Bridging the divide: Building an enabling ecosystem for ending violence against women and children

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Violence against women (VAW) and violence against children (VAC) are deeply entwined global challenges, rooted in broader social, economic and institutional systems. Both forms of violence share common drivers, including gender inequality, harmful social norms, economic stressors and exposure to violence in households and communities.[1]

Research evidence increasingly supports the value of integrated approaches that recognise and address the intersections between VAC and VAW.[2] These forms of violence often co-occur within households, with children witnessing intimate partner violence (IPV), which in turn increases their risk of experiencing or perpetrating violence later in life. A recent systematic review of interventions targeting IPV and VAC among parents and caregivers across sixteen countries found that programmes that address both forms of violence simultaneously, particularly those focusing on communication, conflict resolution, and harmful gender norms, are more likely to produce sustained impact.[3] Interventions that helped participants reflect on the consequences of IPV and VAC for children, as well as therapeutic programmes that addressed trauma, were especially effective in disrupting cycles of harm. While most of these integrated models have been implemented in high-income settings, the findings underscore the potential for coordinated prevention and response efforts, particularly those that engage families holistically, to deliver more effective, efficient and scalable solutions. In low- and middle-income contexts, where evidence gaps remain, there is an urgent need to adapt and test integrated models that leverage health, social and community-based services to support both women and children. When designed with care and context in mind, integrated strategies can make better use of limited resources, strengthen family resilience and foster safer communities.[4-6]

Addressing the intersections between VAC and VAW is a formidable task. The ecosystem in which this work takes place is still at a point of innovation, learning and refinement. While there has been progress within the field, there is still much that we do not know and much of the existing evidence does not come from intentional integration, but from either a VAW-dominant or VAC-dominant perspective.[3] In the early stages of the development of the field of violence prevention, programming tended to focus on women and children in isolation, with the development of a handful of programmes focusing on VAW and VAC.[7] Of late, there has been increasing recognition of the need to work at the site of intersection, with a pivotal point being the publication of the Intersections between Violence against Children and Violence against Women Research Priorities report.[8]

Our approach to thinking about building an enabling environment for addressing the intersections between VAC and VAW is rooted in the lens of social norm change, work that is complex, layered and not necessarily linear in nature. We locate our thoughts about building a more collaborative ecosystem in the context of the socio-ecological framework.[9] We try to show how to use this lens to think about the role of individuals, the broader VAC and VAW community, and the systemic change required.

What works to prevent violence against women and children?

The systematic review on interventions that prevent or respond to intimate partner violence (IPV) and VAC showed that community-based and parenting programmes can effectively reduce both IPV and VAC when they engage the shared risk factors such as gender inequality, harmful norms and economic stress.[3] Mechanisms of change include improved communication and conflict resolution, reflection on norms, non-violent discipline, and enhanced emotional regulation. Parenting programmes were particularly successful in promoting safer caregiver–child relationships but often failed to address gender dynamics explicitly.[3] The review found that community-level interventions tackled power imbalances and harmful masculinities more directly, but rarely included structured content on VAC. While most prevention efforts in low- and middle-income countries focus on primary prevention, response interventions remain limited, particularly those that support both women and children simultaneously. Notably, integrated interventions are still rare, underscoring the need for more coordinated, multisectoral strategies that disrupt

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intergenerational cycles of violence and attend to the realities of families experiencing multiple forms of harm.

Global frameworks like INSPIRE and RESPECT offer a robust foundation for preventing violence against women and children. They synthesise decades of evidence into practical strategies that address the drivers of violence at multiple levels of the socio-ecological system. But frameworks alone are not enough. Their power lies in how they are brought to life, how they are translated into contextually grounded action, embedded in systems and made meaningful to the people most affected by violence. In South Africa, where the intersections of VAC and VAW are shaped by deep structural inequality, layered trauma and resilient forms of resistance, these strategies must be adapted to fit both the landscape of risk and the opportunities for transformation.

The RESPECT framework offers a comprehensive approach to preventing violence against women by addressing the structural, relational, and individual factors that contribute to such violence. Developed by the World Health Organization (WHO) and UN Women, it brings together seven mutually reinforcing strategies, each designed to tackle different dimensions of risk while promoting protective factors as illustrated in Figure 13. Rather than functioning in isolation, these strategies work best when applied in combination, forming an integrated response to a deeply entrenched problem.

Figure 13: RESPECT – Seven strategies

Source: World Health Organization. *RESPECT Women: Preventing violence against women.* Geneva, Switzerland. 2019.

At the heart of RESPECT is the recognition that strengthening relationship skills (such as open communication, shared decision-making and conflict resolution) can reduce tensions and prevent violence within families and intimate partnerships.[10] Alongside this, empowering women socially and economically is critical. When women have access to education, employment and spaces for leadership, they are better positioned to negotiate safety and autonomy in their lives.

The framework also underscores the importance of accessible, survivor-centred services. Healthcare, legal support, psychosocial counselling and social protection systems must be responsive and coordinated to provide meaningful assistance to women experiencing violence. These services, however, cannot function in a vacuum. Broader economic insecurity must also be addressed, particularly through targeted poverty alleviation initiatives that reduce financial dependence and create pathways toward stability and safety.[10]

Creating safe environments, whether in schools, public spaces or the workplace, is another cornerstone of the RESPECT framework. This involves both physical infrastructure and social accountability mechanisms that reduce the likelihood of violence occurring and make it easier for women to seek help when it does.

