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Reframing social work in a Pan-African agenda: An Afrocentric approach to combatting gender-based violence

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ABSTRACT

Despite the growing discourse on the Africanisation of social work and the urgent need to address gender-based violence in South Africa, there remains a significant disconnect between theory and practice. Most existing GBV interventions rely on Eurocentric models that overlook indigenous African knowledge systems, communal worldviews and the historical context of colonisation, apartheid and patriarchy. Using a conceptual literature review methodology, this article explores the significant role of social work within a Pan-African agenda, emphasising an Afrocentric approach to combatting gender-based violence. Findings highlight that current GBV responses do not take indigenous worldviews into account, undervalue communal healing practices, and overlook the spiritual and relational dimensions central to African life. The article recommends a paradigm shift in social work education and practice, calling for the integration of Afrocentric philosophies, community-led interventions and culturally grounded models. These include reforming the curriculum, strengthening interventions through indigenous collaboration, professional capacity-building and aligning GBV policies with Pan-African ideals.

Keywords: Afrocentricity; gender-based violence; social work

BACKGROUND

“Induka ayina muzi” [The stick has no house]

“Indukuayinamzi” [Where there is always violence, there cannot be a home]

“Kulogwala kuyahlekwa. Kulokrothi kuyalilwa” [At the home of a person who’s always eager to fight there is always sadness, but there is joy in the home of the one who refrains from this]

“To be human is to affirm one's humanity by recognising the humanity of others and, on that basis, establishing respectful human relations with them” (Samkange & Samkange, 1980, p. 39).

This article begins with the above IsiZulu and IsiXhosa idioms, along with the statement by Samkange and Samkange, whose discussion on violence and humanness is highly relevant to social work. Grounded in an Afrocentric perspective, it reframes social work within a Pan-African agenda and encourages a re-examination of alternative strategies to combat gender-based violence (GBV). Schiele (1994) emphasises that promoting humanitarian values is a core aspect of social work, advocating for equal opportunities for personal growth and fulfilment for all individuals. Leburu-Masigo (2020b) notes that social work, alongside other disciplines, addresses violence against women in significant ways. Dube (2017) asserts that social work has a legacy of serving marginalised populations, particularly women. However, as observed by Leburu-Masigo (2020b), social work's voice in the fight against GBV is often absent from the current discourse; this became especially evident during the COVID-19 pandemic (Leburu-Masigo & Kgadima, 2020).

Afrocentricity refers to the centering of African epistemologies, values and practices in societal institutions, countering the hegemony of Western paradigms imposed during colonialism (Mugumbate & Chereni, 2020). Afrocentricity was involved in both renouncing Eurocentric views of universalism and the predication of African agency in all classifications of history and culture involving African people and interests (Asante, 2014). It places Black people and their experiences at the centre of phenomena (Asante, 2022). This paradigm also helps to remove the mask of eloquence that disguises privilege, power and position (Rapanyane, 2021). In social work, the Afrocentric paradigm is a crucial professional development in order to make the profession more culturally competent (Schiele, 2017).

Despite ongoing GBV issues in South Africa, social work researchers and practitioners are discussing ways to Africanise the profession's training and practice, as it has been criticised for relying heavily on Eurocentric approaches (Choate, 2019; Gatwiri, 2019; Gray et al., 2014; Ives & Gabriel, 2022; Mathebane, 2017; Mathebane & Sekudu, 2018; Mogorosi & Thabede, 2018; Mwansa, 2010; Noyoo, 2019; Qalinge & Van Breda, 2018; Rankopo & Osei-Hwedie, 2011; Shokane & Masoga, 2018; Thabede, 2005; Turton, 2019). These Eurocentric methods, influenced by psychoanalytical and neoliberal ideologies (Turton & Schmid, 2020), are considered ineffective (Gatwiri, 2019; Mathebane & Sekudu, 2018; Mwansa, 2010), culturally inappropriate and dismissive of structural problems (Turton & Schmid, 2020), often neglecting local cultural methods of assistance (Osei-Hwedie & Boateng, 2018). They are based on the

principles of capitalism, Social Darwinism and individualism (Gatwiri, 2019; Gray et al., 2014; Mabvurira, 2020; Nagpaul, 1993), leading to discrimination based on gender, race and class (Rasool & Harms-Smith, 2022).

Despite criticisms regarding the lack of culturally appropriate models, Turton (2019) acknowledges that social work programmes emphasise respect for diversity, applied by social workers in their assistance to various groups. Researchers point out the shortage of indigenised, localised and Africanised interventions (Makhubele, 2011; Makhubele et al., 2018; Mathebane & Sekudu, 2018; Mogorosi & Thabede, 2018; Osei-Hwedie & Boateng, 2018; Shokane & Masoga, 2018; Thabede, 2005). It is crucial for social workers in Africa to become familiar with indigenous knowledge systems and values to address complex situations such as GBV effectively (Shokane & Masoga, 2018). There is also a pressing need for coordinated efforts to foster violence-free relationships and reduce both victimisation and perpetration, which in turn require innovative actions in research, practice and policy (Edleson et al., 2015).

