Supporting the workforce to address violence against women and children in South Africa

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Preventing violence against women (VAW) and violence against children (VAC) is a whole-of-society concern that requires a multisectoral response. An important pillar of this response is a well-resourced, dedicated and skilled workforce that spans multiple sectors – including social services, health, social protection, education, justice and law enforcement – and delivers diverse yet coordinated services to communities, families and individuals. The competencies, attitudes and collaborative capabilities of this broad workforce are crucial in ensuring effective prevention and response efforts.

This chapter outlines the core functions and competencies of such workforce and the systems and support that need to be put in place to build its capacity to prevent and respond to the intersections of violence against women and children.

Who is the workforce?

All too often violence prevention and response services are viewed as the responsibility of social workers, and especially those providing statutory services.[ii] But social workers are only one part of a much larger system of care. Educators, health practitioners, mental health professionals, paraprofessionals, community health workers, child and youth care workers, police officers, community development practitioners, lay workers, faith leaders, justice sector personnel, researchers, monitoring and

Table 13: Functions of the workforce in violence prevention for women and children across the continuum of care

	Individual *Prevention and response*	**Family** *Prevention and response*	**Community and organisations** *Promotion and prevention*	**Society** *Promotion*
Interventions	Mental health Victim support Psycho-education Women's and girls' empowerment Social protection Justice Offender support Diversion programmes Substance abuse support Work with men and boys Statutory services	Parenting support Economic strengthening Social protection Family strengthening Early childhood home visits Couples counselling Addressing social norms and gender inequality Work with fathers	Addressing social norms and gender inequality Gender socialisation in ECD centres Community safety Community education, mobilisation and activism Work with faith and traditional leaders Providing safe places for recreation and play School gender equality and life skills education Training and professional development for the workforce	Public service campaigns and announcements Addressing social norms and gender inequality Police reform Networking and collaboration Advocacy Research Development of education curricula Data collection
Workforce	Social service professionals Public services Health professionals Psychological professionals Justice system personnel Educators, ED practitioners Lay workers Faith leaders	Social service professionals Public services Psychological professionals Lay workers Faith leaders	Social service professionals Public services Educators, ED practitioners Education and training providers Lay workers Faith leaders	Government Civil society M&E experts Education and training experts Researchers Faith leaders

Adapted from: United Nations Children's Fund. *Guidelines to Strengthen the Social Service Workforce for Child Protection.* UNICEF: New York; 2019.

i CINDI

ii For example, investigation of child abuse cases, placement into alternative care, diversion programmes for children in conflict with the law, assistance with protection orders, court preparation and victim support services.

evaluation experts, advocates, communities and community leaders all have a role to play in preventing violence and supporting children and families.

Adopting this broader understanding of the workforce is essential to address the drivers of violence at different levels of the socio-ecological system (as outlined in Table 13) and to ensure that women, children and men receive coordinated, accessible and contextually relevant support across the continuum of care.

What functions should the workforce provide to address violence against women and children?

The workforce should be capable of providing a range of services, programmes and interventions across the prevention to response continuum.

Violence is preventable,[1-3] and this is where the largest part of the workforce should be focused.[4] Prevention programmes reduce risks and vulnerabilities to prevent violence from escalating and have greater potential for achieving long-term benefits.[5-7] Prevention should be undertaken universally, targeting violence in general within communities, families and individuals, irrespective of risk or experience of violence, as well as selectively focusing on high-risk groups or families,[8] for example, economic strengthening interventions for low-income households.