The framework also makes explicit the intergenerational nature of violence. Preventing abuse in childhood and adolescence is not only critical for the well-being of children but is also a powerful means of reducing future violence against women. Parenting support, nurturing early care and school-based interventions all play a role in breaking cycles of harm.[10]

Finally, RESPECT calls for the transformation of the underlying attitudes, beliefs and norms that justify or excuse violence. Shifting social norms around gender and power requires sustained community engagement, institutional reform and the amplification of voices that challenge the status quo.

Crucially, these strategies must be supported by an enabling environment: political will, legal frameworks and dedicated funding all matter. Policymakers are called upon not only to implement effective interventions, but also to create the conditions in which these interventions can thrive. That includes investing in the leadership of women's rights organisations, strengthening institutional capacity and building systems that can adapt and scale.

Figure 14: INSPIRE – End violence against children

Source: World Health Organization. *INSPIRE: Seven strategies for ending violence against children.* Geneva: WHO. 2016.

The INSPIRE framework (Figure 14) presents a unified set of strategies for preventing and responding to violence against children. Developed by global partners including the WHO, UNICEF, and the World Bank, it offers both a vision and a practical guide for governments, civil society and communities seeking to create safer environments for children. At its core is a simple but urgent message: violence is preventable, not inevitable; and coordinated, evidence-informed action can make a measurable difference. INSPIRE brings together seven strategies, each one addressing a key driver or protective factor.

The first centres on the implementation and enforcement of laws. This includes prohibiting corporal punishment, addressing child marriage and sexual exploitation, and ensuring that justice systems respond in ways that protect rather than retraumatise children. Laws alone do not end violence, but they provide a critical foundation for shifting behaviours and strengthening accountability.[11]

Alongside legislation, the framework highlights the importance of norms and values. Deeply embedded cultural beliefs often justify or conceal violence, particularly when framed as discipline or rooted in gender inequality. By challenging these social norms through public education campaigns, peer group dialogue and community leadership, we can begin to change the attitudes that make violence seem acceptable.[11]

The third strategy focuses on creating safe environments. Children are vulnerable not only in homes but in schools, neighbourhoods and public spaces. Interventions here range from improved urban lighting and safe school routes to mobilising communities to to increase surveillance and take collective action against known risks. Support for parents and caregivers is also essential. Many forms of violence stem from stress, lack of support or intergenerational trauma. Parenting programmes that promote positive discipline, emotional regulation and child development knowledge have been shown to reduce harsh punishment and improve parent-child relationships.

Because economic hardship often intensifies family stress and increases exposure to harm, INSPIRE also promotes income and economic strengthening. Initiatives such as cash transfers, access to social protection and financial support for female-headed households can reduce children's vulnerability to neglect, exploitation and abuse.

Where violence has already occurred, children need responsive and accessible services. This includes healthcare, legal assistance, psychological support and reintegration services. Effective systems are child-centred, trauma-informed and designed to avoid further harm while promoting healing and accountability.[11]

The final strategy centres on education and life skills. School attendance alone reduces vulnerability, but it is also a site for prevention. Equipping children with skills in emotional literacy, respectful relationships and critical thinking not only reduces their risk of experiencing violence, it also helps interrupt cycles of perpetration later in life.

Taken together, these seven strategies form a holistic, layered approach. Like the RESPECT framework, INSPIRE recognises the value of integrated, multisectoral action, calling on policymakers to align efforts across education, health, justice, social development and economic policy. It also stresses the importance of building an enabling environment, where investments in children's safety are matched by leadership, coordination and sustained commitment over time.

What are the risk and protective factors?

While RESPECT and INSPIRE provide the strategic scaffolding for violence prevention, it is equally critical to understand the specific conditions that fuel risk or enable protection. Violence does not emerge in a vacuum, it is shaped by a web of individual experiences, relational dynamics, institutional failures and structural inequalities. What follows is a synthesis of risk and protective factors across key domains of life: from the first thousand days of a child's development, through the home, school, and community, to the broader socio-political environment. This mapping offers a clearer picture of where and how to intervene, revealing not only what drives violence, but also what protects against it.

Understanding the conditions that give rise to violence, and those that protect against it, requires a layered view of people's lived environments. Risk and protective factors do not sit neatly in silos. Instead, they accumulate and interact across developmental stages and social contexts. Below is a narrative synthesis of key patterns that shape the likelihood of violence across the life course. We draw on risk and protective factors discussed in previous chapters.

In the first thousand days of life, pregnant women, new mothers and their infants and particularly vulnerable. Risk factors such as witnessing violence, lack of responsive caregiving, maternal mental health challenges, and low social support can impair bonding and emotional regulation.[12] Disability, refugee status, unprocessed trauma and economic stress further compound vulnerability. Protective factors in this period include strong attachment, caregiver empowerment, and access to antenatal care, parenting support and early childhood education and care.