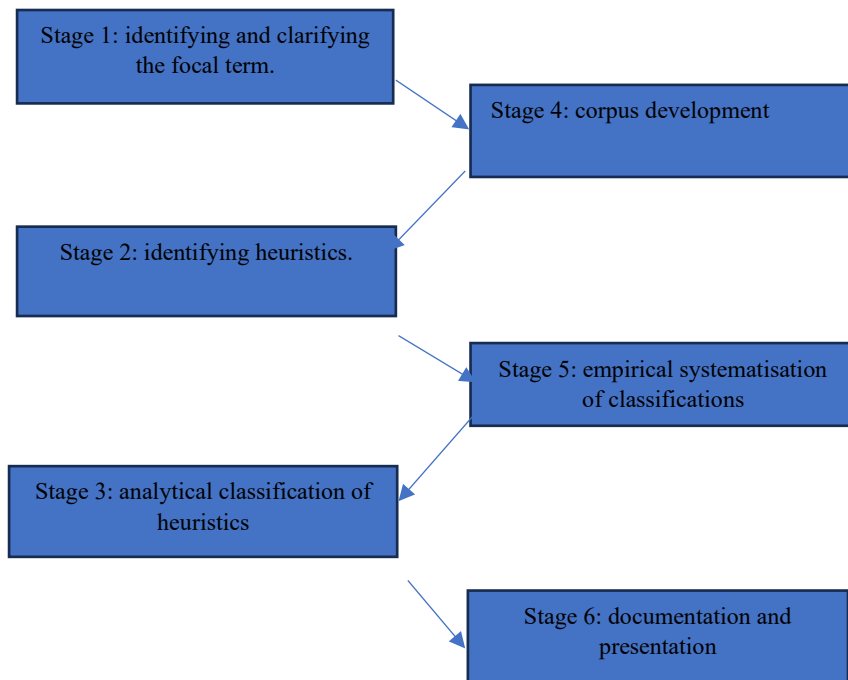
The gap in indigenised, localised and culturally African-centred interventions serves as the foundation of the argument of this article. To effectively combat GBV in South Africa, it is essential to rethink indigenised interventions, approaches and services, demanding thorough reflection on social work education and practice. The article explores how current social work education and practice can integrate traditional African knowledge, approaches and models to address GBV effectively. This effort aims to enhance the profession's relevance to meeting the needs of African people (Kreitzer, 2012; Osei-Hwedie & Boateng, 2018) by focusing on culturally appropriate solutions (Gray et al., 2014; Noyoo, 2019) and utilising existing indigenous methods (Shokane & Masoga, 2018).

METHODOLOGY

This article employed a conceptual systematic review (CSR) methodology. CSR focuses on analysing how the topic is conceptualised and theorised (Hicks, 2016; Palmer, 2011) to identify, on a conceptual basis, the key perspectives, theoretical discussions and interpretive viewpoints shared across a broad range of the literature (Young et al., 2006). A conceptual review paper aims to merge and extend previous research findings in a specific field in a meaningful, conceptual way (Hulland, 2020). It builds upon the highly flexible research methodology of content analysis (Krippendorff, 2019). It combines the steps and quality criteria of a systematic literature review (exhaustive, transparent and rigorous selection and analysis of the literature) and content analysis (deductive and inductive coding frame development) (Schreiber & Cramer, 2024).

The results of a CSR can be regarded as a starting point for further research approaches, such as scoping reviews (Arksey & O'Malley, 2005), systematic reviews (Cooper, 2015) and/or other techniques that are related to systematic reviews of the relevant literature (Shamseer et al., 2015). To conduct this CSR, a six-stage methodological framework of a CSR by Schreiber and Cramer (2024) was adopted, namely (1) identifying and clarifying the focal term, (2) identifying heuristics, (3) analytical classification of heuristics, (4) corpus development, (5) empirical systematisation of classifications and (6) documentation and presentation. These steps are explained below.

Figure 1: Six stages of a CSR (Schreiber & Cramer, 2024)



Stage 1: Identifying and clarifying the focal term

The starting point of a CSR is a relevant research question worth answering (Schreiber & Cramer, 2024). This conceptual review is guided by the following research question: How can Afrocentric approaches enhance social work interventions to address GBV within the framework of a Pan-African agenda? The review began by identifying and clarifying the focal analytical premise under investigation, namely Afrocentric social work responses to GBV against women in the African context. This step involved analytically separating overlapping ideas, defining conceptual boundaries, and specifying how related constructs such as Afrocentricity, indigenisation, and Pan-Africanism intersect but remain distinct within the review. The purpose of this process was to establish a clear and coherent starting framework that guides subsequent stages of analysis.

Stage 2: Identifying heuristics

An initial review of the literature revealed important interpretive heuristics (Schreiber & Cramer, 2024). They included the integration of social work into Pan-African ideas, gender justice based on African values, community-based conflict resolution, and the use of indigenous African knowledge systems. Based on their recurrence in the literature and their relevance to framing the inquiry, these heuristic points of departure were chosen to advance the study.

Stage 3: Analytical classification of heuristics

This stage involves translating the identified heuristics into a coding framework that guides the systematic classification of relevant material in the literature (Schreiber & Cramer, 2024). In

this context, the framework was used to organise and categorise patterns, themes, and conceptual relationships identified through their application. Following this process, the resulting analytical categories were grouped into broader conceptual topics, including cultural epistemologies in practice, contextual understandings of GBV, decolonisation and indigenisation strategies in social work, and Afrocentric approaches to human rights and gender equality.

Stage 4: Corpus development

A thorough body of literature was explored using systematic search protocols. The inclusion criteria limited sources to the English language and a date range of 1983–2025, acknowledging that conceptual reviews benefit from longitudinal analysis of theoretical evolution (Hicks, 2016; Tsabedze et al., 2024). Articles and research documents available in academic journals and on digital platforms focusing on the topic were consulted. These electronic databases, including Social Work Abstracts, SocINDEX, Google Scholar, Academic Search Premier, Academic OneFile, EBSCOhost, PsycINFO, Scopus, Elsevier, SAGE, were consulted to conduct this review. Keywords that guided this review were Afrocentricity, gender-based violence against women, decolonisation and indigenisation in social work.

