Why we need to address the intersections of violence against women and children

Shanaaz Mathews[i]

Violence against women (VAW) and violence against children (VAC) are global public health burdens and human rights violations.[1, 2] Globally, one in three women (35%) experience physical and/or sexual intimate partner violence (IPV),[1] while one billion children or over half of all children aged 2 to 17 years experience violence at some point in their lifetime[3]. One in four children live with a mother or caregiver experiencing IPV,[4] and nearly one in four adolescent girls have been in a relationship where they experienced violence from their intimate partner.[5]

Since democracy, South Africa has introduced a comprehensive statutory framework aimed at upholding and protecting the rights of women and children. The Constitution ensures substantive equality – prioritising the rights of those who are the most marginalised, in particular women and children.[6] Section 12 of the Constitution states that *everyone has the right to freedom and security of the person, which includes the right to be free from all forms of violence from either public or private sources*. This means that both women and children have the right to be free from violence in the home, school and community including forms of violence inflicted by the state, such as state sanctioned acts of torture, cruel, inhuman, or degrading treatment or punishment.

This chapter seeks to answer the following questions:

- How are violence against women and violence against children defined globally and in South Africa?
- What is known about the extent of violence against women and children in South Africa?
- How are these forms of violence understood through the lens of intersectional feminist theory and a decolonial perspective?
- How do we understand the intersections of VAC and VAW across the life course?
- In what ways do VAC and VAW intersect?
- What are the implications for policy and practice?
- What are the conclusions?

What do we know about VAC and VAW in South Africa?

The first *National Gender-Based Violence (GBV) Prevalence Study* conducted by the Human Sciences Research Council (HSRC) estimates that lifetime prevalence of physical and/or sexual IPV experienced by women ages 18 and older was 24%.[7] This estimate is lower than the South African Demographic Health Survey which found 26% of women aged 18 years and older had experienced physical, sexual, or emotional violence by an intimate partner in their lifetime.[8] Violence by an intimate partner can also be fatal, with national estimates of intimate partner femicide (IPF) showing that South Africa remains the country with the highest recorded rate of IPF globally (5.5/100 000 female population), almost five times the global average.[9]

The *Optimus Child Abuse Study*, a dedicated child abuse study, reports that 42.2% of children had experienced some form of maltreatment (sexual, physical, emotional abuse or neglect), by an adult who was meant to be taking care of them.[10] Furthermore, 9,9% of boys and 14,6% of girls experienced lifetime sexual victimisation before the age of 18 years. It also found that 25% of children reported exposure to violence between parents and caregivers or experienced violence by parents or caregivers towards them in the household.[10]

Furthermore, community-based studies are showing that violence is far more prevalent. The *Birth to Thirty* Plus (Bt30+) study revealed that over 90% of the birth cohort were exposed to several forms of violence, including physical and sexual abuse, at some point in their lives.[11, 12]

Importantly, violence is rarely a once off experience. Instead early experiences or exposure to violence in the home can increase the risk for later vitimisation and perpetration either as a child or into adulthood,[13, 14] which is central to our understanding of the interconnections of violence across the lifecourse. Physical punishment and IPV are the most common forms of violence experienced and/or witnessed by children in the home.[7, 10] However, we are cognisant that psychological or emotional abuse is seldom measured in studies, rendering this form of violence relatively invisible. The Bt30+ found that nearly half of preschool children were reported to have experienced physical punishment by parents or caregivers, which included acts such as cargivers using their hand to smack or spank or slap the child, and the use of a belt or some other object, for

i Department of Paediatrics and Child Health, University of Cape Town

many these forms of physical punishment was considered a form of discipline.[12]

How are these forms of violence defined?

The World Health Organization (WHO) categorises violence as self-directed, collective, or interpersonal.[15] Violence in the home is the most common form of violence experienced by women and children which forms part of interpersonal violence and includes intimate partner violence and child abuse/maltreatment by a caregiver or someone in the home.[16] The WHO defines IPV as behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.[15] IPV also involves emotional and psychological abuse used to intimidate, humiliate, control, and isolate one's partner from any relationships with others, including restricting or stopping possible access to help and this definition covers violence by both current and former spouses and partners.[5]

Violence against women

The definition of VAW is not embodied in a single piece of legislation. Key laws include the Domestic Violence Act 14 of 2021 (DVA) and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (Sexual Offences Act).[ii]

The DVA seeks to protect women from domestic violence (not just in relation to intimate partnerships) and defines domestic violence broadly to include abusive behaviours, including physical abuse (assault), sexual abuse (including rape), emotional, verbal or psychological abuse (including intimidation, harassment and stalking), and economic abuse (depriving a person of financial resources).[17] The law also acknowledges the impact on children exposed to domestic violence. The Sexual Offences Act broadly characterises sexual offences and extends the narrowly defined pre-1997 common law definition to include rape, sexual assault, sexual exploitation, sexual harassment, child pornography, incest, bestiality and necrophilia.

South Africa has drawn on the WHO definition to define VAW in the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) as any act of GBV that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.[18] This definition refers to violence directed at a woman because she is a woman and takes a range of forms including but not limited to: intimate partner violence, non-partner sexual assault; trafficking, so-called honour crimes, sexual harassment and exploitation, stalking, witchcraft related violence, and gender related killings. However, in defining VAW as it relates to the intersections of VAC and VAW in this issue of the *South African Child Gauge* we will focus on IPV as the most common form of GBV experienced in South Africa, as most of the theorising on the intersection of VAC and VAW has been from this perspective.

Violence against children

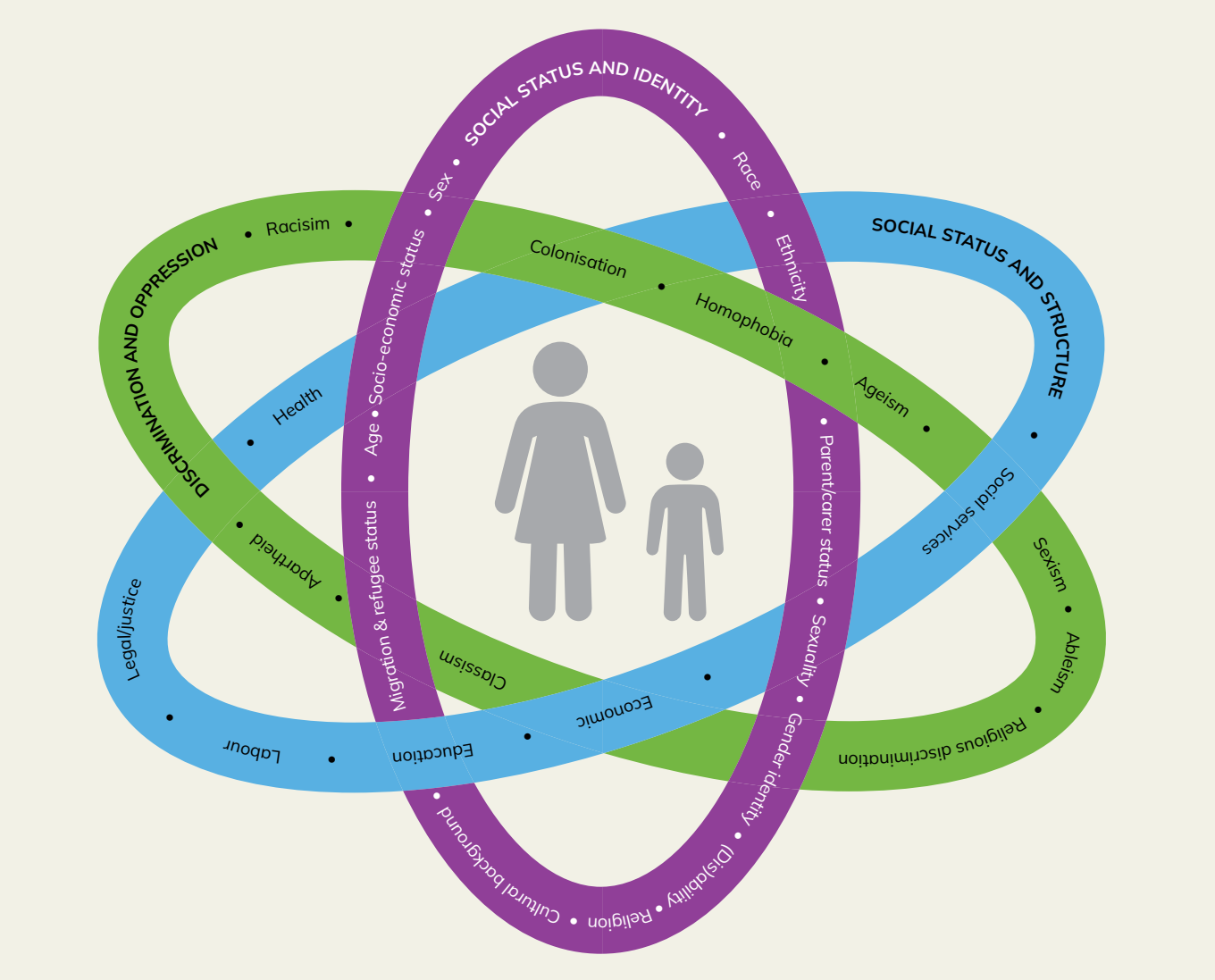
Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) recognises the complexities of VAC and defines violence against children as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse".[19] The WHO extends this definition to include "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity" within the context of a relationship of responsibility, trust or power.[20] More recently UNICEF introduced an International Classification of Violence Against Children that includes operational definitions of all forms of VAC and covers interpersonal and collective violence, both in times of peace and during internal or international armed conflict.[21] These definitions cover situations where the parent or caregiver either commit the act of violence or fail to provide care resulting in potential or actual harm and can result in death of a child.[13] The above definitions outline the core components of VAC and highlight how violence extends beyond physical injuries to include emotional and psychological dimensions and can occur across a range of settings and relationships. VAC can extend from the home to the community and *vice versa*, for a child this experience is multi-layered and interrelated.

