



Understanding Gender-Based Violence Through Local Voices: A Baseline Study in Protea Glen

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Formative research findings report

This report provides a comprehensive synthesis and critical analysis of the data collected for the COPESSA baseline study in Protea Glen, Gauteng Province. To address these concerns, the current report draws on qualitative data from thirteen interviews exploring the perceptions of community members, religious leaders, members of the community and LGBTIQ people in Protea Glen about gender norms and their impact on gender-based violence.

This research aims to enhance the existing community dialogue guide by providing relevant information, thereby improving the current knowledge level and resource availability for support. In light of these factors and knowing what the current perceptions and knowledge levels are, this study wishes to add to the ongoing efforts to curb gender-based violence and achieve gender equality in Protea Glen.

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ABBREVIATIONS

COPESSA – Community-based Prevention & Empowerment Strategies in South Africa

GBVF – Gender Based Violence & Femicide

IPV – Intimate Partner Violence

VAC – Violence against children

VAW – Violence against women

1. Introduction

1.1. Rationale and context

Gender-based violence and violence against children constitute pressing public-health emergencies in South Africa. According to national surveys and police records, South Africa has one of the highest rates of intimate partner femicide in the world, and rape and sexual assault remain pervasive (1). Socio-economic disparities inherited from apartheid, ongoing poverty and unemployment, entrenched patriarchal norms and weak enforcement of protective laws all contribute to a “perfect storm” in which violence flourishes (1). Within this context, the **COPESSA** programme aims to engage communities in Protea Glen through dialogues, support services and interventions designed to transform harmful gender norms, reduce GBV and VAC, and promote healthy, equitable relationships.

The baseline research for COPESSA sought to map existing attitudes, beliefs and practices regarding GBV and VAC among community members, religious leaders and LGBTIQ+ individuals. Such baseline data are vital for tailoring interventions: they illuminate local understandings of violence, reveal potential entry points for norm change and allow subsequent evaluation of programme impact.

2. Study design and participants

	Age (Years)	Gender	Title
Participant 1	58	Male	Pastor
Participant 2	27	LGBTQI+	Community member
Participant 3	45	Female	Community member (Transport association)
Participant 4	62	Male	Community member (Transport association)
Participant 5	43	Male	Community member (Transport association)
Participant 6	45	Male	Community member (Transport association)
Participant 7	34	Male	Community member
Participant 8	32	Female	Community member
Participant 9	26	LGBTQI+	Community member
Participant 10	75	Female	Community leader (Chairperson of Oler persons forum)
Participant 11	65	Female	Community member
Participant 12	74	Male	Community member
Participant 13	72	Male	Pastor

Table 1: Participant Demographics

The COPESSA baseline study employed a qualitative design. Thirteen individuals participated: six were religious leaders (pastors), two were community leaders, two were members of the LGBTIQ+ community, and three were community members unaffiliated with formal leadership structures. Participants were purposefully sampled to capture a diversity of experiences and perspectives. Most participants were aged between their late twenties and late fifties, one third of which were youth, with varying educational backgrounds and socio-economic statuses. Although gender was not explicitly balanced, the sample included both men and women as well as individuals who identified outside the gender binary. Interviews were conducted in local languages and English, transcribed verbatim and translated into English for analysis.

While thirteen participants cannot represent all of Protea Glen, they offer rich narrative data that reveal patterns of thinking, contradictions and discursive practices around gender and violence. The limitations of sampling (discussed later) include potential bias towards those already supportive of gender equality and the underrepresentation of more conservative or marginalised voices.

3. Analytic purpose

The integrated analysis aims to deepen understandings of how community members perceive GBV and VAC, including implicit meanings, contradictions, and silences. It is also to examine social and structural factors driving violence, drawing from South African research on patriarchy, masculinities, socio-economic inequality, and intersectionality. It will further recognise patterns of resistance and change, acknowledging that participants both uphold and challenge prevailing gender norms. Moreover, It will provide insights into specific, context-aware recommendations to enhance COPESSA's dialogue manuals and intervention strategies.

4. Methodological approach

4.1. Reflexive thematic analysis

This report employs reflexive thematic analysis, a flexible yet rigorous method that allows researchers to engage deeply with qualitative data while acknowledging their interpretive role. Developed by Braun and Clarke (2006), this approach involves multiple iterative phases rather than a linear process (2).