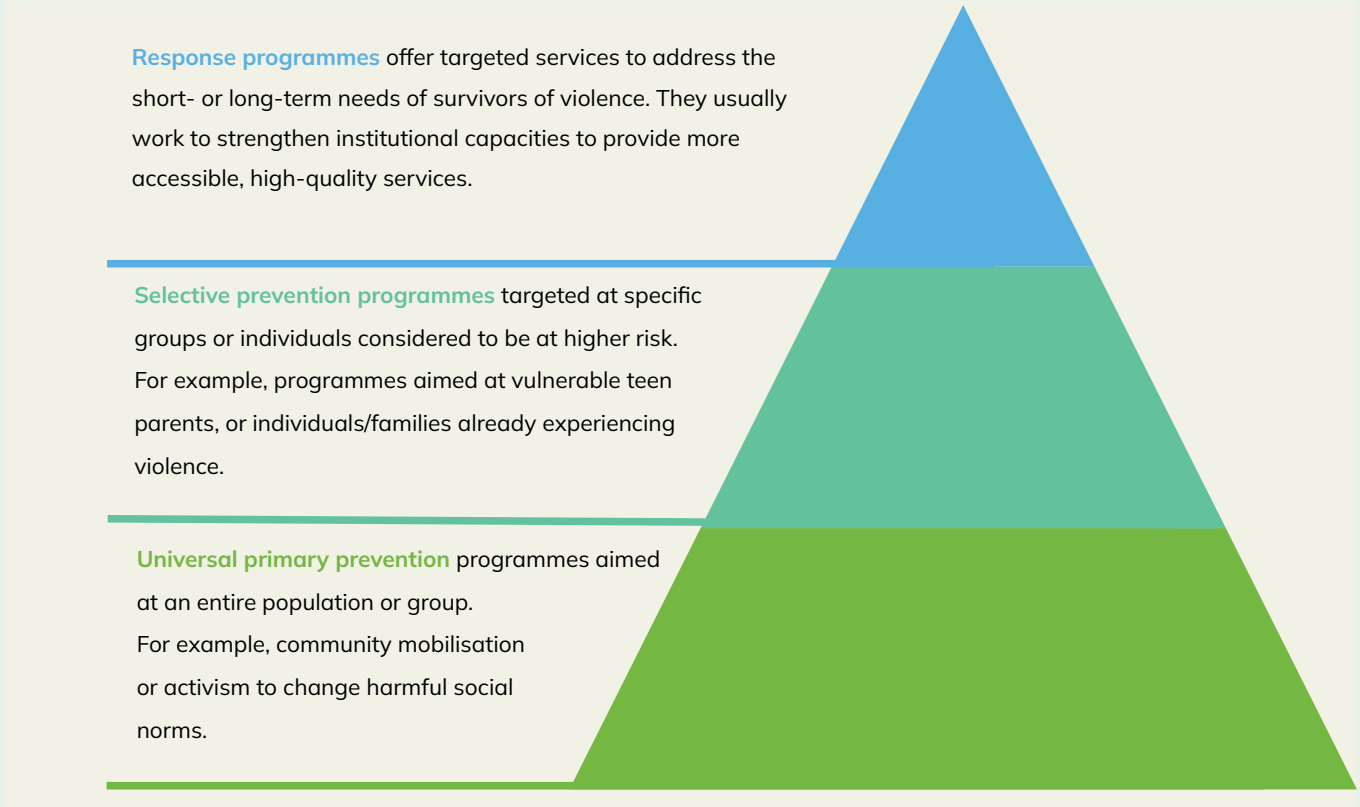
Promotive services work predominantly at the societal level to ensure an enabling environment for violence prevention, particularly regarding policy and law. Six out of the seven strategies in both the INSPIRE and RESPECT frameworks focus on prevention and promotion.[5, 6] Conversely, in the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) only two out of six pillars focus on prevention or promotion.

Responsive programmes support women and children who have experienced violence to prevent reoccurrence and reduce its effects.

How should the workforce be structured?

Violence against women and children share common risk factors and tend to co-occur in the same households. The intergenerational effects of this violence highlight the need to co-ordinate services and provide a more integrated response to VAC and VAW.[9] In addition, there is a growing body of evidence that addressing shared risk factors of VAW and VAC can aid in preventing both forms of violence.[4, 9, 10]

Figure 24: The prevention to response continuum



Source: Delany A, Mathews S, Berry L. *Preventing Violence Against Women and Violence Against Children: A toolkit for practitioners*. Cape Town: University of Cape Town. 2025