The Children's Act provides definitions for abuse, exploitation and neglect and outlines specific measures for their prevention, early detection and response.[22] Section 1 of the Act defines abuse as bullying, exploitation, physical, sexual, emotional or psychological harm. It also defines neglect as "a failure in the exercise of parental responsibilities to provide for the basic physical, intellectual, emotional or social needs" of the child. The Act further defines sexual abuse as sexual molestation, using a child for sexual gratification, deliberately exposing a child to sexual activity or pornography, or the commercial sexual exploitation of a child.

In addition, the Sexual Offences Act defines specific sexual offences targeting children including sexual exploitation, grooming, and child pornography.[23] It also imposes a duty

ii For a more comprehensive analysis of the legal and policy framework see page 113.

Figure 1: Intersectionality – how power, privilege, discrimination and oppression interact with violence against women and children



Adapted from: Ellsberg M, Fulu E, Warner X, Potts A, Dixit D, Ullman C. *Ending Violence Against Women and Girls: Evaluating a decade of Australia's development assistance.* Canberra: Department of Foreign Affairs and Trade. 2019.

on everyone to report sexual offences against children and regulates the inclusion of children's information in the National Register for Sex Offenders, while also eliminating the differentiation in the age of consent for consensual sexual acts between children and introduces special provisions for prosecution of such acts involving children between 12 and 16 years old.[23]

South Africa's legal definitions are thus aligned with the UNCRC's definition but they fail to consider the co-occurrence of VAC and VAW in the home. The Domestic Violence Amendment Act 14 of 2021 broadens the definition of domestic violence to include intentionally allowing a child to witness, hear or "experience the effects of domestic violence" acknowledging that witnessing violence has the same effect as experiencing violence. This broader definition of domestic violence suggests that women/mothers are responsible for ensuring the safety of their children and have the capacity to prevent them from being exposed to violence in the home (see page 129 for further discussion). But power and control often rests with male partners who may threaten to separate women from their children and legal remedies do not take these complexities into account.[24]

How do we understand the connections between VAC and VAW?

Patriarchy is a system in which men hold power and control over women and children.[25] It has a powerful influence over relationships within the family, as this is a setting where

dominant or hegemonic masculinities[iii] are constructed and maintained.[26] From a young age, children learn gender roles that reflect and perpetuate this imbalance. Women and children are undervalued, while men are accorded greater privilege and authority. In these settings, men may also use violence to subordinate women and children and to maintain control.

An intersectional feminist lens helps us understand the complex interplay between child abuse, motherhood and IPV, and how they are rooted in the power dynamics between men and women, and between mothers and children. For example, mothers' use of violence in the home can be seen as a manifestation of the ways in which they themselves have been victimised or oppressed as women and as mothers.[27]

Intersectional feminism also draws attention to the structural and historical roots of violence and discrimination, and how, over time, these power dynamics have given rise to deep-rooted inequities. It also centres the lived experiences of marginalised people – such as LGBTQI+ individuals, people with disabilities, and racial or ethnic minorities.[28] As it is only by addressing the specific experiences and challenges faced by these marginalised groups, that it is possible to identify and combat the structural inequalities that underscore and drive their experiences of violence (see Box 2). These challenges then intersect and reinforce each other in powerful ways where, for example, poor black women's experiences of discrimination and marginalisation increase their vulnerability to violence.

How does a decolonial perspective contribute to understanding the drivers of VAC and VAW in South Africa?

South Africa's extreme levels of gendered violence have their roots in a violent history of colonisation, imperialism and apartheid that created the social conditions that allowed various forms of gendered violence to thrive. The structural violence, restrictive laws and political oppression of these eras also gave rise to racially-defined hegemonic masculinities that promoted strength and dominance over women.[29]

Decolonial theory proposes that colonialism led white men to objectify, exploit and abuse colonised women while simultaneously denying it happened and blaming it on

iii Hegemonic masculinity is an idealised view of men and how they should behave within a given society and this cultural narrative of the 'ideal man' helps to normalise the dominance of men over women.

Box 2: Left behind and locked out: the urgent need to protect LGBTQI+ learners in South African schools

Juliana Davids[i]

To truly address the intersections of violence against women and children, it is essential to consider queer adolescents.[1] For LGBTQI+ learners across South Africa coming out or beginning a gender transition is not simply a personal milestone; it is an act of bravery undertaken in hostile terrain. Despite constitutional promises of equality, dignity, privacy, and bodily and psychological integrity, school environments are often unsafe for learners whose sexual orientation, gender identity, gender expression or sex characteristics (SOGIESC) do not conform to dominant norms.[72-74]

These learners often attend schools without gender-neutral bathrooms, safe reporting channels or inclusive sexuality education. They are subjected to ignorance masked as discipline, or silenced under the guise of "maintaining cultural values".[75, 76] Teachers, unsupported by policy, may ignore, enable or even perpetrate violence, whether through misgendering,[ii] moral shaming or refusal to protect LGBTQI+ learners from peer harassment.[73] The structural violence faced by these adolescents is compounded by the intersections of race, class, geography and language. While wealthier, urban schools may have access to external resources or more progressive governing bodies, many township and rural schools are still waiting for the Department of Basic Education (DBE) to provide the basic tools needed to create inclusive and affirming learning environments.[74] In this vacuum, it is often learners themselves, some as young as 13 or 14 years of age, who are forced to advocate for their own dignity, sometimes in the face of adults who question their legitimacy.

The consequences are not only emotional and psychological but developmental. Discrimination in school settings erodes self-esteem, increases risk of dropout and contributes to higher rates of depression, anxiety and suicide among LGBTQI+ youth.[77, 78] Schools should be places of safety and opportunity, not sites of trauma and exclusion. But without a nationally adopted, enforceable SOGIESC framework, South Africa continues to fail some of its most vulnerable children.

i Triangle Project
ii Misgendering: referring to someone (especially a transgender person) using a word, pronoun or form of address that does not reflect their gender identity.

colonised black men.[30] This colonial logic continues to influence the interplay of power and privilege through social and economic inequalities in our society which all contribute to the normalisation of violence in contemporary South Africa.

Apartheid has also had a profound effect on family life for women and children. The migrant labour system created an environment where large numbers of men worked away from their rural home and families for large parts of the year.[31] Many fathers were thus absent in the lives of their children and did not fulfil a meaningful parenting role.[32] In addition, patriarchal gender norms dictate that child-rearing is widely perceived as a women's domain, permitting men to be uninvolved in childcare even when they are present in the household.[32] Instead, fatherhood is primarily associated with the role of being a provider, and even in their absence, men maintain the role of decision maker and disciplinarian.