In the home, risks intensify when there is conflict between partners, poor communication and caregiver stress, or when non-biological fathers are present in caregiving roles. The use of violent discipline, approval of physical punishment and gender inequality all contribute to harm. Protective conditions include healthy communication, family cohesion, critical reflection on discipline, access to economic support, social assistance and caregiving networks like extended family.[6]

School environments also present both threats and opportunities. Risk factors include poor management, weak policies, gang influence, association with violent peers and educators' use of violence. Protective factors include safe spaces, inclusive and supportive teaching, strong school leadership, teacher training and the development of social and emotional skills to help learners and teachers regulate their emotions and resolve conflicts without resorting to violence.[13]

At the community level, risks are tied to rigid gender norms, social norms condoning violence, weak or absent services, access to alcohol and weapons, and environments marked by crime, gangs and poor infrastructure. Protective features include community outreach, neighbourhood organising, strong leadership, collective action, faith-based support and access to responsive services and childcare .[14]

Finally, at the societal level, structural inequalities such as discriminatory laws, political instability, underfunded services and macroeconomic exclusion create a hostile backdrop for safety. Yet, legal and policy reform, enforced sanctions, quality education and employment, regulation of harmful industries, public campaigns and strong advocacy movements can shift the broader terrain toward justice and safety.[15]

Mapping these patterns gives us a more granular understanding of what sustains violence as well as what prevents it. It also underscores the necessity of acting across systems and levels, rather than relying on single-point interventions.

How can the system be strengthened?

Understanding where violence takes root and where it can be interrupted offers a powerful entry point to prevention. But to transform these insights into sustained change, we must act across systems. This is where the socio-ecological model becomes vital. It helps us map the levels at which risk and protection operate and to think through the relationships between them. The model encourages us to see violence not just as the product of individual behaviours, but as shaped by the interplay between personal histories, relational dynamics, institutional structures and broader societal norms.

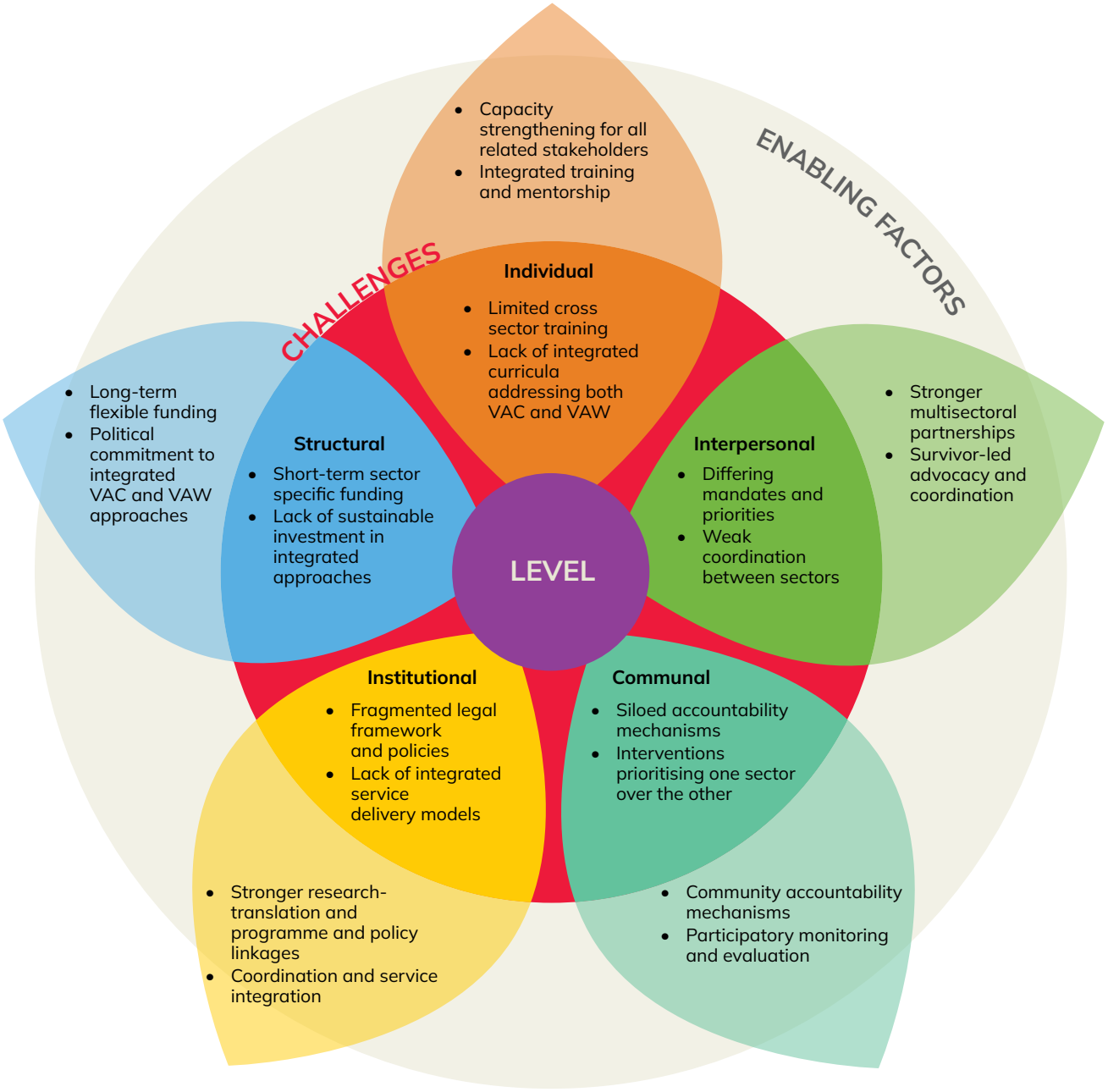
Given the shared drivers that underpin both VAC and VAW, prevention efforts must move beyond isolated interventions. A whole-systems approach is needed, one that engages actors across every level of society to create environments where violence is neither tolerated nor inevitable.[16] The socio-ecological model provides a powerful framework for structuring this work. It helps us understand how violence is produced and disrupted through the interplay between individuals, relationships, institutions, communities, and broader social and political forces.