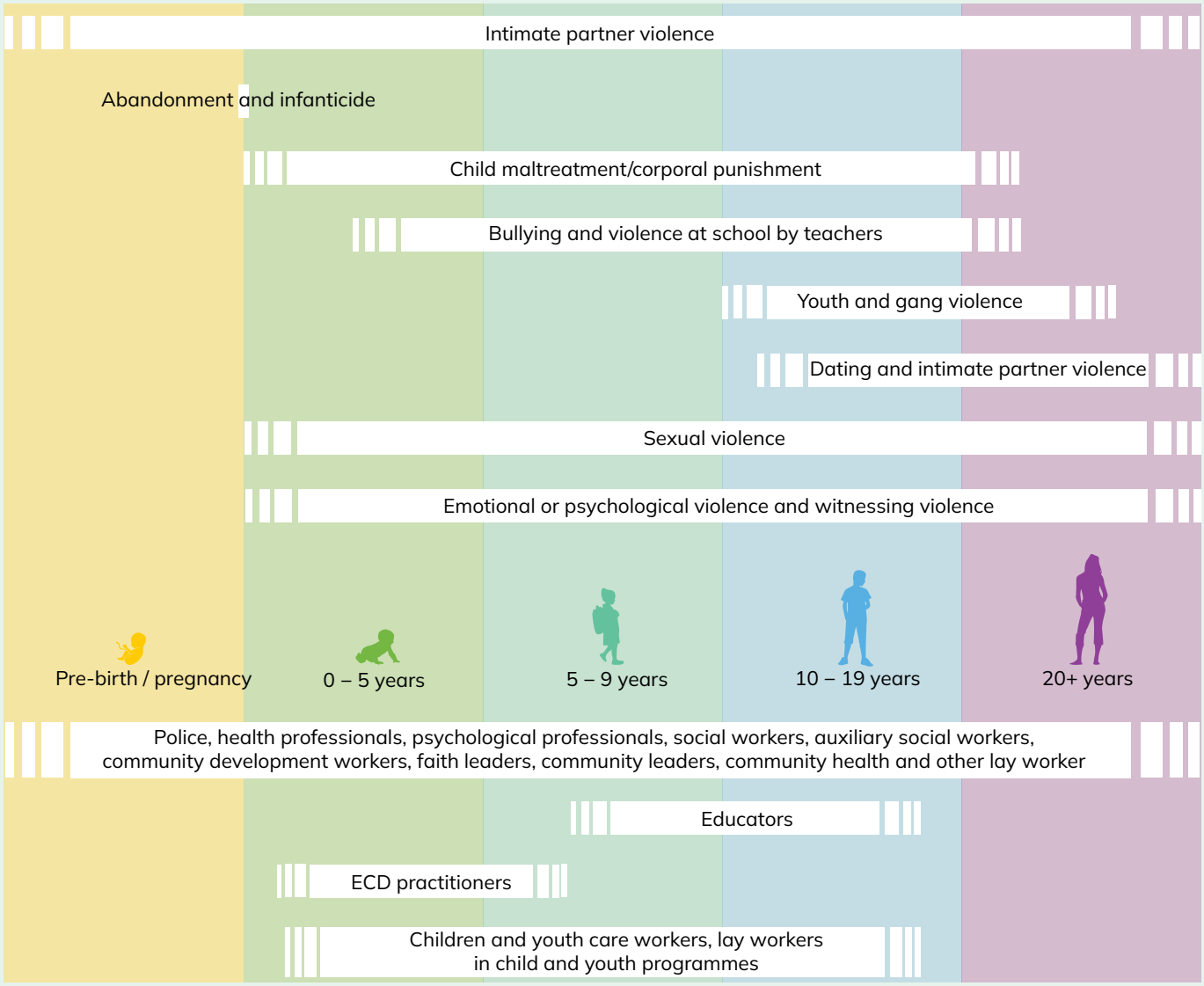
Coordination of services requires planning at both policy and implementation levels in order to develop a shared framework and common language.[11] This includes a well-developed normative framework of laws and policies with clear definitions of roles, functions and competencies for each cadre of worker[12] including professionals, paraprofessionals and community/lay workers within the government, private and non-profit sectors. Intersectoral protocols should also be established to enhance the functioning of this workforce to address the intersections of VAC and VAW supported by a data management system with intersectoral functionality.

Workforce location and concentration are key to effectiveness. The workforce should be structured and adequately resourced to offer both universal violence prevention programmes and targeted services for high-risk groups and individuals.[13]

Adopting a life-course approach is helpful when considering the resourcing and deployment of the workforce as it highlights strategic points for intervention.[5, 6, 9] For example, health facilities are an effective platform for reaching pregnant women, new mothers and young children, while schools are a powerful platform for engaging older children and adolescents. This should be overlayed by an audit of the workforce (formal, informal, government, private, non-profit) to map out current concentrations, gaps, services and potential contributions to violence prevention as well as to plan how to fill gaps, avoid duplication, ensure an adequate coverage of services and guide intersectoral coordination.

At an implementation level, a well-coordinated workforce functions with an understanding of – and respect for – each other's roles and responsibilities, recognising when

Figure 25: Strategic entry points of the workforce in responding to violence across the life course



Adapted from: Titi N, Tomlinson M, Mathews S, et al. Violence and child and adolescent mental health: A whole-of-society response. In: Tomlinson M, Kleintjes S, Lake L, editors. *South African Child Gauge 2021/2022*. Cape Town: Children's Institute, University of Cape Town; 2022.

collaboration, integration and referral are necessary. This should be supported by:

- **Standard operating procedures and referral protocols:** Establishing clear procedures and protocols, even across departments, scaffolds the workforce, avoids task duplication, and ensures efficient screening, referral and service provision.
- **Trust-building:** Normative frameworks alone do not guarantee coordination; trust among role-players is essential. Actively building trust through multi-stakeholder coordination and training structures at different levels is crucial.
- **Cross-sector case management systems:** Implementing systems that span sectors ensures seamless referral, support and follow-up.
- **Co-location of staff:** Strategically situating staff at key service points facilitates integration and creates safe spaces for both women and children, such as providing child-focused services at women's shelters, or parent support groups in child protection organisations, or the integration of services responding for rape survivors provided by Thuthuzela Care Centres.