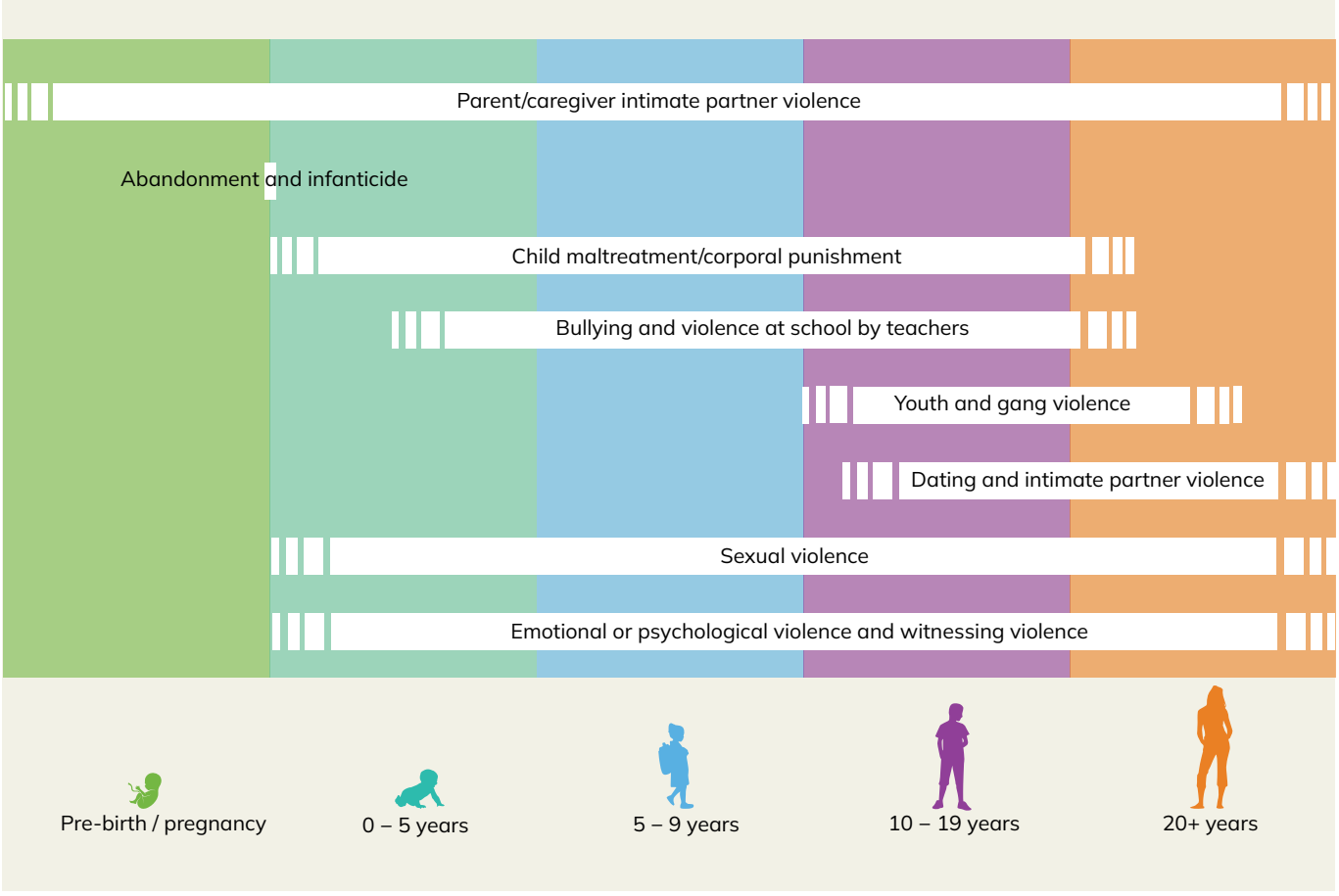
Single-parent families are widespread in South Africa, leaving women to carry a double burden of care, and the associated stresses of caring and providing for their children often results in harsh and inconsistent parenting practices.[33]

Violence across the life course

Women and children's experiences of violence is rarely a once-off experience. Instead, they can occur across the life course – with early childhood experiences of violence leading to an increased risk for revictimisation or perpetration of violence in adulthood.[34, 35] A life-course perspective is critical in understanding the intersections of violence against women and children as it highlights the prevalence of different forms of violence at different stages of life and how these types of violence reinforce one another across the lifespan.

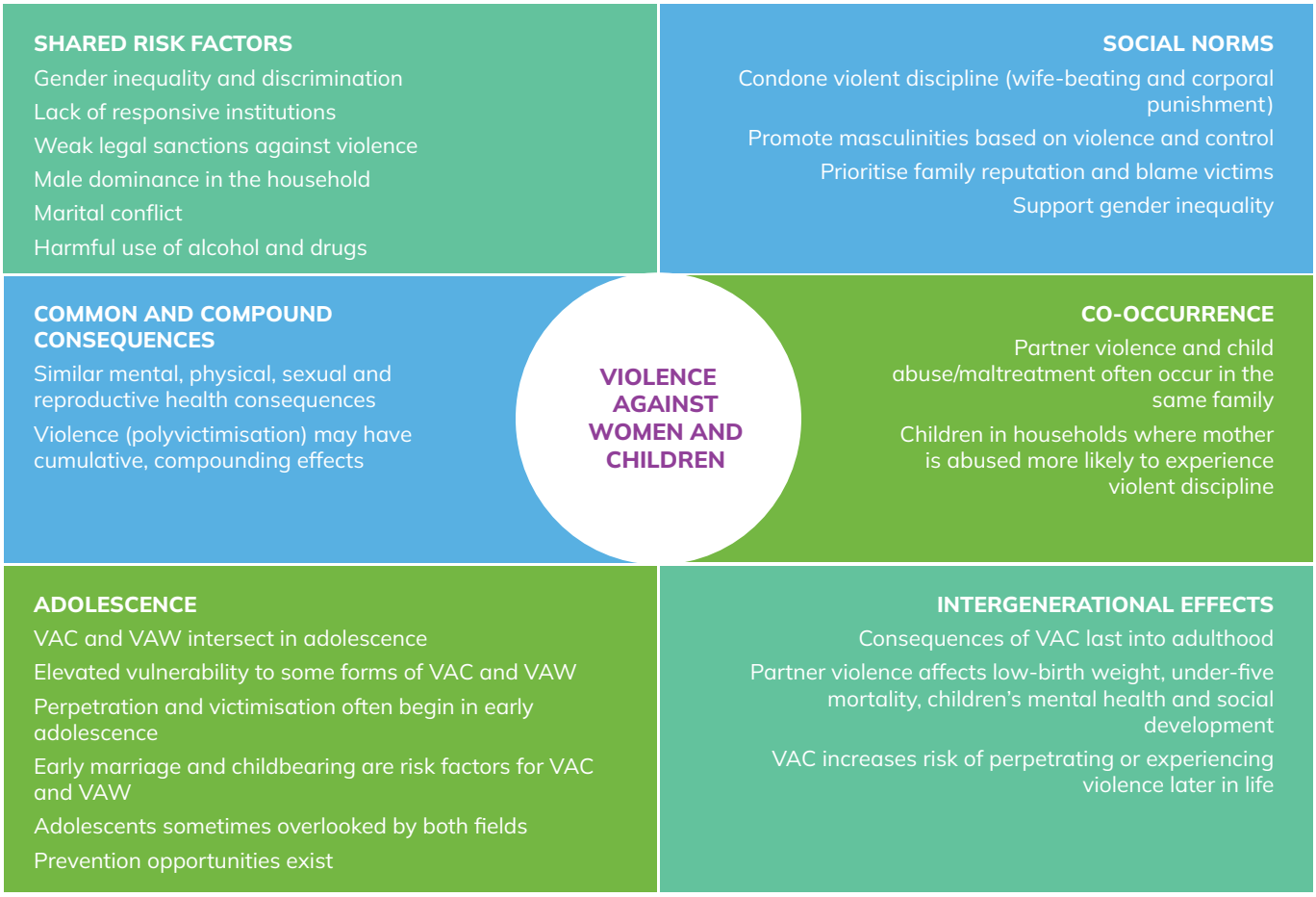
- IPV during pregnancy is associated with increased levels of depression, anxiety and stress, as well as suicide attempts, and poor maternal mental health can extend into the postpartum period compromising maternal-infant attachment and breastfeeding.[36] A longitudinal study found that IPV and the associated stress experienced by mothers during pregnancy can also affect foetal brain development and increase the risk of behavioural problems in children.[37]
- The co-occurrence of IPV and VAC in the home increases the risk for children to experience violent discipline by both male

Figure 2: Violence across the life course



Adapted from: Titi N, Tomlinson M, Mathews S, Jamieson L, Kaminer D, Seedat 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.

