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Social work and women's violence care in Morocco

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ABSTRACT

This study explored the challenges and practices of social workers at Moroccan Integrated Care Units for Women and Children Victims of Violence (ICUWCVV) regarding violence as a major public health and social injustice issue. The study was guided by the Ubuntu philosophy, which emphasizes community solidarity, justice and human dignity. The theoretical framework is informed by African feminist epistemologies critiquing and extending African methods of empowerment within care practices. It applied indigenous research methodology through semi-structured interviews with 13 social workers across the Fès-Meknès region. In this paper, we will share the experiences in the field and challenges in operationalizing services. The perceived lack of training and resources in the programs impacts the quality of care provided and the ability to offer empathetic, victim-centered services. A need for training has been identified for all accountable health and social care workers who have access to case notes under the information-sharing protocol. Recommendations are made to contribute to policy development in areas related to continuous professional development support, as well as improved resourcing aimed at providing effective and culturally competent care for victims. These recommendations also emphasize the reevaluation and incorporation of African philosophies and knowledge systems into social work practices. The recommendations draw upon national guidelines from governing bodies, outlining best practices and evidence-based methods for delivering healthcare, which service providers are expected to implement.

KEY TERMS: empowerment, gender-based violence, multidisciplinary approaches, public health, social interventions, Ubuntu philosophy

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INTRODUCTION

The present study evaluated the efficiency of social workers in the Moroccan Integrated Care Units for Women and Children Victims of Violence (ICUWCVVs). Though legal reforms in Morocco are quite progressive in the sphere of women's rights protection, major difficulties remain in ensuring adequate support for violence victims. In this regard, the role played by social workers in these special units, which are an integral part of the Moroccan model for multidisciplinary care for victims, becomes central. The objective of this paper was to carry out an in-depth qualitative analysis of, first, how well social workers respond to the needs of these individuals and, second, the barriers in providing comprehensive care. In this paper, the research methodology will be discussed, after which the key findings will be presented and their implications for policy and practice discussed.

BACKGROUND

Gender violence is a problem that persists and continues to affect societies across cultural, economic, and national boundaries. Particularly in Morocco, where family bonds are considered very strong, the issue of GBV will be difficult to address unless specific programs are implemented. The creation of the ICUWCVVs is one way through which Morocco has tried to support those violated by their partners. While the aim has been to improve service availability, according to Irgui & Boughima (2019), the roles and contributions of social workers in these specific units are not well defined. While discussions on social work skills and professionalization exist, as referenced by Laroussi (2017), the way these skills are applied within the ICUWCVVs remains an area for further study.

It will, therefore, be appropriate to re-conceptualize African theories of social work, particularly the philosophy of Ubuntu by Mugumbate and Chereni (2020), which puts more emphasis on solidarity, empathy, and human dignity within the community (Rankopo & Diraditsile, 2020), to ascertain if these can be the guiding principles of GBV care transformation in Moroccan ICUWCVVs. Related to the findings of Ntshongwana & Tanga (2022) in South Africa, challenges such as a lack of funds, instability regarding human resources, and cultural-related barriers may also limit GBV interventions from being effective in Morocco.

This research aims to fill the existing knowledge gap by detailing the specific roles and impacts of social workers in Morocco's ICUWCVVs. By examining their professional practices, challenges, and opportunities, the study seeks to understand the nuances of social work in this unique setting and its effect on the care provided to GBV victims. Through this analysis, the study contributes to a broader understanding of effective social work practices in GBV care, advocating for systemic changes and culturally sensitive approaches to address this critical issue comprehensively. This effort aligns with broader endeavors to improve GBV interventions across Africa, aiming to significantly impact the lives of those affected by GBV through enhanced support and care.

