Leadership and coordination for systems change: Working at the intersection

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Violence against women (VAW) and violence against children (VAC) intersect, sharing risk factors and driven by similar social norms. They frequently co-occur particularly in the home, and have intergenerational continuity, where children exposed to intimate partner violence (IPV) in early childhood are likely to grow up to perpetrate violence or become victims.[1] Numerous cases illustrate that women and children often experience violence simultaneously within the same household and are impacted by interrelated traumas and systems of harm.[2] Recognising this, there is increasing advocacy for work at the intersection of violence against women and children.

Internationally, organisations like UNICEF have called for increased coordination of efforts between organisations working to address VAC and those addressing VAW.[3] However, fragmented prevention and response to VAC and VAW persist for several reasons:

- Historically these fields have developed in parallel, establishing separate policy frameworks, terminologies, ways of working, rights based treaties, legislation and lead agencies, both globally and at the national level.[4, 5] VAC interventions are often grounded in child welfare and safeguarding principles, focusing on the best interests of the child, statutory reporting duties and protective care models. In contrast, VAW responses are more likely to centre survivor autonomy, empowerment and a gendered analysis of power and control. These differences matter, particularly in decisions around disclosure, consent, and engagement with formal systems such as the police, health and courts.
- The design of services has also been in parallel, resulting in fragmented responses that fail to meet the complex needs of survivors across age groups.[2] For example, women experiencing IPV are often supported by a domestic violence shelter, while their children are referred to a separate child protection agency, resulting in duplicated assessments, conflicting service plans or contradictory safety strategies.
- Concerns persist about the potential risks of a coordinated response to VAC and VAW. Some fear that women's needs will be deprioritised over the rights of children, while others worry that powerful women's organisations will overshadow children's concerns.[1]

Using a conceptual framework based on systems change theory as outlined by Kania, Kramer, and Senge,[6] this chapter shifts from analysing visible, structural issues to examining the deeper, less visible conditions that sustain this fragmentation. Kania et al. argue that change must happen at three levels. The first is the explicit level, involving policies, practices and resource flows. The second, semi-explicit level, involves relational shifts, including changes in relationships, connections and power dynamics among stakeholders. The final level, which they identify as essential for transformative change, is the implicit level, entailing shifts in mental models, such as deeply rooted beliefs and assumptions.[6]

Applying this framework and drawing on past experiences, this chapter argues that efforts to coordinate responses to VAC and VAW will falter if they focus solely on the most visible level – such as establishing new structures, changing legislation or establishing new operational standards – and fail to address the relational and conceptual barriers that hinder coordinated responses. These barriers include tensions arising from legal mandates, power struggles between sectors, and deeply ingrained assumptions that frame VAC and VAW as separate rather than interconnected issues.

This chapter focuses on three multisector platforms – the National Violence Prevention Forum and the SAFE Platform and the Western Cape Violence Prevention Unit – to demonstrate how transforming the ways in which organisations meet and engage with one another can offer space for kinds of shifts in mental models through joint learning and the building of relationships between organisations in the women and children's sectors to enable working at the intersection of VAC and VAW.

The chapter is divided into three sections. The first section defines coordination and other related terms. The second highlights ongoing challenges to VAC and VAW coordination, such as the proliferation of coordination structures and the

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inconsistent recognition of the intersection of VAC and VAW in policy frameworks. It also covers relational and operational issues, including conflicting legal requirements, interpersonal tensions, and power dynamics that undermine trust between stakeholders. Finally, the chapter identifies pathways for change to address these challenges.

What is coordination, and why does it matter in addressing the intersections of VAC and VAW?

According to UNICEF Innocenti's seminal papers on intersection, a coordinated approach means promoting, recognising and ensuring alignment and synergies between laws, policies, systems, services and programmes to meet the needs of both victims and survivors of VAC and VAW. They argue that coordination needs to take place at both at a policy and implementation level.[3, 7] On the policy level, this includes harmonising legislation, cross-sector accountability frameworks, and sustainable governance mechanisms. In practice, it means empowering duty bearers with the tools, relationships and discretion to engage in real-time joint problem-solving and to decide when coordination, integration, or parallel but synchronised actions are most appropriate. At its core, coordination involves intentionally linking actors, mandates and decisions,[8] and developing a shared understanding of risk and safety, while balancing the distinct yet overlapping needs of women and children as there are times when separate, specialised prevention and response services might still be needed for women and children.[7] Thus, coordination has to be seen as a continuum ranging from working in parallel to full service integration. Coordination is also inherently relational. It depends on trust, mutual recognition and the ability to manage disagreements without increasing fragmentation.

In this chapter, coordination and collaboration are used interchangeably to refer to different degrees of working together. However, they represent different levels in the continuum of systemic alignment.