Figure 3: Intersections of violence against women and children



Source: Guedes A, Bott S, Garcia-Moreno C, Colombini M. Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*. 2016;9(1):31516.

and female caregivers.[38] The Bt30+ study found that close to half of preschool children experienced physical punishment by their parents.[12]

- Violence against children, such as violent discipline and exposure to IPV in the home, increases the risk of children becoming either victims or perpetrators of violence[39, 40] and gives rise to an **intergenerational cycle of abuse** increasing the risk of young women becoming victims[41] and young men becoming perpetrators of IPV.[40] In addition, parents tend to reproduce their own experiences of being disciplined as a child, with those who experienced harsh and punitive parenting more likely to use corporal punishment on their own children.[42]
- Adolescence highlights the gendered pattern of interpersonal violence. Violence among boys rises sharply and male-on-male violence is the leading cause of death among adolescent boys aged 15 – 17 years.[43] Older adolescent boys are more likely to be the victims of homicide, while adolescent girls are at increased risk of sexual and IPV (dating violence) – with one in three adolescents girls in community surveys reporting forced sexual initiation.[44]

The social norms that underpin these practices, enable the transmission of gendered violence across generations.[14, 35, 45-47] A life-course perspective therefore allows for a better understanding of the pathways to victimisation and perpetration of violence – and how violence can be prevented.

Interconnection of violence against women and violence against children

There is growing evidence that VAC and VAW are interconnected. These forms of violence often co-occur in the same households, have shared risk factors and present in communities where the social norms promote the use of violence.[2] Guedes and colleagues identified six pathways through which VAC and VAW intersect. In the discussion below, five pathways are highlighted, as the common and compounding consequences have been integrated into our understanding of intergenerational effects of VAC and VAW.

Social norms

Social norms that condone violent discipline, promote violent masculinities and prioritise family reputation over safety and well-being of individuals, all underpin gender inequality.[48, 49, 50] Both forms of violence are pervasive in communities which condone the use of physical punishment of women and children and promote violent masculinities and gender inequitable relationships.[2] In South Africa, as elsewhere, prevailing social and cultural norms promote a gendered hierarchy with men in a superior position to women and children, where men's violence towards women and children is widely tolerated – and used to express masculinity, enforce gender norms and discipline children.[51] In this context, men's use of violence to control the behaviour of their female partners and children is associated with their search for respect and power.[52] Male-dominated households and marital conflict in the household have been found to increase the risk for physical punishment and child abuse.[38]

The co-occurrence of VAC and VAW in the household

VAC and VAW often occur within the same household and are fueled by shared risk factors and social norms. Investigating the drivers of VAC in South Africa, it was found that exposure to conflict and violence in the home increases the risk of a child becoming both a victim and perpetrator of violence later in life.[53] Exposure to violence in the home also normalises violent and coercive behaviours.

Intergenerational effects

Experiencing child maltreatment and witnessing partner abuse in the home as a child increases the risk of becoming both a perpetrator and a victim of sexual and intimate partner violence as an adult.[54] The intergenerational effect of VAC is also gendered. Exposure to childhood violence increases the risk for males to become a perpetrator of sexual and intimate partner violence and for females to become a victim of intimate partner violence.[38] The consequences of VAC extend into adulthood, while exposure to violence in the home has effects on school performance, risk-taking behaviour, mental health outcomes and long-term social and economic costs to society.[55] A South African study showed an association between sexual assault in childhood and increased risk of physical or sexual intimate partner violence in adulthood.[56] In addition, witnessing violence in the home was found to be associated with increased risk for perpetration of intimate partner violence.[53] Mental health (anxiety and depression) of mothers who experience IPV appear to increase their risk for harsh parenting practices, including physical punishment of their children with caring maternal relationships seen as an important protective factor for children living in households affected by partner violence.[57]

Adolescence

Adolescence is a period of heightened risk for both victimisation and perpetration. Adolescent girls are particularly vulnerable to multiple forms of gendered violence including sexual violence, dating or intimate partner violence and harmful cultural practices.[58] The pattern of youth violence highlights the risk of young men becoming both victims and perpetrators of violence, with devasting consequences such as death and long-term disability. The victim-perpetrator relationship shows that boys are more likely to be victims of peer-on-peer violence while for young women are more likely to experience dating violence during adolescence.[4] The heightened risk of these forms of violence can result in a cycle of interrelated consequences that are more common for girls than boys, such as HIV, unintended pregnancy, negative mental health outcomes, and school drop-out, among others.[59] Furthermore, adolescence is a critical development stage for the onset of mental health problems and if unaddressed young people are at increases risk for delinquency, peer aggression including dating violence perpetration.

Shared risk factors

VAC and VAW are driven by a web of interrelated factors such as childhood trauma, negative role-modelling during childhood, increased likelihood for victimisation (females) and for perpetration (males), and the displacement of aggression, all of which become pathways through which these intersecting forms of violence manifest.[26] The most common risk factors that drive VAC and VAW include gender inequality, male dominance, relationship conflicts and harmful consumption of alcohol.[2]

- *Food insecurity* is another contributing factor. It increases stress and tension within households. while the pressure on men to fulfil their role as providers can leave men feeling angry and frustrated and more likely to inflict violence on their intimate partners. For example, a 2019 study of men in a peri-urban settlement near Johannesburg found that food insecurity doubled the odds of them perpetrating IPV.[60]
- *Gender inequality* manifests in multiple ways. It underpins the use of violence in the home, promotes violent and controlling behaviours of men over women, and allows violence to be normalised and tolerated.[52] The power imbalances that drive IPV also influence the power dynamics between parents and children, with violence used to assert dominance over both women and children.[38]

Box 3: Girls and young women with disabilities – Opportunities for support and violence prevention

Jill Hanass-Hancock and Bradley Carpenter[i]

Gender-based violence (GBV) disproportionately affects women and girls with disabilities, who often experience multiple and intersecting forms of violence, including intimate partner (IPV), non-partner and caregiver abuse. In fact, women with disabilities are twice as likely to experience IPV compared to their peers without disabilities, and this risk increases with the severity of the disability.[82]

Some forms of violence are also disability-related.[83] Disability-related violence (DRV) encompasses physical abuse, neglect, sexual exploitation, financial abuse, coercion and psychological mistreatment, often stemming from the belief that people without disabilities are superior.[83, 84] DRV can take many forms, including name-calling, disability shaming, physical rejection (such as slapping or pushing), withholding essential assistance or equipment, restricting movement or manipulating medications.[83-86]

Evidence also suggests that some perpetrators view women and girls with disabilities as easy targets, assuming that they will not be believed or are unable to report violence against them.[83, 84] Violence occurs in both institutional and private settings, with individuals with disabilities at heightened risk due to their reliance on others for care and support.[83, 86]

Women and girls with disabilties also experience barriers in seeking healthcare and reporting violence against them, this includes: not being aware that violence against them is a problem or where to get help; fear of not being believed, facing further violence or losing caregiver support; lack of confidentiality; reliance on abusive partners/family for clinic visits; and communication barriers, especially for Deaf women without sign language interpretation.[83, 84]

In other words, women and girls with disabilities face higher risks, more severe violence and greater obstacles to disclosure and support than their peers without disabilities. Disability-inclusive GBV policies, staff training, caregiver support and accessible reporting systems are therefore urgently needed.

Strategies for caregivers

- Create a supportive environment where issues can be discussed.
- Promote autonomy, including expressions of likes and dislikes and consent to different activities.
- Ensure privacy and choice, in particular when a person with disabilities accesses care and support.
- Train yourself in disability-sensitive communication and violence prevention.
- Remain vigilant about potential abuse, including from yourself and other caregivers.

Strategies for schools

- Ensure the school provides comprehensive sexuality education (CSE) that is accessible to learners with different types of disabilities.[87]
- Collaborate with local clinics to ensure referrals to clinics that are accessible and trained to accommodate people with disabilities.