Key challenges and constraints

However, the workforce in South Africa is currently facing several challenges that limit its effectiveness in addressing the intersections of VAC and VAW. At a policy level, the NSP-GBVF provides a roadmap for addressing violence against women and children in South Africa. It refers to the intersections of VAC and VAW in its introduction but falls short of addressing this more concretely. It has been criticised for its lack of consideration of children's issues and clear, implementable actions for civil society organisations as collaborators in violence prevention.[14, 15]

A comprehensive audit of the workforce and its capacity to prevent violence and achieve policy goals has not been undertaken. The result is under-delivery of services, for example mental health support,[16] and an overfocus on statutory services at the expense of prevention and early intervention[17]. Other role-players' contribution to violence prevention, particularly in the allied fields, may be underacknowledged. For example, the psychosocial support function of community health workers is not routinely measured and yet may be significant in violence prevention,[18] especially since their deployment is based on the social determinants of health which have correlations to risk factors for violence.

The overconcentration of the government-funded social service workforce around statutory services means that the bulk of prevention and early intervention services are provided by the non-profit sector through donor funding.[19] Allowing these critical services to be reliant on outside funding is risky and unsustainable, as the recent reduction of both UK Aid Direct and USAID funds has highlighted. In addition, the contribution of these services to violence prevention may not be sufficiently understood and acknowledged because they fall outside of government data collection systems.

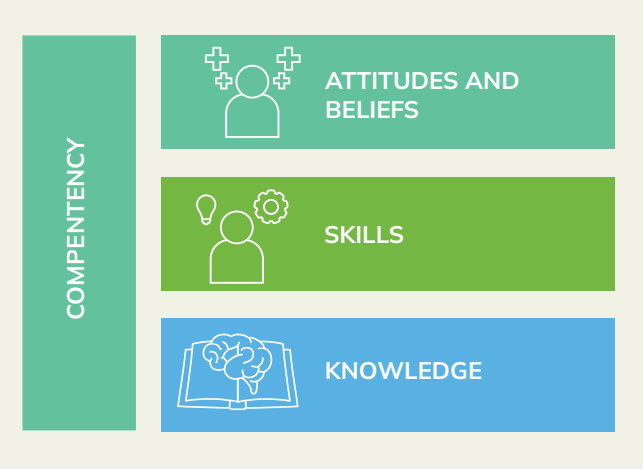
Other challenges to the workforce consistently cited across multiple sectors include high numbers of vacant posts, high staff turnover, lack of equipment and resources, high caseloads, poor working conditions, concerns about workplace safety and low staff morale.[20-23] These challenges are further compounded by the stark urban–rural divide. Rural areas often face the highest vacancy rates, limited access to specialised services, and long travel distances for both practitioners and families, while urban areas, though better resourced, contend with overwhelming caseloads and fragmented services. In addition, a lack of standard operating procedures and protocols,[24] limited training and support, siloed approaches, task creep, poor quality referrals, and professional distrust hinder effective intersectoral collaboration.

What competencies does this workforce require?

Effectively addressing the intersections of violence against women and children requires a workforce equipped with specific competencies. Competencies focus on a person's knowledge, skills, attitudes and beliefs to successfully perform their work.[12, 25]

Below is a set of general competencies put forward in literature. These competencies should be systematically developed and reinforced through multiple pathways, including

Figure 26: Components of competency



Source: United Nations Children's Fund: *Gender Competencies for Service Providers Addressing Violence Against Women and Girls in the Caribbean: Implementation guidance for educators, health workers, police and social workers*. UNICEF: Panama City; 2023.

Case 28: How current services could be strengthened

The current situation[i]

Mihle (13) and Javas (16) were placed in a registered child and youth care centre (CYCC) after being removed from their mother's care due to family violence, abuse and neglect. Before removal, multiple referrals by their school had been made to a social worker, but no follow-up occurred until an Aunt took the children to a child protection organisation. Their mother, Zanele (30), is unemployed, reliant on begging and exposed to repeated physical violence from her partner. Zanele has no ID and is not accessing social grants for the children. Mihle and Javas had witnessed and directly experienced violence, often being left uncared for, and Javas had spent periods living on the streets. Their younger sibling, Aviwe (13 months), remained in the mother's care. Once placed in the CYCC, Mihle and Javas received only general life-skills programmes, with no therapeutic or trauma-informed support. Eight months later, their wish to be reunified with their father had not been addressed. No support was provided to Zanele, and no structured attempt was made to address the underlying drivers of violence in the household or engage with Zanele's partner.