- **Coordination** involves deliberate alignment of services and actors to reduce duplication, clarify roles and streamline referral pathways. It can occur without fully integrating services and systems and is often the first step towards improved cooperation.[9]
- **Collaboration** denotes a deeper level of joint planning and implementation, often involving shared decision-making.
- **Service integration** refers to the formal combination or harmonisation of services, usually at the level of delivery. This may involve co-location, shared case planning or joint training protocols. Integration is most appropriate where cases of VAC and VAW intersect, such as in family-centred interventions or joint risk assessments. However, integration should not imply a one-size-fits-all approach; instead, it should be guided by the specific risks, rights, and safety considerations of both women and children.[10]
- **Collaborative case management**, by contrast, focuses on joint planning and problem-solving around a specific case, often involving a multidisciplinary team. It may be time-bound and context-specific, without requiring institutional integration. It relies on information sharing (within legal and ethical boundaries), trust between practitioners, and survivor-centred decision-making. Collaborative case management can be employed within either integrated or coordinated systems.[11]

These approaches are not mutually exclusive, and the choice between them should be guided by a number of factors, for example:

- The level of intervention: Some policies may address the needs of women and children separately while ensuring they do not work at cross purposes. At the same time, certain advocacy efforts and prevention interventions may need to be conducted jointly as both sectors benefit from prioritising the issues of violence, and well-targeted prevention efforts can address both VAC and VAW at the same time.
- For service delivery, the nature of the violence, the degree of risk and the needs of those affected are important. For instance, in cases where both a woman and her children are at risk within the same household, integrated safety planning may be essential. In other situations, particularly where adult survivors do not want child protection services involved, parallel but coordinated pathways may be more appropriate.

Therefore, a coordinated approach to VAC and VAW will require ongoing negotiations among government, NGOs and funders within the two sectors. While policies and strategies that acknowledge the intersection of VAC and VAW are vital, working at this intersection also demands a shift in mindsets to recognise the interconnectedness of the two issues, adaptive management and decision-making by implementers, alongside interdepartmental cooperation to decide when collaboration is needed, service integration is beneficial, and when working separately serves the interests of both women and children. Although research on optimal coordination strategies between the two sectors is limited, past experiences with implementing multisector plans in the VAC and VAW sectors provide valuable insights into what has not worked before and what shows promise for a successful coordinated response. Next, we look at some of the issues that have made coordination a challenge in the two sectors in South Africa.

Case 21: SAFE-PR – A coordinated response to domestic violence

The Strengthening Actors for Effective Preventative Response Project (SAFE-PR), developed by MOSAIC Training Service and Healing Centre (hereinafter referred to as MOSAIC), aims to advance the rights and safety of women, children and other vulnerable groups in relationships, homes and communities. SAFE-PR works at the intersection of violence against women and children, recognising the complex nature of domestic violence, where children witnessing violence may create tensions between their best interests and those of the mother or caregiver.

SAFE-PR coordinates duty bearers to balance these needs, interlinking resources and ensuring the right stakeholders are involved at the right time to prevent harm. The project convenes local multi-stakeholder SAFE Platforms, consisting of duty bearers and first responders to domestic and intimate partner violence in various communities. These SAFE Platforms are place-based, convening stakeholders in a particular area to connect existing assets and resources, thereby increasing capacity and removing barriers to survivors accessing care, safety, security and justice. SAFE-PR also aims to ensure that protection orders effectively protect survivors and that harm is prevented.

Duty bearers and first responders to domestic violence include the police, social workers, magistrates, clerks, healthcare workers, teachers, neighbourhood watch, religious and traditional leaders and civil society members. Therefore, SAFE-PR stakeholders include personnel from the local South African Police Services, Department of Justice, Department of Health and Department of Social Development, as well as community-based civil society organisations who come together to identify gaps and challenges in advancing the care, safety, security and justice for survivors and to co-create solutions that improve the lives of survivors in the communities they live.

The SAFE Platform aims to foster collaboration and cooperation among these entities to share expertise around a shared objective in ways that will enhance the effectiveness of preventative measures. MOSAIC provides the backbone support for the SAFE Platforms to foster continuous communication amongst stakeholders, connect agreed upon activities and coordinate referral pathways for multisectoral collaboration, and to address the systemic barriers and challenges that affect survivors of domestic violence when seeking services. The aim is to remove barriers to access at a local level and connect stakeholders to work towards meaningful solutions to the pervasive issue of domestic violence and enhance safety in relationships, homes and communities.

Where does SAFE-PR operate?

SAFE-PR currently operates in six communities: Philippi, Mitchell's Plain, Paarl, Heidelberg, Albertinia and Soshanguve. The choice of where to establish SAFE Platform is based on several factors:

- **Existing presence:** MOSAIC's presence within the community helps facilitate legitimacy as the organisation is part of the service delivery chain and of the community. It also makes it easier to leverage collaborative success through existing networks.
- **High incidence of domestic violence:** The community experiences a high incidence of domestic and intimate partner violence, as indicated by official crime statistics and MOSAIC court service data. This underscores the urgent need for intervention and support in these areas.
- **Existing infrastructure:** Each of these locations has some assets such as police stations, courts and other support services to enable community members affected by domestic violence to access justice and support.

How does SAFE-PR work?

- **Platforms/hubs:** SAFE platforms operate at a local community level to connect stakeholders from various sectors. These hubs serve as spaces for collaboration, information sharing and joint efforts in preventing and responding to domestic violence.
- **Convening, meetings and training:** Regular meetings and training sessions help share information, enhance coordination, build supportive relationships and improve the quality of services.
- **Referrals and resource sharing:** SAFE-PR establishes robust referral systems across different sectors and stakeholders to ensure survivors of domestic violence can access a wide range of support and services. This includes facilitating referrals to appropriate service providers, reducing service duplication and maximising resource efficiency to better meet the needs of survivors.
- **Coordination and integration:** MOSAIC provides strong and skilled coordination to ensure that different parts of the system are working together in the most efficient and effective manner. This involves convening stakeholders,

facilitating collaboration, building and maintaining relationships to support effective referrals, collaboration and integration of services.