Strategies for healthcare workers

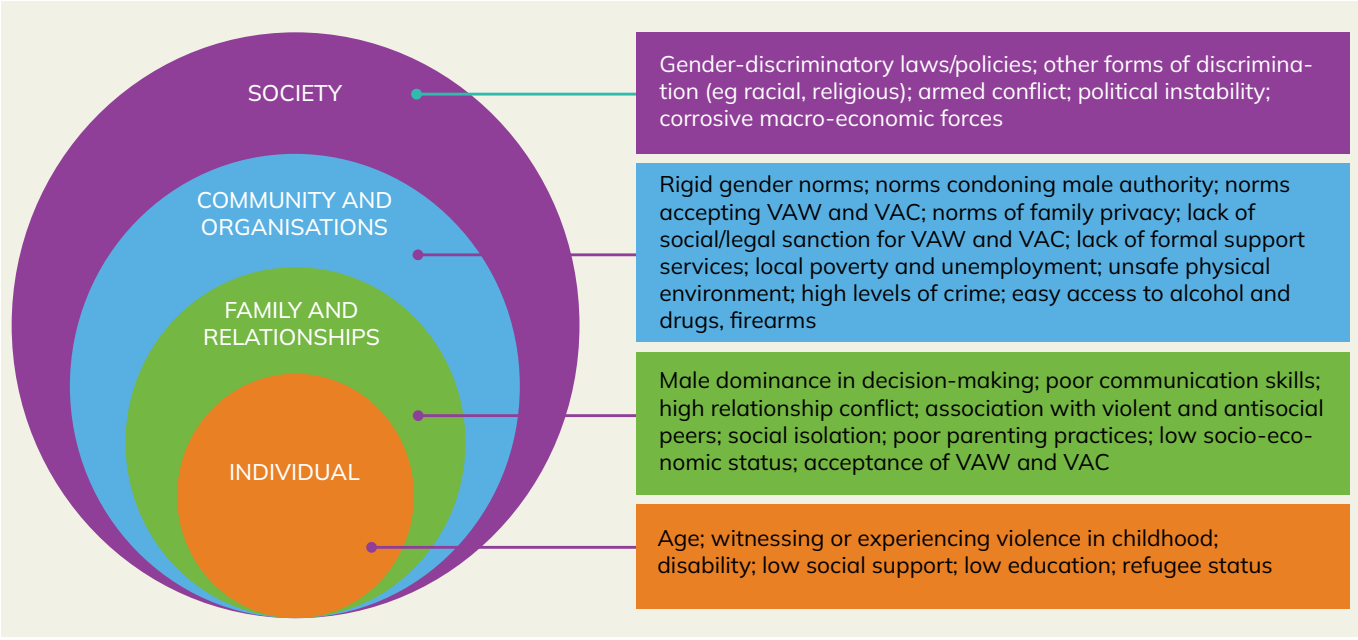
- Ensure that healthcare workers know how to work with people with disabilities.
- Collaborate with local organisations and schools serving people with disabilities to facilitate referrals and develop accessible services.
- Conduct a disability audit at the clinic to identify gaps and ensure more inclusive and accessible care.[88, 89]

i Gender and Health Research Unit, South African Medical Research Council

- *Male dominance* in the household is underscored by patriarchal masculine ideals and influences parenting, with the use of harsh parenting practices by both men and women strongly associated with IPV in the home.[38] In addition, parenting practices are particularly gendered during adolescence with boy children less likely to have their whereabouts, companions and activities monitored and this has been found to be a strong predictor of behavioural problems.[42]
- *Partner conflict* manifests in aggressive and coercive behaviours and violence against women in intimate partnerships, affecting parent-child relationships and increasing the risk of children being victims of violence.[61]

IPV is associated with men's harmful alcohol use and that in turn increases women's alcohol use.[53] In South Africa, harmful consumption of alcohol was also found to increase the risk of dating violence during adolescence as a period of heightened risk.[62]

Figure 4: Shared risks for violence against women and against children



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

Socio-ecological model

The social-ecological model has been used as a framework for understanding the complex drivers of violence, by drawing on the work of Bronfenbrenner[63] to identify risk and protective factors at the individual, relationship, community and societal levels. The goal is to understand how factors operating at different levels of the system interact in complex way to influence people's behaviour in order to design interventions that can prevent VAC and VAW.

What are the implications for policy and practice?

Since democracy, South Africa has introduced a comprehensive statutory framework aimed at upholding and protecting the rights of women and children. South Africa has adopted and incorporated various international legal instruments aimed at protecting women's and children rights that has shaped the country's policies and legislation. For example, women's rights in the family to be protected from violence by an intimate partner are protected by the DVA. The DVA also provides mechanisms for victims of domestic violence to obtain a protection order, for the arrest of the perpetrator, and for police protection to prevent further domestic violence. The Act also requires the police to refer women and children to shelters.

The Children's Act provides the foundation for prevention and early intervention programmes to prevent violence as well as a system to identify, refer, support, care for and rehabilitate children who have suffered violence. The Criminal Procedure Act 51 of 1977 and the Sexual Offences Act establish and regulate the criminal justice system responsible for arresting, prosecuting, convicting and sentencing perpetrators of sexual violence against women and children.

Although South Africa has drafted a progressive set of legislation to combat violence against women and children, there is limited improvement in the response to and implementation of this legislation.[64] For example, only one in every three rape cases are reported, with only one third of reported cases getting onto the court role and less than 10% of cases resulting in a conviction – this figure is far less for children.[39]

Failures in the system to protect women and children resulted in activists calling on President Ramaphosa to urgently address the high rates of rape and murder of women and children.[65] This culminated in a landmark Presidential Summit on Gender-Based Violence and Femicide in November 2018 and the establishment of an interim steering committee that led to the development of a National Strategic Plan to address Gender based violence and Femicide (NSP-GBVF). The NSP-GBVF is "a multisectoral, coherent strategic policy and programming framework drafted to facilitate a coordinated national response to the crisis of gender-based violence and femicide by the government of South Africa and the country as a whole".[18] The NSP-GBVF aims to strengthen accountability and coordination of sectors (government, civil society and academia) through the implementation of the framework and provision of key interventions targeting the drivers of GBV. While the NSP was

Box 4: Gender transformative programming

Shanaaz Mathews[i]

Gender transformative programming aims to challenge unequal gender and power relations and promote gender equality in order to support violence prevention outcomes.[79] Gender transformative programmes may include participatory processes that encourage critical and personal reflection about gender roles, norms and inequalities; and that promote positive, more equitable behaviours and norms.[80] This approach focuses on:

1. Addressing gender inequalities, power imbalances, norms and dynamics and paying attention to the intersections between gender, race, age, ethnicity, religion, etc.
2. Strengthening norms that support gender equality to create more inclusive, enabling environments
3. Promoting the relative position of girls, women and marginalised groups
4. Transforming underlying social structures, policies and norms that perpetuate and legitimise gender inequalities.

Generally, this approach aims to move beyond a focus on individual girls and women towards redressing power imbalances that reinforce inequalities based on gender, race, ethnicity, etc. Such efforts often require participation and leadership by local actors at community level.[81] Evidence suggests addressing gender inequalities is an effective characteristic of effective violence prevention programming.

i Department of Paediatrics and Child Health, University of Cape Town

conceptualised to address violence against both women and children an analysis by the Centre for Child Law reveals that children are a subsidiary focus.[66] This is a missed opportunity to provide an integrated framework that targets the intersections of violence against women and children at the highest level.

The need for an integrated response

The World Health Organization has developed the RESPECT [67] and INSPIRE[68] frameworks grounded in the principles of human rights and gender equality. Both frameworks contain a set of evidence-based action-oriented steps enabling policymakers and programme implementers to design, plan, implement, monitor and evaluate interventions and programmes to prevent violence against women and children. The INSPIRE framework keeps children at the centre while the RESPECT framework focuses on strategies to end violence against women and girls.

The evidence is clear that violence is preventable, but it requires us to ideally implement prevention programmes that reach the most vulnerable early.[69] The prevention to response continuum is important to consider as prevention and response efforts are both essential and interlinked – but their timing and purpose differ.[70] Preventing violence means stopping violence before it starts or reducing the frequency and severity of further

Figure 5: International strategies to end violence – how do INSPIRE and RESPECT compare

INSPIRE: End violence against children		**RESPECT**: Prevent violence against women
Implementation and enforcement of laws	→	Put in place and facilitate enforcement of laws and policies*
Norms and values	→	Transformed attitudes, beliefs, and norms
Safe environments	→	Environments made safe
Parent and caregiver support	→	Child and adolescent abuse prevented
Income and economic strengthening	→	Poverty reduced
	→	Empowerment of women
Response and support services	→	Services ensured
Education and life skills	→	Relationships skills strengthened
Multisectoral collaboration	}	Coordination and partnership across sectors
Monitoring and evaluation	}	Strengthen monitoring and evaluation systems

Source: UN Women and Social Development Direct. *RESPECT: Preventing violence against women. Strategy summary.* P. 2.2020.

episodes of violence where it has previously occurred. By contrast, response is about providing services and support to individuals who have experienced violence. The public health approach to violence prevention categorises prevention efforts as primary, secondary or tertiary prevention depending on the timing of the intervention (see Figure 6).