What a coordinated workforce could have done

If the workforce had been better resourced, coordinated and guided by clear intersectoral protocols, a very different response would have been possible:

- Early intervention: A community-based worker (for example a social auxiliary worker, child and youth care worker or NGO fieldworker) could have responded promptly to the school referral, assessing risks for both Zanele and her children.
- **Tailored family support:** Depending on the risks identified, the family could have received a range of support from immediate safety planning to structured interventions provided by a range of stakeholders across government, community groups, civil society organisations, faith based organisations and the private sector. These might have included:
  - psychosocial support to ensure the immediate basic needs of the family are met;
  - parenting support for Zanele, her partner and the children's father;
  - mental health support for Zanele;
  - support from a men's programme specifically looking at intimate partner violence for Zanele's partner;
  - psychological support for the children, including trauma-informed counselling and school-based services;
  - economic strengthening and empowerment support for Zanele, alongside help accessing social grants and documentation; and/or
  - home visits from a community-based worker particularly during the first 1,000 days of Aviwe's life.
- **Protection and justice:** Police, briefed and trained in trauma-informed, survivor-centred practice, could have supported Zanele's safety while minimising harm to the children. A maintenance order could have been secured and enforced to ensure financial support and reduce economic vulnerability.
- **Sustained case management:** A multidisciplinary team — including social workers, health workers, police, schools, NGOs, community and faith leaders — could have worked together under a shared case management system, ensuring accountability and follow-through.

What difference this could have made

- Mihle and Javas could have remained living in a family environment, with their safety secured and parenting support provided.
- Javas could have avoided periods on the street and received appropriate counselling.
- Zanele could have accessed economic and psychosocial support, reducing her dependence on an abusive partner.
- Everyone could have received trauma-informed counselling and support to address the drivers and consequences of violence within the household.
- Zanele and her partner could have been engaged in positive parenting programmes.
- Aviwe's early development could have been safeguarded through regular health and parenting support.
- Collectively these actions could have helped to mitigate the intergenerational cycle of violence.

i Based on an actual case, names have been changed.

Case 29: Child trauma conference

For the past 14 years, Jelly Beanz, a leading South African non-profit in child trauma recovery, has been hosting a Child Trauma Conference. Each year, the conference explores current, evidence-based topics related to child trauma, protection and healing, while showcasing replicable programmes that make a real difference. The Child Trauma Conference is recognised as one of South Africa's leading platforms addressing trauma-informed care, bringing together practitioners, clinicians, researchers, policymakers, media and civil society from across the continent. A key theme of the 2024 conference was the intersection between gender-based violence and child trauma, particularly in the home.

the review and updating of education and training curricula, regular in-service training and professional development opportunities, and ongoing supervision and mentorship. Each worker may have role and context specific competencies in addition to these. Irrespective of their role or function, the overarching principle guiding all workers in the prevention-response continuum must be to 'first do no harm'.

Trauma-informed care

Understanding the pervasive impact of trauma is crucial.[26] The Child Trauma Conference (Case 29) plays a crucial role in building capacity within the sector, so that all practitioners are able to recognise the effects of trauma (including on the workforce itself), identify its signs, and respond in empathetic ways that avoid re-traumatisation, ensure survivor safety and promote healing.[27]

Gender responsiveness

Recognising the gendered nature of violence is essential. The workforce must understand how gender influences safety, healing and empowerment, working in a gender-transformative manner that fosters change.[12, 28]

Cultural competence and inclusivity

Respecting diverse cultural backgrounds ensures accessibility and appropriateness of services. Personnel should tailor interventions to be culturally sensitive and relevant.[28]

Legal and ethical proficiency

The workforce should be aware of laws related to violence prevention and response, including mandatory reporting requirements and survivor and offender rights, as well as ethical codes of practice, and be able to apply these proficiently in their work.

Confidentiality and non-judgmental approach

Maintaining safe spaces is essential. Personnel should uphold confidentiality, where possible, and engage in non-judgmental, survivor-led interactions. See, for example, the Psychological First Aid Guide developed by JellyBeanz and Cindi (Case 30).

Intersections lens

Understanding the intersections of violence against women and children, the rationale for an integrated approach, and its benefits is crucial.[9] Staff should competently apply this lens to enhance intervention effectiveness. See, for example, the Building Stronger Families training programme developed by MOSAIC and the Children's Institute (Case 31 on p. 158).