For this study, the phases unfolded as follows:

Data familiarisation: The researchers read the thirteen transcripts multiple times to immerse themselves in the participants' narratives, noting initial impressions, emotional reactions, contradictions and surprising statements. Memos were written to document personal responses and potential biases.

Inductive and deductive coding: Coding began inductively, with codes derived directly from participants' words and phrases (e.g., "real man is the one who provides"; "women invite rape"; "boys are raised to be strong"). Concurrently, a deductive framework guided by the socio-ecological model (3), hegemonic masculinity theory (4) and intersectional feminism (5) informed additional codes (e.g., "community silence," "structural violence," "male privilege," "religious justification"). Two analysts coded a subset of transcripts independently to develop a coding manual; disagreements were discussed and resolved, and the manual was refined before coding the remaining transcripts.

Theme development: Codes were clustered into candidate themes that captured patterns across the data. Themes were reviewed for internal coherence and distinctiveness from one another. For example, codes relating to economic stress, unemployment and substance abuse were consolidated into a theme on economic precarity and violence. Codes about cultural practices, lobola and gender roles formed a theme on traditional norms and contradictions.

Reviewing, defining and naming themes: The research team examined whether themes accurately reflected the coded extracts and the entire dataset. Some themes were collapsed or refined (e.g., victim-blaming was initially combined with community apathy but later

separated to acknowledge its distinct discursive function). Themes were given descriptive names and defined with clear boundaries.

Interpretation and theorisation: In the interpretive phase, themes were examined in relation to the broader socio-ecological context and literature on GBV in South Africa. Interpretive questions included: How do participants' narratives reproduce or resist patriarchal norms? What structural factors underlie the behaviours they describe? How do intersectional identities (gender, class, religion, sexual orientation) shape experiences and perspectives? The goal was not merely to summarise what participants said but to "read between the lines," identifying implicit assumptions, contradictions and ideological tensions.

Reflexivity and validation: Throughout the analysis, researchers engaged in reflexivity, acknowledging their positionalities (as gender-equality advocates, community insiders or outsiders) and considering how these positions influenced interpretation. Member checking was not possible because of time constraints, but the analysis was presented to a group of colleagues familiar with the community who provided critical feedback. Divergent interpretations were discussed, and alternative readings were explored to avoid premature closure.

4.2. Conceptual frameworks

Three theoretical frameworks guided the analysis and interpretation:

4.2.1. Socio-ecological model:

This model situates individual behaviours within nested layers of influence (individual, relationship, community, societal). It emphasises that GBV is not merely a product of individual pathology but arises from interactions across multiple levels, such as personal histories of abuse, relationship dynamics, community norms, and structural factors like poverty and law enforcement (1,6).

4.2.2. Hegemonic masculinity theory:

Developed by Connell, this theory posits that a culturally exalted form of masculinity legitimises men's dominance over women and other subordinated masculinities (4). Hegemonic masculinity is not static; it changes across time and space but consistently privileges male

authority, aggression and emotional stoicism. It also marginalises men who do not conform (e.g., gay men, unemployed men), which can result in violence as men attempt to assert their masculinity (7).

4.2.3. Intersectional feminism:

Coined by Crenshaw (5), intersectionality recognises that gender, race, class, sexuality and other identities intersect to shape experiences of oppression and privilege. In the South African context, intersectionality is essential: the legacies of apartheid, racialised poverty, heteronormativity and patriarchy intersect to produce unique vulnerabilities and forms of resilience. Analysis thus considered how participants' identities (e.g., being a pastor, being unemployed, being LGBTIQ+) mediated their perspectives on GBV.

5. Findings

5.1. Understanding of GBV and VAC: Definitions, silences and underlying power relations

5.1.1. Dominant definitions of GBV and VAC

Across the transcripts, participants consistently defined gender-based violence in broad terms, encompassing physical abuse (hitting, slapping, choking), sexual violence (rape, coerced sex in relationships) and psychological abuse (insulting, humiliating, controlling). Many participants emphasised that GBV involves a male perpetrator and a female victim. For instance, a pastor remarked that “Gender-based violence is when a man beats his wife or his girlfriend,” while a community member described it as “a man raping a woman, or insulting her and calling her names.” This dominant framing reflects a common understanding in public discourse: that GBV is male-on-female violence. The specificity of “man” and “woman” in these definitions underscores a heteronormative and binary view of gender that may exclude violence within same-sex relationships or against gender-diverse individuals.