- **Primary prevention** aims to target interventions before an individual has experienced an incident of violence and can be either universal or targeted. Universal primary prevention programmes are aimed at an entire population or group. For example, community mobilisation or activism to change harmful social norms. In contrast targeted or selective prevention programmes are targeted at specifc groups or individuals considered to be at higher risk.
- **Secondary prevention**, also known as selective prevention, aims to detect violence early and directs programmes at high risk groups. This includes, for example, support for vulnerable teenage parents and substance abuse programmes targeting individuals or families already experiencing violence.
- **Tertiary prevention** includes response programmes that aim to meet the immediate and long-term needs of survivors of violence to promote recovery and to limit the impacts of violence. Such programmes can also focus on strengthening institutional capacities to provide more accessible and quality services to women and children.

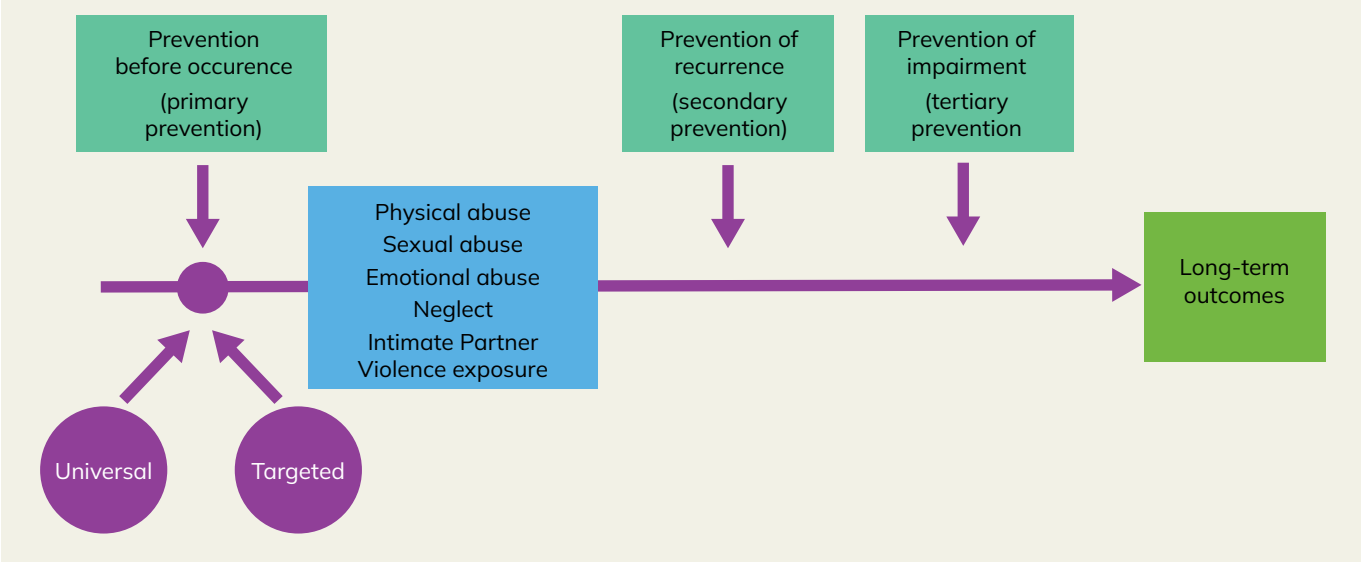
The evidence of what works to prevent violence against women and violence against children through joint programming is still an emerging area. The most recent systematic review[71] identified only 30 unique interventions from 16 countries that targeted IPV with outcomes in both. And of these, only 20 interventions targeted both IPV and VAC in their design. The majority of the interventions (n=19) focused on primary prevention and included community-based, school-based and couples interventions, parenting programmes and cash transfers. The remaining 11 interventions were response interventions, but they were mainly from high income countries and focussed on psychotherapeutic programmes for IPV survivors and their children, therapeutic programmes targeting male perpetrators, and improving practitioner knowledge and coordination.

Baccus and colleagues argue that programmes need to transform harmful gender norms and move beyond a focus on parenting and couples to include the community in order to achieve a sustainable reduction in violence.[71] This includes an emphasis on gender transformative programmes that challenge and transform unequal power relationships (see Box 4). There is still an urgent need to expand our evidence of promising approaches to prevent VAC and VAW in low and middle income countries such as South Africa as this is critical to move the field forward, with the potential for greater impact.

Conclusion

Understanding what works to prevent violence against women and children is still an emerging field, but we do know that these problems intersect in ways that have long-lasting effects that require us to carefully consider whether programming can be strengthened to address these problems jointly. The evidence

Figure 6: The prevention continuum



Adapted from: MacMillan HL, Wathen CN, Barlow J, Fergusson DM, Leventhal JM, & Taussig HN. Interventions to prevent child maltreatment and associated impairment. *The Lancet, 373*(9659), 250-266. 2009.

has shown that we need a broader approach than survivor-centred responses that includes preventative interventions to address the multiple risk factors that drive VAC and VAW. Adopting a life-course perspective allows us to understand that violence is not a once-off occurrence. Instead it often drives an intergenerational cycle of violence. In addition, the long lasting intergenerational psychological effects of both these forms of violence require us to also consider integrating a trauma-informed approach in programming (see Box 6). This requires us to integrate an understanding of the impact of trauma on mental health, and to identify and respond as early as possible to the signs and symptoms to limit the long-term negative consequences of VAC and VAW. Programmes have shown great potential to address the prevention of both VAC and VAW simultaneously, but this has to be planned for and carefully considered. The evidence has also shown us that there is great potential to enhance the impact of programmes by addressing these intersections in the design phase. Social norms remain a key driver underpinning both violence against women and violence against children therefore integrating a gender transformative approach is key to reduce both forms of violence.