Theoretical framework

This study employs indigenous research methodology (IRM), grounded in the recognition and integration of local knowledge systems and cultural contexts (Chilisa et al., 2017). IRM supports a participatory approach to research, aligning well with the African philosophy of Ubuntu, which emphasizes community and interdependence. This philosophy guides our exploration of the relational and communal care models practiced by social workers in the ICUWCVVs in the Fès-Meknès region of Morocco. Alongside IRM, grounded theory is utilized to allow theories to emerge directly from the data, reflecting the actual experiences and practices of the social workers (Glaser & Strauss, 1967). Furthermore, the theoretical lens of intersectionality is applied to dissect the complexities of identity and power dynamics affecting both the service providers and recipients, illuminating how gender, age, and socioeconomic status intersect and influence experiences of violence (Crenshaw, 2018). This approach not only enriches our understanding of Moroccan social work within its specific cultural and societal context but also enhances the broader discourse on effective practices for supporting violence victims. By weaving together local cultural insights with these theoretical frameworks, this study aims to contribute to both local practices and global academic discussions on social work and community care.

METHODOLOGY

In this study, we explored the social support structures within the Integrated Care Units for Women and Children Victims of Violence (ICUWCVVs) in the Fès-Meknès region of Morocco, focusing specifically on the roles and insights of social workers. Embracing an Indigenous Research Methodology (IRM), this research highlights the application of indigenous techniques and community-centered approaches, essential for understanding localized practices in social work.

We conducted a qualitative study, integrating culturally relevant methodologies to ensure the authenticity and depth of data collected from 13 social workers across 10 different ICUWCVVs (totality of units and social workers within them in the Fez-Meknes region). Our participant group, predominantly female with one male, ranged in

age from 30 to 60 years, providing a broad perspective on the challenges and strategies employed in these units (Table 1).

Table 1: Characteristics of participants (n=13)

Characteristic	Total (N=13)
Gender	
Women	12 (92, 30%)
Men	1 (7, 70%)
Age	
Average (SD)	37,23 (7,69)
Range	30–60
Tenure in the Unit (Years)	
Average (SD)	6 (3,51)
Range	1–12
Professional Qualification	
Medical Social Worker Diploma	13
Without Social Worker Diploma	0
Continuous Training on Care for Women Victims of Violence	
Yes	7 (53, 85%)
No	6 (46, 15%)

Note: SD = Standard Deviation

Following approval from the Regional Health Directorate of Fès-Meknès and obtaining ethics clearance from the African Independent Ethics Committee (Reference No. EA0239), we utilized semi-structured interviews (Table 2) tailored to respect and incorporate the cultural and professional contexts of the participants. These interviews were conducted in the native languages of the social workers to facilitate comfort and candidness, ensuring data integrity and respect for local customs, in alignment with the principles of Ubuntu, which emphasize communal respect and dignity.

The analytical framework was grounded in the principles of grounded theory, allowing themes to emerge organically from the data. This approach was supplemented by African-centered methodologies that prioritize the cultural and contextual relevance of the findings. Initial coding and analysis were performed iteratively, with continuous validation from participants to ensure the findings accurately reflected their experiences and perspectives. This participatory analysis process not only ensured the reliability of the findings but also empowered the participants by involving them directly in the research process.

RESULTS

Between December 2022 and May 2023, the first author conducted interviews with 13 social workers from the Integrated Care Units for Women and Children Victims of Violence in Fès-Meknès. As each interview was conducted, it was transcribed by a team member, validated by the participant concerned, discussed by all members and then cross-referenced with previous interviews. These sessions, lasting between 60 and 90 minutes, highlighted the diversity of the participants' experiences. Their testimonies revealed several major challenges: the lack of training and resources for adequate care, the complexity of their role, the importance of empathetic communication, the difficulties of following up victims and the logistical obstacles to effective intervention. These findings underline the complex realities of the support these professionals provide to women victims of violence, and provide an insight into the urgent need for capacity-building and improved practice in this crucial area.