- **Shared measurement:** SAFE-PR helps establish a shared measurement system with common objectives, indicators and reporting systems. Data collected through this system feeds into a shared public dashboard, enabling all stakeholders to easily track progress. This shared measurement approach fosters accountability, transparency and collective action among stakeholders.

What hampers coordination of the women's and children's sectors?

There are a number of persistent challenges that hamper coordination within and between the women's and children's sectors.

Emphasising structures while overlooking the social dimensions of coordination

Most policies and strategies to address VAC and VAW recognise the importance of multisectoral action and the need for coordinated efforts. Policies have also sought to achieve coordination through structural changes. For example, the National Strategic Plan on Gender Based Violence and Femicide (NSP-GBVF) emphasises that effective implementation requires strengthened multi-sectoral coordination and collaboration across different tiers of government and society, built on relationships of trust. Similarly, the National Child Care and Protection Policy states that "implementation and impact of the Policy must be overseen by effective national, intra and intersectoral coordination mechanisms". Section 5 of the Children's Act 38 of 2005 further requires all organs of state involved in the care, protection and well-being of children to develop a uniform, coordinated and integrated approach to service delivery, underscoring the legislative mandate for intersectoral coordination. The 2016 White Paper on Safety and Security similarly advocates for an integrated and multi-sectoral provision of crime and violence prevention services through intergovernmental structures and mechanisms.

Each policy/strategy in turn establishes structures to coordinate the specific policy objective as illustrated in Table 7. Previous research by the government found in excess of 55 coordination structures across the two sectors, some established by law and others through policy.[12]

Existing and previous efforts to coordinate VAC and VAW, and those, such as the Interministerial Committee on the Root Causes of Violence Against Women and Children (IMC on VAWC) and its technical management team, that aimed to coordinate VAC and VAW, have been ineffective in solving problems and improving coordinated service delivery, and in some cases, they have been dysfunctional.[12, 13] The problem of fragmented service delivery has persisted despite the existence of different mechanisms, both within government and between government and civil society, to coordinate violence prevention and responses.

Part of the dysfunction has been administrative, with the coordination structures being poorly managed, decision-making processes ineffective, and an overall inability to resolve problems. However, it is the semi-explicit conditions, such as institutional rivalry and efforts to protect departmental mandates, that have created acrimonious relationships and made collaboration difficult. Past experiences affirm that the creation of structures is not enough to achieve a coordinated response to VAC and VAW, particularly if they fail to recognise that attaining coordinated service delivery fundamentally involves the decisions and actions of people whose behaviours are shaped as much by their organisational or institutional cultures as by their personal competencies and motivations. To bring the VAC and VAW work together therefore requires an understanding of the semi-explicit and implicit root causes of poor collaboration both within and between the two sectors.

Inconsistent recognition of VAC and VAW intersection at the policy level

South Africa has a comprehensive policy and legislative framework for both VAC and VAW. The 2016 diagnostic review carried out by the Department of Planning Monitoring and Evaluation found in excess of 20 policies, laws and strategies that responded to violence, with some specifically targeting VAC and VAW.[12] Yet over time, the recognition of the intersections of VAC and VAW has fluctuated.

In 2013, the IMC developed the South African Integrated Programme of Action for addressing Violence Against Women and Children. The plan recognised the connections between VAC and VAW, and this formed part of the Safer South Africa programme funded by the Department for International Development (UK), which also aimed to promote interventions that prevent violence against women and children. The integrated plan reflected an understanding that VAC and VAW intersect, and that to prevent violence effectively requires improved coordination between the two sectors. The 2016 White Paper on Safety and Security and its Integrated Crime and Violence Prevention Strategy, and the National Plan of Action for

Children, also recognise the intersection of VAC and VAW and acknowledge the need for coordination between sectors.

However, the recognition of the intersections of VAC and VAW is not sustained in all policies. The NSP-GBVF marked a shift away from the VAC and VAW framework, creating a linguistic and conceptual divide that complicated efforts to integrate children's needs in the NSP. While the term "violence against women" provides clear definitions of the issue and its affected population, gender-based violence (GBV) is a broader term that encompasses all individuals victimised due to their gender, including LGBTQI+ individuals.[14] While this inclusivity is valuable, it often sidelines the specific vulnerabilities of children, as most violence experienced by children falls outside of the GBV framework.

Thus, the NSP-GBVF, despite its ambition, has not fully responded to the intersection of the needs of women and children. This omission was foregrounded at the 2022 Presidential Summit, where the children's sector strongly advocated for a seventh pillar in the NSP-GBVF. This proposed pillar aimed to fully integrate children into the NSP-GBVF by starting with a definition of GBV that recognises how violence experienced in childhood by both girls and boys drives cycles of victimisation and perpetration in later life. The call for a seventh pillar also sought to institutionalise the inclusion of children's sector representatives in national and provincial GBV coordinating bodies, and to ensure that educational interventions on GBV begin at the early childhood development (ECD) level and continue through to high school.

Despite these calls, the resolution for a dedicated children's pillar was not accepted by the Summit Planning Committee. The primary counterargument was that children are already included in Pillar 2 of the NSP-GBVF. However, this position overlooks the interconnections between childhood exposure to violence and lifelong vulnerabilities, as well as the current policy and budgetary constraints affecting children.

It is also important to note that this tension is not new. During the first Presidential Summit in 2018, when the NSP-GBVF was being conceptualised, the women's sector resisted including a broader VAC and VAW framework, citing concerns that conflating women's and children's issues would dilute the specificity of women's experiences and potentially infantilise adult women. As a result, the children's sector was compelled to advocate separately for the inclusion of children, even though the lived realities of women and children, particularly in familial and domestic contexts, are deeply interconnected.