First developed by Bronfenbrenner, the socio-ecological model also serves as a practical guide for designing and implementing integrated responses. It encourages a shift away from narrow, individual-level interventions toward a broader understanding of the structural and systemic drivers of violence.[17]

However, operationalising this model remains challenging. Many prevention programmes continue to focus on a single group – women, children, parents or couples – without addressing the broader systems in which violence occurs. Achieving scalable impact requires intentional, multi-level strategies that connect efforts across individuals, families, institutions and society as a whole.[18]

Applied in the South African context, the socio-ecological model also makes visible the fault lines in our current prevention ecosystem. At the household level, caregivers often navigate extreme stress with limited social protection. Schools struggle with violence spilling over from surrounding communities. Communities face barriers related to gender norms, under-resourced services and weak institutional trust. Nationally, prevention is undercut by fragmented budgeting, siloed mandates and uneven enforcement of laws.

Figure 15: Strengthening the integration of VAC and VAW – challenges and enabling factors



Yet the model also illuminates the potential for change. It reveals where entry points exist and how they can be sequenced and aligned for impact. The following section draws from this framework to map the enabling and constraining factors that shape the implementation of integrated programming to address violence against women and children at every level of the system.

Individual level: Enhancing capacity and bridging knowledge gaps

Addressing violence at the individual level refers to interventions that focus on personal experiences, behaviours and capacities, whether by supporting survivors in their healing, working with perpetrators to change harmful behaviours, or equipping caregivers and children with skills to navigate relationships in safer, more equitable ways.

Efforts to address violence at the individual level, whether through survivor support, caregiver engagement, or work with perpetrators, often serve as the first point of entry into violence prevention. Yet interventions at this level frequently operate in isolation, targeting women, children, parents, or couples without adequately addressing the interconnected systems in which violence occurs. While behaviour change and healing at the individual level are vital, these outcomes cannot be

Case 16: Sugira Muryango – Using home visits working with fathers in Rwanda

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Sugira Muryango is an evidence-based home-visiting intervention that uses active coaching and father engagement designed to improve responsive parenting, promote play in early child development and prevent violence in Rwanda's most vulnerable families. Sugira Muryango's 12 modules are delivered weekly over three months by a trained government workforce, the Inshuti z'Umuryango (IZU) or friends of the family child protection volunteers.

The intervention engages male and female caregivers and covers topics such as conflict resolution, violence prevention, early childhood development and the importance of play, stimulation, health, hygiene and good nutrition. Local government and community buy in for the intervention is fostered through PLAY Collaborative meetings to solve implementation barriers at each level of the implementation ecology from the national level steering committee to district, sector and village engagement. In the three districts where Sugira Muryango is currently scaled, the programme has elevated IZUs' visibility and effectiveness as trusted frontline workers, contributing directly to national and district goals in early childhood development, violence reduction, child protection and family promotion.

Lessons learned from expanding delivery of Sugira Muryango with the IZU workforce highlight the need to embed quality monitoring and professional development scaffolding when taking evidence-based interventions to scale.[29] Frontline workers must receive continuous support from supervisors in order to maintain quality and realise the same effects on children and families found in the previous randomised controlled trials that established the effectiveness of the intervention pre to post delivery and at one year of follow up.[30, 31] An ongoing trial with Sugira Muryango is testing the effectiveness of a mobile app and digital dashboard to support IZUs and their supervisors to maintain quality service delivery in a cost-effective and scalable manner that can be sustained by government partners after the trial.

In Rwanda, traditional gender roles have often relegated fathers to the periphery of child-rearing, with mothers typically assumed to be the primary caregivers. However, efforts like the Sugira Muryango programme are challenging this norm by promoting father engagement in childcare responsibilities and decision making. Utilising a home visiting model provides a unique opportunity to meet fathers where they are. IZUs then work with families to identify a time that works best for both male and female caregivers. On average 79% of male caregivers complete all 12 modules. During these sessions, fathers are learning the importance of engaging in play with young children, sharing in caregiving responsibilities and contributing positively to family dynamics. This shift aims to reduce violence within households, while seeking to improve children's well-being and break cycles of poverty. Recent analysis from a longitudinal study that followed a cohort of households from the original cluster randomised trial in 2017/18 demonstrates that male caregivers who participated in Sugira Muryango are more likely than typical male caregivers to engage in stimulating activities with their children (eg reading books, telling stories, singing songs, teaching the alphabet) four years after completing the programme.[32]

Nonetheless, as the programme moves into greater scaling, there is some evidence of elements of the programme experiencing a "voltage drop" in their effects on IPV when delivered by the IZU workforce as opposed to the effectiveness study. The programme is responding by enhancing both the manual and the training materials to ensure strong and consistent messaging on family violence reduction and greater support to the IZU workforce via role-play based training on how to reduce risks of IPV across a range of households and helping families to connect to local social services to ensure safety and ensure that the programme is well-embedded within the 'whole of government'.