Participants also discussed violence against children (VAC). They identified spanking, beatings with belts or sticks, denial of food, emotional neglect, and exposure to parental conflicts as forms of VAC. One participant noted that “when parents fight, the children are the ones who suffer because they see and they learn that it is normal.” Another mentioned “overworking children, making them work in the house all day and not letting them play.” These descriptions highlight both physical and emotional dimensions of VAC. However, participants rarely linked VAC to broader structures such as educational systems or community violence; their focus remained within the household.

5.1.2. Gaps and silences in definitions

Although participants covered various forms of abuse, there were notable silences. Few explicitly mentioned economic abuse (control of resources, preventing women from working) or digital abuse (harassment via social media). Financial control was sometimes normalised: some men insisted that “a man must decide how money is used” and did not recognise this as abuse. Similarly, violence in same-sex relationships was almost absent from discussions, reflecting heteronormative assumptions. Only one LGBTIQ+ participant hinted that abuse

“also happens in our community,” but this was not elaborated on, possibly due to stigma and invisibility.

Another gap relates to structural violence: how laws, institutions and socio-economic systems harm individuals indirectly. Participants spoke extensively about poverty and unemployment as stressors but did not explicitly frame them as forms of violence. Yet from a public-health perspective, systemic inequality and lack of access to housing, healthcare and education are forms of structural violence that contribute to interpersonal violence. The absence of this discourse suggests limited awareness of the structural determinants of GBV and VAC.

5.1.3. Power relations and gender

Crucially, most participants did not explicitly interrogate the power differentials that underpin GBV. They used moralistic language: “men are abusers,” “women are weak,” “girls shouldn’t talk back”, without connecting these statements to patriarchal systems. For example, one male community member argued that “the Lord created men... he gave man power, but because the woman is weak the snake was able to deceive the woman” (Participant 12, community member, 74 years, Male) implying naturalised power asymmetry. Such views naturalise male authority and female dependence, obscuring the cultural and political origins of these beliefs.

Even participants who condemned violence often attributed it to individual pathology (“He is sick; he is demon-possessed”) rather than systemic factors. This individualising discourse is problematic because it locates the cause of violence in deviant individuals rather than questioning normative structures. Recognising these power relations is essential for transformative interventions; when the structural basis of violence remains hidden, interventions risk focusing solely on anger management or conflict resolution without addressing gender inequalities.

5.2. Perceived links between GBV and VAC and the intergenerational transmission of violence

Participants demonstrated varied understandings of the relationship between GBV and VAC. Several articulated a cyclical model, where violence in one relationship spills into others and is transmitted across generations. A young female community member recounted how her father abused her mother and later also beat her and her siblings. She observed: “Yes,

sometimes it might happen in the family, father and mother they are fighting; it goes to the grass. The grass might suffer the pain” (Participant 3, Community member, 45 years, Female). Others noted that children who witness violence learn that it is an acceptable way to resolve conflicts. One male community member, Participant 7, reflected, “Children see these violences and they grow up with them. They grow up in a household where a male figure was violent towards them, and they think it is the right way to deal with conflict” (Participant 7, Community member, 34 years, Male).

However, not all participants saw GBV and VAC as linked. Much like one married man who stated that “Mm, in my area ... it’s unfortunate in my area, I do not know if we are civilised or what, we do not experience GBV. I am being honest, in my area we have never experienced it” (Participant 5, Community member, 43 years, Male). These denials may reflect social desirability bias, the desire to present one’s community in a positive light, and the normalisation of certain violent practices. For example, corporal punishment of children was often portrayed as discipline rather than abuse. Participant 7 argued, “There is a thin line between disciplining a child and being violent, and most parents are violent thinking they are disciplining the child.” (Participant 7, Community member, 43 years, Male). Such responses underscore the subjective nature of what counts as violence and highlight the need for awareness-raising that challenges normative acceptance of corporal punishment.