Consequently, at service level collaboration across VAC and VAW remains fragmented, though there are important developments to improve coordination. Box 9 presents programmes with elements that support working at the intersection. Key gaps that remain include siloed service provision, limited integrated case management systems, and a lack of shared training or protocols across the child protection and GBV sectors. More consistent, cross-sectoral approaches are needed to ensure a coherent and survivor-centred response that reflects the interlinked nature of violence in homes and communities.

Conflicting requirements between child protection and women survivors

Organisations providing services to survivors of domestic violence consistently encounter women with children who hesitate to report domestic violence due to fear of losing custody. The Domestic Violence Amendment Act 14 of 2021 (DVAA) makes provision for mandatory reporting of violence against children, which states that, "any person with knowledge, belief, or reasonable suspicion that an act of domestic violence has been committed against a child (under 18) or a person with a disability must report the abuse to the South African Police Service (SAPS)".[15]

Table 7: Coordination structures

Legislation / Policy / Strategy	Coordination structure(s) established / envisioned
2016 White Paper on Safety and Security	Envisions the National Crime Prevention Centre, intergovernmental structures and mechanisms for integrated crime and violence prevention
National Child Care and Protection Policy	National Child Care and Protection Forum
Victim Empowerment Programme (VEP)	VEP management teams at national and provincial levels
Domestic Violence Framework	National Domestic Violence Intersectoral Committee
National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF)	End GBV Collective (informal, coordinating across six pillars)
National Council on Gender-Based Violence and Femicide Act 9 of 2024	Formalises the National Council on GBVF as a statutory coordination structure

Box 9: Services that have the potential to support an integrated response to VAC and VAW

Victim Empowerment Programme

The Victim Empowerment Programme (VEP) provides for the needs of all victims of violence including women and children. It promotes a victim-centred and restorative justice approach, which places the needs of victims at the centre of how the different service providers plan and intervene. It recognises the vulnerability of women and children to sexual and domestic violence, and other forms of violence, and calls for a multidisciplinary approach to responding to violence. While the policy guideline for the VEP does not specifically mention intersections, it provides a foundation for coordination between service providers whose clients are women and/or children.

Thuthuzela Care Centres

The Thuthuzela Care Centre (TCC) model is a national initiative led by the National Prosecuting Authority under its Sexual Offences and Community Affairs Unit. These one-stop facilities aim to provide an integrated and survivor-centred response to sexual violence, and have recently expanded to respond to domestic violence.

TCCs provide immediate medical, psychological and legal assistance to survivors of sexual violence. The centres work closely with law enforcement, the healthcare system and the justice sector to ensure a streamlined and supportive process for survivors seeking justice.

The TCC blueprint recognises the intersection between violence against women and violence against children, as it prioritises services for survivors of all ages and integrates child-friendly facilities within the centres. It also includes provisions for child survivors, such as forensic social workers and specialised interview techniques to ensure cases involving minors are handled sensitively. However, the blueprint does not specify how services should be delivered, particularly in relation to supporting caregivers of child survivors.

This is a critical gap, as many caregivers experience significant trauma themselves when a child in their care has been raped or sexually abused. Some may struggle with feelings of guilt, shame or helplessness, especially in cases where the perpetrator is a family member or someone close to the family. These dynamics can lead to protective behaviours that inadvertently obstruct the child's access to justice or support such as hiding the abuse or withdrawing from services.

Civil society organisations like MOSAIC, which operate as first responders within the TCC model and also provide follow-up psychosocial support, play a vital role in addressing this challenge. They offer direct counselling and support groups specifically for caregivers, to prevent secondary victimisation, and provide emotional tools and trauma-informed resources to ensure that caregivers are empowered to support the child without impeding access to critical services. This integrated approach is essential in creating a safe and enabling environment for child survivors to recover and access justice.

This obligation applies broadly to all adults, not only professionals, and extends beyond the mandatory reporting provisions of the Children's Act. In contrast, the Children's Act only requires mandatory reporting by professionals working with children, and only in cases of sexual abuse, physical abuse causing injury, or deliberate neglect. It does not require the reporting of all situations in which a child may be in need of care and protection.

This broad mandatory reporting obligation in the DVAA is particularly significant because the Act defines domestic violence to include "exposing a child to domestic violence". This means that any adult who suspects that a child may have been exposed to domestic violence, even if the child is not the direct victim, is legally required to report it. Under the Children's Act, 38 of 2005, designated professionals are obliged to submit a Form 22 to the Department of Social Development or SAPS in cases of sexual abuse, neglect or exploitation. Although the statutory bases differ, in practice many stakeholders feel compelled to complete a Form 22 when supporting women whose children have been exposed to domestic violence. While the mechanism in the Children's Act serves to protect children by ensuring prompt reporting. The DVAA's mandatory reporting clause can inadvertently cause harm, as mothers fearing the removal of their children may withdraw from seeking help, further endangering both themselves and their children. This has far-reaching consequences. It potentially undermines women's privacy and agency, especially for survivors who are themselves navigating violent relationships and trying to protect their children. It also raises the risk that a mother may be held responsible for 'failing to protect' her child from exposure to violence, even while she is a victim herself.