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sustained without attention to the wider ecological conditions that shape risk and protection.

In the South African context, the *Parenting for Lifelong Health (PLH)* programmes offer a strong example of individual-level interventions that centre both caregivers and children. Developed through cross-sector collaboration and adapted for low-resource settings, these programmes focus on strengthening parenting skills, promoting non-violent discipline

and building emotional connection between caregivers and children. The PLH Teen programme, in particular, has demonstrated promising results in reducing family conflict, improving communication and decreasing the use of harsh discipline. These interventions work not only by shifting behaviours, but also by helping caregivers reflect on the impact of violence in their own lives and relationships, an important step in breaking intergenerational cycles of harm.[19]

A central barrier to integration at this level is the absence of a shared conceptual and operational framework across the VAC and VAW sectors. Differing definitions, research traditions and programmatic approaches can result in fragmented efforts, where responses are duplicated, under-coordinated, or fail to capitalise on key intersections. For example, practitioners may work with mothers experiencing IPV without addressing the implications for their children, or support traumatised children without considering the violence endured by their primary caregivers. In South Africa, the pressure on overburdened service providers, limited cross-sectoral training and siloed case management systems make integrated practice especially challenging.

To shift the field, capacity-strengthening must be reimagined as a systemic endeavour, not an individual burden. This means investing in shared tools and language, building platforms for co-learning between the children and women's sectors, and ensuring that frontline workers are supported to implement integrated, survivor- and child-centred interventions. Research institutions also have a role to play in developing intersectional data, standardised indicators and ethical methodologies that reflect lived realities where VAC and VAW co-occur.

Importantly, capacity-strengthening must also acknowledge the limitations of focusing solely on individuals without transforming the relational and structural dynamics that drive violence. Without simultaneous attention to gender norms, economic stressors, and institutional capacity, interventions risk locating responsibility with survivors or caregivers alone. A more sustainable path lies in positioning individual change within a broader web of support, where families, services and social structures work in concert to disrupt harm and foster safety.

Practically, this means creating spaces for relationship-building between child protection officers, VAC and VAW specialists, educators, healthcare providers, law enforcement and social workers. Interdisciplinary training, shared referral protocols and joint case management systems are key tools, but without interpersonal trust and communication, these tools often sit unused or applied inconsistently. Similarly, in the prevention ecosystem, it would require more collaborative efforts between researchers, practitioners, donors and governments.

Interpersonal level

The interpersonal level in the socio-ecological model refers to the relationships between people – between caregivers and children, partners, peers, service providers and survivors. In the context of this paper, it also captures the human interactions between those working across the violence prevention ecosystem: from healthcare workers and social workers to educators, researchers and community organisers. These relationships form the connective tissue of an integrated response to violence. But without trust, shared understanding and accountability, even the most technically sound interventions risk collapsing under the weight of institutional silos.

At this level, integration hinges not only on systems design but on the quality of relationships within and across sectors. When health, education, justice and social development services operate in isolation, survivors are too often left to navigate fragmented systems. Programmes duplicate efforts, referral pathways break down and early intervention opportunities are missed. A whole-systems approach to preventing and responding to VAC and VAW requires these sectors to work together, not just in theory, but in daily practice, to deliver survivor- and child-centred care that reflects the complexity of people's lives.

One of the most persistent challenges to integration at this level is the siloed nature of service provision. Although women and children often experience violence in the same households, services have historically been developed for one or the other. For example, research on South African shelter services revealed that while women and children may be housed together, services for children are often secondary or underdeveloped.[20] Coordinated case management systems, shared referral protocols and joint training programmes remain rare, despite their proven impact.

Survivor-led advocacy adds another critical dimension to this level. Networks like the Global Survivor Network and the Brave Movement show how empowering survivors as leaders can help transform justice systems, strengthen accountability and foster more responsive services. In South Africa, this is mirrored by the work of the National Shelter Movement, provincial Violence Against Women Networks in KwaZulu-Natal, the Cape Flats Women's Movement in the Western Cape, and the Women's Inkwelo Network in the Eastern Cape. These movements play an essential role in amplifying survivor voices, particularly in underserved and rural areas. Children, too, can be leaders in this space – initiatives such as the Children's Parliament and Child Government Monitors working with the Commissioner for Children in the Western Cape offer models for

Case 17: Takalani Sesame – Using mass media to promote male caregiver engagement in advancing child wellbeing

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Takalani Sesame designed a mass media campaign to increase father's involvement in their children's development through play. An evaluation assessed changes in caregiver knowledge, attitudes, behaviours, caregiver-child interactions, time spent in guided play, reduction of gender stereotypes, child autonomy in activity selection, and the adoption of nurturing parenting practices. The purpose was to measure the effectiveness of the mass media content and identify learnings for future interventions.

The #BondThroughPlay social media campaign, targeting male caregivers, ran from 12 August to 11 October 2024 and exceeded its goals, achieving 1.94 million YouTube video views (47% above the KPI) and 16.4 million impressions (18% above the KPI). Audience reach in key provinces was high, with Gauteng reaching nearly two million viewers, followed by the Eastern Cape and Free State. The campaign's success was driven by optimised, dynamic thumbnail designs and influencer alignment with target demographics. Adjustments midway included an increased focus on mothers.

