Preventing violence across gender and generations: An integrated response to violence in the home

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Violence in the home is one of the most pervasive social issues in South Africa. It disproportionately affects women and children, ripples out across generations, and has its roots in both historical and ongoing structural inequalities. Moreover, cycles of violence within families can become increasingly violent over time and more difficult to disrupt in the absence of robust prevention, support and response interventions.

This chapter examines the intersections of violence against women and children in South African households. It then identifies opportunities to adopt a more integrated approach to domestic violence across the prevention-response continuum. To understand how these interventions can be more effective, it is essential to consider the social unit in which many of these dynamics unfold: the family.

What does 'family' mean in South Africa?

Families in South Africa take many different forms, and the concept of family is used to signify an array of different kin and care networks. This fluid understanding reflects the country's complex social and historical realities, including the enduring legacies of colonialism and apartheid.

The nuclear family, often viewed as the norm, is in fact one of the least common family forms in the country. Instead, extended households predominate, with many comprising two or even three generations, particularly in rural provinces such as Limpopo, the Eastern Cape and KwaZulu-Natal. In some cases, grandparents take on primary caregiving responsibilities for grandchildren in so-called skip-generation households. A large proportion of families are also headed by single parents reflecting a consistent decrease in couple-headed households over recent decades, while one in five children do not live with either biological parent.[1] This phenomenon has its roots in the migrant labour system, and patterns of caregiving continue to extend across multiple households and geographic locations.

The percentage of children living with their biological fathers has steadily declined – from 45% in 1996 to 36% in 2023. At the same time, the proportion of children living with men who are not their biological fathers has increased from 31% in 1996 to 40% in 2023.[2] Family life is often dynamic and dispersed, with children and breadwinners regularly moving between homes. Although rare, child-headed households – many of which emerged during the height of the HIV/AIDS crisis – are also recognised as a family form under South African law. All of these arrangements speak to the resilience and adaptability of families in the South African context.[3, 4]

While families can provide critical sources of care, belonging and protection, they can also be environments where violence is normalised and perpetuated. Violence against women and children remains one of the most persistent and damaging dynamics within the home. These forms of violence are not isolated phenomena; instead, they often co-exist within the same households, reinforcing one another and creating complex cycles of harm that ripple across generations.

To address this reality, it is essential to examine the specific forms, perpetrators and gendered patterns of violence that occur within households, and how these intersecting forms of harm shape the lives and futures of children and women. A clear understanding of these dynamics – and the gendered power imbalances that underpin them – is also key to developing effective interventions that reduce violence in the home and interrupt its transmission from one generation to the next.

How do violence against women and children intersect in the home?

Violence in the home takes countless forms, from physical and sexual abuse to neglect, coercive control and psychological abuse, and other behaviours that violate children's dignity, safety and well-being. The two predominant forms of violence perpetrated in the home are intimate partner violence (IPV) and child maltreatment. These forms of VAC and VAW tend to co-occur in the same families as IPV increases the risk of children witnessing and/or experiencing violence in the home.

Violence in the home therefore occurs across generations and has lasting consequences. It is known to reinforce socio-

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economic disparities due to high rates of violence-related mortality and morbidity (injuries, disabilities, mental health impacts and other long-term health consequences), and it also takes a staggering toll on emergency services, first responders, healthcare systems, social support systems and the economy.

Gendered experiences of household violence

In South African households, experiences of violence are deeply gendered. Boys are more likely to experience physical violence at home, often under the guise of discipline, reinforcing harmful norms that equate masculinity with aggression.[5] Corporal punishment, though legally banned, remains widespread, with boys facing harsher physical punishment than girls, contributing to cycles of violent behaviour in adulthood.[6] Girls, while less frequently subjected to physical discipline, face heightened risks of sexual and emotional abuse within the home, often at the hands of male family members or intimate partners.[5]

Power dynamics within households play a defining role in how VAC and VAW intersect and reinforce one another. While men are more likely to experience violence in public or community settings, they are typically safe at home – unlike women and children, for whom the home is often the most dangerous place. In patriarchal family structures, men occupy positions of authority, while women and children are subordinated, creating conditions where male control is normalised and violence becomes a tool to enforce that dominance.[7-9] This male dominance is a key shared risk factor for both VAC and VAW. Social norms that condone men's control over women and wife-beating are strongly linked to higher rates of IPV and shape how adults, particularly men, engage with children, often legitimising the use of harsh and violent discipline.[10, 11]

These dynamics not only drive violence but entrench its acceptability within families and communities, silencing victims and deterring help-seeking. Gender inequality lies at the heart of these patterns, reinforcing a cycle of harm that persists across generations.

Exposure to domestic violence and IPV between caregivers further compounds these risks for both boys and girls. Witnessing IPV has been linked to increased anxiety, depression and long-term vulnerability to violence. Boys who witness IPV against their mothers are more likely to perpetrate IPV later in life,[12] while both boys and girls may become victims of violence themselves. The psychological impacts tend to manifest differently by gender: boys are more likely to externalise trauma through aggressive behaviour, whereas girls often internalise their distress, leading to self-harm or later victimisation.[13]

The persistent normalisation of domestic violence, coupled with ineffective enforcement of protective laws, means that many children continue to grow up in environments where violence is an accepted means of control and conflict resolution. This can have indelible and far-ranging impacts on future relationships, future parenting practices and lifelong mental health and well-being. The intergenerational impacts can be tenacious and difficult to disrupt, which means that interventions need to address these patterns early, focusing on prevention strategies that reshape harmful gender norms, provide trauma-informed support, and accessible and reliable protective measures to break the intergenerational transmission of violence.[14]