Stage 5: Empirical systematisation of classifications

Identifying trends, conceptual advancements and gaps entailed tracking the evolution of Afrocentric theory and practice in social work with regard to GBV, as well as identifying dominant and emergent discourses. The investigation also emphasised the ways in which historical and cultural factors impact on how these frameworks are applied contextually when addressing GBV.

Stage 6: Documentation and presentation

Lastly, using the categories developed in earlier phases as a guide (Schreiber & Cramer, 2024), the results are documented and presented to show how a Pan-African framework and an Afrocentric paradigm support and contribute towards the application of a culturally grounded and transformational approach to GBV. The methodological process is designed to promote transparency, analytical rigour, and critical reflexivity throughout the review.

INSIGHTS FROM LITERATURE

The literature review yielded the six analytical themes and insights emerging from the literature.

Conceptualisation of GBV

The literature stresses that GBV is understood as a violation of human rights (Graaff & Heinecken, 2017). Disciplines such as sociology, psychology, social work and public health have sought to explain this phenomenon (Oparinde & Matsha, 2021). The term gender-based violence (GBV) gained particular prominence during the United Nations Conference on Women in Beijing in 1995 and generally refers to harm inflicted on individuals because of their gender (Dlamini, 2020). While both men and women can be perpetrators, the majority are men (Dlamini, 2021; Finchilescu & Dugard, 2021; Gould, 2020; Graaff & Heinecken, 2017;

Matsha, 202; Oparinde & Muluneh et al., 2020; Rapanyane, 2021). This discussion focuses on statistics regarding violence inflicted by men on women, both intimate and non-intimate partners (Leburu, 2015; Thobejane, 2019).

GBV encompasses any act that results in, or is likely to cause, physical, sexual or psychological harm or suffering to women, including threats, coercion and deprivation of liberty, whether occurring in public or private (Bloom, 2018). It includes domestic violence, intimate partner violence, forced marriages, child marriage, denial of contraceptive rights, violence during pregnancy, and female genital mutilation (Vanwesenbeeck, 2008). Within domestic settings, GBV can involve humiliation, intimidation, economic control by a male partner, and social isolation (Enaifoghe et al., 2021).

GBV transcends socio-economic, cultural, educational and political backgrounds (Enaifoghe et al., 2021; Gould, 2020; Graaff & Heineken, 2017; Oparinde & Matsha, 2021; Rapanyane, 2021). It stems from power inequalities rooted in gender roles (Wirtz et al., 2020), supported by beliefs and practices that enforce male entitlement and control over women (Edleson et al., 2015). The abuser is mostly someone known to the victim, with current or former romantic partners and family members being the most frequent offenders (Ali, 2018). In Sub-Saharan Africa femicide and intimate partner violence are considered the leading forms of GBV and are often seen as socially acceptable (Devries et al., 2013; Manzanga, 2020; Matzopoulos et al., 2019). Emotional violence is also prevalent, particularly in African communities (Semahegn & Mengistie, 2015).

The impact of GBV affects millions, including women, girls, men and their families, as well as co-workers and social networks (Berbegal-Bolsas et al., 2022). Victims of GBV endure physical and emotional pain, decreased productivity and loss of income, all of which can also severely affect their children's health and education (Alesina et al., 2021). Survivors are more likely to experience chronic pain, physical disabilities, substance abuse and mental health issues such as depression, which can sometimes lead to death (Enaifoghe et al., 2021; Simister & Kowalewska, 2016). Additionally, survivors face a heightened risk of social isolation, marginalisation and difficulties with relational attachment (Wilson & Butler, 2014). GBV can also hinder women's economic potential because of the stigma and trauma, both physical and psychological, resulting from the violence (Enaifoghe, 2019). Critically, the literature suggests that conceptualisations of GBV in African contexts must take into account both global definitions and local cultural dynamics.

In 2020, when the world was battling the Covid-19 pandemic, the South African President declared GBV as the second pandemic afflicting the country (Crabtree, 2020), describing it as only the visible part of a much deeper, systemic crisis (Muluneh et al., 2020). South Africa country is known to be one of the most violent countries in the world, coming in at number 38 out of 163 rated countries (Naidoo, 2022). Every 3 hours in South Africa a woman dies at the hands of a domestic partner (Dlamini, 2021). In June 2020, 51% of South African women had faced violence from their male partners, accounting for more than 14 million women (Crabtree, 2020). The current increasing prevalence of GBV calls for immediate action from the government and other organisations (Enaifoghe et al., 2021; Leburu-Masigo, 2020b; Thobejane, 2019). The government's framing of GBV as the second pandemic reflects the

urgent need for coordinated, culturally responsive initiatives that align with Afrocentric social work values.

GBV scourge in Africa

The review of literature makes it clear that GBV cannot be divorced from the historical context. The causes of GBV in Africa are historical and multidimensional. The risk factors of GBV are attributable to a range of variables. The literature describes these risk factors in terms of four levels, namely individual, relationship, community and societal (García-Moreno & Amin, 2016; Leburu & Phetlho-Thekisho, 2015; Mahlori, 2016; Muluneh et al., 2020; WHO, 2020). The individual level examines factors such as education, alcohol consumption and age are notable contributors that elevate the risk of experiencing or committing GBV (Leburu-Masigo, 2019; Muluneh et al., 2020). The relationship level highlights the influence of interactions with peers, intimate partners and family members in increasing the risk of GBV (Leburu & Phetlho-Thekisho, 2015). At the community level, settings such as schools, churches, workplaces and neighbourhoods impact significantly on attitudes toward GBV (Leburu & Phetlho-Thekisho, 2015). At the societal level, the colonial and apartheid systems imposed rigid gender hierarchies, where women were excluded from political life, denied access to education and rendered economically dependent (Jaiyeola, 2020; Mama, 1995).