The content successfully promoted positive father-child relationships, supported male caregivers' involvement in childcare and encouraged male caregivers to become more involved in their children's lives, not only in terms of financial provision but also in terms of emotional support. The mass media content effectively challenged gender stereotypes associated with fatherhood in South Africa especially where male caregivers have a gendered thinking in how to play with their children. See, for example, the video: Play Play Play[33] where Zikwe discovers why dads shine when they bond with their children through play

Key outcomes included:

- **Increased father-child engagement:** Fathers experienced more confidence and joy in playing with their children, leading to more frequent and quality interactions.
- **Gender-neutral play:** Children demonstrated increased autonomy in choosing play activities regardless of gender, challenging traditional stereotypes.
- **Positive parenting practices:** Fathers exhibited more nurturing interactions and positive parenting practices.
- **Support from mothers:** Fathers reported and increased sense of support from mothers in child engagement.

Control group participants were exposed to the campaign in the last four weeks of the study, and even this minimal exposure to the campaign messaging contributed to heightened awareness and engagement with the promoted themes.

The findings highlight how mass media content and platforms can be used as an effective tool to foster engaged fatherhood and challenge gender stereotypes. The alignment between adult and child perspectives on play and gender roles suggests a positive feedback loop reinforcing engaged fatherhood. However, the study also revealed the need for ongoing interventions to address deeply ingrained norms. The role of gatekeeping behaviours and the importance of co-parenting dynamics were identified as critical factors influencing father-child relationships.

The research underscores the transformative power of targeted media content in reshaping parenthood. By strategically leveraging Digital Media and TV to engage adults and children, these findings can be translated into practice at scale. This approach not only has the potential to enhance father-child engagement but also to promote gender equity and positive family dynamics, paving the way for a more inclusive and supportive parenting environment. The evaluation underscores the need for multifaceted interventions that integrate media campaigns with community programmes and policy initiatives. Future research should focus on linking attitude shifts to behavioural changes and strategies to further enhance the effectiveness of such interventions.

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how child survivors and young advocates can hold government accountable and shape policies that affect their lives.

Interpersonal collaboration also extends to relationships between institutions and sectors. Multi-stakeholder partnerships – between civil society, government, donors and international agencies – are essential for bridging the gaps between research, policy and practice. Strong interpersonal relationships within these coalitions foster trust, shared learning and mutual accountability. They help ensure that policies are rooted in real-world needs and that interventions remain relevant and scalable. While not specifically focused on VAC and VAW, the Violence Prevention Forum (VPF) is an example of an initiative that manages to get this right.[21] The VPF is a dedicated platform for bringing together researchers,

policymakers, practitioners, government officials and donors to align evidence, priorities and action across sectors.

Community level: Building collective infrastructure for integration

At the community level, the focus of intervention shifts from individuals to collective systems and the networks, institutions and social relationships that shape everyday experiences. Community-level strategies aim to shift collective norms, strengthen informal accountability and create safer, more supportive environments where violence is less likely to occur and more likely to be addressed. In South Africa, this includes community-based organisations (CBOs), faith leaders, traditional authorities, educators, health workers and local activists, each of whom plays a role in shaping the values, responses and safety nets that surround women and children.

Despite growing awareness of the intersections between VAC and VAW, many community-led initiatives continue to operate in silos, divided by donor priorities, institutional mandates or disciplinary training. This fragmentation results in duplicated interventions, disjointed services and missed opportunities for synergy.[22] Importantly, the issue is not a lack of will. Many community actors recognise the value of integration. The problem lies in moving from symbolic partnerships, such as co-branded events or memoranda of understanding, to practical, sustained collaboration that is adequately resourced and responsive to the full range of survivor needs.

True integration requires more than cooperation. It demands shared training, aligned programming and mechanisms for joint decision-making and accountability. This includes building coordinated case management systems and integrated service delivery models that reflect the interconnected risks and experiences of women and children.[23] It also means enabling local actors to co-design solutions that are culturally relevant and embedded in the social fabric of their communities.

Co-located service models, such as South Africa's Thuthuzela Care Centres (TCCs), offer important insights. Originally designed to provide integrated support for survivors of sexual violence, TCCs bring together healthcare, legal and psychosocial services in one site. However, the model has not evolved to adequately support survivors of domestic or sexual violence. Most centres lack child-friendly spaces, rely on overburdened staff and often prioritise services for women over those for accompanying children. As a result, families seeking help may receive fragmented care, an outcome that undermines the very logic of integration. Without clear referral protocols, adequate funding and cross-sector training, integration risks becoming a strain rather than a solution.[24] While promising as a concept, the focus has largely been on sexual violence against women and children, with limited adaptation for domestic violence and VAC. It holds tremendous potential if appropriately extended and adapted.

Community-led initiatives to change social norms offer another promising entry point for integrated prevention. Programmes that address corporal punishment, intimate partner violence and gender inequality as interconnected issues tend to have greater impact, particularly when they engage families as systems. Parenting interventions that promote non-violent discipline while also addressing intimate partner dynamics have shown strong outcomes across diverse settings.[25, 26] These models work best when they are grounded in local realities and delivered by trusted community actors.

