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ENHANCING SOCIAL WORK INTERVENTIONS TO ADDRESS GENDERED VIOLENCE AGAINST QUEER INDIVIDUALS IN NCISE RURAL AREA, SOUTH AFRICA

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ABSTRACT

Gendered violence against Queer individuals in rural South Africa, particularly in Ncise, Mthatha, persists due to cultural norms, limited resources, and inconsistent interventions. This study assessed the role of social workers in enhancing community-based interventions to mitigate such violence, focusing on engagement frequency, cultural competency, and support group facilitation. Through a qualitative approach and phenomenological design, the study collected data with the use of semi-structured interviews from 20 participants, who were made up of Queer individuals, social workers, nurses, police officers, and community leaders. The study revealed gaps in social work presence, Queer-specific training, and support group availability. The study further found the need for regular visits, culturally competent training, and sustained support groups to foster inclusivity. Recommendations include structured intervention frameworks, stakeholder collaboration, and Queer-focused mental health services. This study contributes to the knowledge gap by promoting culturally sensitive social work practices to empower marginalised communities.

KEYWORDS: Queer Individuals, Gendered Violence, Social Workers, Community-Based Interventions, Cultural Competency, Rural South Africa, Social Justice.

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1. INTRODUCTION

Gendered violence against Queer individuals, encompassing physical, emotional, psychological, and sexual abuse driven by gender identity or sexual orientation, remains a pressing human rights issue in rural South Africa, including Ncise, Mthatha (Crenshaw, 2021; UN Women, 2020). Despite South Africa's progressive Constitution, rural areas often exhibit weak enforcement of protections due to heteronormative and cisnormative cultural norms, perpetuating stigma, discrimination, and violence (Kasa, 2024b). According to Katz (2020), social workers are pivotal in community-based interventions, fostering trust, providing culturally sensitive support, and advocating for systemic change. However, Chondros (2020) argues that their effectiveness in rural settings is limited by infrequent engagement, limited resources, and a lack of Queer-specific training.

To this end, this article, which is a portion of a broader study, sought to assess the role of social workers in the effectiveness of community-based interventions in reducing gendered violence against Queer individuals in Ncise. It examined engagement frequency, cultural competency, and support group facilitation to identify barriers and propose solutions. Research questions include: How often do social workers engage with Ncise? How does cultural competency impact intervention effectiveness? How do support groups influence Queer individuals' experiences? Grounded in Anti-Oppressive Practice (AOP) and Cultural Competency theories (Baines & Clark, 2022; Campinha-Bacote, 2002). By highlighting strategies to enhance social work interventions, the study aims to foster safer, more equitable rural communities.

For this study, the term Queer individuals is used as an inclusive umbrella concept referring to persons whose sexual orientation, gender identity, or gender expression differs from dominant heterosexual and cisgender norms. This includes, but is not limited to, lesbian, gay, bisexual, transgender, non-binary, intersex, and other gender and sexually diverse persons.

Gendered violence refers to acts of physical, emotional, psychological, sexual, or structural harm directed towards individuals because of their gender identity, gender expression, or sexual orientation. Such violence is often rooted in unequal power relations, heteronormativity, patriarchy, and social prejudice.

Queer-inclusive social work interventions refer to professional practices, programmes, and policies that intentionally recognise, affirm, and respond to the unique needs and experiences of Queer individuals while promoting equality, dignity, and social justice.

2. LITERATURE REVIEW

2.1 Trust-Building and Engagement

Social workers are instrumental in fostering trust with Queer individuals, a prerequisite for effective interventions (Winkler, 2021). Trust is particularly vital in rural settings like Ncise, where Queer individuals often face scepticism or hostility from service providers, discouraging help-seeking (Khan et al., 2020). Jenkins (2020) found that social workers who build rapport through consistent engagement reduce instances of gendered violence by creating safe spaces for dialogue. Russell (2019) emphasises that regular community visits by social workers enhance trust, enabling Queer individuals to disclose experiences of violence and access support. However, in rural areas, infrequent visits due to resource constraints often undermine this trust, thereby limiting the impact of interventions (Chondros, 2020). For example, in South African rural communities, social workers' sporadic presence has been linked to low service uptake among Queer populations (Brenner, 2021).