References

1. World Health Organization. *Global and Regional Estimates of Violence against Women: Prevalence and health effects of intimate partner violence and non-partner sexual violence* Geneva: WHO; 2013. Available from: https://iris.who.int/handle/10665/85239.
2. Guedes A, Bott S, Garcia-Moreno C, Colombini M. Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*. 2016, 9:31516. 10.3402/gha.v9.31516
3. Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*. 2016, 137(3). 10.1542/peds.2015-4079
4. United Nations Children's Fund. *A Familiar Face: Violence in the lives of children and adolescents.* New York: UNICEF. 2017.
5. WHO. *Violence Against Women Prevalence Estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women.* Geneva: World Health Organization. 2021.
6. Republic of South Africa. *Constitution of the Republic of South Africa* 1996.
7. Zungu NP, Petersen Z, Parker W, Dukhi N, Sewpaul R, Abdelatif N, . . . The SANSHEF Team. *The First South African National Gender-Based Violence Study, 2022: A baseline survey on victimisation and perpetration.* Cape Town: Human Sciences Research Council. 2024.
8. National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), ICF. *South Africa Demographic and Health Survey 2016*. Pretoria (South Africa) and Rockville (MA): NDoH, Stats SA, SAMRC, and ICF. 2019.
9. Abrahams N, Mhlongo S, Chirwa E, Dekel B, Ketelo A, Lombard C, . . . Jewkes R. Femicide, intimate partner femicide, and non-intimate partner femicide in South Africa: An analysis of 3 national surveys, 1999–2017. *PLOS Medicine*. 2024, 21(1):e1004330. 10.1371/journal.pmed.1004330
10. Ward CL, Artz L, Leoschut L, Kassanjee R, Burton P. Sexual violence against children in South Africa: A nationally representative cross-sectional study of prevalence and correlates. *Lancet Global Health.* 2018, 6(4):e460-e468. 10.1016/s2214-109x(18)30060-3
11. Naicker SN, Norris SA, Mabaso M, Richter LM. An Analysis of *Retrospective and Repeat Prospective Reports of Adverse Childhood Experiences from the South African Birth to Twenty Plus Cohort.* Report No.: 1932-6203. Public Library of Science. 2017.
12. Richter LM, Mathews S, Kagura J, Nonterah E. A longitudinal perspective on violence in the lives of South African children from the Birth to Twenty Plus cohort study in Johannesburg-Soweto. *South African Medical Journal*. 2018, 108(3):181-186. 10.7196/SAMJ.2018.v108i3.12661
13. Gilbert R, Kemp A, Thoburn J, Sidebotham P, Radford L, Glaser D, Macmillan HL. Recognising and responding to child maltreatment. *Lancet*. 2009, 373(9658):167-180. 10.1016/s0140-6736(08)61707-9
14. Woollett N, Thomson K. Understanding the intergenerational transmission of violence. *South African Medical Journal*. 2016, 106(11). 10.7196/SAMJ.2016.v106i11.12065
15. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. *The Lancet*. 2002, 360(9339):1083-1088. 10.1016/S0140-6736(02)11133-0
16. Waters H, Hyder A, Rajkotia Y, Basu S, Rehwinkel JA, Butchart A. *The Economic Dimensions of Interpersonal Violence*. Geneva: Department of Injuries and Violence Prevention, World Health Organization. 2004. http://whqlibdoc.who.int/publications/2004/9241591609.pdf
17. Republic of South Africa. *Domestic Violence Act 116 of 1998, as amended by Act 14 of 2021*.
18. Republic of South Africa. *National Strategic Plan on Gender-Based Violence & Femicide* 2020.
19. United Nations Human Rights Council. Convention on the Rights of the Child. General Assembly Resolution 44/251989.
20. World Health Organization. *Violence against Children:* 2022. Accessed: 11 February. Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-children.
21. United Nations Children's Fund. *International Classification of Violence against Children.* New York: UNICEF. 2023.
22. Republic of South Africa. *South African Children's Act 38 of 2005.*
23. *Republic of South Africa. Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007*.
24. Rasool S. Help-seeking after domestic violence: The critical role of children. *Journal of Interpersonal Violence*. 2016, 31(9):1661-1686. https://doi.org/10.1177/0886260515569057
25. Connell R. *Gender and Power : Society, the person and sexual politics*. Cambridge: Policy Press; 1987.
26. Namy S, Carlson C, O'Hara K, Nakuti J, Bukuluki P, Lwanyaaga J, . . . Michau L. Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine.* 2017, 184:40-48. 10.1016/j.socscimed.2017.04.042
27. Dekel B, Abrahams N, Andipatin M. Exploring adverse parent-child relationships from the perspective of convicted child murderers: A South African qualitative study. *PLoS One.* 2018, 13(5):e0196772. 10.1371/journal.pone.0196772
28. Crenshaw K. Demarginalizing the Intersection of Race and Sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics *University of Chicago Legal Forum.* 1989, 1989(1):8
29. Morrell R, Jewkes R, Lindegger G. Hegemonic masculinity/masculinities in South Africa: Culture, power, and gender politics. *Men and Masculinities*. 2012, 15(1):11-30. 10.1177/1097184x12438001
30. Hamad R. *White Tears/Brown Scars : How white feminism betrays women of color*. Melbourne, VIC, Australia: Melbourne University Press; 2020.
31. Amoateng A, Richter LM, Makiwane M, Rama S. Describing the *Structure and Needs of Families in South Africa: Towards the development of a national policy framework for families. Human Sciences Research Council report commissioned by the Department of Social Development.* Pretoria: HSRC. 2004.
32. Richter LM, Morrell R. *BABA: Men and fatherhood in South Africa.* Cape Town: HSRC Press; 2006.
33. van der Merwe A, Dawes A. Youth violence: A review of risk factors, causal pathways and effective intervention. *Journal of Child & Adolescent Mental Health* 2007, 19(2):95-113. 10.2989/17280580709486645
34. Jamieson L, Mathews S, Rohrs S. Stopping family violence: Integrated approaches to address violence against women and children. In: Hall K, Richter L, Z M, Lake L, editors. *South African Child Gauge 2018*. Cape Town: Children's Institute, University of Cape Town; 2018. p. 81-92.
35. Mathews S, Jewkes R, Abrahams N. 'I had a Hard Life': Exploring childhood adversity in the shaping of masculinities among men who killed an intimate partner in South Africa. *British Journal of Criminology*. 2011, 51(6):960-977. 10.1093/bjc/azr051
36. World Health Organization. *Intimate Partner Violence during Pregnancy. Information sheet*. Geneva: WHO. 2011. https://iris.who.int/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf
37. O'Connor TG, Heron J, Golding J, Beveridge M, Glover V. Maternal antenatal anxiety and children's behavioural/emotional problems at 4 years. Report from the Avon Longitudinal Study of Parents and Children.