Despite the prohibition of corporal punishment in schools (1996) and in the home (2019), violence against children in South Africa continues to be widespread, particularly within the domestic sphere. Data from the Optimus Study indicate that 35% of young people reported experiences of physical abuse, while 26% of boys reported exposure to domestic violence.[5, 15] Similarly, approximately one-third of young people (32%) reported lifetime exposure to some form of family violence, with prevalence higher among females (37.6%) than males (25.6%). Sexual violence also remains a pervasive concern. Among adolescents aged 15 – 17 years, 35% reported experiences of sexual abuse. Gendered patterns of victimisation were evident: girls were more likely to report forced intercourse (15%), whereas boys were more frequently subjected to non-contact forms of abuse, such as coerced exposure to pornography (18%).[5] Moreover, among children who experienced sexual abuse by a known adult, 10% reported repeated abuse on four or more occasions, and a further 30% reported such incidents occurred two to three times. As noted in the Optimus Study, a considerable proportion of violence against children remains "unreported and unrecorded" (p. 3).[5] Multiple factors contribute to this underreporting, including the limited capacity of younger children to disclose experiences, fears of retaliation among older children, and the complicity or silence of parents when violence is perpetrated either by themselves, other family members, or by influential individuals within the community.

It is important to mention at this juncture that domestic violence is not a separate criminal offence in South African law, but instead falls under various criminal categories such as assault, assault with intent to do grievous bodily harm, crimen injuria, among others, and the violation – or 'breach' – of a protection order. The South African Police Service do not disaggregate 'crime data' in a way that distinguishes domestic violence from other criminal offences, although they have on occasion reported 'crimes against children' and 'crimes against women' – though how these aggregated offences are defined is somewhat ambiguous. We therefore have no statistics on

domestic violence that result in a criminal charge. However, the remedies at the disposal of a complainant in terms of the Domestic Violence Act 116 of 1998 (as amended) are as follows: (a) the right to lay a criminal charge; (b) the right to apply for a protection order; or (c) the right to lay a criminal charge as well as apply for a protection order. In terms of section 16(1) of the National Instruction of the Act[16] "all *domestic violence* incidents which are reported to a police station must be recorded in the Domestic Violence Register (SAPS 508(b)) and it is the responsibility of the station commander to ensure that an accurate record is kept of all *domestic violence* incidents". Section 16(3) also states that police members must fully document their responses to every incident of *domestic violence* on a "Report of Domestic Violence Incident" – Form (SAPS 508(a)) regardless of whether or not a criminal offence has been committed. There are further instructions about reasons for non-arrest, maintaining and forwarding copies of protection orders and warrants of arrest, and safety monitoring notices. These instructions imply that all complaints of domestic violence – whether criminal charges or referrals for a protection order – would be recorded and available, including any actions taken – or not taken – by the SAPS. However, to date, these data have not been published in the public domain. Recent estimates released by the Department of Justice and Constitutional Development indicate that the number of applications for protection orders increased from 250,000 to 1,000,000 from 2023/24 to 2024/25, though the reason for this extraordinary surge is not clear other than 'historic and outstanding' backlogs.

In many households, mothers – who are often the primary caregivers – report higher use of corporal punishment than fathers, a trend linked to their greater involvement in day-to-day childcare.[15] While global studies indicate that men are increasingly participating in unpaid care work, women – especially mothers – continue to carry the bulk of this responsibility, particularly in relation to raising children.[17-19] In South Africa, the majority of children live with and are raised by women, often including grandmothers. This close caregiving proximity, combined with the pressures of daily care and potential exposure to IPV, may contribute to mothers' increased use of corporal punishment. This is not to excuse violence, but to underline how unequal caregiving roles and limited male involvement can compound women's risk of using harsh discipline. Research also points to strong links between social acceptance of violence against women and children: In a study across 25 low- and middle-income countries, mothers who believed wife-beating was justified were significantly more likely to view corporal punishment as necessary, and their children were more likely to experience psychological or physical violence.[20]

Case 4: Peace Discipline – A toolkit to support non-violent discipline

Karen Quail[i]

Most South African adults grew up in a context in which the use of corporal punishment, shaming and other coercive methods were the norm. Many do not have a model of non-violent discipline, nor know what methods exist and how to use them.

The Peace Discipline toolkit introduces parents and teachers to a range of non-violent discipline tools. Used appropriately, these tools enable adults to be firm, address problem behaviours and teach appropriate, respectful behaviour, without hurting children or making them feel afraid. In this way, Peace Discipline provides parents and teachers with options to choose from. The tools are not good or bad in themselves. Rather, they are effective when selected and used in ways that are well attuned to the specific context and the needs of the child.

The toolkit is underpinned by a systematic overview of the available evidence on non-violent discipline,[60-61] and illustrated with stories drawn from the experiences of parents and teachers across South Africa.

Methods are usually taught in-person or online, usually in a course of six weekly sessions. Some courses are open to anyone, others are run for specific schools or organisations, and teachers get CPD points for attending since they are registered with the South African Council of Educators. Shorter talks and individual coaching sessions are also available. Course fees are flexible to reduce financial barriers to attendance. Free online resources include the toolkit on peacediscipline.com and videos on the Peace Discipline YouTube channel.

See peacediscipline.com for more information.

i Peace Discipline

What are the key drivers of violence in the home?