Case 22: The dilemma of mandatory reporting

Thandi, a 32-year-old mother of two young children, endured escalating physical and emotional abuse from her partner, Themba. Her children, aged five and eight, witnessed the violence, displaying signs of distress. Seeking safety, Thandi approached a community-based organisation (CBO) linked to the Strengthening Actors for Effective Preventative Response Project (SAFE-PR) in Mitchell's Plain. The organisation provided her with counselling and legal guidance under the Domestic Violence Amendment Act.

However, a social worker from DSD, also engaged in the SAFE Platform, learned about Thandi's situation. Concerned for the children's safety, the social worker initiated a Form 22 report, prompting an official intervention under the Children's Act. Fearing child protection services might remove her children, Thandi panicked, withdrew from support services, and isolated herself and her children, cutting off ties with the CBO and SAFE-PR stakeholders.

SAFE-PR stakeholders recognised that collaboration was essential to balance the rights and needs of both Thandi and her children. The platform facilitated a case conferencing approach, bringing together SAPS, DSD and community organisations to assess risks comprehensively. Trauma-informed social workers and court support workers worked jointly to navigate the complexities of the Domestic Violence Act and the Children's Act without alienating the survivor. Together, they developed a joint response plan that ensured both child safety and Thandi's protection and autonomy.

Recognising the need to address these distinct but interconnected issues, SAFE-PR stakeholders also operated in parallel. The CBO continued to provide confidential support services to Thandi, offering her a safe space to make informed decisions at her own pace. Meanwhile, the social worker monitored child safety without triggering immediate state intervention, allowing Thandi time to access legal and psychological support. MOSAIC as the court support services provider together with the court clerks worked separately to help Thandi secure a protection order, ensuring that interventions for her and her children proceeded without punitive measures.

SAFE-PR stakeholders also integrated survivor-centred and child-centred interventions into a seamless approach. They established a survivor-led process, allowing Thandi to engage with services without additional fear or harm. Cross-sectoral case management ensured continuous, informed communication among SAPS, DSD, the Department of Justice and Constitutional Development and CBOs, preventing unnecessary distress. The platform also promoted long-term family safety planning by integrating shelter services, parenting support and legal advocacy, empowering Thandi while ensuring her children's well-being.

These tensions expose inconsistencies between the DVAA and the Children's Act and demonstrate how misaligned legal provisions can complicate coordination between the child protection and domestic violence systems – systems which, in practice, are often siloed into the "children's" and "women's" protection sectors.

Thandi's case highlights the tensions that arise when duty bearers navigate the intersecting needs of women and children in domestic violence cases. While laws such as the DVAA and the Children's Act aim to provide protection, their practical implementation can sometimes place stakeholders in conflict, particularly around mandatory reporting. To resolve this requires organisations in both government and civil society to work closely together to identify how best to coordinate or integrate services and support in order to advance the rights of both women and children. However, this is only possible when stakeholders have time and space to reflect on cases, learn together and jointly make decisions.

Relational issues that hinder coordination of women and children sector

Transforming the way VAC and VAW sectors collaborate requires fostering relationships that enable sharing of information, joint problem solving and collective learning. New challenges will emerge as organisations work together, and the problems will be different at policy and service delivery levels. However, research and sectoral experience reveal that acrimonious relationships are common, despite the presence of promising collaborative networks. Racial tensions are another key source of conflict within the sectors, often intersecting with issue of class.[13, 16] Stark differences exist between women with formal education and community-based activists and survivor-led organisations. These differences can also be magnified between women's rights and children's rights organisations. While diversity of identities, cultures, experiences and world views within both sectors has the potential to enrich violence prevention efforts, poor management of these differences frequently leads to breakdowns in coordination and collaborative processes.

Case 23: The Violence Prevention Forum – Bringing the women's and children's sectors together at a national level

Since 2015, the Institute for Security Studies (ISS) has convened the Violence Prevention Forum (VPF),[17] a multisectoral platform that aims to promote continuous dialogue and relationship-building among violence prevention stakeholders. The long-term goal of the VPF is to ensure that research evidence and practice-based knowledge inform policies, programmes and practices to prevent violence in South Africa. To achieve this goal, it was necessary for researchers who evaluate interventions to prevent violence to come together with the policymakers from relevant departments and with NGOs who deliver violence prevention interventions to share knowledge and practice. Building trusting relationships between sectors is the basis for improved knowledge sharing and problem-solving.

The VPF has evolved over the past ten years. Initially, the forum brought together policy makers, practitioners and researchers who focused on the prevention of violence against children. These participants, along with the conveners, identified others who could enrich or benefit from the platform. This led to a growing recognition that the platform should incorporate interventions designed to prevent violence against women. Since then, drawing on the findings of research into violence, a shared understanding has emerged that all forms of interpersonal violence intersect and reinforce one another. Now the forum focuses all forms of violence. Over the years this group has grown to about 300 individuals, representing government departments, NGOs, research institutes and development partners.

The VPF provides an organic and flexible space for productive dialogue between sectors. It is organic in the sense that the forum is able to craft engagements that address the needs articulated by participants as these emerge during and between meetings. A driver group comprising representatives from all sectors undertakes an annual assessment of the international and national context, identifying needs and opportunities. It is productive and has led to changes in policy, the resourcing of violence prevention programmes, and has led to collaborations and partnerships between organisations working in VAC and VAW; and between researchers, policymakers, the private sector and NGOs.

What has the VPF learned about enabling multi-sector collaboration?