2.2. Culturally Sensitive Support

Culturally sensitive support is essential for addressing the unique needs of Queer individuals experiencing gendered violence (Mancini, 2021). Brown (2022) highlights that social workers providing emotional validation and trauma-informed care can mitigate post-traumatic stress disorder (PTSD) symptoms, enhancing well-being. This is particularly relevant in Ncise, where cultural norms rooted in patriarchal and heteronormative values marginalise Queer identities (Kasa, 2024). Culturally competent social workers, trained to understand intersectional identities (e.g., race, gender, sexuality), create interventions that resonate with Queer individuals' lived experiences (Campinha-Bacote, 2002). However, the lack of Queer-specific training in rural South Africa often leads to interventions that fail to address these complexities, thereby perpetuating feelings of alienation (Chondros, 2020). For instance, counsellors unfamiliar with Queer identities may inadvertently reinforce stigma, deterring individuals from seeking help (Satyanarayana & Manjunath, 2025).

2.3. Support Groups and Community Interventions

Support groups facilitated by social workers are a cornerstone of community-based interventions, offering Queer individuals spaces to connect, share experiences, and build resilience (Smith et al., 2021). Wall et al. (2019) found that support groups reduce isolation and empower participants to cope with gendered violence. In rural settings, however, logistical challenges and limited availability of social workers often hinder group sustainability (Lea et al., 2021). In Ncise, the absence of consistent support groups exacerbates vulnerability, as Queer individuals lack peer networks to counter stigma (Lambert, 2021). Social workers can enhance group effectiveness by integrating culturally relevant content and ensuring regular facilitation, aligning with the AOP framework's emphasis on centring marginalised voices (Baines & Clark, 2022).

2.4. Systemic Advocacy and Challenges

Social workers play a critical role in advocating for systemic changes to address the root causes of gendered violence, such as discriminatory cultural norms and weak legal enforcement (Murphy, 2009). By collaborating with stakeholders such as NGOs and police, social workers can advocate for stronger anti-discrimination policies and community education (Kasa, 2024b). However, rural contexts like Ncise face significant challenges, including limited funding, cultural resistance, and a shortage of Queer-affirming professionals (Brenner, 2021). The AOP framework advocates challenging these structural barriers by amplifying Queer voices and promoting social justice (Baines & Clark, 2022). Similarly, Cultural Competency theory emphasises ongoing training to equip social workers with skills to navigate cultural complexities (Campinha-Bacote, 2002). Without addressing these challenges, social workers' impact remains limited, perpetuating vulnerability among Queer individuals (Mullaly, 2010).

2.5. Gendered Violence, Minority Stress and Queer-Inclusive Social Work Interventions

Gendered violence against Queer individuals cannot be understood solely through isolated acts of victimisation but must also be examined within broader systems of social exclusion and discrimination. Minority Stress Theory posits that sexual and gender minorities experience chronic stress arising from stigma, prejudice, discrimination, and social marginalisation, which negatively affect their psychological and social wellbeing (Meyer, 2003). Recent scholarship demonstrates that experiences of victimisation, rejection, and fear of disclosure continue to expose LGBTQIA+ individuals to elevated risks of depression, anxiety, substance abuse, and suicidal ideation (Hatzenbuehler, 2017; Roberts et al., 2025). These stressors are often intensified within rural communities where conservative cultural norms and limited access to affirming services contribute to heightened social isolation.

Within the South African context, Queer individuals continue to encounter violence despite constitutional protections guaranteeing equality and dignity. Research suggests that heteronormative social structures, cultural stigma, and inadequate institutional responses contribute to persistent forms of physical, emotional, and psychological violence directed towards sexual and gender minorities (Kasa, 2024; Msibi, 2022). Such experiences frequently discourage help-seeking behaviour and reinforce mistrust towards formal support systems.

Queer-inclusive social work interventions seek to address these challenges through affirmative, anti-oppressive, and culturally responsive approaches. Queer-affirmative practice recognises diverse sexual orientations and gender identities as valid expressions of human diversity while actively challenging discriminatory practices and institutional barriers (Craig et al., 2021). Studies have shown that affirming counselling, peer support groups, and community-based empowerment programmes contribute significantly to improved mental health outcomes, social connectedness, and resilience among LGBTQIA+ populations (Annechino, 2025; McCormick et al., 2023). These interventions are particularly important within rural communities where social support structures remain limited. Consequently, social workers occupy a critical position in promoting inclusion, facilitating access to support services, and advocating for structural changes that reduce vulnerability to gendered violence.