Research across high-, middle-, and low-income countries consistently shows that VAC and VAW are shaped by a set of overlapping risk factors. These include marital conflict, family breakdown, economic stress, male unemployment and entrenched norms of male dominance in the home.[7] Risk is further heightened in households where children live with men who are not their biological fathers – a dynamic particularly relevant for further research in South Africa, where 40% of children reside with adult men who are not their biological fathers.[2]

A broader body of international evidence has identified recurring individual-level risk factors for male perpetration of VAC and VAW. These include exposure to violence in childhood, adolescence and young adulthood, antisocial behaviour, substance abuse, depression and attitudes that support gender inequality or condone violence.[7, 10] In the Global South, four shared risk factors emerge most strongly: gender inequality, male dominance in the household, partner conflict and harmful alcohol use.[9]

Gender inequality influences everyday decision-making and power dynamics in families, rendering both women and children more vulnerable. In households governed by patriarchal norms, men who perpetrate violence against women often use similarly aggressive parenting tactics with children. Ongoing partner conflict – often expressed through coercion or aggression – destabilises caregiving environments, while harmful alcohol use, particularly among men, is a well-established driver of IPV and linked to adolescent dating violence in South Africa.[8]

In South Africa, broader patterns of violence further illuminate how gender and power intersect in harmful ways. Men are the primary perpetrators – and also the majority of victims – of violent crimes such as murder and assault.[21, 22] However, women face a disproportionate burden of sexual violence, most often within intimate relationships and in their homes. These patterns highlight the role of harmful masculinities and the long-term effects of childhood trauma. Men tend to externalise early experiences of violence – often by using violence themselves – while women are more likely to internalise these experiences through self-harm or behaviours that increase vulnerability to further abuse.[23-25] This reinforces the urgent need to address childhood exposure to violence as a root cause of both VAC and VAW.

Social norms also play a powerful role in enabling and sustaining violence. Norms that uphold family honour and privacy often silence victims, prioritising reputation over well-being. This undermines women's ability to seek help, and also shapes children's experiences – particularly boys, who may be less likely to disclose sexual abuse due to rigid norms around masculinity.[7, 11] In South Africa, dominant gender norms continue to validate male control, especially in contexts of poverty, where women's economic dependence on men further limits their ability to leave abusive relationships.[8]

Together, these intersecting risk factors – structural, relational, individual, and normative – paint a clear picture: the drivers of VAC and VAW are deeply intertwined. Ignoring this overlap risks missing the opportunity to address violence holistically and disrupt intergenerational cycles of harm. There are however also clear indications of what protective factors are for the intersections of VAC and VAW.

What strategies are effective in preventing VAC and VAW in the home?

In low- and middle-income countries, and across much of the Global South, the most effective strategies for preventing VAC and VAW are those that address both forms of harm simultaneously. Rather than treating them as separate issues, integrated approaches recognise the shared drivers – such as patriarchal norms, poverty, trauma and lack of services – and work across family, community and institutional levels to build more caring, equitable environments.

This requires intervention across the prevention-response continuum – from primary prevention programmes that transform harmful gender norms to social services and a criminal justice system that respond to the needs of both women and children.

Transforming social norms

Changing the social norms that justify violence is central to any serious prevention effort. Patriarchal attitudes that condone wife-beating or corporal punishment underpin both VAC and VAW. Participatory interventions that engage communities in questioning these norms – and that promote equitable, non-violent masculinities – can reduce violence while also addressing related issues like alcohol abuse. Community mobilisation and campaigns that challenge social norms are particularly effective when they create space for collective reflection and action.[9]

Gender-transformative and positive parenting

Parenting programmes that promote positive discipline and stronger parent–child relationships are key protective factors. However, to be fully effective, these programmes must be gender-transformative – by addressing inequalities within the household, such as the unequal burden of care on mothers, and ensuring that fathers are engaged not just as disciplinarians but as nurturers. Programmes that combine parenting support

with community engagement have shown reductions in both IPV and the use of harsh punishment against children.[9, 26]

Adolescence as a window of opportunity

Adolescence is a high-risk period and a critical window for prevention. School-based programmes that promote gender equity, teach healthy relationship skills and strengthen connections between learners, educators and families can reduce dating violence and sexual abuse. Supporting adolescents to delay early marriage, cohabitation and childbearing is a shared priority in efforts to prevent VAC and VAW.[9]

Community support and collective action

Strong, caring communities are one of the most important protective factors. Whether through faith-based groups, extended families or informal networks, communities that actively challenge the idea that violence is a 'private matter' make it easier for survivors to seek help and for prevention efforts to take root. When violence is openly discussed, and collectively condemned, it begins to lose its grip.[26]

Addressing structural drivers and economic stress

Poverty, unemployment and overcrowding create conditions that heighten family stress and increase the likelihood of violence. Economic empowerment programmes that include a gender-transformative focus – such as addressing men's roles and women's access to resources – can reduce household tension and offer families safer, more stable foundations.[8, 26]

Coordinated and responsive services

Service providers often encounter families experiencing both IPV and child abuse, yet very few systems are equipped to respond holistically. Cross-sector training and coordination – between health, education, child protection, and legal services – can improve detection, reduce re-traumatisation and ensure that survivors receive appropriate support. Services must also be made accessible, survivor-centred and sensitive to the needs of both women and children.[9]

Healing trauma, supporting mental health

Exposure to violence often leaves lasting emotional scars, and unaddressed trauma can perpetuate cycles of harm. Interventions that offer counselling and psychosocial support – for both women and children – can break this cycle. Therapeutic spaces that validate survivors' experiences, foster emotional healing and build awareness around the impacts of IPV are crucial for long-term well-being and prevention.[8, 26]

Gender-transformative parenting programmes, therapeutic support and the equitable redistribution of care work have shown particular promise in disrupting the cycles of violence,[27-29] and in supporting healthier relationships and outcomes across the life course.[26, 30]

Gender-transformative parenting programmes

Gender-transformative programming aims to challenge and transform traditional gender norms, power relations and gender roles – particularly those that sustain violence and inequality. It does so through conversations and activities that challenge harmful and violent masculinities and by strengthening the capacity of women, girls and boy children to understand their rights (see Box 4 on p. 43). These approaches can be integrated into a range of programmes to promote gender equity within homes, schools and communities – including parenting programmes.