British Journal of Psychiatry. 2002, 180:502-508. 10.1192/bjp.180.6.502
38. Fulu E, Miedema S, Roselli T, McCook S, Chan KL, Haardorfer R, . . . UN Multi-country Study on Men and Violence study team. Pathways between childhood trauma, intimate partner violence, and harsh parenting: Findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *Lancet Global Health*. 2017, 5(5):e512-e522. 10.1016/S2214-109X(17)30103-1
39. Machisa M, Jina R, Labuschagne G, Vetten L, Loots L, Swemmer S, . . . Jewkes R. *Rape Justice in South Africa - Retrospective study of the investigation, prosecution and adjudication of reported rape cases from 2012*. Pretoria: South African Medical Research Council. 2017.
40. Machisa MT, Christofides N, Jewkes R. Structural pathways between child abuse, poor mental health outcomes and male-perpetrated Intimate Partner Violence (IPV). *PLoS One*. 2016, 11(3):e0150986. 10.1371/journal.pone.0150986
41. Gibbs A, Corboz J, Shafiq M, Marofi F, Mecagni A, Mann C, . . . Jewkes R. An individually randomized controlled trial to determine the effectiveness of the Women for Women International Programme in reducing intimate partner violence and strengthening livelihoods amongst women in Afghanistan: Trial design, methods and baseline findings. *BMC Public Health*. 2018, 18(1):164. 10.1186/s12889-018-5029-1
42. Ward C, Gould C, Kelly J, Mauff K. Spare the rod and save the child: Assessing the impact of parenting on child behaviour and mental health. *South Africa Crime Quarterly*. 2015, 51:9-22
43. Van Niekerk A, Mathews S. Violence, injury and child safety: A new challenge for child health. In: Shung-King M, Lake L, Sanders D, Hendricks M, editors. South African Child Gauge 2019. Cape Town: Children's Institute, University of Cape Town; 2019.
44. Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science & Medicine*. 2002, 55(7):1231-1244. https://doi.org/10.1016/S0277-9536(01)00242-8
45. Fry D, McCoy A, Swales D. The consequences of maltreatment on children's lives: A systematic review of data from the East Asia and Pacific Region. *Trauma Violence Abuse*. 2012, 13(4):209-233. 10.1177/1524838012455873
46. Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and injuries in South Africa: Prioritising an agenda for prevention. Lancet. 2009, 374(9694):1011-1022. 10.1016/s0140-6736(09)60948-x
47. Jewkes R. Intimate partner violence: Causes and prevention. *Lancet*. 2002, 359(9315):1423-1429. 10.1016/s0140-6736(02)08357-5
48. Lansford JE, Deater-Deckard K, Bornstein MH, Putnick DL, Bradley RH. Attitudes justifying domestic violence predict endorsement of corporal punishment and physical and psychological aggression towards children: A study in 25 low- and middle-income countries. *Journal of Pediatrics*. 2014, 164(5):1208-1213. 10.1016/j.jpeds.2013.11.060
49. Heaton TB, Forste R. Domestic violence, couple Interaction and children's health in Latin America. *Journal of Family Violence*. 2007, 23(3):183-193. 10.1007/s10896-007-9142-7
50. Ogum Alangea D, Addo-Lartey AA, Sikweyiya Y, Chirwa ED, Coker-Appiah D, Jewkes R, Adanu RMK. Prevalence and risk factors of intimate partner violence among women in four districts of the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PLoS One*. 2018, 13(7):e0200874. 10.1371/journal.pone.0200874
51. Wood K, Lambert H, Jewkes R. "Injuries are beyond love": Physical violence in young South Africans' sexual relationships. Medical *Anthropology*. 2008, 27(1):43-69. 10.1080/01459740701831427
52. Jewkes R, Morrell R. Sexuality and the limits of agency among South African teenage women: Theorising femininities and their connections to HIV risk practices. *Social Science & Medicine*. 2012, 74(11):1729-1737. 10.1016/j.socscimed.2011.05.020
53. Abrahams N, Jewkes R. Effects of South African men's having witnessed abuse of their mothers during childhood on their levels of violence in adulthood. *American Journal of Epidemiology*. 2005, 95(10):1811-1816. 10.2105/AJPH.2003.035006
54. Chirwa ED, Sikweyiya Y, Addo-Lartey AA, Ogum Alangea D, Coker-Appiah D, Adanu RMK, Jewkes R. Prevalence and risk factors of physical or sexual intimate violence perpetration amongst men in four districts in the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PLoS One*. 2018, 13(3):e0191663. 10.1371/journal.pone.0191663
55. Hsiao C, Fry D, Ward CL, et al. Violence against children in South Africa: the cost of inaction to society and the economy. *BMJ Global Health* 2018, 3:e000573. https://doi.org/10.1136/bmjgh-2017-000573
56. Dunkle KL, Jewkes RK, Brown HC, Yoshihama M, Gray GE, McIntyre JA, Harlow SD. Prevalence and patterns of gender-based violence and revictimization among women attending antenatal clinics in Soweto, South Africa. *American Journal of Epidemiology*. 2004, 160(3):230-239. 10.1093/aje/kwh194
57. Chiesa AE, Kallechey L, Harlaar N, Rashaan Ford C, Garrido EF, Betts WR, Maguire S. Intimate partner violence victimization and parenting: A systematic review. *Child Abuse & Neglect*. 2018, 80:285-300
58. Ellsberg M, Ullman C, Blackwell A, Hill A, Contreras M. What works to prevent adolescent intimate partner and sexual violence? A global review of best practices. In: Wolfe DA, Temple JR, editors. Adolescent *Dating Violence*. San Diego: Academic Press; 2018. p. 381-414.
59. Engel D, Vyas S, Chalasani S, Luna JR, Robinson A. Violence against adolescents: Prevention must cross the divide between children and women. *BMJ*. 2022, 379:e067682. 10.1136/bmj-2021-067682
60. Hatcher AM, Page S, van Eck L, Pearson I, Fielding-Miller R, Mazars C, H. S. Systematic review of food insecurity and violence against women and girls: Mixed methods findings from low- and middle-income settings. *PLOS Global Public Health*. 14(2):e0000479. https://doi.org/10.1371/journal.pgph.0000479
61. Pereira M, Negrão M, Soares I, Mesman J. Predicting harsh discipline in At-Risk Mothers: The moderating effect of socioeconomic deprivation severity. *Journal of Child and Family Studies*. 2013, 24(3):725-733. 10.1007/s10826-013-9883-2
62. Jewkes R, Gevers A, Chirwa E, Mahlangu P, Shamu S, Shai N, Lombard C. RCT evaluation of Skhokho: A holistic school intervention to prevent gender-based violence among South African Grade 8s. PLoS One. 2019, 14(10):e0223562. 10.1371/journal.pone.0223562
63. Bronfenbrenner U. Contexts of child rearing: Problems and prospects. *American Psychologist*. 1979, 34(10):844–850. https://doi.org/10.1037/0003-066X.34.10.844
64. UN Human Rights Council. *Report of the Special Rapporteur on Violence against Women, its Causes and Consequences on Her Mission to South Africa*. 2016.
65. Barkley S. A crisis of violence against women: Has South Africa fulfilled its obligations in terms of the Convention on the Elimination of All Forms of Discrimination against Women? *Acta Juridica*. 2020, 2020(1):165-195
66. Centre for Child Law. *An Assessment of the National Strategic Plan on Gender Based Violence & Femicide: A child rights perspective*. Pretoria. 2022 January 2022. https://centreforchildlaw.co.za/wordpress21/wp-content/uploads/2022/03/WEB_CFCL-Assessment-of-NSP-on-GBV-and-Femicide.pdf
67. World Health Organization. *RESPECT - Seven strategies to prevent violence against women: Key messages*. Geneva: WHO. 2019.
68. World Health Organization. INSPIRE: Seven strategies for ending violence against children. 2016,
69. Kerr-Wilson A, A G, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja HMA, Jewkes R. *A Rigorous Global Evidence Review of Interventions to Prevent Violence Against Women and Girls*. Pretoria, South Africa: What Works to Prevent Violence Against Women and Girls Global Programme. 2020.
70. Prevention Collaborative. *Prevention Foundations Brief 1: What is prevention of violence against women?* Prevention Collaborative. 2020.
71. Bacchus LJ, Colombini M, Pearson I, Gevers A, H S, Guedes AC. Interventions that prevent or respond to intimate partner violence against women and violence against children: A systematic review. *Lancet Public Health*. 2024, 9(5):e326-e338. 10.1016/s2468-2667(24)00048-3
72. Ratele K. *Why Men Hurt Women and Other Reflections on Love, Violence and Masculinity*. Johannesburg: Wits University Press; 2022.
73. Francis D. Queer youth in South African schools: Experiences and resilience. In: van Reenen M, editor. *Education in South Africa: New directions*. Cape Town: HSRC Press; 2017.
74. Msibi T. 'I'm used to it now': Experiences of homophobia among queer youth in South African schools. *Gender and Education*. 2012, 24(5):515-533. https://doi.org/10.1080/09540253.2011.645021
75. Mkhize N, Bennett J, Reddy V, Moletsane R. *The Country We Want to Live In: Hate crimes and homophobia in the lives of Black lesbian South Africans*. Cape Town: HSRC Press; 2010.
76. Steyn M, van Zyl M. *The Prize and the Price: Shaping sexualities in South Africa*. Cape Town: HSRC Press; 2009.
77. South African Human Rights Commission. *National Report on the Status of LGBTQI+ Rights in South Africa*. Pretoria: SAHRC. 2016.
78. Theron L, Theron A. A critical review of resilience theory and its relevance for social work. *Social Work/Maatskaplike Werk*. 2010, 46(3):1-9
79. Prevention Collaborative. *Gender Transformative Programming*: 2025. Accessed: 15 September 2025. Available from: https://prevention-collaborative.org/foundations/gender-transformative-programming/.
80. Bartel D, Alvarez F, Perlson S. *Lessons Learned in Gender Transformative Health Programming: A rapid literature review*. Evidence Review 2022.
81. Bott S, Guedes A, Subrahmanian R, Chowdhury S, Rumble L, Daban R. *Gender Dimensions of Violence Against Children and Adolescents*. UNICEF Office of Research, INNOCENTI. 2020.
82 van der Heijden I, Dunkle K. *What Works Evidence Review: Preventing violence against women and girls with disabilities in lower- and middle-income countries (LMIC)*. Cape Town: What Works. 2017.
83. van der Heijden I, Abrahams N, Harries J. Additional layers of violence: The intersections of gender and disability in the violence experiences of women with physical disabilities in South Africa.

Journal of Interpersonal Violence. 2019, 34(4):826-847. https://doi.org/10.1177/0886260516645818
84. Hanass-Hancock J, Nzuza A, Padayachee T, Dunkle K, Willan S, Machisa MT, Carpenter B. Access to sexual and reproductive health and rights services for young women with and without disabilities during a pandemic. *Disabilities*. 2024, 4(4):972-995. https://doi.org/10.3390/disabilities4040060
85. UNFPA. *Women and Young Persons with Disabilities. Guidelines for providing rights-based and gender-responsive services to address gender-based violence and sexual and reproductive health and rights.* New York: UNFPA. 2018. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18.pdf
86. UNFPA. *Young Persons with Disabilities: Global study on ending gender-based violence and realising sexual and reproductive health and rights.* New York: UNFPA. 2018. https://www.unfpa.org/publications/young-persons-disabilities
87. UNESCO. *Needs Assessment on the Current State of CSE for Young Persons with Disabilities in the East and Southern Africa region.* Harare: UNESCO. 2021.
88. Hanass-Hancock J, Ndlovu T, Willan S, Zulu N, Mhlongo S, Mabunda A, . . . Carpenter B. Co-designing the disability Awareness toolkit for disability-inclusive and accessible health and post-GBV clinical services in South Africa. *International Journal for Equity in Health*. 2025, In press
89. Mactaggart I, Ssemata AS, Menya A, Smythe T, Rotenberg S, Marks S, . . . Kuper H. Adapting and pilot testing a tool to assess the accessibility of primary health facilities for people with disabilities in Luuka District, Uganda. *International Journal for Equity in Health.* 2024, 23(1):237. https://doi.org/10.1186/s12939-024-02314-0