However, these efforts cannot be sustained without flexible, long-term funding. Short project cycles and rigid donor requirements often force grassroots organisations to compete rather than collaborate. The recent withdrawal of major donors, such as USAID, has further destabilised this ecosystem, leaving shelters, community-based care, and trauma services vulnerable to collapse. These wraparound services are often the first point of access for survivors, yet they remain chronically underfunded and institutionally marginalised.

Ultimately, building an enabling community environment for addressing VAC and VAW is not simply about convening stakeholders. It is about supporting them, through resources, capacity and political will, to collaborate in ways that reflect the lived realities of survivors.

Institutional level: strengthening policies and systems for integrated service delivery

In the context of this paper, the institutional level refers to the formal systems, structures and rules that govern how services are delivered and how decisions are made. This includes government departments, policies, laws, protocols, organisational mandates, professional training systems and the mechanisms that coordinate different sectors, such as health, education, justice and social development.

While the individual and interpersonal levels focus on people and their relationships, and the community level centres on local networks and collective norms, the institutional level is where power is operationalised through systems. It's where decisions about budgets, service standards and accountability are made and where integration between responses to VAC and VAW can either be enabled or blocked.

In this layer, integration is not just about shared values or collaborative intentions, it requires explicit mandates, clear protocols, aligned financing and cross-sector coordination

Case 18: Free to Grow – Workplace interventions to prevent VAC and VAW

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Free to Grow is a family violence prevention programme that demonstrates how human-centred design can make social interventions more accessible and effective.

Developed through a partnership between the Institute for Security Studies (ISS), the Seven Passes Initiative, and Tikketai (an agricultural business), the programme responds directly to the needs and realities of working parents, particularly those in low-wage, high-stress environments.[34]

From the outset, the programme was shaped around working parents' real needs and circumstances. Developers engaged directly with employees and management to understand their daily pressures, parenting challenges and barriers to accessing support services. This process revealed that time, transport and financial constraints often prevented caregivers from accessing community-based support and programmes. In response, *Free to Grow* was designed to be delivered during paid work hours, in order to remove some of these obstacles.

A series of 12 weekly sessions focused on building practical skills in stress management, interpersonal skills and non-violent parenting. Content and facilitation methods were informed by participants' feedback and lived experiences, ensuring cultural relevance and psychological safety. Facilitators were drawn from a local community-based organisation, creating a trusted, empathetic learning environment.

By centring the design on participants' needs, the programme created a safe, supportive space where employees felt comfortable reflecting on their behaviour and learning new skills. As a result, employees reported improved family relationships, better emotional regulation and reduced conflict at home and work

This human-centred approach not only improved participants' family relationships but also enhanced workplace morale and productivity. By responding directly to employees' needs and embedding the intervention into the workplace, *Free to Grow* illustrates how thoughtful, user-informed design can strengthen violence prevention efforts while delivering meaningful benefits to businesses and families alike.

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mechanisms that embed VAC and VAW responses into the routine operations of public institutions. It's about ensuring that survivors don't encounter fractured systems, and that practitioners across sectors are trained, resourced and required to respond holistically.

The *Diagnostic Review of the State Response to Violence Against Women and Children* illustrates an institutional response by mapping the roles, mandates and performance of various government departments in addressing violence.[27] It highlights how institutions such as the Department of Social Development, SAPS, the National Prosecuting Authority, Health and Basic Education contribute to prevention, protection and justice outcomes.

The review explicitly critiques the fragmentation of efforts and the lack of a unified, coordinated institutional framework, calling instead for systemic reform. It also details how institutional mandates often overlap or conflict, leading to duplication or gaps in service delivery. Despite these challenges, the report represents a significant attempt to hold state institutions accountable by providing evidence-based recommendations for improving coordination, oversight and resource allocation across departments involved in the VAC and VAW response.

Integrated policy responses must be grounded in joined-up thinking – bringing together actors across sectors to break down silos in training, service provision and policymaking. This means creating shared protocols, cross-disciplinary teams and cohesive support systems that enable survivors and their children to access comprehensive care through a single, coordinated pathway. Without institutional commitment to breaking down sectoral silos and embedding integrated service models, responses will remain fragmented, limiting the potential for transformative, survivor-centred change.

Structural level: Aligning funding and governance for systemic change

The structural level refers to the foundational systems that determine how institutions operate: laws, financing frameworks, political priorities and broader governance norms. Unlike the institutional level, which focuses on how services are designed and delivered within sectors, the structural level is about the forces that shape those institutions: who holds power, how budgets are allocated, what gets prioritised and which principles guide national and global responses to violence. In the context of VAC and VAW, structural barriers often take

the form of fragmented funding systems, siloed mandates and policy incoherence. Despite clear evidence of the overlaps between VAC and VAW, governments and donors continue to fund them through separate streams, reinforcing disjointed programming and undermining opportunities for integration.

To drive long-term impact, funding models must shift from short-term, project-based grants toward sustained investment in systems strengthening. Donors and governments must institutionalise VAC and VAW interventions within national budgets to ensure that prevention and response efforts continue beyond donor cycles.[28]

Integrated financing should:

- Support multisectoral collaboration by funding joint initiatives across health, justice, education and social services.
- Prioritise survivor-led solutions, ensuring that funding mechanisms are accessible to grassroots organisations that work at the intersections of VAC and VAW.
- Invest in research translation, ensuring that evidence on the intersections of VAC and VAW informs national and global financing decisions.