1. A competent convener is needed

Any multi-sector platform or structure must be convened. A convener can be an individual or an institution that takes responsibility for hosting engagements. The convener identifies and invites participants, mobilises and manages resources and uses its network and influence to call people together. To be a good convener and successfully bring organisations working on VAC and VAW together the convener needs to be credible, be willing to listen to the needs of all sectors, and be reliable, trustworthy, flexible and transparent. The convener must be committed to the overall outcome, and not put their own institutional needs ahead of the needs of the collective.

It is critical for people to want to come to meetings, and to see the value of participating in discussions. This means the convener needs to be clear about what everyone who comes needs and wants from the meeting and what they will leave with and communicate this with participants.

2. Strong administration is paramount

An effective multi-sector platform needs administrative support to provide logistical support, including communication with participants, documentation and record keeping. It is vital to keep track of successes and let people know what they have collectively achieved.

3. Establish rules of engagement

The conditions for fruitful engagement amongst diverse groups with differing views and expectations, requires rules of engagement that have been agreed to by the group. Rules of engagement must be co-developed by the group and form a binding contract. The rules of engagement can be based on a set of agreed values, and can be re-established, or new rules agreed on for every meeting.

The misuse of power is another pervasive issue. Reports indicate that leaders in government, NGOs and donor organisations often use power in ways that are meant to silence dissent rather than encourage democratic governance of the problem of violence experienced by women and children. This pattern has been observed in key national initiatives, including the development of NSP-GBVF,[16] Total Shutdown movement[13] and also in the Shukumisa Campaign. As Vetten notes, efforts to undo hierarchical relations of power between men and women have at times inadvertently fuelled power struggles amongst women – and between women- and child-focused organisations.

Although it is not possible to address all the causes of tensions within and between the women's and children's sectors, the

SAFE-PR platform, and the experience of Violence Prevention Forum (Case 23) and the Western Cape Violence Prevention Unit (Case 24) demonstrate that acting with awareness of these barriers and being intentional about strengthening relationships can unlock collaboration. This requires leaders to acknowledge and address power imbalances actively, be it between women and children focused organisations or between organisations in different geographies.

What are the pathways towards effective coordination?

Promote shared understanding of the links between VAC and VAW

Having a shared understanding of the intersections of VAC and VAW is foundational to improving collaboration between the sectors. Further work is needed to build upon the nascent recognition of the intersection of VAC and VAW in current policies. For example, the Integrated Crime and Violence Prevention Strategy promotes the implementation of evidence-based interventions that address the root causes of VAC and VAW, such as gender-transformative parenting programmes, and early interventions to prevent the intergenerational transmission of violence. The NSP-GBVF also brings children's and women's needs together in the national strategy, although with limitations as mentioned above. In addition, there is growing research in South Africa demonstrating the intersections of VAC and VAW, particularly in the home. Together, these provide a basis to initiate cross-sectoral conversations and joint learning exercises that bring together researchers, policymakers and practitioners. Civil society coalitions, such the South African Parenting Programme Implementers Network, that already focuses on children within a family context can be important learning spaces to advocate for more collaboration between the women's and children's sectors, particularly building on the effectiveness of gender-transformative parenting interventions and community interventions to address both VAC and VAW.[18] The VPU illustrates how existing structures can be utilised to introduce new ideas and approaches. When introducing public health informed violence prevention in the Western Cape province, the VPU often used already established community-based crime and violence prevention structures. This helped avoid duplication of effort and prevented resources (both financial and human) from being spread too thin across various forums. However, this approach was not without challenges, it did take longer for new ideas to gain traction and for groups to take action. Nonetheless, the resistance faced, the need to negotiate power dynamics, and the importance of learning to be adaptable while working with rigid reporting and appraisal system of government all represent real life challenges that any coordination efforts will face and can't be overcome by simply establishing a new structure.

Resource existing coordination structures for effective secretariat and convening

While the existence of coordination structures will not automatically lead to collaboration between VAC and VAW actors, they remain important spaces for joint learning and relationship building when they are well convened and facilitated. Yet many coordination structures lack adequate resources, competent convening and sufficient administrative support to function effectively. The NSP-GBVF rightly recognises that the GBVF Council will need to be well resourced with the right people and financial resources to drive effective implementation. To make coordination structures like the GBVF Council and Child Protection Forum effective requires investment in convening capacity, administrative and logistical support for the secretariat in order to create a space that enables complex and ongoing negotiations between the children's and women's sectors. Effective secretariat and convening ensures that there is proper planning for meetings, record keeping, follow-up on decisions made, etc. In addition, they can perform non-technical tasks, such as resolving conflicts or issues that may arise, fostering relationships, maintaining member commitment, addressing problems, and ensuring that meetings are more than just discussions but yield tangible outcomes.

Different approaches exist that can help strengthen convening. For example, the SAFE Platforms use collective impact approach. The collective impact methodology[19] offers a structured, collaborative approach for addressing complex societal challenges by bringing together stakeholders from across sectors, government, non-profits, businesses and communities. Rooted in the principles of a shared vision and coordinated action, this model is underpinned by five key components: a centralised infrastructure, continuous communication, mutually reinforcing activities, shared measurement systems, and strong, facilitative coordination. By aligning efforts and measuring progress collectively, the collective impact approach enables diverse actors to move beyond isolated interventions, fostering systemic change and achieving long-term, sustainable solutions.[6] For example, stakeholders in the SAFE Platforms align efforts around a common goal, with shared measurements and continuous communication. Strong backbone support and a structured approach to convening the SAFE Platforms have built trust between stakeholders, enabled tracking of achievements, and reinforced commitment and participation in the platforms.

Case 24: Using transversal collaboration to tackle social drivers of violence through the Western Cape Violence Prevention Unit

Gwen Dereymaeker[i]

The Violence Prevention Unit (VPU) in the Department of Health and Wellness, Western Cape Government, was established in 2023 to drive collaboration and advocacy for evidence-informed violence prevention through a public health approach. We have adopted an area-based approach to safety (ABT) and aim to create platforms that enable local government and non-government stakeholders living or working in high-crime areas to work together to address the local drivers of crime and violence. Twelve Safety Promotion Coordinators are assigned to these areas to facilitate collaboration.

The approach is flexible and agile, drawing on both traditional government structures and informal networks. Through this process of engagement, we have identified the following ingredients that make people want to work together:

1. **Relationship-building** and establishing trust-based networks takes time and is often undervalued, yet these soft skills are essential to enable hard results.
2. **Finding a structural home** is essential. In most communities there are already a wide range of coordination structures that bring together similar stakeholders and discuss overlapping concerns. Where no violence prevention collaboration structures existed, we created our own. But elsewhere we became active participants in existing platforms. This presented some challenges, as our contributions were less visible and therefore more difficult to reflect in progress reports and performance appraisals, and actioning specific themes typically took much longer than when we had our own coordination structure. We learnt, sometimes the hard way, that navigating power dynamics is part of collaborative work.
3. **A shared agenda** with a clear and specific purpose helps build momentum. Our initial mandate was to coordinate all local safety matters, but we realised it was difficult to rally stakeholders behind such a broad agenda. Therefore, most Safety Promotion Coordinators have focused on more tangible and specific local issues, such as youth at risk, road safety, school truancy or teenage pregnancies.
4. **Quick wins build momentum** and strengthen relationships. These shoots of collaborative work can then serve as a springboard to tackle more complex and long-term challenges.
5. **Informal networks facilitate day-to-day collaboration but are often not sufficient to tackle complex issues** such as the social drivers of violence. Therefore, the Western Cape Government Heads of Department nominated officials to participate in our programme. But this too proved to be challenging, given the lack of internal governance for report-backs and resource allocation, delegation to junior colleagues, and additional workload.

Ultimately, collaborative work can only be successful if it combines both a bottom-up (community-driven) and a top-down (bureaucratic authorisation) approach. This includes clear policy direction and strong empathetic leadership that genuinely listens to community voices and that can then be decisive, and open to doing things differently.

For example, the VPU scaled up the PlanetYouth prevention model leveraging local data collected from teenagers to better understand community-level risk and protective factors. This data provides communities with valuable insights into the challenges and needs of young people in their communities so that they can co-create action plans to better support children and families.

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Strengthen collaboration at a local and case management level

There has been a significant focus on what happens nationally and a tendency to centralise coordination efforts in the Presidency. Centralisation is increasingly seen as a solution to a lack of coordination and poor working relationships between departments and non-government sector. The logic that underpins centralisation is that an office with authority, like the President or Minister in the Presidency, will use their authority to get other departments and stakeholders to collaborate. However, this does not work. Simply instructing people to work closely or collaborate will not improve coordination. These calls for centralisation suggest that relationships have broken down and that organisations can't resolve issues without to being instructed to work together.

Multi-sector and multi-department collaboration between VAC and VAW stakeholders are best achieved through transparent negotiations, decision-making and a commitment to working together across differences. At the provincial and district levels, we need to build capacity to coordinate and integrate services and establish effective referral systems that better respond to the needs of both women and children. Different approaches can be used to achieve this. For example, the Western Cape Violence Prevention Unit applied an Area Based Teams method which creates platforms for local government and non-government stakeholders working in high crime areas to work together. This is a good example of how provincial government can enable collaboration between local stakeholders by intentionally and sensitively building relationships, developing a shared vision, capable convening.

The SAFE Platform model offers an example of how service delivery coordination can be achieved through the Collective Impact approach. This model illustrates how structured, multi-stakeholder collaboration – focused on shared measurement and supported by a backbone structure – can deliver meaningful and context-specific services to survivors. In the Mitchell's Plain SAFE Platform, for instance, stakeholders have created a WhatsApp group for urgent referrals, allowing real-time responses. A backbone partner monitors this group to ensure accountability and follow-up. Additionally, a referral booklet and ticket system have been introduced: the referring partner provides a ticket to the client, while the receiving partner logs and confirms receipt of the referral. This allows the backbone partner to track the client's journey and ensure that services are effectively delivered across the stakeholder group.

Monthly debriefing sessions are held to assess case management processes, enabling shared learning and system improvements. This level of coordination and feedback is essential but requires institutional buy-in and a shift in practice. The current culture of 'protecting cases', compounded by concerns around confidentiality, the Protection of Personal Information Act 4 of 2013 and internal data protection policies, often hinder collaborative case management. Leadership and alignment are critical. Mitchell's Plain, for example, has seen success partly because the National Prosecuting Authority (NPA) anchors the GBV Forum and leads coordination efforts linked to court support. This has helped foster trust and build strong stakeholder engagement.

However, an integrated data system and clear referral pathways are urgently needed to strengthen collaborative case management. Such systems would enable efficient information-sharing, ensure clients receive timely and appropriate support, and ultimately improve outcomes for survivors of violence. Without these, the promise of localised coordination and collaborative service delivery will remain limited.