3. THEORETICAL FRAMEWORK

This study is underpinned by Anti-Oppressive Practice (AOP) and Cultural Competency Theory. Anti-Oppressive Practice recognises that social problems are frequently rooted in structural inequalities and systems of oppression that privilege certain groups while marginalising others (Baines, 2020). Within the context of Queer individuals, oppression manifests through heteronormativity, cisnormativity, discrimination, and exclusion from social institutions. AOP therefore requires social workers to challenge oppressive structures while promoting social justice, empowerment, and

inclusion.

Complementing AOP, Cultural Competency Theory emphasises practitioners' ability to work effectively across diverse cultural contexts through the development of cultural awareness, knowledge, skills, encounters, and desire (Campinha-Bacote, 2002). Within rural South African communities, social workers must understand the intersection of sexuality, gender, culture, and local social norms to provide meaningful support to Queer individuals.

Together, these frameworks provide a lens for examining how structural inequalities contribute to gendered violence while simultaneously identifying culturally responsive strategies that social workers may employ to promote inclusion and well-being.

4. METHODOLOGY

A qualitative phenomenological approach was employed to explore the lived experiences of Queer individuals and the role of social workers in Ncise, Mthatha. Phenomenology allowed an in-depth understanding of participants' subjective experiences and the meanings they assign to gendered violence and social work interventions (Creswell, 2019).

4.1. Sampling and Participants

Purposive snowball sampling recruited 20 participants: 8 Queer individuals with experiences of gendered violence, 3 police officers, 3 nurses, 2 community leaders, 2 social workers, and 2 service providers from Queer-supporting organisations. Inclusion criteria required participants to be aged 18–40, self-identify as Queer (for relevant participants), and have direct experience with or knowledge of gendered violence. Exclusion criteria included individuals under 18 years of age or unable to provide informed consent (Osborn, 2023).

4.2. Participant Recruitment and Selection

Purposive sampling was initially employed to identify participants with direct experience of gendered violence against Queer individuals or involvement in providing support services within the community. Snowball sampling was subsequently utilised to identify additional participants through referrals from initial participants. This approach was particularly appropriate given the sensitivity of sexual orientation and gender identity issues within rural communities, where many individuals remain hesitant to disclose their identities publicly.

4.3. Trustworthiness

To ensure credibility, member checking was conducted, in which participants were given opportunities to verify the accuracy of interpretations derived from their interviews. Dependability was enhanced through maintaining detailed records of methodological decisions and analytical procedures. Confirmability was promoted through reflexive note-taking and peer debriefing, while rich descriptions of the research context and participants facilitated transferability.

4.4. Data Collection

Semi-structured, in-depth interviews were conducted in private settings to ensure confidentiality. An interview guide with open-ended questions, such as "How often do social workers visit your area?" and "What support services have you accessed?", facilitated exploration of social workers' roles (Creswell, 2019). Interviews were audio-recorded with consent and supplemented with field notes to capture contextual details (Patton, 2020).

5. DATA ANALYSIS

Thematic analysis, following Braun and Clarke (2019), involved coding transcripts to identify patterns, grouping codes into themes (e.g., support groups, counselling), and refining them through iterative review. Member checking and peer debriefing ensured rigour (Creswell, 2019).

5.1. Ethical Considerations

The study was approved by the Walter Sisulu University Research Ethics Committee (Protocol: REC/11(XXXXXX)/2024). Informed consent, confidentiality, anonymity, and cultural sensitivity were prioritised to minimise harm and respect local norms (Bradford, 2020).

5.2. Limitations

This study was conducted within a single rural community in the Eastern Cape, where cultural norms, social relationships, and service delivery structures may differ substantially from those in urban settings and other provinces. Consequently, the findings should not be interpreted as representative of all Queer individuals in South Africa. Furthermore, cultural attitudes towards sexuality and gender diversity within Ncise may have influenced participants' willingness to disclose sensitive experiences. The use of snowball sampling may also have resulted in the recruitment of participants connected through similar social networks, potentially limiting the diversity of perspectives represented. Despite these limitations,

the study provides rich contextual insights into the lived experiences of Queer individuals and the challenges facing social work interventions in rural communities.

6. FINDINGS AND DISCUSSION

The thematic analysis of interviews with 20 participants in Ncise, Mthatha, reveals profound insights into the role of social workers in community-based interventions aimed at reducing gendered violence against Queer individuals.