These structures and systems entrenched a patriarchal social structure, as well as the commodification and objectification of women (Christensen, 2019; Dlamini, 2021; Graaff & Heinecken, 2017; Rapanyane, 2021; Sidloyi, 2020; Sithomola, 2020) and mirror the misogynous repression that women experience (Christensen, 2019; Sithomola, 2020). Societal factors, including cultural beliefs, health, social inequalities, education and economic conditions, can either promote or prevent GBV. Gender inequality and patriarchal norms, such as bride price and polygamy, frequently appear at the household, community and societal levels, reinforcing these detrimental practices (Kouta et al., 2018; Murphy et al., 2023).

Colonisation and apartheid played a crucial role in establishing, perpetuating, and maintaining white supremacy while oppressing those considered "the other" (Boonzaier, 2017; Lewis, 2011; Mama, 1995). Jaiyeola (2020) explains that British colonisers imposed a system of dominance and a masculine culture on populations by excluding women from public spaces and denying them access to Western education. This exclusion was later reinforced by patriarchal structures and a neocolonial agenda. This reinforced the perception of women as inferior and restricted their participation in society (Jaiyeola, 2020). Women with lower economic status are particularly vulnerable to GBV, which in turn diminishes their ability to negotiate within intimate relationships (Leburu & Phetlho-Thekisho, 2015; Leburu-Masigo, 2019; Sidloyi, 2020; Umubyeyi et al., 2016).

In many African communities, pre-colonial societies operated within traditional settings where gender roles were present, but men and women contributed collectively to the socio-economic and political development of their families and communities. Although their responsibilities differed, both genders played essential roles. For example, the modern concept of a "housewife", used to describe women who solely manage household duties, did not exist. Instead, men and women actively participated in various tasks (Ako-Nai, 2013). This cultural

ideology is reflected in a common Yoruba saying: “Bi okunrin ri ejo, ki obinrin pa, ki ejo ti ku ni”, which translates to “If a man sees a poisonous snake and a woman kills it, what matters is that the snake is dead.” This proverb emphasises that domestic and community responsibilities were not strictly assigned by gender; rather, the focus was on completing the task at hand (Jaiyeola, 2020).

Early European perceptions of Africa were filled with fantasies that depicted the continent as a land of inhuman creatures, idolatry, barbarism and uncontrolled sexuality (Boonzaier, 2017; Mama, 1995). Africans were also portrayed as lacking a soul, history, knowledge and civilisation (Zondi, 2021). This ideology justified the dehumanisation, enslavement and marginalisation of African people, reinforcing the belief among white colonisers that they had the right to subjugate Africans and seize their land. Furthermore, colonial narratives were heavily fixated on the physical bodies of Africans (Boonzaier, 2017). A striking example of this is the story of Sara Baartman, whose body became the foundation for scientific racism, a theory that legitimised both the continued enslavement of Africans in the Americas and the so-called “civilising” mission in Africa (Abrahams, 1997).

Gqola (2007) argues that slavery and colonialism were rooted in violence and oppression, marked by the dehumanisation of people, family destruction and internalised self-hate. Under apartheid, both physical and structural violence were used to maintain control, particularly through militarisation. This violence, shaped by patriarchal norms in both black and white South African societies, had strong gendered dimensions that reinforced traditional gender roles. Unfortunately, colonial stereotypes and misconceptions about African women’s bodies persist today (Boonzaier, 2017). This historical analysis is not intended to excuse present-day circumstances or perpetrators, but rather to provide context for some of the more recent historical roots and dynamics of GBV.

Misogynous representations of social and gender norms

The literature shows that GBV in South Africa is deeply entrenched in misogynous interpretations of social and gender norms. Gender norms are understood as social and cultural constructs of how men and women are expected to behave. These gender norms can create and reinforce unequal positions between men and women in relationships, families, societies and public domains (Fladseth et al., 2015; Hunter, 2010; Ncube, 2010). On the other hand, social norms are defined as behavioural rules to which individuals prefer to conform, conditional on their expectation that 1) most people in their relevant network conform, and 2) most people believe they should conform (Bicchieri, 2005). Social norms (ideas about what others think or what one should do) are different from personal belief or attitudes, and they frequently direct a person’s behaviour (Glass et al., 2019).

These norms are institutionalised through marriage customs, idioms and communal silence, making GBV a socially sanctioned mechanism for enforcing gender hierarchy. Normative social structures, both spoken and unspoken serve as scaffolding for GBV, embedding it within daily life and cultural expression. Some social and gender norms are misinterpreted to justify GBV such as the belief that women wearing miniskirts provoke rape, implying that girls must be taught how to dress appropriately (Graaff & Heinecken, 2017). These gendered beliefs

suggest that women are violated because they fail to conform to social or cultural expectations. Additionally, silencing women while granting men ultimate authority fosters a sense of male entitlement, making rape a tool of social control (Bosilong & Mbecke, 2019).

Alesina et al. (2021) found that women from ethnic groups that traditionally practised endogamy were more susceptible to violence as these traditions promote social isolation and limit women's support networks, while also normalising violence against them. The author further revealed that domestic violence was more prevalent and widely tolerated among ethnic groups where traditional norms required married couples to live in the husband's village or clan territory. These social structures granted husbands greater bargaining power within the household, while women, living away from their own families, had less protection and support. Similarly, Kgadima and Leburu (2022) highlight how African proverbs indirectly perpetuate patriarchy, which then manifests in GBV and forces women, especially those who are married, to endure such circumstances. Drawing from the Setswana/Sepedi proverb “Lebitla la mosadi ke bogadi”, meaning (a woman's grave is at the place/home of her husband), the authors show how the proverb is used to strongly advise (only) the bride to persevere in the marriage and remind her that she cannot return home when things get difficult. This results in women living in fear and continuing to suffer in silence (Mlamlala et al., 2021). Sadly, most indigenous communities still do not appreciate the contribution of such social and norms to GBV.

Social work and GBV in South Africa

In situations of risk, such as GBV, disasters, or social and health emergencies, the involvement of specialised professionals is essential (Cifuentes-Faura, 2020). Social workers are particularly well equipped to support GBV survivors and their loved ones, as they fulfil multiple roles in society (Fernández et al., 2012). Furthermore, given that the profession is rooted in core values such as service, social justice and respect for human dignity, worth and diversity (Dube, 2017), social workers are instrumental in efforts to combat GBV.

Despite this promise, the profession continues to be shaped by colonial legacies, Western paradigms and systemic inefficiencies that dilute its effectiveness in African contexts. The field of social work traces its roots back to the early 1900s (Turton, 2019). As Shawky (1972) observed, following independence, many African nations established ministries of social welfare. During this time, welfare systems were primarily focused on alleviating poverty, with families and local communities playing a central role in providing social support. In South Africa, social welfare initiatives existed long before the Dutch arrived in 1652, as was the case across the African continent. Traditionally, welfare was grounded in the principle of humane assistance and communal support. However, the Dutch colonists introduced a Western model of welfare that primarily provided relief to impoverished white farmers, while excluding the indigenous Khoisan and Bantu-speaking populations. This shift led to significant socio-economic disruptions, particularly with the establishment of the gold and diamond mines, which drove industrialisation and urbanisation (Booyens, 1997). These changes further deepened socio-economic challenges, as many men who migrated to urban areas for work lived apart from their families in rural communities. While some formed new relationships in the cities, many continued to provide financial support to their households, highlighting both the social and economic complexities of labour migration. The impact of industrialisation and

urbanisation disproportionately affected African families, while Afrikaans-speaking communities were able to develop and maintain systems that met their needs. European colonial powers operated with a sense of superiority, perceiving the colonised peoples as primitive and uncivilised (Patel, 2015; Ross, 2018).

GBV was not recognised as a human rights issue until after the 1995 Beijing Conference. South Africa's 1994 democratic transition marked a turning point, fostering renewed black consciousness and a rejection of colonial legacies (Mogorosi & Thabede, 2018). This shift aligned the country with global standards, including the adoption of the 1985 UN Declaration on Justice for Victims (Smit et al., 2012). The Bill of Rights in the 1996 Constitution laid the groundwork for inclusive services (Mbowana, 2016), and the Victim Empowerment Programme (VEP), introduced through the White Paper for Social Welfare, was one outcome of this (Republic of South Africa, 1997; Runganga, 2017). Before the advent of democracy, victim support services were inconsistently provided.

VEP offers a broad range of services designed to help victims access the support they may need after their victimisation (Schoeman, 2012). It encompasses various services that address the comprehensive needs of crime victims (Runganga, 2017). VEP is focused on building and sustaining partnerships across all levels of government, business, and civil society organisations (Moeketsi, 2013). It incorporates elements of a developmental approach, including victim-centeredness, empowerment, collaboration and community participation (Runganga, 2017). The primary goal of this programme is to provide access to diverse services for individuals who have experienced harm, trauma or material loss as a result of violence, crime, natural disasters or accidents resulting from socio-economic conditions (Republic of South Africa, 2009).

VEP is based on a developmental approach, which is fundamental to social work and is seen as a developmental programme. This approach is holistic, integrating various aspects of social work by recognising the relationship between individuals and their environments, connecting micro and macro practices, and employing strength-based models to enhance social and economic inclusion and wellbeing (Gray, 2006; Lombard, 2007; Mayadas & Elliott, 2001; Midgley, 1995; Patel, 2005; Patel & Hochfeld, 2008). Globally, the developmental approach represents a paradigm shift in social work that emphasises developmental theory and practice (Midgley & Conley, 2010; Patel, 2005). The importance of this approach was reinforced at the 1995 Copenhagen meeting, which called for a focus on placing people at the centre of development, treating them as subjects rather than objects (Manyama, 2018). In South Africa, this developmental approach was officially adopted as national government policy in 1997, aiming to promote social and economic justice by enhancing the capabilities of individuals and communities (Patel & Hochfeld, 2013).

VEP aims to integrate multidisciplinary services to meet the needs of victims and reduce secondary victimisation, ensuring that they receive comprehensive and coordinated support (Moeketsi, 2013). Key target populations for the VEP include women, victims of domestic violence, sexual assault and rape survivors, abused children, older persons, individuals with disabilities, victims of human trafficking and those experiencing hate victimisation (Department of Social Development [DSD], 2008). Through VEP, social workers are provided

with strategies to combat GBV and promote social justice at various practice levels, including intrapersonal, interpersonal, community and structural (Logie et al., 2019).

Within the Victim Empowerment Programme, social workers deliver services across four levels: prevention, early intervention, statutory and after-care (Leburu-Masigo, 2020a; Mhango, 2012). At the prevention level, the focus is on building clients' capacity and promoting self-reliance through education, particularly for those not yet in crisis but at future risk (DSD, 2006). Social workers act as educators, raising awareness about gender-based violence and available support services to help break cycles of violence (DSD, 2008). This stage relies on a collaborative, 'whole-of-society' approach (DSD, 2013).

The early intervention stage targets individuals, groups or communities showing early signs of risk. It aims to reduce the likelihood of these risks developing into serious social problems through developmental and therapeutic support (DSD, 2013). Outcomes include victims and perpetrators being informed about support processes and feeling safe and supported (DSD, 2006). Statutory services come into play when individuals are involved in legal cases or unable to function within their communities. Interventions may include removal to alternative care through court orders, along with services such as court support, pre-trial assessments, para-legal assistance and counselling (DSD, 2013; Mhango, 2012). The final level, after-care or continuum of care, supports victim's during the post-crisis period by aiding reintegration into families and communities, and promoting ongoing self-reliance and social functioning (DSD, 2006, 2013).

While social workers are vital in tackling GBV, their efforts face significant challenges. The Department of Social Development (2016) notes a lack of coordination across government departments and a shortage of skilled social workers. Furthermore, Western models of social work, which are often pathologizing, curative and remedial (Harms-Smith & Nathane, 2018; Qalinge & Van Breda, 2018), do not reflect African socio-cultural realities (Thabede, 2005). These models tend to marginalise Indigenous African approaches that emphasise communal responsibility, collective wellbeing, and relational accountability (Kunene, 2017; Mabvurira & Makhubele, 2018; Makhubele, 2011; Mogorosi & Thabede, 2018). The Western emphasis on individualisation is particularly misaligned with African communal values, making it less effective in addressing GBV (Mabvurira & Makhubele, 2018; Mogorosi & Thabede, 2018).

Many social workers lack the necessary knowledge and confidence to effectively address GBV (Leburu-Masigo, 2020a; Mahlori, 2016). Bertha Reynolds (1935) emphasised that upholding human rights is essential to the integrity of the profession (National Association of Social Workers Foundation, 2004). This highlights ongoing concerns about the cultural relevance of social work practice in Africa (Osei-Hwedie & Boateng, 2018). To effectively respond to GBV, social workers must engage with Afrocentric perspectives and reject negative stereotypes of indigenous cultures (Bradshaw & Graham, 2007; Leburu-Masigo, 2020b). Achieving this requires a critical examination of colonial legacies and a re-centring of indigenous, community-based knowledge in South African social work.

Pan-African and Afrocentric social work implications

The findings demonstrate that GBV against women is not only a legal and social problem, but an issue deeply rooted in historical and structural inequalities such as colonialism, apartheid and patriarchy. These intersecting systems have historically side-lined and marginalised women, normalised violence and established harmful gender norms. Practices such as lobola, patriarchy and virilocal marriage arrangements are cited as exacerbating factors for GBV. The article further shows the multidimensional crisis of GBV discourse across four levels of human interaction, namely individual, family, community and societal. Therefore, an Afrocentric approach, grounded in the principles of *ubuntu* and Pan-Africanism, offers a powerful framework for transforming social work practice to address GBV holistically and effectively.

In contemporary society, harmful gender norms and practices must be critically examined and dismantled to realign them the Pan-Africanism that was envisaged by proponents such as W.E.B. Du Bois and E.W. Blyden. Du Bois, known as the father of Pan-Africanism, aimed to foster unity among Africans, and to protect and promote the interests of all those of African descent (Morris, 2022), while Blyden, known as a Pan-African pioneer, advocated for African unity, identity, dignity, sovereignty and prosperity (Khadiagala, 2022). The current prevalence of GBV contradicts these Pan-African ideals. It is therefore imperative to approach GBV with a deep understanding of Pan-African philosophical foundations and values.

Many African communities share worldviews shaped by particular cultural and philosophical traditions (Venter, 2004). A key influence on this worldview is *ubuntu*, a concept rooted in humanness and altruism (Letseka, 2000). *Ubuntu* serves as the foundation of Pan-Africanism, encompassing a set of values and practices that individuals of African descent consider essential for genuine human existence. Historically, African societies have upheld a deep tradition of interconnectedness, fostering humanness among individuals, groups and communities. Despite centuries of marginalisation, African people have always maintained a rich linguistic heritage and well-defined belief systems that articulate the essence of humanity, identity and purpose (Nobles et al., 2016). Therefore, discussions of African humanness and culturally grounded social work can benefit from engaging with the ideals of Ubuntu, which emphasise relationality, communal responsibility, and human dignity (Sigger et al., 2010). Integrating these ideals into social work practice highlights the potential for a transformed, context-sensitive approach that addresses GBV more holistically, while acknowledging the diversity of African experiences.

In 1962, the then-president of Tanzania, Julius Nyerere, introduced the concept of *Ujamaa* (Sigger et al., 2010). Meaning “familyhood” in Kiswahili, *Ujamaa* was adopted as a policy framework that emphasised African socialism and the value of traditional African practices. This policy framework officially became part of Tanzanian policy in 1967 (Sigger et al., 2010). *Ujamaa* shares a strong connection with *ubuntu*, as both philosophies emphasise the importance of positive human relationships. These values foster social harmony and cohesion, beginning with families and local cultural communities, and extending outward to the broader global society. Additionally, an individual embodying *ubuntu* is characterised by traits such as compassion, humility, thoughtfulness, consideration, understanding, wisdom, generosity,

hospitality, social maturity, sensitivity, virtue and a sense of blessing (Le Roux, 2000; Mabasa, 2020).