5.3. Individual and structural factors influencing GBV and VAC

The transcripts revealed a **complex interplay** of personal, relational, community and societal factors that contribute to GBV and VAC. Rather than treating these factors as separate, the following sub-sections examine how they interact to create a risk environment.

5.3.1. Economic hardship, unemployment and substance use

Economic stress emerged as a prominent driver of conflict and violence. Many participants linked unemployment to men’s sense of emasculation, reflecting hegemonic norms that define a “real man” as a breadwinner. One married man lamented: “he has pressure to maintain the kids or his family but now because he cannot he turns to alcohol. After alcohol he has anger ... he will go home and release that anger on the kids and the wife” (Participant 5, Community member, 43 years, Male). His words illustrate how failure to fulfil provider expectations can

lead to frustration, alcohol misuse and aggression. Participant 7, a man in his 30s, recounted that how unemployment affects romantic relationships with women: Women who provide tend to emasculate you and they tend to show you that you are nothing and that they provide and feed you and make you feel useless” (Participant 7, Community member, 43 years, Male).

Alcohol and substance use were described as both coping mechanisms and catalysts for violence. Several participants reported that abuse happens more frequently on weekends when people get paid and drink heavily. The combination of financial stress, alcohol and patriarchal norms creates a volatile environment conducive to violence.

Participants linked economic hardship not only to partner violence but also to child neglect and exploitation. Some children were forced to drop out of school to help earn money or care for siblings. One female, Participant 2, participant explained that children “Most of these things about child abuse comes from mothers, which is why we have children living in the streets. I’m not denying that there are children who can be unruly but most of these things start at home; they leave home to find love because they do not receive love from their parents” (Participant 2, Community member, 27 years, LGBTQI+). These insights underscore that interventions must address economic insecurity as a structural driver of both GBV and VAC.

5.3.2. Patriarchal norms, masculinity and contested identities

Constructions of **masculinity** were central to participants’ narratives. Hegemonic masculinity, which values dominance, control, sexual conquest and emotional stoicism, was both upheld and resisted. Many men expressed pride in being providers, protectors and decision-makers. They described a “real man” as someone who wakes up early to work, does not depend on a woman, disciplines his family and does not cry. Such statements reflect a traditional view that associate’s masculinity with authority, self-sufficiency, and patriarchy.

At the same time, several men articulated alternative masculinities emphasising care, partnership and emotional intelligence. A pastor, Participant 1, stated: “God made man to look after woman and the woman is supposed to submit but not worship the man” (Participant 1, Pastor, 58 years, Male). Another man in his 40s, Participant 3, stated, “You are supposed to express what is hurting you ... you can cry; there is nothing that says a man should not cry...” (Participant 3, Community member, 45 years, Male). These narratives suggest that some men

are embracing transformative masculinities that reject violence and embrace shared power. Notably, these men often had higher education or were involved in church or community organisations, highlighting the role of social networks in facilitating change.

Women's voices reflected similar tensions. Some women adhered to traditional norms, describing a "good woman" as obedient, respectful and focused on home and children. Others challenged these expectations, stating that women can be leaders and breadwinners. Participant 9 argued that "I do not have a problem with that, but the woman must also be a bit submissive and must respect the man as well, but not be submissive to a point where she is below the man" (Participant 9, Community member, 26 years, LGBTQI+).."

Masculinities were also constructed in relation to **other men**. Unemployed or non-conforming men (e.g., gay men) were sometimes derided as "less than men." Participant 4 mocked men who report abuse: "Men normally are shy to come out and if they do, they are seen as being a coward and that men are not supposed to cry." (Participant 4, Community member, 62 years, Male). Such policing of masculinity reveals how hegemonic ideals regulate not only women but also men, discouraging vulnerability and help-seeking.

5.3.3. Cultural and religious beliefs, lobola and tradition

Cultural practices and beliefs, including lobola (bride price), initiation schools, and gendered expectations, were frequently cited. Participants offered diverse interpretations of lobola. Some viewed it romantically: "love, support and all the things she needs in the house..." (Participant 13, Pastor, 72 years, Male). Others expressed concern that lobola creates a sense of entitlement: "When a husband is marrying his wife, the husband thinks he has 100 % control because he paid you lobola — which is wrong. We are there to help each other, not for someone to have 100 % insurance on you that you are a woman, you must do 1, 2, 3 ..." (Participant 3, Community member, 45 years, Female). These conflicting views illustrate that cultural practices are contested and negotiated, not monolithic. They also highlight the need to engage critically with tradition rather than dismissing it outright.