The most striking finding emerges around the absence of consistent support groups, a gap directly linked to infrequent social worker visits.

Participant 3, a Queer individual, poignantly expressed, "Social workers no longer visit our village. I do not know the reason behind that," a sentiment echoed by Participant 14, who noted, "Even though we try to voice out the issue of not having visitation from social workers as community members, the community leaders do not pay attention to us."

This lack of engagement is further underscored by Participant 11, a community leader, who admitted, "As the community leader, I do hear the cries of community members, and I am not doing anything, and I promise that we will assist." Participant 15, a social worker, acknowledged this shortfall, stating, "As a social worker, I really see and agree with the community members that we do not often visit this village, but we promise that we shall rectify that fault."

These findings align with Jenkins' (2020) assertion that trust-building, a cornerstone of effective interventions, requires consistent engagement. The sporadic presence of social workers in Ncise reflects broader resource constraints in rural South Africa, as noted by Chondros (2020), which hinder the establishment of safe spaces, such as support groups. The AOP framework (Baines & Clark, 2022) suggests that centring Queer voices through regular visits could challenge this systemic failure and foster community resilience.

Another critical theme is the inadequacy of counselling services, particularly the lack of cultural competency among providers.

Participant 3, a nurse, observed, "As a nurse, I deal with victims of gendered violence due to sexuality… they suffer from mental health issues. This affects their well-being, ending up finding it hard to socialise, go to school, or go to work because their self-esteem goes down."

Participant 14, a trans non-binary individual, shared a personal struggle: "Therapy has been essential to my survival, but it was not always easy to find a counsellor who could hold space for me as a trans, non-binary person of colour. So many therapists lack the cultural competency to offer real help."

Similarly, Participant 13, a trans man, reflected, "I have had both positive and negative experiences with therapy. I have had counsellors who were open, accepting, and supportive, and others who didn't understand my experiences as a trans man."

These accounts resonate with Satyanarayana and Manjunath's (2025) findings on the mental health challenges faced by rural Queer individuals due to limited access to culturally competent care. The Cultural Competency theory (Campinha-Bacote, 2002) emphasises the need for ongoing training to address these gaps, suggesting that social workers in Ncise must be equipped to understand intersectional identities, such as race, gender, and sexuality, to provide meaningful support. The absence of such training perpetuates alienation, as Chondros (2020) warns, and fails to mitigate PTSD symptoms, as highlighted by Brown (2022).

This further reveals intersectional health challenges that compound the impact of gendered violence. Participant 3 noted, "Some [Queer individuals] become infected with HIV, and they find it difficult to accept their status," pointing to sexual assault as a vector for HIV transmission.

This finding aligns with Chettiar's (2023) work on the intersection of violence and health disparities, underscoring the need for holistic interventions. Social workers' inability to address these health outcomes reflects a broader systemic issue, as Bauer (2020) argues, calling for advocacy to tackle root causes such as inadequate healthcare access. The lack of Queer-affirming counselling exacerbates these challenges, leaving individuals without the emotional validation necessary for recovery (Mancini, 2021).

The disconnect between community leaders and Queer individuals further complicates interventions. Participant 11's admission of inaction, "I am not doing anything", suggests a lack of leadership accountability, which Wall et al. (2019) link to the need for collaborative stakeholder engagement. Social workers could bridge this gap by facilitating community education and challenging heteronormative norms, as advocated by the AOP framework (Baines & Clark, 2022). However, cultural resistance, as noted by Kasa (2024), poses a significant barrier, requiring sustained efforts to shift attitudes in Ncise.

Weak legal enforcement emerges as an

underlying issue, with Kasa (2024b) critiquing South Africa's anti-discrimination laws' failure in rural areas. This aligns with participants' experiences of neglect, suggesting that social workers must advocate for policy implementation, as Bauer (2020) recommends. The promise from Participant 15 to "rectify that fault" offers hope, but without systemic support, such commitments may remain unfulfilled, perpetuating vulnerability.

Recent international studies demonstrate that Queer-affirmative counselling interventions contribute significantly to improved psychological well-being, self-esteem, and resilience among LGBTQIA+ individuals exposed to discrimination and violence (Annechino, 2025; McCormick et al., 2023). Similarly, peer-led support groups have been shown to reduce social isolation, enhance coping capacities, and foster collective empowerment among sexual and gender minority populations (Craig et al., 2021). These findings support participants' calls for sustained support groups and culturally responsive counselling services within Ncise.

Furthermore, trauma-informed social work interventions have emerged as an important evidence-based approach for supporting Queer individuals who have experienced violence and discrimination. Trauma-informed practice recognises the cumulative effects of victimisation, social exclusion, and minority stress on psychological wellbeing and seeks to create safe, empowering, and non-judgemental environments for service users. Research has demonstrated that trauma-informed interventions contribute to reductions in symptoms of anxiety, depression, post-traumatic stress, and internalised stigma among LGBTQIA+ populations (Craig et al., 2021; Annechino, 2025). Within the context of Ncise, where participants described experiences of rejection, fear, psychological distress, and limited access to affirming services, trauma-informed approaches may provide an important framework for strengthening social work responses. Such interventions could assist social workers in addressing not only the immediate consequences of gendered violence but also the longer-term psychosocial effects associated with repeated exposure to discrimination and marginalisation.

In addition, community-based and multi-sectoral interventions have been shown to play a critical role in preventing violence against sexual and gender minorities. International evidence suggests that collaboration between social workers, healthcare professionals, law enforcement agencies, community leaders, and civil society organisations contributes to more comprehensive and sustainable support systems for LGBTQIA+ individuals (Poteat et al., 2013; Logie et al., 2022). These collaborative approaches have been associated with increased reporting of violence, improved access to psychosocial support services, enhanced community awareness, and reductions in discriminatory attitudes. The findings of this study similarly revealed the need for stronger partnerships among social workers, community leaders, healthcare providers, and Queer-supporting organisations. Strengthening such collaborations may therefore enhance the effectiveness of interventions aimed at preventing gendered violence while simultaneously fostering greater social inclusion and community acceptance of Queer individuals within rural communities such as Ncise.

The findings of this study closely mirror international evidence regarding the challenges faced by Queer individuals in rural settings. Studies conducted in Canada, Australia, and the United States consistently report that rural LGBTQIA+ populations experience heightened social isolation, limited access to affirming services, and increased exposure to discrimination compared to their urban counterparts (Roberts et al., 2025; McCormick et al., 2023). Similar to participants in Ncise, international studies have identified culturally competent social workers and peer support networks as critical protective factors that promote resilience and well-being. These similarities suggest that while the specific cultural context differs, many of the structural barriers experienced by Queer individuals remain globally shared.

In synthesising these findings, the study highlights a critical need for social workers to adopt trust-based, culturally competent, and systemic approaches. Regular visits could restore confidence, as Katz (2020) suggests, while training in Queer-affirming practices could address counselling deficiencies (Campinha-Bacote, 2002). Support groups, if consistently facilitated, could reduce isolation (Smith et alt., 2021), and advocacy could strengthen legal protections (Murphy, 2009). These insights contribute to humanities education by emphasising inclusive practices that empower marginalised communities and by offering a pathway to transform social work interventions in Ncise.

7. RECOMMENDATIONS

1. Regular Social Worker Visits: Monthly visits to Ncise to engage Queer individuals, aligning with Katz (2020).

2. Queer-Focused Training: Mandatory training in Queer-affirming practices and cultural competency (Campinha-Bacote, 2002).
3. Support Group Facilitation: Biweekly Queer-focused support groups to foster resilience (Smith et al., 2021).
4. Stakeholder Collaboration: Partner with NGOs and health services for resource centres offering legal and mental health support (Wall et al., 2019).
5. Policy Advocacy: Advocate for stronger anti-discrimination law enforcement in rural areas (Murphy, 2009).
6. Mental Health Services: Expand Queer-affirming mental health access via training and telehealth (Satyanarayana & Manjunath, 2025).
7. Community Education: Workshops to challenge cultural stigma and educate leaders (Kasa, 2024).

8. CONCLUSION

This study illuminates the pivotal yet underutilised role of social workers in reducing gendered violence against Queer individuals in Ncise, Mthatha. The study further reveals that infrequent visits, lack of cultural competency, and absent support groups undermine intervention effectiveness, exacerbating mental health and health disparities. Grounded in AOP and Cultural Competency frameworks, the recommendations, regular engagement, targeted training, support groups, collaboration, advocacy, mental health services, and education offer a transformative approach. These findings enrich humanities education by advocating inclusive social work practices, fostering safer rural communities. Future research should explore scalable training and intervention models to sustain these efforts.

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