Collaborative practice

Personnel should work collaboratively across sectors and disciplines to provide comprehensive support, understanding that violence against women and children require a coordinated response.[30]

A commitment to self

A commitment to self-care and ongoing education and training promotes well-being, prevents burnout[31] and ensures the workforce remains adaptable and informed about effective strategies.[32]

Reflective practice

Reflective practice is developed through supervision and mentoring, enabling practitioners to process experiences, manage the emotional demands of the work and learn from practice.[33]

Case 30: Psychological first aid guide

The Psychological First Aid (PFA) Guide for First Responders,[29] developed by JellyBeanz and CINDI, provides a simple, practical approach to supporting children and adults after traumatic events. A central principle of the Guide is that effective first responses must create a sense of safety and trust. The Guide provides two simple frameworks, 'Head, Heart, Hands' and the 'Five Cs of PFA', which equip first responders to engage in ways that are sensitive, survivor-centred and respectful. In doing so, it strengthens the workforce's ability to uphold adult's and children's rights to safe, confidential and non-judgemental care.

Reflexivity and critical thinking

Fostering self-awareness and critical thinking encourages reflexivity and addresses unconscious biases. Reflexivity adds to reflective practice by developing awareness of how one's own values, identities and positions of power shape your professional responses.[34] Staff and management should have an awareness of self and understand how personal norms influence their beliefs and responses.[12] See, for example, the Caring for Boys training programme developed by CINDI (Case 32 on p. 158).

How can the workforce be better capacitated to address VAC and VAW?

A number of mechanisms are necessary to plan, support and develop the workforce's capacity to address violence against women and children in South Africa.

Political will for integration

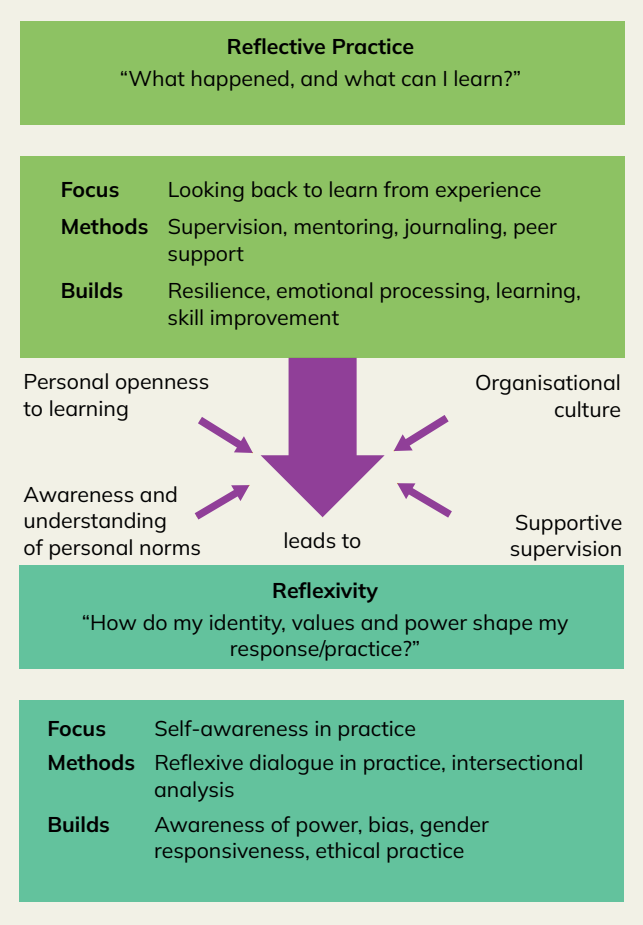
Strong political commitment is crucial to position violence prevention as a public health priority. While South Africa has robust legislation addressing violence against women and children as separate issues, there is a need for integrated policies that recognise their co-occurrence and shared risk factors. For instance, the NSP-GBVF primarily addresses women's issues, with limited focus on children and men. It is critical that the workforce be included in policy development processes to ensure that policy recommendations are grounded in practice.

Proper planning and deployment

A thorough assessment of the workforce across departments is necessary to develop a national plan to strengthen the workforce to address both VAC and VAW in an integrated manner. Consideration must be given to the widespread drivers of violence and the need to have a broad workforce to respond to these challenges. Roles, responsibilities and ratios must be clearly delineated, applying a life-course approach to identify critical intervention points to improve prevention and response to violence. Task-shifting strategies should be applied to optimise utilisation of resources and skills and ensure adequate reach of services. The current imbalance towards response services must be corrected in favour of an investment across the continuum. The workforce across all levels must be included in the development of this plan.

The recently approved Sector Strategy for the Employment of Social Service Practitioners is a step in the right direction in terms of planning. The goal of the strategy is to "strengthen planning, recruitment, deployment, and management of social service professionals towards a more responsive social protection system".[35] The Strategy takes an intersectoral approach including the Departments of Social Development, Education, Health and Justice as well as the non-profit sector.