Provide flexible funding to enable intersectoral service integration for women and children

Intersectoral collaboration requires funding mechanisms that reflect the lived realities of survivors, many of whom are women accompanied by their children. All too often, funding for GBVF-related services is siloed, with support designated either for women or for children, but not both. This lack of flexible and integrated funding impedes the ability of service providers to deliver comprehensive support and undermines the goal of survivor-centred responses.

For example, MOSAIC has, since its inception, provided services to both women and children, recognising that many women who seek support for domestic or intimate-partner violence do so alongside their children. However, the funding MOSAIC receives typically only covers services directed at women. As a result, the organisation is often forced to refer children to designated child protection services. While MOSAIC has strong partnerships and referral networks with children's organisations, the current approach fails to cater to the specific and diverse needs of children, resulting in fragmented care instead of treating the family as a whole. This is particularly a challenge where women have adolescent children who cannot stay in shelters and are often separated from their mothers at a time when they need their support for care and healing the most. If funding remains siloed and does not explicitly support service integration, service providers may end up competing for the same resources or clients. In the worst cases, this could pit the needs of a mother against those of her children instead of aligning interventions to strengthen and support both. It also misses an opportunity to break the cycle of intergenerational transmission of violence by adequately addressing the impact of witnessing IPV or exposure to childhood violence.

Strengthen collaboration and state capacity

In South Africa, the governance landscape necessitates coordination across multiple levels of the state and between different sectors. At least eleven national departments, along with their provincial counterparts, carry statutory responsibilities related to preventing and responding to VAC and VAW. These include, among others, the Department of Social Development, the Department of Women, Youth and Persons with Disabilities, the Department of Basic Education, the Department of Justice and Constitutional Development and the South African Police Service.

Coordination is particularly pressing in responding to VAC and VAW to ensure the alignment of shelter services, child protection interventions, and justice system responses.

What are the systemic barriers?

Despite policy recognition of the need for intersectoral collaboration, several systemic barriers continue to impede effective interdepartmental collaboration.

First, there are persistent weaknesses in the alignment of departmental mandates and institutional frameworks. While each department has made varying degrees of progress within its respective domain, collaboration across departments remains limited. This is illustrated by the implementation of the National Plan of Action on Violence Against Women and Children (PoA), which despite its comprehensive scope and ambition, was only integrated into 33% of departmental plans. The DSD, for example, struggled to translate the PoA's strategic vision into actionable, funded programmes, and experienced difficulties fostering cooperation even within its internal structures, particularly between the children's and women's directorates.[12]

Second, poor cooperative governance, especially in areas where functional responsibilities are shared between national and provincial governments, continues to hinder the development of coherent policy goals and the implementation of nationally agreed strategies. Provinces such as Limpopo, North West, Eastern Cape, and Mpumalanga are particularly affected by these weaknesses. In these contexts, disparities in institutional performance, budget allocations, and human resource capacities exacerbate fragmentation and erode accountability.

Third, capacity constraints in key departments further undermine efforts to build integrated systems of care and protection. The DSD and Department of Women, Youth and Persons with Disabilities (DWYPD), both at national and provincial levels, face chronic human and financial resource shortages, poor institutional memory and weak monitoring systems. These limitations have direct consequences for the implementation of critical legislative mandates, including the Children's Act, and contribute to the overall dysfunction of the child protection system. Without targeted investments to build institutional capacity, especially in under-resourced provinces, collaboration on VAC and VAW will continue to be superficial, uncoordinated and ultimately ineffective.

Recommendations

Ensure flexible funding to support survivor-centred and family-responsive programming

Collaboration and coordination across the women's and children's sectors has the potential to enhance our efforts to prevent and respond to VAC and VAW. Yet funding for the two sectors has historically operated in parallel with different funders and objectives. Intersectional work requires funding mechanisms that are flexible enough to support collaboration and integrated service delivery models. Donors and government partners should prioritise and actively invest in supporting collaborative research and collaborative approaches to service delivery that address the interconnected needs of women and their children. Programmes should not be forced to introduce artificial separations that fragment care; at the same time, evidence-informed differentiation where needed should be maintained. Flexible funding would improve the quality and continuity of care, reduce duplication of services, and enhance the overall effectiveness of VAC and VAW prevention and response efforts.

Invest in applied research and practical tools to strengthen coordination of services

There is an urgent need for more applied research to better understand and address coordination challenges at the service delivery level. This research should inform the development of practical, easy-to-use tools that support frontline practitioners in delivering more coordinated and effective responses. Beyond high-level policy frameworks, service providers would benefit from clear, user-friendly guidance that helps them respond to the intersecting needs of women and child survivors in a holistic and integrated manner. For example, guidance is needed for how to deal with the needs of adolescent children and cases where mothers experiencing IPV are also using violence against their children, as well as how to balance statutory child protection requirements with women's rights, and how to integrate gender-transformative approaches in the delivery of care.

Invest in building trust and relationships across sectors

Relational issues such as lack of trust, competition over funding, racial and class tensions and unequal power dynamics often derail coordination efforts. Coordination strategies must go beyond structural reforms and include intentional investment in relationship-building, cultivating trust and resolving conflict among VAC and VAW stakeholders. This includes regular dialogue, reflection spaces and joint planning efforts to shift organisational cultures and build the relational capital necessary for collaboration. This dialogical approach focused

on strengthening relationships, supporting joint learning and problem-solving can be integrated to existing coordinating structures that have potential to strengthen collaboration – including the National Child Care and Protection Forum, End GBV Collective, National GBVF Council, and National Domestic Violence Intersectoral Committee.

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