At the national and sub-national levels, governments must integrate VAC and VAW responses into core service delivery mandates – rather than treating them as donor-dependent or NGO-driven initiatives. Provincial departments can develop joint implementation plans across sectors, with shared accountability indicators to monitor integration in real time. Local governments, meanwhile, play a pivotal role in resourcing community-based structures, such as local clinics, with the tools and training needed to respond to VAC and VAW. Embedding these interventions into existing governance and budgeting systems is essential to ensure sustainability beyond political cycles.

These efforts take place in an increasingly complex geopolitical climate where global norms around gender and equity are shifting. The removal of terms like 'gender', 'diversity', and 'inclusion' from the United States Departments' lexicon reflects a broader rollback of commitments to equality and rights-based language. This trend risks legitimising regressive policy agendas and undercutting years of advocacy for integrated, survivor-centred responses. Holistic, rights-based approaches must remain at the centre of global policy if real transformation is to occur.

Case 19: The Sexual Violence Research Initiative – A catalyst for collaboration, and a flourishing evidence ecosystem

Ayesha Mago[i]

Founded in 2003, the Sexual Violence Research Initiative (SVRI) is the largest global network advancing knowledge and evidence on violence against women (VAW) and violence against children (VAC). With over 11,000 members, SVRI is a recognised field builder – creating the conditions for evidence to grow, take root and flourish. We connect researchers, practitioners, policymakers and funders across disciplines and geographies to strengthen the field through collaboration, solidarity and shared learning.

Our work is grounded in four interlinked pillars: advancing research and practice; strengthening capacity; promoting partnerships; and influencing change. Over the past 14 years, we have funded 98 grantees in 53 countries, investing more than USD 11 million in locally led research that informs policy, practice and evidence globally. We also provide technical assistance and support a values-driven community of practice grounded in ethics, equity and context. In addition to funding,

SVRI offers practical guidance and resources to support ethical research, thoughtful adaptation, responsible funding and equitable partnerships – ensuring that evidence leads to tangible, lasting improvements in the lives of women and children.

Our biennial SVRI Forum – one of the largest abstract-driven conferences on VAC and VAW – brings together thousands of delegates for cross-sectoral dialogue, learning and connection. It fosters long-term collaboration, amplifies underrepresented voices and builds international solidarity.

We prioritise collective care, recognising it as essential for a healthy, sustainable evidence ecosystem. SVRI's digital platforms serve as a vibrant global knowledge hub, with over 140,000 annual website visits. We share the latest evidence and opportunities through our blog, podcast, webinars, online courses and helpdesk – making research more accessible, engaging and actionable.

SVRI's feminist ways of working nurture a global movement defined by solidarity, care and collective learning. We invite others to join us in building a future where research drives action, and every woman and child can live free from violence.

i Sexual Violence Research Initiative

South Africa's National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) is an attempt to address gender-based violence at a structural level and to ensure coordinated action, community mobilisation and attention to the socio-economic drivers of violence. These initiatives lay the policy foundation, but the inter-connected work of integration still needs sustained attention. In addition, the policy was developed through a VAW lens and attempts to ensure that it supports integrated approaches to VAC and VAW in terms of both prevention and response, are ongoing.

Another structural-level effort was the Inter-Ministerial Committee (IMC) on Violence Against Women and Children, established in 2012 to coordinate a whole-of-government response to co-occurring forms of violence. The IMC brought together key departments, including Social Development, Health, Basic Education, Police and Justice, to address policy fragmentation and ensure a unified national approach. However, despite its promise, the Diagnostic Review commissioned by the IMC itself found that inter-sectoral collaboration did not meaningfully improve. Implementation remained fragmented, institutional mandates continued to overlap, and coordination forums were largely symbolic. Funding streams were disjointed, accountability systems were weak and collaboration with civil society was minimal. While the IMC laid important groundwork for future multisectoral policy efforts, including the NSP-GBVF, it fell short of its structural mandate to institutionalise a coherent, integrated state response to both VAC and VAW.

Conclusion

Creating an enabling environment for addressing the intersections of violence against women and children requires far more than words. It demands transformation across the entire ecosystem, in the ways that we both prevent and respond to violence. This chapter has argued that integration cannot be realised through frontline programming alone, it must be structurally embedded. That means aligning laws, institutional mandates, financing mechanisms and governance structures to support holistic, intersectional approaches to prevention and response.

The chapters that follow explore these structural levers in depth, offering practical pathways for embedding integration into the core systems of state and society:

- The legal and policy framework must be harmonised to reflect the life-course continuum of violence and provide clear mandates for multisectoral collaboration.
- Financing systems need to shift from fragmented donor dependency toward sustainable, integrated public investment.
- The workforce must be capacitated, across sectors and levels, with the skills, tools and institutional incentives to work together.
- Reliable, disaggregated data systems are critical for making invisible intersections visible and guiding responsive service delivery.
- Leadership and coordination must move beyond ad hoc interdepartmental forums to forge coherent strategies, supported by shared accountability mechanisms.

Figure 16: An enabling ecosystem

The vision is clear: a unified, survivor-centred ecosystem that recognises the complexity of violence and responds with that recognises the complexity of violence and responds with approaches that are equally comprehensive. This will not be achieved through isolated interventions. It requires deep structural alignment, long-term investment, and a political and moral commitment to transform how we see, respond to, and ultimately prevent violence in all its forms.

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