Figure 27: How reflective practice, with support from other moderators, can lead to reflexivity



Adequate resourcing

Ensuring the workforce is adequately and appropriately resourced is critical. This is an ongoing challenge in South Africa that must be urgently addressed, including the equalising of resourcing across the government and non-profit sectors for subsidised posts.

Standardisation of operating procedures and protocols

Standard operating procedures should be established or reinforced to facilitate collaboration, integration, referral and efficient case management. For example, regulation 33 to section 110 of the Children's Act 38 of 2005 clearly stipulates Form 22 as the required reporting template for cases of child abuse and neglect, yet departments other than Social Development routinely make use of their own internal reporting forms.

Case 31: Building Stronger Families – A gender-transformative approach to preventing violence in families

Tarisai Mchuchu-MacMillan[i]

MOSAIC's Building Stronger Families programme offers a transformative, evidence-based response to the complex intersections of violence against women (VAW) and violence against children (VAC) in South African households. Developed in partnership with the Children's Institute and the University of Cape Town, the 13-week curriculum addresses the shared risk factors of intimate partner violence and harsh parenting by equipping caregivers, men and women in intimate relationships with skills to build caring, equitable and non-violent family environments.

Grounded in deep community engagement and African feminist praxis, the programme fosters critical reflection on gender roles, patriarchy and power imbalances. It promotes healthy communication, shared caregiving and positive parenting through participatory sessions that encourage participants to interrogate their own experiences and shift harmful social norms. Themes such as gender socialisation, non-violent discipline and emotional regulation enable men and women to reframe relationships away from dominance and towards mutual respect and care.

The programme's theory of change recognises that children's safety is inextricably tied to the well-being and empowerment of women. By addressing both couple dynamics and parent-child relationships in a unified intervention, *Building Stronger Families* aims to disrupt the intergenerational cycle of violence. Complemented by individual counselling and community-level campaigns, it fosters behaviour change within relationships and homes while building supportive environments that sustain it.

In a context where patriarchal norms render domestic violence a private matter, this programme creates space for healing, connection and solidarity, enabling families to practice a new, non-violent way of being together.

A **practitioner toolkit**[13] synthesises evidence, lessons learned and practical design considerations for integrated programming. By embedding an intersections lens, the initiative has strengthened workforce capacity to recognise the shared drivers of violence and to deliver **coordinated, gender-transformative interventions** that support safer, more equitable families.

i MOSAIC

Trusting building

Build opportunities for intersectoral collaboration and learning and promote shared responsibility through initiatives such as the Violence Prevention Forum (Case 23 on p. 132).

Education and training

Establish a multisectoral body to collaborate on education and training. The workforce should be trained to understand the intersections of violence against women and children, their co-occurrence and shared risk factors. Working with an intersections lens should be built into relevant further education and training qualifications including in-service training components such as community service.

At an organisational level, working with an intersections lens should be mainstreamed into staff training and support processes. This includes allowing space for staff to reflect on how personal norms and experiences (eg gender or historical trauma) might influence their work and how staff might be affected by these issues within their personal life (eg as a survivor of intimate partner violence).

Care and support for the workforce

Proper care and support, including high quality training, mentorship and supervision, must be provided to the workforce. Organisations themselves must have trauma-informed staff

Case 32: Caring for Boys training programme

The Caring for Boys accredited training programme developed by CINDI builds workforce capacity to engage more effectively with boys affected by sexual violence. Grounded in research from KwaZulu-Natal and Limpopo, the training highlights the unique vulnerabilities of boys and how gendered social norms shape risk and resilience. Through participatory, reflective activities and scenario-based learning, practitioners are encouraged to examine their own perceptions and biases, fostering **reflexivity**. By unpacking social norms and equipping participants with practical tools for communication and gender-sensitive responses, the training takes a **gender-transformative approach** that strengthens services for both boys and girls.

Figure 28: Workforce strengthening framework to prevent violence against women and children

Adapted from: Global Social Service Workforce Alliance. *Framework for Strengthening the Social Service Workforce.* GSSWA. 2013.

policies and procedures to provide proper support and prevent secondary trauma and staff burnout. Working in violence prevention may carry risks for staff which should be clearly identified, mitigated and monitored (see Case 33).

Care for the workforce should be embedded into education and training programmes across all cadres so as to foster self-care and support as practices within the workforce. Organisations should create structured opportunities for reflection, guided debriefing and critical thinking. This requires that supervision extends beyond administrative control to provide safe, supportive spaces for mentorship, reflexive practice and resilience-building.

Use of technology

The use of technology should be explored to support the reach, functioning and effectiveness of the workforce. For example, using technology for violence prevention messaging, improving coordination of referral and case management, data collection, monitoring and evaluating of work, or for supervision and debriefing of staff.

Accountability

Implementing robust monitoring and evaluation systems is essential to hold government departments accountable for their roles in violence prevention and response. Regular assessments and public reporting can ensure adherence to established plans and policies.