When all is said and done, the question remains: If Africans believe in the philosophy of humanness, then why is GBV prevalent especially in African communities? This contradiction demands a return to foundational African values and a dismantling of harmful structures, norms and beliefs that perpetuate GBV. The patriarchal structures entrenched during colonial and apartheid regimes exacerbated women's vulnerability to discrimination and abuse, compounding existing social inequalities and power imbalances. To address this vulnerability requires collective, culturally appropriate and inclusive strategies that honour the diversity among African ethnic groups. The article narrows its focus to South Africa, where the author is based and practices social work.

Recognising GBV as a human rights issue (Thobejane, 2019), the article aligns with the core mission of social work, which is centred on human rights and social justice (Sewpaul & Kreitzer, 2021). Issues related to human rights, as outlined in various international and national declarations and conventions, are integral to social work. Since its inception, social work has been recognised as a human rights profession (Sewpaul & Kreitzer, 2021). Social work seeks to assist vulnerable populations, particularly women and children, in overcoming challenges like GBV and achieving better social functioning (Dube, 2016). According to DuBois and Miley (2008), social workers have an ethical responsibility to promote justice for marginalised and disenfranchised populations.

While the literature shows that VEP offers a structured, multi-level response to GBV, including prevention, early intervention, statutory services and after-care, it suffers from poor interdepartmental coordination, shortage of social workers and the use of Western models. Addressing the rising rates of GBV requires radical, Afrocentric approaches that integrate African cultural values into social work practice. Afrocentricity, as proposed by scholars such as Asante (1988, 2003, 2017), Schiele (1994) and Bekerie (1994), offers a holistic, African-centred worldview that validates African knowledge, regenerates identity and empowers African people as active agents in shaping their realities. Afrocentricity, therefore, is not merely theoretical but a practical framework rooted in African epistemology. It emphasises interdependence, collectivism and spirituality. These values defined pre-colonial African societies (Ben-Jochannon, 1971; Diop, 1978; Keita, 1978; Williams, 1987). The framework challenges Eurocentric marginalisation of African experiences and calls for indigenous alternatives to expand the range of solutions (Asante, 1983; George & Dei, 1994). Key aspects of Afrocentricity include establishing an African-centred identity, defending African cultural practices, refining indigenous language and correcting historical misrepresentations (Asante, 2017).

Afrocentricity seeks to reposition Africans as active agents in human history, countering their historical marginalisation by European frameworks in cultural, economic, religious, political and social contexts (Asante, 2003). It validates African experiences and knowledge while critiquing their exclusion from mainstream academia (George & Dei, 1994). Exploring alternatives from an African cultural perspective is essential to expanding possibilities (Asante, 1983). Key characteristics of an Afrocentric approach include psychological location,

establishing an African-centred identity, defending African cultural elements, refining African lexicon, and correcting historical misrepresentations (Asante, 2017).

From a social work perspective, Afrocentricity serves as a framework for addressing social issues (Mathebane & Sekudu, 2018). Afrocentric social work is grounded in three main assumptions: identity as a collective experience, equal significance of spiritual and material aspects of human life, and the epistemological validity of emotional knowledge (Schiele, 1997). It provides a guiding principle for social work at individual, community, societal and global levels (Schiele, 1996). Beyond being a theoretical concept, Afrocentricity is a way of thinking, acting and living to promote social justice and human rights (Bent-Goodley, 2009; Dyson & Smith Brice, 2016). It facilitates dialogue between diverse communities, fostering understanding and respect (Bent-Goodley et al., 2017). As such, Afrocentricity is a valuable tool for critically examining privilege, power and position (Rapanyane, 2021), as well as understanding and addressing GBV within African contexts.

Afrocentricity emphasises the contributions, strengths and humanity of African people on the continent as well as across the diaspora (Bent-Goodley et al., 2017), urging social workers to address human development beyond racial, ethnic and geographical differences (Harvell, 2010). Rooted in *ubuntu* and inspired by leaders such as Nkrumah through his philosophy of consciencism (Mugumbate & Nyanguru, 2013), the approach challenges the entrenched gender roles that fuel GBV (Mugumbate & Nyanguru, 2013). Feminist scholars such as Mariama Bâ call on African women to move beyond passive roles and become active agents of social transformation (Azodo, 2020). Afrocentric scholars like Schiele (1994), Akbar (1984) and Nobles (1985) have long promoted alternative paradigms of knowledge and identity grounded in African culture and history. Unfortunately, colonial legacies and internalised anti-African narratives have distanced many Africans from the legacy of these paradigms. Nevertheless, Afrocentricity offers a path to reinstate interconnectedness as fundamental to African worldviews (Mbiti, 1970; Nobles, 1985).

While the Afrocentric perspective does not claim universal applicability, it highlights the political and economic oppression contributing to GBV, viewing male perpetrators as victims of systemic exploitation (Oliver, 1989; Schiele, 1996). Social work must therefore reassess theories through an African lens, recognising historical and global influences (Turton & Schmid, 2020). In applying an Afrocentric approach to GBV, social workers can provide culturally grounded interventions that confront harmful norms and power dynamics through research, education and community mobilisation (Bent-Goodley et al., 2017). Social workers must leverage indigenous knowledge systems, local languages and cultural practices to effectively engage communities (Forkuor et al., 2018; Mogorosi & Thabede, 2018). Understanding cultural contexts is crucial for effective intervention and prevention strategies (Gordon & Gill, 2013; Makhubele, 2011).