A growing body of evidence points to the need for an integrated, family-centred response to the intersections of VAC and VAW within the home. While parenting programmes focused primarily on mothers have shown positive results, the most profound and sustained reductions in VAC and VAW are achieved when men are actively engaged as co-parents and caregivers (see Case 5). Without this engagement, programmes risk falling short of their transformative potential.

Engaging fathers and male caregivers is also essential given the central role that patriarchal gender norms play in sustaining violence against women and children. Gender-transformative approaches that explicitly invite men's participation, challenge harmful masculinities and promote shared caregiving and decision-making have shown particularly promising results.[31] and are recognised as essential elements of effective programmes to prevent both intimate partner violence and violence against children by transforming relationships and power dynamics within the home.[31-33]

Working with men and boys

While most prevention and response programmes focus on women and girls as victims, there is a need for initiatives that also address men and boys – as potential change agents and as survivors of violence. Evidence-based interventions with boys and men have proven to be crucial in preventing violence in households by challenging harmful norms and promoting positive masculinities. Research indicates that when men are actively involved in caregiving and adopt more equitable attitudes, the likelihood of violent behaviour within households decreases.[34]

Organisations like Equimundo: Center for Masculinities and Social Justice and Sonke Gender Justice have developed

Case 5: Parenting at the Intersection – The Global Parenting Initiative's role in preventing violence against women and children

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The Parenting for Lifelong Health (PLH) suite includes age-specific, in-person group programmes for babies, toddlers, kids and teens, delivered in low-resource settings globally including throughout Sub-Saharan Africa. These interventions are designed to build positive parenting skills, strengthen co-parenting and promote non-violent, equitable family relationships.

Rigorous evaluations show that PLH programmes can achieve reductions in both child maltreatment and intimate partner violence (IPV). In South Africa and Tanzania, PLH for Young Children and PLH for Teens have led to significant decreases in harsh discipline, improved co-parenting and increased emotional connection between caregivers and children. Adaptations with an explicit focus on preventing violence against women and engaging fathers have demonstrated sustained reductions in both child maltreatment and IPV, with positive effects persisting over time.[62-64] In the Philippines, a randomised controlled trial of a culturally adapted PLH programme embedded within the government conditional cash transfer system demonstrated sustained reductions in both child maltreatment and IPV one year after the intervention.[65] The trial, conducted with 120 low-income families in Metro Manila, also showed significant improvements in positive parenting behaviours, parental self-efficacy and reductions in dysfunctional parenting practices.

Despite these successes, in-person delivery models face limitations, particularly in engaging men and embedding gender-equitable content. Father participation remains lower than that of mothers in many settings, often due to entrenched gender roles, work schedules and the perception that parenting is "women's work". Early adaptations of PLH in Zimbabwe have begun to address existing gaps by explicitly integrating reflexive, gender-equitable content woven throughout each module. This approach critically engages participants with culturally embedded patriarchal norms while tailoring both content and delivery to better include and support male caregivers. By embedding gender equity across the entire curriculum, the programme fosters sustained reflection, challenges traditional gender roles and promotes equitable caregiving practices, thereby enhancing male caregiver involvement and advancing violence prevention.[66]

Digital innovations such as ParentText and ParentApp for Teens and the Early Years have been developed to overcome these barriers, with ongoing adaptations to further engage fathers and address gender norms.[66, 67] Qualitative insights from South Africa, Uganda and Zimbabwe suggest that when men do participate, whether in-person or digitally, they reflect more deeply on their roles, report improved relationships with partners and children, and become advocates for non-violence in their communities.[66, 68-70]

Harnessing parenting to prevent violence

The Global Parenting Initiative (GPI) is a five-year research-within-implementation project aiming to reduce child sexual abuse and promote learning through play through the evaluation and scale-up of parenting programmes in the Global South. Anchored by nine studies conducted across six countries (South Africa, Tanzania, Uganda, Malaysia, Philippines, and Thailand), the GPI combines rigorous research grounded in prevention and implementation science with technological innovation, capacity building and advocacy to transform how parenting support is provided at scale in low-resource settings. It builds on over 10 years of research designing, evaluating and disseminating a programme suite developed by Parenting for Lifelong Health[4] and is funded primarily by the Oak and LEGO Foundations. Across multiple contexts, these interventions have demonstrated significant reductions in both harsh parenting and intimate partner violence.[62, 71-74] Due to the challenges of scaling in-person parenting programmes, the GPI has been testing digital and blended versions of PLH programmes as a means to reduce the financial and human resource burden of delivery while increasing access to those who do not normally engage in parenting programmes, including male caregivers.[72, 75, 76]

Mechanisms for change

PLH programmes work through several key mechanisms:

- **Building parenting skills:** PLH programmes are grounded in social learning theory and provide caregivers with practical tools for non-violent discipline, emotional regulation and positive communication to improve parent-child interactions and reduce harsh parenting.[66, 77]
- **Reducing mental health problems:** The programmes

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incorporate simple mindfulness-based and cognitive behavioural therapy activities to reduce depression, anxiety and stress symptoms among caregivers and adolescents, and improve family well-being.[65]

- **Promoting co-parenting:** PLH encourages both mothers and fathers to share caregiving and household responsibilities, fostering more equitable family dynamics and improved co-parenting partnerships.[63, 64, 66, 71]
- **Challenging harmful norms:** Where gender-equitable approaches are integrated, content addresses gender roles and expectations, supporting men to see caregiving as a strength and fostering respectful partner relationships.[66, 70, 78]
- **Community mobilisation:** Peer groups and trained facilitators foster collective change by supporting parents as advocates for non-violence within their communities, strengthening social norms against violence.
- **Digital innovation:** App-based and chatbot-based delivery platforms such as ParentApp and ParentText extend the reach and accessibility of evidence-based parenting content. These digital tools are co-designed with female and male caregivers and are continually adapted to better engage fathers and address gender norms.[67]

Implementation insights and challenges

The implementation of PLH programmes across diverse contexts has generated valuable lessons about what enables success and what barriers remain to achieving the greatest impact on VAC and VAW. Drawing on both quantitative outcomes and qualitative feedback, several key factors have emerged that support effective delivery and highlight persistent challenges.