Themes

Lack of training and resources for specialized care

Our investigation into the preparedness of professionals dealing with violence against women unveils a significant disconnection between theoretical learning and practical application. This gap is vividly illustrated through the voices of those interviewed, who shared their experiences and challenges in the field. One social worker encapsulated the challenge of applying theoretical frameworks to real-world situations: "*Social workers are well trained in the theoretical framework, they have the information but, on the ground and from the social side, it's a different story*" (SW2). This sentiment reflects the broader issue of translating knowledge into action, a critical hurdle in the effective management of violence against women cases. The absence of specialized training emerges

as a recurrent theme among professionals. "I have never undergone any training concerning the care of women victims of violence," one interviewee confessed (SW5), pointing to a systemic oversight in addressing specific needs of women victims of violence. Another added, "I was trained, but not specifically for women... It was for children victims of violence. For women, up to now, no" (SW3), highlighting a gap in targeted training programs. Professionals also expressed a notable deficiency in specialized skills, particularly for handling psychological and legal aspects essential in supporting victims. "We face cases where the victim needs help that goes beyond our medical expertise... It involves psychological and legal aspects that we are not always equipped to handle" (SW4), indicating a critical need for comprehensive training that spans beyond medical care.

Moreover, the disparity in access to multidisciplinary resources starkly affects the quality of care provided. "Moreover, we are proud to be the only ones to have a psychologist within our team, ensuring professional psychological care" (SW2), contrasts sharply with, "To be honest with you, there's no psychological support, because we don't have a psychologist" (SW3). Such discrepancies underline the uneven distribution of essential resources across care facilities.

These candid reflections from professionals underscore the urgent need for an overhaul in training and resource allocation, emphasizing the necessity for modules that address psychological and legal issues, and the implementation of empathetic communication skills. The integration of psychologists and other specialists into care teams is paramount, advocating for a holistic and multidisciplinary approach to the recovery and support of women victims of violence.

Duality and complexity of the social workers' role

Our qualitative research elucidates the complex role of social workers in supporting women victims of violence, marked by the conflict between administrative responsibilities and the need for empathetic care. Interviews with field professionals reveal two key challenges: balancing bureaucratic tasks with victim-centered support and the necessity for social workers dedicated to violence care units. One social worker highlighted the disparity between the intended role and actual practice: "Not everyone is cut out to work with women victims of violence... just fill out the forms" (SW3). This gap underscores the need for training that fosters both administrative efficiency and deep, empathetic engagement with victims. Another professional noted the importance of distinguishing between administrative and social aspects within the unit (SW13), calling for a shift towards less bureaucratic, more empathetic training approaches.

The lack of social workers exclusively assigned to violence care poses a significant challenge, as noted by an interviewee: "We need to have a social worker dedicated only to the unit..." (SW1). This dedication is key to quality care but is often hindered by additional responsibilities. Some teams have integrated general hospital duties with violence care, a pragmatic response to workload management. However, this strategy may risk the care quality and specificity, especially as case numbers increase or require specialized attention.

Our findings advocate for a re-evaluation and restructuring of social workers' roles in violence care. Emphasizing training that balances bureaucratic and empathetic skills and ensuring dedicated social worker presence in care units are critical for addressing women victims of violence's needs effectively.

Optimizing communication and strengthening empathy in the care of violence victims

The study underscores the pivotal role of empathetic and effective communication in supporting women victims of violence, emphasizing the intricate balance professionals must achieve. They are tasked with understanding victims' complex emotional states while upholding professional integrity, highlighting a need for improved communication skills for meaningful connections with victims' emotional and psychological experiences. Professionals face diverse communication challenges, as indicated by an intervener who noted, "In some cases, the victim is so traumatized that she struggles to clearly express her needs or experiences..." (SW5). This statement sheds light on the barriers to effective care. Yet, experiences vary, with some professionals observing better cooperation, suggesting a range of interactions with victims. Concerns arise when assessing the veracity of information shared by victims, as another professional remarked, "If I get the feeling that the victim is lying... my intervention, of course, will be different from one woman to another" (SW3), pointing to the necessity of a tailored and sensitive approach.