Emphasising a return to the principles of *ubuntu*, which were central to African societies before colonisation, is essential in shaping Afrocentric social work practices (Kurevakwesu & Maushe, 2020; Mugumbate & Nyanguru, 2013). *Ubuntu* aligns with the core values of social work in Africa. It also fosters social solidarity and democracy as key components in addressing challenges such as GBV (Asante, 2014; Sewpaul & Kreitzer, 2021). These strategies should be

strengths-based and promote self-determination while honouring diverse human experiences (Mabvurira, 2020).

Afrocentric social work must go beyond theory to real-world applications (Mogorosi & Thabede, 2018; Spolander et al., 2011). In education, social work curricula should equip students with the skills to work with indigenous communities (Manomano et al., 2020). Research should also be culturally informed, integrating indigenous perspectives at every stage, from problem identification to implementation and assessment (Davis et al., 2010). This approach allows Africa to reclaim its underutilised resources and strengths (Legodi & Shai, 2021).

Unlike conventional methods that focus on individual pathology, Afrocentric practice emphasises systemic change. This is implemented through strategies such as systems accommodation, which adapts existing structures to better serve communal needs, and systems replacement, which seeks to transform or replace oppressive structures with culturally grounded, community-focused alternatives (Schiele, 1996). It also addresses spiritual alienation, a key factor in human exploitation and suffering. Addressing GBV requires confronting spiritual alienation, which disconnects moral values from human self-worth, leading to exploitation and harm (Mogorosi & Thabede, 2018; Mugumbate & Nyanguru, 2013). This article recommends curriculum changes that incorporate Afrocentric epistemologies into core courses, including African philosophy, oral traditions, *ubuntu* and community ideals, spiritual interventions, community-based healing and indigenous conflict-resolution techniques. There is also the need for policy alignment that recognises indigenous knowledge systems. This requires the collaboration of social work educators and practitioners, traditional leaders, healers and community elders during policy formulation.

Furthermore, social work interventions should integrate *ubuntu* into the broader social service delivery framework, reinforcing collective responsibility and justice to address GBV (Mupedziswa et al., 2019). Macro-level social work practice such as community and group work are vital for dismantling patriarchal structures in African communal societies where collective responsibility is central (Mogorosi & Thabede, 2018; Mugumbate & Nyanguru, 2013). Social workers must actively challenge patriarchal norms, educate communities about hegemonic masculinity and advocate for women's rights (Thobejane, 2019). Efforts should include gender-sensitive curricula, community engagement and stricter enforcement of laws protecting victims (Thobejane, 2019). Collaborations with government, religious and traditional leaders are necessary to shift societal attitudes (Harper & Marcus, 2018; Haylock et al., 2016). African proverbs further anchor these systemic models in local wisdom. For instance, "Sedikwa ke ntswa pedi ga se thata" [A task is easier with collaboration] and "Moroto o esi ga o elele" [One man's urine does not flow abundantly] emphasise the power of unity in addressing social issues. The latter emphasises that isolated individual efforts lack the volume or momentum required to create systemic change. Much like a single stream is easily absorbed by the earth, collective action is required to create a flow powerful enough to transform social structures.

Music is another powerful medium for driving social change. Research demonstrates that music is an effective tool for raising awareness and challenging GBV. Various studies highlight its

role in influencing social attitudes and advocating for change (De Jong & Phokwana ka Menziwa, 2022; Fayoyin & Nieuwoudt, 2017). Across Africa, music has been used in social movements, from health campaigns to GBV activism. Songs like *Bayizimbali* and *Sekwanele* convey messages about femicide, oppression and the need for systemic change (Mlamla et al., 2021). Moreover, media campaigns in indigenous languages enhance communication, understanding and engagement (Oparinde & Matsha, 2021). Programmes and interventions should be inclusive of Africa's linguistic and cultural diversity to maximise impact. Social workers must also deepen their cultural awareness to effectively engage with communities, as this sensitivity is a prerequisite for identifying and leveraging the indigenous protection mechanisms inherent in collective unity. Within the context of GBV, cultural awareness allows practitioners to move beyond an 'outsider' approach, enabling them to work from within the community's own value systems to reframe GBV as a violation of Ubuntu rather than just a legal infraction. By aligning interventions with collective knowledge, social workers can foster the communal buy-in necessary for sustainable, systemic change. (Rankopo & Osei-Hwedie, 2011).

CONCLUSION

This article affirms GBV is a critical human rights issue deeply intertwined with the core mission of social work. Historically, colonisation and neo-colonialism imposed oppressive patriarchal systems on the continent that dehumanised Africans, especially women, through violence and structural inequality. Industrialisation and urbanisation further weakened traditional support systems, increasing women's vulnerability. While post-independence initiatives such as the Victim Empowerment Programmes (VEPs) sought to address GBV, many social work interventions have relied on Western models that often lack cultural relevance in African contexts.

To effectively combat GBV, the article calls for a shift towards an Afrocentric approach that places African experiences at the centre, promotes Pan-African ideals and utilises indigenous knowledge systems. While the article primarily engages in broader ideological discussion, it suggests that Afrocentric social work could incorporate culturally resonant strategies such as macro-level interventions, community engagement, education, and creative practices like music, all grounded in the principles of ubuntu. Collaboration across various stakeholders and communication in African languages is also essential for inclusive, culturally appropriate interventions.

AUTHOR BIOGRAPHY

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