Successes:

- **High-quality facilitator training and local adaptation:** Skilled, well-supported facilitators who are trained to adapt content to local cultures and languages significantly enhance engagement and programme impact, enabling effective responses to diverse family needs.[62, 66]
- **Trauma-sensitive and gender-transformative approaches:** Embedding trauma-sensitive and gender-transformative elements fosters emotional regulation, empathy and respectful communication, contributing to reductions in harsh discipline and intimate partner violence.[66, 67, 78]
- **Community engagement and peer support:** Group sessions, community mobilisation and digital peer networks promote collective ownership of non-violent, equitable parenting, strengthening family bonds and shifting gender norms.[67, 68, 71]

Challenges:

- **Gendered participation:** Parenting programmes in South Africa continue to be attended mostly by women, reflecting entrenched norms that position caregiving as a female responsibility and often exclude fathers from active involvement.[68, 69, 73]
- **Barriers to male engagement:** South African men face stigma for participating in parenting programmes due to caregiving being feminised. Additional barriers include time constraints from irregular or precarious employment, lack of targeted outreach and limited male-friendly spaces, all of which hinder male participation.[66, 80]
- **Digital divide:** Limited access to smartphones, internet and electricity in rural or low-income urban areas excludes marginalised families from digital interventions, restricting equitable programme reach.[62, 67]
- **Cultural resistance:** Efforts to engage men and address gender norms often encounter resistance in communities with strong traditional beliefs about masculinity, requiring sensitive adaptation and ongoing dialogue.[66, 80]

Conclusion

The GPI is making a significant contribution to a growing body of literature demonstrating that parenting interventions can reduce violence against children and women. However, the most significant and lasting impacts are achieved when men and fathers are actively engaged and gender-transformative approaches are integrated. To fully disrupt cycles of violence and create safer, more equitable families, the next generation of parenting programmes must prioritise the inclusion of both women and men as partners in caregiving and prevention.

community-based programmes that engage men and boys in dialogues around gender equality, emotional regulation[iii] and non-violent conflict resolution. Programmes such as MenCare South Africa Parenting Programme, Program P and the adaptation of Program P titled Bandebereho (Case 1 on p. 52) have demonstrated success in reshaping fatherhood, promoting healthier relationships and reducing the acceptance of violence as a disciplinary tool and IPV. An important factor of success of

iii Emotional regulation is the ability to understand and manage our feelings.

Box 6: Trauma-informed care

Edith Kriel, Jelly Beanz

Trauma-informed care is an approach that recognises the widespread impact of trauma and understands how it can affect a person's brain, body, emotions, health, behaviour, and relationships.[81] Children are especially vulnerable, as trauma can disrupt their developing brains and leave them in "survival mode," struggling to trust, learn, or regulate emotions. Adults, too, may live with the impact of past harm, including lingering or reactivated effects of GBV. Many women affected by GBV carry trauma that shapes their health, relationships with men, and parenting, sometimes re-triggered when their children are exposed to violence.[82]

A trauma-informed approach recognises how GBV shapes lives across generations and, therefore, in practice, this approach promotes safety, healing, and resilience across the life course. As highlighted in Jelly Beanz's August 2025 training on Trauma-Informed Care for Abused Children,[83] professionals can anchor their practice in principles that prioritise safety, trust, empowerment, and cultural sensitivity.

Central to this approach is creating environments that are safe, consistent, and supportive. When children feel secure and supported, they are more likely to engage, learn and grow. It requires being emotionally present in ways that help people feel seen, valued, and secure, whether they are children or adults. Instead of asking, "What's wrong with this person?" we ask, "What has happened to them?" This shift in perspective prevents re-traumatisation and opens pathways to healing. Applied well, trauma-informed care promotes recovery, disrupts cycles of violence, and supports long-term well-being.

these programmes is that they are embedded in state services and delivered by community health workers in Rwanda and social auxiliary workers in South Africa.[29]

Furthermore, school and community-based programmes that teach boys socio-emotional intelligence (SEI) are also showing promise. These programmes foster emotional regulation, empathy and non-violent forms of conflict resolution[35] and help boys grow into socially connected and less violent men. This is an emerging area of work, with interventions being developed by organisations around the world – most often through engagement with boys and caregivers in school settings. Implementing SEI curricula with boys, and addressing themes of boyhood within schools, offers a structured opportunity to challenge and transform the gender norms boys are exposed to. It also enhances boys' engagement in education.

These interventions, grounded in evidence and adapted to local cultural contexts, illustrate the potential of early prevention efforts in shifting harmful gender dynamics and fostering safer home environments for children. They also highlight the need to intervene both within – and outside – the home environment to shift dynamics within the home.