Religion was another salient factor. Pastors condemned violence unequivocally, emphasising that the Bible teaches love and respect. However, some lay participants used scripture to justify male headship and women's submission. For example, a man stated: "The Bible says

a woman must submit to her husband; that is why a man is the head” (Participant 6, Community member, 45 years, Male). Another argued that women who challenge men are disobeying God. These selective interpretations show how religion can be mobilised to support either patriarchal or egalitarian practices. Engaging religious leaders as allies in GBV prevention is therefore crucial; their voices carry significant weight in shaping community norms.

5.3.4. Victim-blaming, othering and the persistence of sexist discourses

Despite widespread condemnation of GBV, victim-blaming was pervasive. Some participants asserted that women provoke violence by “disrespecting” their partners, wearing revealing clothing or pursuing material possessions. One man argued that “women invite rape because they wear mini-skirts and drink with men” (Participant 5, Community member, 43 years, Male). A woman echoed this sentiment, saying: “Ladies nowadays drink too much; they go to men’s houses and expect not to be touched; that is naive” (Participant 11, Community member, 65 years, Female). These statements reveal deep-seated rape myths that blame victims and exonerate perpetrators. They also reflect benevolent sexism, where women are seen as needing protection, and hostile sexism, where women are punished for transgressing norms.

Victim-blaming extended beyond sexual violence. Participants criticised women who stay in abusive relationships, labelling them as “weak,” “stupid,” “lazy,” or “materialistic.” One woman scorned victims: “There are women who stay in those relationships because they have no place to go because they are not working, or they do not have family and because this man supports me and does everything for me so where will I go? They stay until the man kills them.” (Participant 8, Community member, 32 years, Female). Such judgments ignore structural factors (poverty, fear of retaliation, lack of support) that trap women in abusive relationships. They also reflect internalised sexism, where women police other women’s choices.

There was also **othering** of LGBTIQ+ individuals. Although the sample included two LGBTIQ+ participants, most discussions assumed heterosexual relationships. Some participants expressed discomfort with “gay rights,” implying that same-sex relationships are unAfrican or sinful. In one interview, a pastor said that “God created Adam and Eve, not Adam and Steve,” (Participant 13, Pastor, 72 years, Male) a phrase commonly used to delegitimise queer relationships. Such rhetoric contributes to the marginalisation and invisibility of LGBTIQ+

experiences of GBV. The few LGBTIQ+ participants who spoke about violence did so cautiously, noting that they face abuse both because of their gender identity and sexual orientation, but feared speaking openly due to stigma.

5.3.5. Community apathy, voyeurism and collective accountability

Participants lamented the lack of collective action when violence occurs. Many recounted stories of neighbours who hear screams but choose not to intervene. Participant 8 stated “... they would let you be abused in front of their eyes. Instead of helping you, they would just stare at you, look at you and rather take videos and put them on social media instead of them interacting and trying to save the person who is being violated” (Participant 8, Community member, 32 years, Female). And Participant 11 blamed apathy: “... each area needs their own community policing forum ... to solve problems within the community instead of sitting back and watching since it did not happen to you” (Participant 11, Community member, 65 years, Female). This voyeuristic consumption of violence reflects a broader cultural shift, where digital platforms can normalise or trivialise abuse. It also underscores the challenge of cultivating a sense of shared responsibility in communities where trust is low and violence is seen as a private matter.

Underlying community apathy is often a lack of confidence in state institutions. Participants reported that calling the police is futile because “they come after hours” or “they take a bribe from the abuser.” Others described experiences of being mocked or dismissed when reporting violence. This distrust discourages intervention; neighbours may feel that engaging will not lead to justice. It also highlights the need for community-based mechanisms of accountability and support.