Central to effective care is the creation of trustful relationships through active listening and emotional validation, a concept echoed by professionals, "Establishing a trustful relationship with the victim is fundamental... she feels heard, understood, and supported" (SW6). This is further supported by a commitment to deep listening, highlighting the importance of understanding victims' needs comprehensively.

The balance between empathy and professional distance is crucial, as maintaining professionalism without letting personal emotions cloud judgment is essential. Tailoring the approach to each unique case is emphasized, underscoring the importance of personalized care.

In summary, our findings highlight the essential need for caregivers to enhance their communication approach

with women victims of violence, addressing communication barriers and ethical challenges while ensuring support is empathetically and uniquely tailored to each victim's circumstances, thereby facilitating their care and recovery.

Gaps in follow-up and continuity of care

Our research identifies critical gaps in continuity and follow-up care for violence victims, revealing two main challenges: interruptions in service outside normal hours and a lack of proactive follow-up. These issues significantly disrupt the provision of continuous support, as highlighted by professionals. One notes the immediate impact of these service gaps, "*Social cases had to wait for the SW to arrive to be cared for, thus compromising the continuity of service*" (SW10), and another emphasizes the delay victims face during off-hours, "*There's no continuity when a woman presents outside administrative hours... She has to wait until the next working day*" (SW1). Yet, there's evidence that continuous care is achievable with proper organization, as seen in the University Hospital, "*For us, at the University Hospital level, the strength is continuity... she will be taken care of*" (SW2).

The issue extends to follow-up care, often characterized by a reactive approach, as one professional candidly states, "*No, we do not do follow-ups, unless there is a recurrence of violence*" (SW1). Challenges in maintaining contact with victims further exacerbates the situation, "*We don't do follow-up. Sometimes, I ask for a contact number from the woman, and I find out she gave me a false number*" (SW3), and another admits the limitation of their role post-referral, "*Our mission ends with the referral... There's no follow-up or feedback*" (SW4). Despite these challenges, some professionals make personal efforts to compensate for systemic shortcomings, "*We don't carry out regular or structured follow-up. It's more about the personal efforts of each unit*" (SW12).

The findings underscore the urgent need for reforms to ensure continuous and comprehensive care, highlighting the importance of extending service hours and implementing structured follow-up procedures to support the recovery and well-being of women victims of violence effectively.

Coordination challenges and logistical constraints

In addressing the care of women victims of violence, our study identifies critical coordination challenges and logistical constraints that impede the delivery of comprehensive care. These include inadequate intersectoral coordination, the absence of dedicated victim paths within hospital settings, and a significant lack of logistical infrastructure necessary for effective care delivery. Professionals express concerns over the insufficient coordination among units and services, which leads to fragmented care. "*A major problem persists: that of communication within teams. There's no coordination among the care actors, which harms the quality of service,*" (SW1) indicates the pressing need for enhanced synergy among care providers. This disjointed communication is further complicated by a lack of systematic updates and the "pride of sectors" (SW2), creating barriers to seamless care delivery, especially in collaboration with law enforcement. The absence of dedicated pathways for victims in hospitals exacerbates the issue, resulting in delays and additional stress for victims seeking care. The need for "easy access to care and a specific circuit for victims" (SW3) is highlighted as essential for providing prioritized and efficient services. Some professionals point to successful examples of expedited procedures for victims, demonstrating the positive impact of such dedicated pathways.

Logistical challenges, including inadequate spaces and facilities, significantly hinder the provision of care. The lack of dedicated spaces is a common issue, with one professional stating, "*For us, the first thing is the premises. We don't really have a specific location for the unit*" (SW7), underscoring the need for suitable infrastructure to ensure privacy and dignity for victims. Shared office spaces and proximity to noisy or inappropriate hospital areas further compromises the quality of care and victim privacy. These findings underscore the urgent need for improvements in coordination, infrastructure, and patient pathways within healthcare settings to ensure that women victims of violence receive the holistic, efficient, and respectful care they require. Enhancing intersectoral collaboration, establishing dedicated care pathways, and investing in appropriate logistical infrastructure are critical steps towards addressing these challenges and improving care outcomes for victims of violence.