Working beyond the home

Institutional protective factors, such as school attendance, community cohesion and access to health and social services, also play a crucial role in preventing violence in the home. For example, the healthcare system has a critical role to play in identifying and supporting pregnant women and new mothers who have experienced IPV, or who are struggling with food insecurity, substance abuse or mental health problems in order to intervene as early as possible to prevent violence across the life course (see First 1,000 Days chapter on p. 48). Similarly, schools have the potential to serve as critical intervention points where educators can identify at-risk children and provide support (see Schools chapter on p. 72), and community-based programmes that strengthen neighbourhood networks and promote collective action against violence can create safer more supportive communities (see Community chapter on p. 84).

Despite a strong international evidence base demonstrating effective prevention interventions, research findings remain scarce in South Africa. This is due to range of challenges including the absence of dedicated and enduring funding to support research on prevention programmes, the state's lack of capacity to implement these programmes at scale, and limited state investment in prevention programmes due to a persistent focus on 'response systems'.

Integrating criminal justice and social services

A holistic response to violence in the home requires seamless collaboration between the criminal justice system, health and social services, education, civil society organisations and communities. Initiatives such as the National Crime Prevention Strategy of 1995 and the Department of Justice's vision of an 'integrated justice system' have emphasised the need for a coordinated approach. These early initiatives emphasised the importance of increasing the efficiency and effectiveness of the

criminal justice process and improving coordination among both criminal justice and allied agencies (health, social development and education) and constructing integrated information and case management systems. Yet South Africa has struggled to integrate these systems effectively.

However, implementation of integrated measures has been inconsistent, if not almost absent. Not only is there a distinct lack of cohesion between women-focused and child-focused interventions, but there are also statutory, structural and administrative partitions between social development and criminal justice systems. This means that women and children who are exposed to, or who experience violence, are 'managed' by different legal structures and support systems, as opposed to being responded to in a holistic way as a family 'unit'.

Integrating criminal justice and social system responses is essential for addressing violence in the home in South Africa. One of the only examples of this approach are the Thuthuzela Care Centres (TCCs), but these are now at risk due to the withdrawal of funding from USAID and changing priorities of other international funding agencies. There are other possibilities on the horizon for a more cohesive approach addressing violence in the home – at least on a policy level. On 20 February 2025, the Deputy Minister of Justice and Constitutional Development revealed that the South African Law Reform Commission's Project 151 – Review of the Criminal Justice System will include a more "victim-centred", "well-informed, evidence-based dialogue" on the right to safety.[36]

By combining gender-transformative programming, institutional prevention mechanisms, and trauma-informed care (see Box 6), a more cohesive and effective approach can be developed. Through collaboration and evidence-based interventions, it is possible to break cycles of violence and build safer, more equitable communities for future generations. The National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF), has the potential to be one of the coordinating mechanisms for this – where government departments and civil society organisations rapidly identify the gaps in prevention and response services, support broad-reaching violence prevention programmes, and simultaneously ensure the immediate safety and well-being of victim/survivors of violence in the home.

This requires a system in which case management information and measures are synchronised so that services for women and children interact with each other proactively to protect survivors and prevent additional harm. The integrated management of sexual offences through the TCCs demonstrates both the benefits and potential of implementing such a holistic approach in the South African context.[37, 38]

Yet Brenda's story (Case 6 on p. 66) highlights a series of systemic failures and missed opportunities in both preventing and responding to violence in the home.

Table 4 on p. 67 then highlights the opportunities for intervention, and what could and should be done to provide more responsive and integrated care. It also includes best practice examples from South Africa and the continent. While the holistic approach that it outlines may be unobtainable in the short term due to limited resources, it does provide a road map to enhance our responses to the intersections of violence against women and children.

Conclusions and recommendations

Violence in South African homes is deeply entrenched and disproportionately affects women and children. This violence is intergenerational and cycles of violence within families tend to escalate over time if they are not effectively addressed. To break these cycles, an integrated approach is crucial, encompassing early prevention and swift, consistent and just responses when violence occurs.

This chapter underscores the critical role of gender-transformative programming in challenging and changing traditional gender norms, power relations and harmful gender roles that sustain violence and inequality. The authors recommend prioritising interventions with men and boys to promote gender equality, emotional regulation and non-violent conflict resolution, alongside strengthening the capacity and ability of women and girls (and boy children) to understand their rights.

Given the inextricable links between violence against women and children, interventions must be integrated to meet the needs of both women and children. To ensure effectiveness, this chapter strongly recommends proactive interaction and greater synchronisation between the criminal justice system and social services in order to uphold women and children's rights to safety, healing and justice. Ultimately, by combining gender-transformative approaches, trauma-informed care, and seamless collaboration across sectors, South Africa can start breaking the cycles of violence and fostering safer, more equitable homes and communities for future generations.

Recommendations:

- Review legislation, protocols and other legal remedies relating to violence against women and violence against children in the home and family ensure better alignment and coordinated responses, rather than the parallel, but disconnected, approaches currently featured in law and policy. This includes reviewing both substantive law as well as processes and procedures to ensure that they are mutually reinforcing when responding to the co-occurrence

Case 6: Brenda's story – A series of missed opportunities to prevent and respond to violence in the home

Dysfunctional family life

Brenda's earliest memories include: seeing her father drunk; bringing other women to the house to 'sleep over' and hitting her mother. Brenda's early childhood was marked by instability with her constantly moving homes and changing schools. Her father was unable to hold down a steady job which resulted in her family losing their house. Although her parents were married, Brenda rarely lived with both due to frequent separations caused by her father's abuse.

When she turned seven, her mom became pregnant. Yet, her father continued to emotionally and physically abuse her mother with the abuse spilling over to the children as a form of discipline. Although her father often promised to change: "He went back to his old habits, drinking and performing and so on". Brenda started taking on parental responsibilities from a young age: "I started making food and cleaning the house and I had to go to their [her sisters] parent meetings and go pay school fees… We were a lot on our own".

At 13, Brenda also started talking on the role of her mom's protector. Her mother recounted: "If her father hit me, Brenda's always the one that goes to the police station and lay a charge". At times Brenda's support of her mom also resulted in her father being physically violent towards her.

Rape

At 16 Brenda asked her father's friend for a lift home. He said that he first needed to collect something from his apartment. Brenda thought: "Its fine, he lives at the police barracks. I mean, what can happen?" It was at the police barracks that he raped her.

Brenda later reflected how this was when she started "being naughty". She started lying to her parents and staying out late. On weekends, she would associate with "wild friends", drink excessively and take drugs, trying to forget the psychological pain she was experiencing. She also started skipping school and her performance dropped from being a straight A student to failing subjects. She also complained of severe headaches and stomach pains.

For a while her mother noticed the changes in her behaviour and thought something was wrong, but she was preoccupied with going through a contentious divorce after enduring years of domestic violence.

Support systems failures

It took Brenda six months to disclose the rape to an aunt because she blamed herself. The family then reported the rape at the local police station. Brenda only knew the perpetrator by his nickname, but was able to describe "where he stays, what car he drives, his number plates, everything". However the investigating officer said he could only open a case once they had his full name and surname.

It was only then that the police sent Brenda to a Thuthuzela Care Centre (TCC) for a medical examination. Although the TCC is meant to provide 24-hour service, the staff told Brenda and her mom to return on the Monday as the rape occurred over six months ago. When she returned no one explained what the procedure would entail. Her mom reflected: "I actually thought for a child, to go through that, and just do the procedure without making her feel comfortable and explain everything" was problematic. According to her mom the doctor just arrived in the room and told Brenda to lie down. She said: "[T]hey could have given her a lady for a doctor. She was never sexually active before so why must an awful male doctor – you know – it's very uncomfortable for me, also for her''.

Psychosocial support services

Counselling services were not provided at the TCC, but she was referred to a dedicated counselling service for adolescent rape survivors. But her mother raised concerns about privacy as she could hear what was being said in the session from the reception area: "Anybody could have sat there and then they could have listened to their conversation. I mean, someone that's going for counselling, it must be totally confidential!''

Although Brenda attended counselling sessions, she did not find them useful. She continued to have severe psychosomatic symptoms, with suicidal ideation. Brenda also displayed intense anger towards her perpetrator, and she feared that he would not be convicted.

Counselling was never provided for Brenda's mother, who needed to know how best to support her daughter.

Caregiver's trauma

Brenda's disclosure resurfaced her mother's own experience of sexual violence: ''When I was 14 at that time when I was raped, the way they handled you. You were a rubbish, and no decent guy will ever get involved with you. He knows that you were raped, and he won't get involved with you''.

She struggled to leave her abusive husband as she often felt worthless. These feelings deepened with the disclosure of Brenda's rape and made it harder to support Brenda. This may be one of the factors undermining Brenda's recovery.

Table 4: Opportunities to strengthen South Africa's response to violence against women and children

	Red flag	Duty bearers	Opportunity for supportive intervention	Practice models in South Africa and the Global South
Prevention	Poverty	South African Social Security Agency (SASSA), Department of Basic Education (DBE)	Access to social security and free government services help alleviate poverty and reduce financial stress.	Child Support Grant, Social Relief of Distress, school fee exemption, and nutrition programmes.[39]
	Unemployment	Department of Labour	Women's economic empowerment programmes enhance autonomy but are best combined with gender norms change.[40, 41]	The IMAGE programme combines a group-based microcredit programme, with gender and HIV training.[42]
	Harsh parenting	Department of Social Development (DSD)	Parenting programmes teach non-violent discipline, strengthen relationships and improve communication reducing harsh parenting and IPV.	Parenting for Lifelong Health (p. 62) offers guidance on positive parenting.
	Pregnancy	Department of Health (DoH)	Antenatal care is opportunity to identify IPV and refer for support services.	Safe and Sound is a nurse-led intervention for reducing IPV during pregnancy.[43]
	Divorce	Court or family advocate	Children's voices should be heard during divorce proceedings and legal professionals trained to identify signs of violence and trauma and refer.	Organisations such as FAMSA and the Family Law Clinic[44] offer holistic services to families going through divorce.
Early intervention	Alcohol abuse	DSD, local government	Reducing harmful alcohol use can reduce IPV.	The Common Elements Treatment Approach (CETA) reduced IPV and hazardous alcohol use among couples in Zambia.[45] Bulungula Incubator is also running a successful multipronged alcohol harms reduction programme in rural communities.[46]
	Physical fights, worsening emotional and physical abuse	Family/ community	Family strengthening programmes equip men and women with skills to build caring, equitable and non-violent family environments. Family and neighbours can identify and support children at risk of abuse, neglect, and exploitation.	See Building Stronger Families on p. 158. Isolabantwana is a child protection programme that trains community members to look out for children in their communities and refers cases to social workers for intervention and support.[47]
	Child attending parent meetings and paying school fees	DBE	Schools can offer psycho-social support services to children and their families.	In Isibindi Ezkoleni, school-based child and youth care workers provide on-site support and home visits to vulnerable learners and their families.[48]
	Child reporting IPV	SAPS	The mother should be supported to apply for a protection order, seek support or even find safety elsewhere.	There are many simple guides and resources to help women find a shelter (0800 001 005 toll free helpline) or navigate the legal system (*It's An Order! Protection Orders Must Protect!*)[49]
Identification	Sudden changes in behaviour and physical illness	Family	Caregivers and teachers should be trained to spot the signs and symptoms of trauma and to respond empathetically and without blame.	PLH for Teens reduced violence in the home and helped families protect teens from abuse in the community.
	Skipping school and failing are indicators of trauma[50]	DBE	Real-time tracking of attendance, academic performance and well-being can help schools identify vulnerable children with psycho-social needs.	The Early Warning System in Zimbabwe aims to prevent school dropout. It recognises that violence and abuse increase the risk and refers children to psycho-social support services.
	Six months to disclose – children frequently delay disclosure due to fear of caregivers' reactions or disbelief, and unsupportive social environments.[51]		Many children choose intermediaries – older siblings, family members or trusted adults – to initiate disclosure on their behalf. A holistic, context-specific approach engages community figures – like religious leaders, teachers, law enforcement, and NGOs – in building environments that encourage disclosure.	The DBE has a formal protocol for managing and reporting sexual abuse and harassment in schools. Jelly Beanz trains professionals to offer Psychological First Aid and adapt physical environments and systems to provide trauma-informed care.[52]