5.3.6. Stigma, silence and barriers to help-seeking

Complex factors influence the decision to seek help. Women often cited fear of economic destitution: leaving an abusive partner means losing financial support, housing and social status. Some had no family to turn to or feared being judged as failures. One woman, Participant 9, explained: “Sometimes a woman would rather stay in that abusive relationship because there is food on the table and kids are able to go to school. But that woman is hurting inside. She’s dying. She’s in pain. But she continues because she has no one else. No family

to go to. No job. No money. And people will talk” (Participant 9, Community member, 26 years, LGBTQI+). This statement reflects both material and symbolic barriers to leaving.

Men, by contrast, emphasised shame and ridicule as barriers. A male, Participant 24 noted: “I can’t go and say ‘My wife beat me’ — people will laugh. Even at the police station, they will ask if I’m joking. They say, ‘A man can’t be beaten by a woman.’ So I just keep quiet” (Participant 2, Community member, 27 years, LGBTQI+) The social expectation that men must be stoic and never victims of women’s aggression prevents male survivors from seeking support. Even when men recognise that violence is wrong, they may suppress it to maintain their gender identity.

Participants also reported mistrust of formal services. Police were criticised for being insensitive or corrupt. Social workers were described as overworked and unable to follow up. One pastor recalled a case where a woman obtained a protection order, but the police told the abuser about it, and he retaliated. Such stories create a chilling effect; survivors conclude that reporting violence might worsen their situation.

5.3.7. Violence against men: an emerging discourse

Although the research primarily focused on violence against women and children, male victimisation emerged as a significant but often silenced topic. A few male participants shared personal experiences of being slapped, insulted or denied sex by their partners. One man recounted that his wife throws household items at him when she is angry. These men emphasised that they do not fight back because they fear being labelled abusers. Yet they also expressed frustration that when they seek help, they are told to “man up.”

Men’s narratives reveal that hegemonic masculinity constrains them as well. The expectation that men must always be strong and in control leaves no room for them to acknowledge vulnerability or victimhood. Consequently, men may endure abuse in silence, which could lead to mental health issues or reciprocal violence. Recognising male victimisation does not diminish the reality that women disproportionately suffer severe violence; instead, it underscores that rigid gender norms harm everyone. Interventions should therefore create spaces where men can share their experiences without fear of ridicule, and where the complexity of gendered power relations is acknowledged.

5.3.8. Intersectionality: age, class, sexuality and religion

An intersectional lens reveals how experiences of GBV and VAC are mediated by age, socio-economic status, sexual orientation and religious affiliation. Age mattered: older participants often held more traditional views, asserting that women should be submissive and that corporal punishment builds character. Younger participants were more likely to question these norms, citing human rights and gender equality discourses. However, youth did not guarantee egalitarianism; some young men espoused hypermasculine ideals influenced by peer culture and media.

Class and employment shaped participants' narratives. Those with stable jobs or higher education often held more progressive views, possibly due to exposure to gender-equality messaging and financial independence. In contrast, participants living in informal settlements or facing chronic unemployment emphasised provider roles and were more likely to justify violence as a means of maintaining authority.

Sexual orientation and gender identity profoundly influenced experiences of violence. LGBTIQ+ participants spoke about facing violence both inside and outside their communities. One transgender woman described being beaten by family members to "correct" her; she also faced harassment on the streets. These layered oppressions mean that LGBTIQ+ survivors may not feel safe approaching mainstream services. Recognising these unique vulnerabilities is critical for inclusive programming.

Religion served as both a protective factor and a source of control. Regular churchgoers described receiving counselling from pastors that discouraged violence and promoted communication. Yet religious doctrines were also invoked to justify male headship and female submission. This ambivalence highlights the importance of working with religious leaders to promote interpretations of faith that support equality and condemn abuse.

6. Discussion

The integrated findings reveal ambivalent and contested gender norms in Protea Glen. Many participants articulated egalitarian ideals, calling for shared responsibilities, rejecting violence unequivocally, and supporting women's leadership in churches and homes. Yet these ideals coexist with victim-blaming, essentialist beliefs about men and women, and the perpetuation of patriarchal power relations. Such contradictions are typical of societies in transition and highlight that norm change is uneven and fraught. This section examines these contradictions through the lens of the socio-ecological model and situates them within broader South African scholarship (8).