Insufficiency of empowerment and support for victims

Our analysis uncovers a significant gap in the empowerment and support of women victims of violence, revealing a tendency to narrowly focus on economic independence through job searching, at the expense of addressing broader emotional, psychological, and social rehabilitation needs. This limited scope of empowerment, primarily seen through the lens of employment opportunities, neglects the comprehensive support necessary for victims' total rehabilitation. Interviews with professionals highlight this reductionist approach: "*I ask questions about her job... I encourage her to look for a paying job because most women who come forward underestimate their skills.*" (SW1) and "*I try to discuss with her possible solutions, especially based on her basic education and job opportunities.*" (SW3). These comments reflect a predominant focus on economic aspects of empowerment. Yet, the acknowledgment of shortcomings in providing a holistic empowerment strategy is evident, with one intervener

admitting, "My main intervention is limited to medical care... I would be dishonest if I claimed to discuss economic empowerment with them." (SW9), and another stating, "No, we don't do victim empowerment, it's limited to medical, social, medico-psychosocial care." (SW2). Nonetheless, efforts to adopt a more inclusive approach are noted, "For each situation, I try to engage in a discussion with the woman to determine if she has talents... to gain financial autonomy." (SW8), suggesting a nascent awareness of the need for a broader perspective on empowerment.

Furthermore, the provision of services to victims is often characterized by structural limitations, leading to incomplete support. "We do our best to welcome and guide, but often, that's where our role ends. We don't have the resources to follow up on cases in the long term" (SW7), highlights the challenges in offering sustained assistance. The lack of comprehensive support is further emphasized by reports of victims seeking additional help after initial referrals fail to meet their needs, "It happens that women come back to us after being referred, because they do not find the support they need elsewhere" (SW9), underlining the necessity for enhanced follow-up services.

These insights underscore an urgent need to redefine and expand the mechanisms of empowerment and support for women victims of violence. By transcending the limited focus on employment and addressing the full spectrum of victims' needs, including emotional, psychological, and social support, a more integrated and enduring aid can be provided. Investing in resources that enable continuous accompaniment and long-term support is crucial for fostering the comprehensive recovery and autonomy of the women affected.

DISCUSSION

When evaluating the effectiveness of Morocco's Integrated Care Units for Women and Children Victims of Violence, application should be done based on African philosophies, particularly the Ubuntu philosophy. In shaping an environment that fosters models of care guided by principles of community solidarity and interrelatedness, Ubuntu would be more visionary as a frame to cater to the holistic needs of violence victims by underlining social ties and collective healing. As such, this philosophy would be inspirational in infusing greater integration of social support systems within ICUWCVV, giving the treatment a more communal-centric approach in one's journey to recovery.

Empowerment in the ICUWCVV model is not just economic independence but also social autonomy in decision-making and attitudes to violence. Ewerling et al. (2020) suggest adding SWPER Global index, in line with Ubuntu, to have a more holistic measure of empowerment — reflecting both individual and communal upliftment. Kim et al. (2007) combines economic, psychosocial, legal support while following 'I am because we are' — the Ubuntu principle. This means that an individual's recovery is deeply tied to the health of the rest of the community.

The gap between the theoretical training of social workers and the practical application in their fieldwork remains a significant challenge. Training programs inspired by African theories of knowledge and practice can bridge this gap, enhancing the translation of academic knowledge into effective, empathetic, and culturally resonant practices. Such training would not only improve the capacity of social workers to handle complex cases of gender-based violence but also strengthen their ability to communicate empathetically, a key component emphasized by Greeno et al. (2017) in motivational interviewing techniques.