Conclusion

This chapter highlights how addressing the intersections of violence against women and children necessitates a well-coordinated, adequately resourced and competent

Case 33: Addressing burnout and supporting staff well-being in South African parenting programmes

Nicola Dawson[i] *and Wilmi Dippenaar*[ii]

Working as a parenting programme implementer can be highly rewarding. A 2025 study conducted by the South African Parenting Programme Implementers Network (SAPPIN) revealed that parenting programme implementers experienced greater compassion satisfaction than non-profit colleagues working in interventions to address gender-based violence and higher overall professional quality of life than those working in statutory services for children.

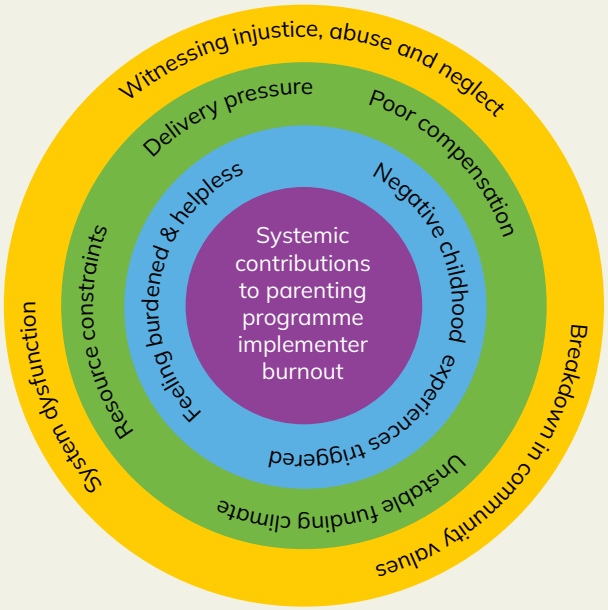
However, implementing parenting programmes can also be personally taxing. The same study revealed similar rates of burnout and secondary trauma to those working in the violence sector.

Despite working from a preventative approach, parenting programme implementers are regularly exposed to stories of abuse, violence and injustice, and are often tasked with providing services in contexts of severe resource constraints and failing systems, while receiving relatively low compensation. Some parenting programme implementers are more affected than others. According to the same study, implementers most emotionally impacted by their work include: those working in township settings, those with more adverse childhood experiences, and those with higher levels of education.

Self-care can support emotional well-being and higher professional quality of life. However, the SAPPIN study revealed that self-care practices[iii] are relatively limited among South African parenting programme implementers – with younger employees and those with more adverse childhood experiences least likely to practise self-care.

The study raises the alarm and highlights the need to better support implementers of parenting programmes. Funding should be allocated to support staff well-being at an organisational level. This includes the provision of reflective supervision, access to trauma-informed somatic-based therapies, and creating conducive work environments in order to support the ethical rollout of parenting programmes.

Figure 29: Causes of burnout



Source: South African Parenting Programme Implementers Network. *SAPPIN Members' Perspectives on Staff Well-being, Well-being Support and Self Care: Research report. 2025.*

i Ububele *Educational and Psychotherapy Trust*
ii South African Parenting Programme Implementors Network
iii Such as 'I listen to my body's signals when it tells me to slow down', 'I take time out each day to do things I enjoy' and 'I maintain social relationships that I value'.

Case 34: Parentline SA

The South African Parenting Programme Implementers Network (SAPPIN) has developed Parentline SA, a WhatsApp-based chatbot adapted from the global Parenting for Lifelong Health digital tools. The chatbot offers a user-friendly support platform for mothers, fathers and caregivers of children from 0 – 18 years. Reliable, bite-size information covering a range of topics is delivered through WhatsApp conversations. Importantly, the app integrates content on both violence against children and violence against women, recognising how these forms of violence intersect in families. Users receive supportive messages on child safety and nurturing care, alongside guidance on building respectful couple relationships and resolving conflict without violence. By weaving these themes into everyday parenting support, the app helps families build safer, more nurturing homes in simple, practical ways.

workforce operating across various sectors. By focusing on prevention, response and promotive services, and by fostering competencies such as trauma-informed care, reflexive and critical thinking, and collaborative practice, South Africa can strengthen its efforts to combat these pervasive challenges. Yet, more needs to be done to support this starting with political commitment to address the intersections of VAC and VAW more comprehensively. Supportive measures including proper planning, adequate resourcing, standardised protocols, trust-building initiatives, comprehensive training, workforce care, technological integration, and robust data collection and accountability mechanisms are essential. Such a holistic approach will ensure that the workforce is not only equipped to respond effectively but also creates an environment where violence against women and children is systematically prevented.

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