6.1. Interpreting findings through the socio-ecological model(8)

6.1.1. Individual level

At the individual level (participants' narratives reveal internalised gender scripts and personal experiences that shape attitudes towards violence. Men's sense of self-worth was often tied to their ability to provide and control, while women's identities were linked to obedience and caregiving. These identities are not inherent but are learned through family upbringing, religious teachings and media (9). When individuals deviate from expected roles, they experience tension and, at times, justify violence to restore order. The emotional labour of maintaining hegemonic masculinity, suppressing vulnerability, projecting strength, came through in men's reluctance to seek help. Women's internalisation of victim-blaming narratives demonstrates how oppression is reproduced at the personal level.

6.1.2. Relationship level

At the relationship level, power dynamics within intimate partnerships and families were central. Negotiations over money, household chores, sexuality and childcare often became arenas for conflict. In relationships where partners held egalitarian values and communicated openly, narratives of mutual respect emerged (10). Conversely, where one partner asserted dominance (often the man), violence was justified as discipline or correction. Children who witnessed these dynamics learned patterns of dominance and submission. The

intergenerational transmission of violence emphasises that relationship patterns are not isolated events but part of broader cycles (11).

6.1.3. Community level

At the community level, norms about privacy, intervention and gossip influenced how violence was addressed. The notion that “what happens in the home stays in the home” legitimised community silence and limited bystander intervention. The rise of social media added an unhealthy element, violence became content for entertainment rather than a call to action. Community institutions like churches and schools sometimes challenged violence, but they also reproduced gender hierarchies. Pastors who advocated for equality were influential, suggesting that community leaders can catalyse change if they consciously counteract patriarchal norms (17).

6.1.4. Societal level

Societal factors include laws, economic structures, historical legacies and pervasive patriarchal ideologies. South Africa’s history of apartheid created enduring socio-economic inequalities that manifest in unemployment and poverty (1). Patriarchal socialisation, encoded in cultural and religious teachings, normalises men’s dominance and women’s submission. Weak legal enforcement and corruption undermine survivors’ trust in formal systems(1). The interviews show how these structural factors infiltrate daily life: men equate masculinity with breadwinning because society valorises economic power; women tolerate abuse because societal safety nets and resources are lacking; and communities remain silent because of distrust in policing. These accounts align with quantitative studies showing that intimate partner violence increases in contexts of economic stress and unemployment (1,12,15,16). They also resonate with theories of “protest masculinity”, where men who cannot achieve hegemonic ideals through legitimate means (employment, income) may resort to violence to assert dominance. Addressing GBV thus requires interventions that tackle not just individual attitudes but the structural conditions that make violence both possible and plausible (18).

6.2. Contradictions and ambivalence: the coexistence of progressive and patriarchal discourses

One of the most striking features of the data is the coexistence of **progressive and patriarchal discourses** within the same individual. Participants often condemned violence, voiced support for gender equality and invoked human-rights language. In the next breath, they criticised women for provoking violence or justified male authority by appealing to tradition. This ambivalence can be understood through the concept of normative dissonance, the tension between newly introduced egalitarian norms and deeply ingrained patriarchal beliefs (17–19).

Normative dissonance is particularly evident in younger participants who have been exposed to gender-equality discourses through school curricula and media, yet still inhabit communities where patriarchal norms are enforced. For example, a young man might believe women have the right to work but also insist that a man should make the final decision in the household. This tension creates cognitive discomfort, which individuals resolve by compartmentalising or rationalising contradictory beliefs. Recognising this complexity is essential for interventions: simply providing information about gender equality may not suffice if underlying patriarchal logics remain intact (11,17–19).

6.3. Intersectionality and differentiated experiences

The data underscore that experiences of violence and perspectives on gender are heterogeneous. Intersectionality helps to explain why some participants embrace egalitarianism while others cling to traditionalism (10,17–20). For instance, an employed woman with tertiary education may view lobola as a cultural ritual but reject the idea that it confers ownership. In contrast, an unemployed man may assert that paying lobola entitles him to obedience. A gay man may reject hegemonic masculinity because it marginalises him, but he might still hold sexist views towards women if he has internalised patriarchal norms. Older participants who lived through apartheid may valorise discipline and obedience because these traits ensured survival in repressive conditions. