV were obtained by asking them why they felt that way: The following responses were revealed: The majority 15(30%) said that victims of GBV never get justice, 15(30) said GBV hurts mental health of the victims, 6(12%) responded that no one should be subjected to violence, 5(10%) some people do not believe the victims of violence, 5(10% GBV harms a lot of people and leads to complications, 1(2%) GBV tends to be suicidal. There was no response from 3(6%), as demonstrated in Table 2 and Figure 6 above.

Figure 6

Why do you feel that way?

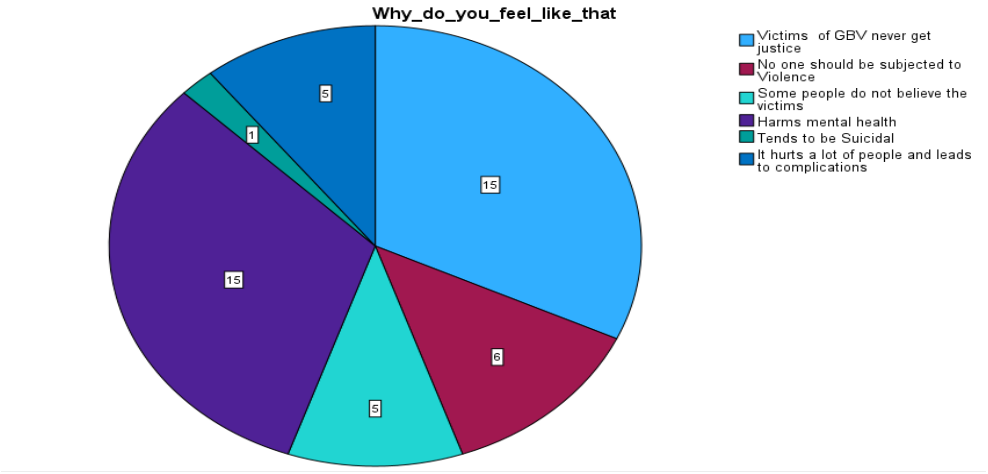


Table 3

Responses of participants who think are mostly affected by GBV

Question 3: Whom do you think is mostly affected by GBV ?		
Response	**Frequency (N)**	**Percentage (%)**
Females	37	74
Males	1	2
Both females and males	4	8
Children	3	6
Both females and children	3	6
Total	48	96
N/A	2	4
Total	**50**	**100**

N/A = Missing data

Another question asked about attitudes towards GBV in terms of who they think is mostly affected by GBV. The majority, 37 (74%) of respondents stated that females were mostly affected, followed by both women and children with 4 (8%), then children and women with 3 (6%) consecutively. There were no responses from 2 (4%), as demonstrated in Table 3 and Figure 7 above**.**

Figure 7

Whom do you think is mostly affected by GBV

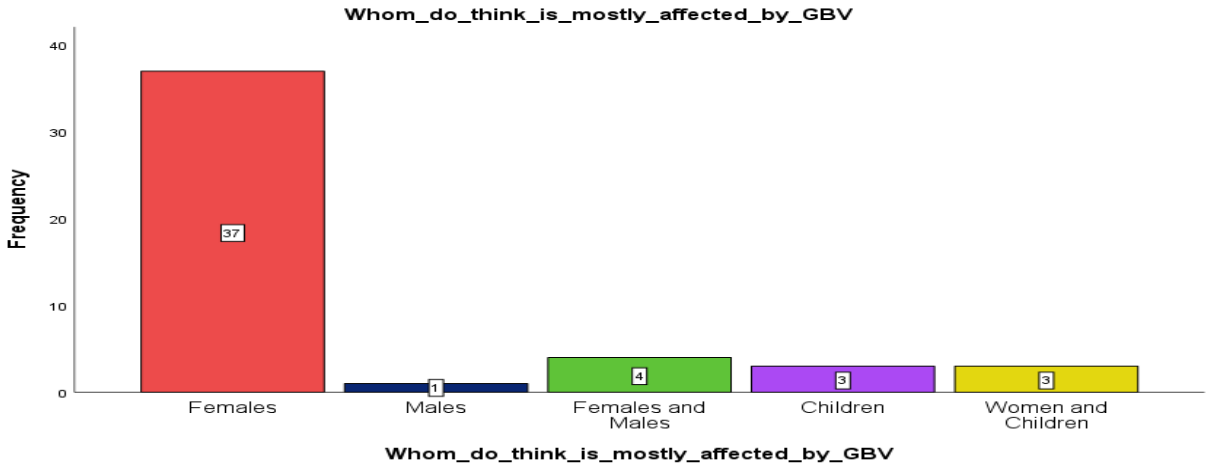


Table 4

What respondents stated contributes to GBV

Question 4: What do you think contributes to GBV?		
Response	**Frequency (N)**	**Percentage (%)**
Norms	17	34.0

Disrespect	3	6.0
Harmful gender norms	2	4.0
Men's ego	3	6.0
Power and mental illness	8	16.0
Drugs and Alcohol abuse	8	16.0
Financial constraints	7	14.0
Total	48	96.0
N/A	2	4.0
Total	**50**	**100.0**

N/A = Missing data

Furthermore, participants were asked to respond to their attitudes towards GBV in terms of what they think contributes to GBV. And the following responses were given. The majority, 17 (34%), stated that norms contribute a lot to GBV, followed by power and mental illness and drugs, each accounting for 8 (16%), then 7 (14%) stated financial constraints. Then those that stated disrespect and men's ego accounted for 3 (6%) each. Lastly, 2 (4%) stated that harmful gender norms contribute to GBV. Those that did not give a response accounted for 2 (6%), as shown in Table 4 above and Figure 8 below.

Figure 8

What do you think contributes to GBV?

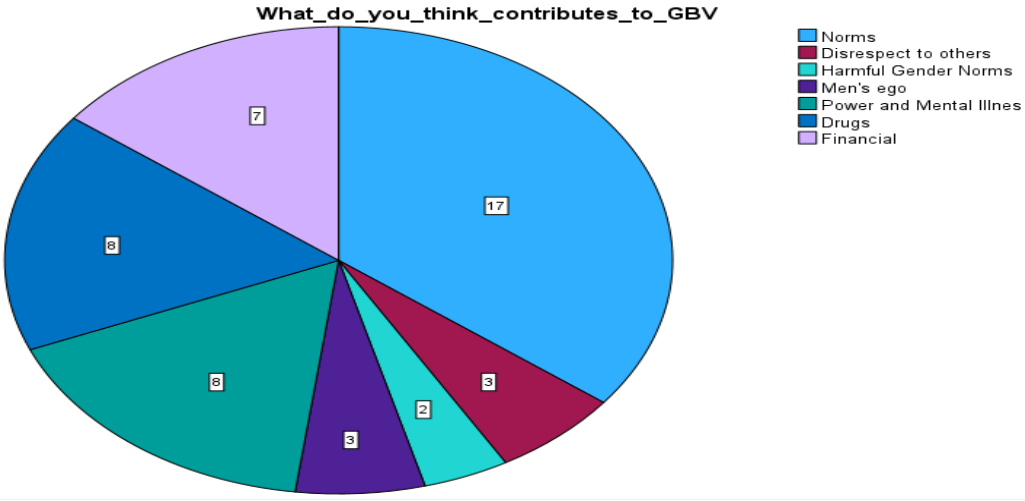


Table 5

Association between the educational level of participants and how they feel about GBV in general

Variable	Responses from Participants

Educational Level	Angry	Furious	Hurt too many people	People do not believe in the victims	Frustrating	Total	
Honors	10	0	1	2	0	13	
Masters	19	2	4	0	4	29	
PhD	5	0	1	0	0	6	P value=0.013
N/A	0	1	0	0	0	1	
Total	34	3	6	2	4	49	

N/A = missing data

Associations were found between the variables of participant attitudes and demographics. Educational level was the only demographic that demonstrated statistically significant values. In all cases, most female academics have master's degrees. There was an association of statistical significance between educational level and anger (p = 0.013) as shown in Table 4.

Table 6

Association between the educational level of participants and who they think is mostly affected by GBV

Variable	**Responses from Participants**					
Educational Level	**Females**	**Males**	**Both males & Females**	**Children**	**Total**	
Honors	12	0	0	1	13	**P Value = 0 .001**
Masters	21	0	3	1	25	
PhD	4	0	0	1	5	
N/A	0	1	0	0	1	
Total	37	1	3	3	48	

N/A = Missing data

A further association was established between educational level and who respondents think is mostly affected by GBV (p < 0.001). As is demonstrated in Table 5, females are the most affected by GBV.

Table 7

Associations between the educational level of participants and what they think contributes to GBV

Variables	**Responses from Participants**								
Educational Level	**Norms**	**Disrespectful**	**Harmful**	**Men's ego**	**Power and Mental**	**Drugs**	**Financial**	**Total**	
Honors	7	0	1	1	2	1	2	13	**P Value=0.050**
Masters	9	2	0	0	1	5	5	28	
PhD	1	0	1	1	0	2	1	6	
Missing	0	1	0	0	0	0	0	1	
Total	17	3	2	2	3	8	8	48	

N/A = Missing data

Another association was established between educational level and their perception of how it contributes to GBV at the workplace (p = 0.050). As is demonstrated, norms are the most contributing factor, as shown in Table 6.

Discussion

This study aimed to assess the attitudes of female academics at Walter Sisulu towards GBV. Demographic results of this study revealed that 23 (46%) were the majority age group of 18-35 years, and the majority were singles, with the highest level of qualifications of master's and employed as lecturers, as indicated in Table 1 and Figure. In Nigeria, a study found that the age group of 35-49 years was the majority with 112 (37.2%). This presents a challenge in that female academics in this study are subjected to violence at a younger age and could be affected psychologically. The highest marital status among academics in the same study was 38 (15.9%), then singles, with 68 (22.6%), and 217 (72.1%) married people. This also presents another challenge in marital status in that the female academics in this study prefer to stay single since they were subjected to violence at a younger age as compared to female academics in the rest of the world.

Singles were more likely to be employed in this study than married females, which may indicate that marital status does not shield one from encountering unpleasant and disrespectful behaviour at work. In Italy, marriage could be a protective factor against GBV. Regarding credentials, the minority (7) of women hold doctorates, and in Nigeria, 49 academic females have doctorates. A possible explanation for these findings includes hazardous workplaces full of bullying in academia that create a negative work environment with ineffective leadership, and unequal access to research funding to carry out their doctoral studies.

Societal acceptance of GBV, toxic educational environments, perpetuate masculinity, and economic challenges. Therefore, targeted interventions that address aggressive subcultures, paired with preventive and mitigation strategies, are vital for safeguarding the well-being of university staff, particularly females. Sexual harassment may also be less common if measures are taken to improve university women's financial possibilities, like research grants, scholarships, and other financial incentives. Findings from Banner et al.'s (2022) study resonate with those who revealed alarming rates of sexual harassment, cyber incivility, and poor organisational climate within academia.

Results about attitudes of female academics towards GBV, the participants stated statements of how they feel angry about GBV and other statements like frustrations and fury, as demonstrated in Table 2 and Figure 3. This is supported by authors who stated that the commission of some crimes and social norms are largely motivated by gender-inequitable attitudes and beliefs. The United Nations Development Program (2023) asserts that gender inequality and the Sustainable Development Goals cannot be accomplished until discriminatory gender social norms are addressed.

Women's options and prospects are limited by biased gender social norms and the undervaluation of women's rights and abilities in society. Moreover, this, in turn, causes survivors to become angry, traumatised and afraid; consequently, as was suggested by UN Development Program (2023), debilitating effects, including heightened anxiety, diminished self-confidence, physical ailments, impaired focus and productivity.

In this study, when the participants were asked why they felt that way, as indicated in Table 2 and Pie Chart 3, their responses were: victims of GBV never get justice, GBV harms the mental health of victims, hurts many people and leads to complications. This was confirmed by WHO (2024), in the report on violence against

women, which stated that women face the bullying aspect of work-place violence and concluded that bullying in the workplace creates a toxic environment. According to some of the comments provided by WHO (2024), violence hurts various aspects of organisational performance, including productivity, job motivation, focus, error rates, and attendance.

Other authors went on to prove that worry, chronic weariness, melancholy, rage, sleep difficulties, several physical disorders, and poor performance are additional negative consequences of GBV (Marina Tourné Garc et al., (2024). Furthermore, the same authors reported that violence against women can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings**.**

Results from this study revealed that responses of participants who they thought were mostly affected by GBV were females, accounting for 74% as indicated in Table 3 and Figure 4. This is supported by the survey conducted by the Uganda Bureau of Statistics (UBOS) in 2019/20, as part of the Uganda National Household Survey (UNHS), which gathered data on various forms of violence. This included violence against women and girls (VAWG), children (VAC), men (VAM), and older women experiencing abuse and neglect. According to the report, a staggering 35% of women worldwide have experienced either intimate partner violence (physical and/or sexual abuse) or non-partner sexual assault, as cited by UBOS (2020)."

Research has linked the prevalence of GBV to poverty and other socio-economic indicators, such as household enterprise ownership and economic status. Alarming statistics from the South African Society of Psychiatrists (2021) reveal that 51% of females in Gauteng have experienced GBV, while 78% of men in the same area admit to committing violence against women.

A report by the Department of Science, Technology, and Innovation (DSTI) (2024) found that nearly 1 in 10 women (9.9%) have experienced sexual violence in their lifetime, affecting approximately 2.15 million women. The study also showed that women aged 35-49 experienced significantly higher levels of physical and/or sexual violence than those aged 50 and older.

According to, men's violence against women in academic settings can be seen to uphold traditional patriarchal structures and maintain gender-based power imbalance. Zinyemba and Hlongwana (2022) argue that intimate partner abuse perpetuates societal norms of male dominance and female submissiveness, leading to the normalisation of violence. This experience reinforces the internalised belief that violence is an inherent aspect of female subordination. The above statement confirms the results in this study that norms are a major contributing factor to GBV, as shown in Table 4 and Figure 8.

Evidence from studies has demonstrated that a variety of factors interact to affect both GBV victimisation and perpetration. For example, a study on GBV risk variables carried out by Oksanen et al. (2022) found that personal substance use, marital conflict, partner, educational attainment, and experience of violence were all predictors of GBV. In this study, there was an association between the educational level of participants and their perceptions of GBV, with a value of $p = 0.013$ (Table 4). The feeling was mostly expressed in anger, followed by other psychosocial experiences. Research on GBV among women performed by the European Institute of gender inequality confirmed that the psychosocial consequences of such violence include depression, suicidal thoughts, feelings of worthlessness, social withdrawal, and anger.

Another association was established between the educational level of participants and who they think is mostly affected by GBV, with a value of $p < 0.001$ as shown in Table 5. The responses given were that females are the most affected by GBV. This is supported by a study performed, which revealed that GBV is founded on gender inequality, with most victims being women (WHO, 2020).

According to the World Health Organisation (WHO), men are more likely to commit gender-based violence, while women and girls of all ages are disproportionately affected as victims. This was also supported by the United Nations (2023). Alarmingly, Intimate Partner Violence (IPV) claimed at least 137 lives daily through femicides worldwide by 2021. Oksanen et al. (2022) corroborate these findings, noting that while GBV can affect anyone who experiences violence based on their gender, females are disproportionately impacted.

An association $p = 0.050$ was established between the educational level of participants and their perceptions of what contributes to GBV. The responses given were norms followed by drugs and financial constraints, as reflected in Table 6. Oksanen et al. (2022) found that perpetrator-related factors, including the individual perpetrator and substance abuse, were the main causes of violence against women. These findings were supported by Magezi and Manzanga (2021). The second most significant factor, as stated by Moreroa and Rapanyane (2021), was gender-related, encompassing societal patriarchy, cultural norms, and rigid gender roles. The above results of the study support the results from our study.

According to another study, psychological and health consequences of GBV exposure can result in monetary expenditures for both the individuals and society at large. Additionally, the results of this study are consistent with a study by Zinyemba and Hlongwana (2013), which proved that women in South Africa were subjected to a culture of fear, which was fostered by the government's failure to address GBV adequately.

Limitations

Among the limitations, there is an issue with the research design that was adopted. This study was limited to a quantitative research design, which is likely to have uncovered attitudes that were not being uncovered. Secondly, the study was limited to female academics and yet both males and females are or can be subjected to GBV one way or another. Finally, the study was limited to one campus of the institution, yet the institution has a few other campuses.

Conclusions

The present study aimed to assess the attitudes of female academic staff of Walter Sisulu University on Gender Based Violence. Attitudes expressed towards GBV were that there is GBV at Walter Sisulu University. The participants expressed the psychological effects of GBV in terms of anger and others.

The results of the study suggested that GBV hurts physical, mental, emotional, and psychological health. Most of the participants stated that GBV increases the risk of women committing suicide. The findings also indicated that the support provided by the institution is insufficient. The staff are not happy about it, for it lowers self-esteem and self-confidence.

Lastly, GBV make women look inferior to men. The responses indicate that the most affected are females, and norms are the most contributing factor for GBV. Thus, it is important to understand the origins of GBV, how it affects the victim, and the preventative measures.

The significance of the study in addressing GBV in academia

Studying GBV among female academics in universities is significant because it highlights a critical issue impacting women in higher education, which can hinder their academic progress, research contributions, and overall well-being. It will also reveal systemic inequalities within academia, thus providing crucial information for policy changes and interventions to create a more equitable and safer environment for all faculty members. This will allow for a better understanding of the unique challenges female academics face, enabling targeted support and prevention strategies to address GBV within the academic setting.

Below are key points about the significance of studying GBV in female academics:

Impact on academic achievement:

Experiences of GBV, including sexual harassment and microaggressions, can negatively affect female academics' research productivity, teaching effectiveness, and overall engagement in academic activities, potentially leading to career stagnation or even leaving academia altogether.

Systemic issues in academia:

Studying GBV among female academics can reveal underlying power dynamics and institutional structures that contribute to gender inequalities within universities. Thus, enabling the identification of areas for improvement in policies and practices.

Awareness and advocacy:

By bringing attention to the issue, research on GBV in academia can raise awareness among university leadership, faculty, and students, fostering a culture of respect and accountability.

Inform policy development:

Research findings can inform the development of effective policies to prevent and address GBV, including robust reporting mechanisms, support systems for survivors, and comprehensive training programs for faculty and staff.

Mental health implications:

Understanding the psychological effects of GBV on female academics can highlight the need for mental health support services and interventions to mitigate the impact of these experiences.

In conclusion, tackling GBV in universities and research institutions is a vital effort. By doing so, we can gain a deeper, evidence-based understanding of the issue’s scope and complexities. This foundation will enable institutions to develop effective policies and measures. Addressing GBV in these settings also empowers staff and students to combat it.

Importance of institutional reforms

South Africa has the unfortunate distinction of being one of the most unsafe countries in the world for women due to the widespread and unacceptable levels of GBV in the nation (Calvino & Matadi, 2023). To address this issue, comprehensive plans and initiatives are needed to stop violence and safeguard people's rights and welfare. Gouws (2022) asserts that there is not a "one-size-fits-all remedy" or simple fix. Nonetheless, certain remedies can be implemented, such as offering safe spaces for GBV victims or making major advancements in law enforcement and the prosecution of GBV offenders and perpetrators.

The following are further tips that could prevent the build-up of resentment or hostility of men towards gender-specific activities for women:

i. Partnering with traditional institutions can help change harmful cultural norms that support patriarchal attitudes.

ii. Religious institutions should be empowered to promote a shift in mindset among men, moving away from traditional stereotypes. Instead, these institutions can encourage a more inclusive perspective, recognising men and women as equal partners in family life. (Magezi and Manzanga, 2021; Resane and Mudimeli, 2023).

iii. Men and boys must be involved in prevention efforts to address the root causes of GBV. By engaging men and boys, we can cultivate a culture of non-violence, equality, and mutual respect. (Isike, 2021; Isike, 2022).

iv. Promoting gender equality and economic empowerment for women is crucial in preventing GBV.

v. Providing comprehensive support services to survivors of GBV is crucial. This requires specialised training for judges and prosecutors, as well as dedicated courts for GBV cases (Ncube, 2021).

Recommendations

To address GBV, which is a complex issue at all societal levels, the following should be done:

- Prevention of GBV requires the will from all stakeholders to eliminate this scourge actively and collaboratively from society.
- There must be a willingness to take a multifaceted, cooperative, deliberate, dedicated, and proactive approach.
- Effectively addressing GBV demands a comprehensive approach, involving collaborative efforts and commitments from various stakeholders, including: Government institutions, Civil society organisations, Community leaders and Individuals.
- A unified response is crucial to preventing GBV, supporting survivors, and promoting a culture of equality and respect.
- Effective programs should be evidence-based, multi-faceted, addressing various causal factors of GBV to ensure a comprehensive approach.

- Research-informed, evidence-based theoretical models should be used to address root causes, and their effectiveness should be evaluated through preventive initiatives.
- Initiatives should be put in place to address and dismantle systemic inequalities based on gender, race, and sexual orientation, as well as to eradicate institutional and state self-interest.
- It is advised that senior management and other high-ranking authorities discuss the issue honestly and transparently.
- To ensure adequate funding for preventative initiatives, institutions must create gender-sensitive budgeting and budget advisory boards composed of members from different campus groups.
- Institutions should look to the government for assistance in securing continuous funding.

- Understanding and addressing GBV in institutions of higher education by: Recognising the contributing factors to GBV, understanding its causes and effects on victims, and identifying strategies for prevention.

By acknowledging and addressing these aspects, institutions can create a safer and more supportive environment for all students and staff.

Suggestions for Future Research

A comparative study should be conducted where two to three institutions can be researched in this aspect of GBV, so that one can be in a position to identify what other institutions are doing right and how some institutions minimise or fight GBV. A committed and collaborative effort is essential to address GBV across society. This endeavour should involve the application of evidence-based theoretical models and research-informed preventative programs to mitigate underlying causes effectively.

Acknowledgements

The researchers acknowledge the staff members who agreed to take part in the study.

Conflict of interest

None

Funding

The authors received funding for this research from Walter Sisulu University.

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