



# Understanding shared risk factors for violence against women and children

By Lehlogonolo Makola

The Violence against children and women touch large numbers of women and children's daily lived experiences in South Africa. Prevalence data from surveys show that about one in two women and one in three children have experienced some form of violence in the home [1–3]. In addition, evidence suggests that the impact of COVID-19 through the imposed restrictions and associated stressors has further increased experiences of violence against women and children [4, 5].

The most common forms of violence experienced in the home by women and children are intimate partner violence and harsh forms of physical punishment [2, 6]. In most cases, these forms of violence are perpetrated against women and children by people known to them. The household is therefore the common space for violence against both children and women. Yet, until recently, violence against women and children have been understood to be distinct forms of violence with limited understanding about their links although they co-occurrence in the same households [7].

Increasing evidence points to the intersection of violence against women and children and the need to understand the pathways in which these forms of violence are linked [7]. The socio-ecological model provides a framework for understanding protective and risk factors and pathways in which the cycle of violence is perpetuated.



In line with this model, we understand that violence results from a web of interrelated factors including the individual's characteristics, their experiences and relationships with others within the family, community and overall society [8]. Evidence shows that the intersections of violence against women and children are influenced by interrelated shared risk factors that are described below and include: gender inequality and discrimination, male dominance in the household, marital conflict, harmful use of alcohol and drugs, early exposure to violence and lack of responsive institutions, weak legal sanctions against violence [7].

### **I. Gender inequality and discrimination**

Gender inequalities and discrimination of women and children undermines their rights and exacerbate the perpetuation of violence against them. This is driven by the widened social acceptability of practices and beliefs that position women and children as subordinate members of their households and societies. Men are expected to hold more physical, decision making and economic power and maintain order within the households [9, 10].

### **II. Male dominance in the household**

Men exercise power and control to discipline women and children to reflect their dominance in households. These beliefs and practices are embedded in patriarchal masculine ideals. The use of power and control can be coercive and lead to experiences of physical, psychological and sexual intimate partner violence amongst women as well as harsher parenting practices towards children [11].

### **III. Marital conflict**

Aggressive and coercive behaviour such as verbal conflicts and physical assaults is associated with the experience of violence by women within marriages. This has a direct impact on the parent-child relationship and increases the child's risk of experiencing emotional, physical and sexual violence in the home [12, 13].



#### **IV. Early exposure to violence**

Exposure to violent acts such as maltreatment, witnessing abuse and norms that condone violence in childhood increases the likelihood of violence perpetration or victimization in late adulthood. Early experiences increase the risk for men to perpetrate sexual and intimate partner violence and for women to become victims of intimate partner violence [14].

#### **V. Harmful use of alcohol and drugs**

The use of alcohol impact on an individual's normal cognitive and physical functioning. It may lead to reduced self-control and an inability to negotiate a non-violent resolution to conflicts. Harmful use of alcohol has been associated with facilitating aggression and increasing the risk of experiencing intimate partner violence. Alcohol can also be used as a stress-coping mechanism by victims of violence. Children who are exposed to violence between their caregivers have an increased likelihood of engaging in harmful drinking patterns [15, 16].

#### **VI. Lack of responsive institutions and weak legal sanctions against violence**

Efficient response from police, courts and social services should ensure that legal sanctions are effectively used to hold perpetrators accountable, provide care and safety for victims. This will transform practices that perpetuate violent behavior within society. The inefficient response of relevant institutions create mistrust in the use of relevant services by victims, increases the likelihood of experiences of secondary trauma and repeated perpetration of violence against women and children [17, 18].

Addressing and preventing violence against women and children requires that continued work is placed on deepening our understanding of the shared risks factors which perpetuate its prevalence. A comprehensive approach aimed at transforming norms which promote gender inequalities and its associated risks for violence perpetration should be strengthened.



1. Artz L et al (2018) The prevalence of child sexual abuse in South Africa: the Optimus Study South Africa. *SAMJ: South African Medical Journal*, 108(10): 791-792.
2. Meinck F (2016) Physical, emotional and sexual adolescent abuse victimisation in South Africa: prevalence, incidence, perpetrators and locations. *J Epidemiol Community Health*, 70(9): 910-916.
3. Machisa, M (2011) *The war at home*. Johannesburg: GenderLinks, 1-19.
4. Pereda N. & Díaz-Faes D (2020) Family violence against children in the wake of COVID-19 pandemic: a review of current perspectives and risk factors. *Child and adolescent psychiatry and mental health*, 14(1): p. 1-7.
5. Rauhaus B, Sibila D & Johnson A (2020) Addressing the increase of domestic violence and abuse during the COVID-19 pandemic: A need for empathy, care, and social equity in collaborative planning and responses. *The American Review of Public Administration*, 50(6-7): 668-674.
6. Jamieson L, Mathews S & Rohrs S (2018) Stopping family violence: Integrated approaches to address violence against women and children. *Children, Families and the State*, 81.
7. Guedes A et al (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global health action*, 9(1): 31516.
8. Heise L (2011) What works to prevent partner violence? An evidence overview.
9. Alexander-Scott M, Bell E & Holden J (2016) *Shifting Social norms to tackle violence against women and girls (VAWG)*. London: DFID Guidance Note: London: VAWG Helpdesk.
10. Namy S et al (2017) Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, 184: 40-48.
11. Jewkes R, Flood M & Lang L (2015) From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. *The Lancet*, 385(9977): 1580-1589.
12. WHO (2017), *Understanding and addressing violence against women*. World Health Organization, Pan American Health Organization. (Google Scholar).
13. Pereira M et al (2015) Predicting harsh discipline in at-risk mothers: The moderating effect of socioeconomic deprivation severity. *Journal of Child and Family Studies*, 24(3): 725-733.
14. Fulu E, McCook S & Falb K (2018), *What Works Evidence Review: Intersections of violence against women and violence against children*.
15. García-Moreno C et al (2015), *Addressing violence against women: a call to action*. *The Lancet*, 385(9978): 1685-1695.
16. Carlson C et al 2020, *Violence against children and intimate partner violence against women: overlap and common contributing factors among caregiver-adolescent dyads*. *BMC public health*, 20(1): p. 124.
17. Maniglio R (2009) The impact of child sexual abuse on health: A systematic review of reviews. *Clinical psychology review*, 29(7): 647-657.
18. Ortiz-Barreda G & Vives-Cases C (2013) *Legislation on violence against women: overview of key components*. SciELO Public Health.

**For further information contact: Lehlogonolo Makola, Children's Institute, University of Cape Town**

**[lehlogonolo.makola@uct.ac.za](mailto:lehlogonolo.makola@uct.ac.za)**

**Children's Institute, University of Cape Town  
46 Sawkins Road, Rondebosch, Cape Town, 7700**

**Tel: + 27 21 650 1473**

**Fax: + 27 21 650 1460**

**E-mail: [info.ci@uct.ac.za](mailto:info.ci@uct.ac.za)**

**Web: [www.ci.uct.ac.za](http://www.ci.uct.ac.za)**

** @ClatUCT**