	Red flag	Duty bearers	Opportunity for supportive intervention	Practice models in South Africa and the Global South
Response	SAPS refuse to open a case.	SAPS	Police officers often refuse to open cases against their colleagues due to fear of reprisal, because they are overburdened and want to improve their performance stats. Asking the victim to provide extra details forces her to retell her story potentially causing revictimisation.	The Independent Police Investigative Directorate conducts independent and impartial investigations into criminal offences, including rape, by police officers, whether on or off duty.[53] Service providers need training in trauma-informed care to avoid silencing children or causing secondary harm (see course offered by Jelly Beanz on p. 64).
	Fear that the perpetrator will not be prosecuted	SAPS	The victim has the right to be kept informed about progress with the case especially in relation to decisions about bail.	Court preparation programmes are offered by the state and NGOs such as the Teddy Bear Foundation. These programmes teach children about their rights and what to expect from the legal process.
	Come back on Monday	Thuthuzela Care Centres (TCCs), National Prosecuting Authority (NPA) and NPOs	Immediate access reduces the financial and emotional burden on the victim – and most TCCs report that there is a higher demand for services after hours and during weekends.	National guidelines emphasise patient-centred care, which includes respecting the survivor's preferences and autonomy. Most TCCs that operate 24 hours a day have NGOs assisting them.
	No counselling given at the TCC		Containment counselling is short-term, crisis-oriented support given to rape victims. Its purpose is to stabilise, protect and empower the survivor to navigate medical exams, police reporting and legal procedures without feeling pressured or re-traumatised. It reinforces the survivor's sense of control rather than letting them feel things are being 'done to them'.	TCCs often work with NGO partners to provide onsite containment counselling and referrals to external services. The Philisa programme (see page 53) and the Teddy Bear Foundation's medico-legal clinic both provide specialised medical facilities for children who have been abused or neglected and a training service for medical professionals working in the child protection field.
	No information given or consent taken		In trauma-informed care, consent and empowerment are foundational principles because they address the powerlessness and loss of control that many survivors of trauma have experienced.	Mum must give written consent[54] AND the child should be fully informed of the process and give consent (Children's Act Regulation 32). See the Children's Act Guide for Health Professionals.[55]
	Male doctor		Medical exams after sexual assault can be traumatic. Offering a female examiner, while not mandatory, aligns with trauma-informed care principles and avoids revictimisation.	If a female forensic nurse or doctor is not available, children should be provided with additional support through the examination to make them feel safe.
Psychological recovery (healing)	Lack of privacy	DoH, DSD, NGOs	Maintaining strict confidentiality is both an ethical and legal obligation – it builds trust and promotes healing and is essential to keep the victim safe.	The Health Professions Council of South Africa's guidelines on confidentiality apply to forensic, medical and mental health services.[56]
	Ineffective intervention		Trauma-Focused Cognitive Behavioural Therapy is designed specifically for children and adolescents who have experienced sexual abuse or other traumatic events. This approach combines cognitive-behavioural techniques with a strong caregiver component. [57]	Specialist counselling services for child victims are provided by Jelly Beanz, Teddy Bear Foundation, Childline South Africa and Masithethe.
	No support for caregiver of abused child		Family engagement strengthens recovery, but most caregivers need advice on how to support their children after sexual abuse and to avoid vicarious trauma.	Why my child? is a guide for parents, guardians and caregivers of child victims of sexual abuse. It explains what to expect, when to get help and outlines the court process.[58]
	No counselling for mum to deal with her own trauma		Violence against women and children are interconnected and intergenerational. Service providers should therefore take complete history and connect mum with services to deal with historical trauma.[59]	MOSAIC's SAFE-PR project (p. 127) aims to address systemic barriers that survivors face when seeking help by bringing together key stakeholders in communities to coordinate referral pathways and fostering continuous communication.

of violence against women and children.

- Develop prevention and intervention responses that recognise the overlapping risks of violence over the life course. This, in some cases, may address the sometimes hazy margins between victims and offenders, such as young boys who are both exposed to – and perpetrate – harm or violence.
- Embed evidence-based training in frontline services, for example, by including gender transformative violence prevention screening and intervention training in the pre- and in-service training of social workers and primary healthcare providers.
- Promote and support trauma-informed initiatives that focus on households, gender norms and conventions, and the escalating cycles and cumulative impacts of violence and trauma across the life course and across generations, rather than on specific 'categories' or 'populations' of victims and offenders.
- Advocate for the development of a simple, but robust, documentation system with harmonised indicators, disaggregated data, and linked administrative systems; in order to create a surveillance system which provides comprehensive view of the co-occurrence of violence against women and children, including nature of reports, overlapping risks, services rendered, and health and judicial outcomes.

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