Moreover, the systemic issues of care continuity and bureaucratic inefficiencies need addressing through a structured holistic care approach, which encompasses Ubuntu's values of mutual respect and collective responsibility. This could help mitigate the procedural gaps that disrupt continuous care, as highlighted by Anyemedu et al. (2020). A comprehensive rehabilitation strategy, balancing emotional, psychological, and social support, is necessary and should reflect the Ubuntu philosophy where the community plays a pivotal role in healing and supporting its members.

Another major element in building an effective rehabilitation strategy is the strengthening of intersectoral coordination. These should include the development of common information systems that cross the boundaries to facilitate case management in different sectors, based on the philosophy of Ubuntu- that recognizes community participation and shared responsibility. Implanting a collaborative practice supportive system will not only ensure effective provision of care to meet the holistic needs of victims but also offer a caring environment and model which is integrated and empathetic. The system can be a place where different stakeholders come and pool their abilities together for the good of the victims, their family members, and the larger community.

The paper further utilizes African philosophical frameworks in unpacking Morocco's ICUWCVV model, positing that incorporating these worldviews will result in significantly better interventions and outcomes for women victims of violence by making sure that care strategies are not only effective but also culture-sensitive and deeply transformative.

CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Conclusions

Our study of the Integrated Care Units for Women and Children Victims of Violence (ICUWCVV) in Morocco reveals significant insights into the dynamics of social assistance for women victims of violence. It highlights crucial gaps in training and intersectoral coordination, alongside challenges in effectively empowering victims. Through ongoing research, including interviews with the victims themselves, we aim to refine our understanding of how care is perceived and its impact. This approach is intended to enhance the alignment of professional interventions with victims' actual needs, thereby strengthening policies and practices for a more effective and integrated response to gender-based violence in Morocco

Implications

The findings of this study have three implications for policy and practice in social work and GBV care. First, it emphasizes the need for an integrated approach — that incorporates economic, legal, and psychosocial support to effectively assist the victim. Second, it highlights training programs that may provide workers with the skills needed but do not inculcate the application of these skills in real and complex situations. Third, it illustrates how important it is to infuse African philosophies (such as Ubuntu) into holistic care to enhance community solidarity and collective well-being for victims.

Recommendations

Some of the recommendations in view of the conclusions and implications of this study for improving the efficacy of ICUWCVVs and professional practice of social workers therein include the subsequent:

- **Enhanced Training programs:** Develop and implement comprehensive training programs infused with African philosophical approaches, such as Ubuntu. Emphasize, in these programs, practical skills with respect to cultural competency and applying communication techniques in empathy.
- **As for policy revision,** the policies should be reviewed towards facilitating economic, psychological support and legal assistance integration within the ICUWCVV model. The more cohesive and supportive the environment, created for the victims.
- **Intersectoral Collaboration is Strengthened:** There should be enhanced collaboration among sectors such as health, police, social service etc. to ensure that their response to GBV is well coordinated and efficient in nature.
- **Community Involvement:** Increase community involvement in GBV prevention and management by awareness programs informing the general public about the impacts of violence and available support systems. Involving community leaders and members can ensure care that is culturally sensitive and effective.
- **Research and Monitoring:** Implement continuous research and monitoring as part of the evaluation process of the efficacy of current practices and policies within ICUWCVVs. This should include data being recorded on the outcomes in the long term for victims receiving care in these units, which would allow the development of strategies for bettering their needs on an ongoing and adaptive basis.

This study provides insights into social assistance for women victims of violence, including crucial gaps in training and intersectoral coordination, alongside challenges in effectively empowering victims. Through interviews with social workers, we got an understanding of care and its impact. The knowledge gained will strengthen policies and practices for a more effective and integrated response to gender-based violence in Morocco.

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Declaration on the use of Artificial Intelligence (AI)

We, the authors, declare that AI tools were used to assist in the translation of our original French manuscript, and also for some language improvements to enhance clarity and structure. AI was not used to generate new content, ideas, or paragraphs. All concepts, analyses, and conclusions presented in the manuscript are entirely our own work, and AI was used solely to improve the readability and flow of the text.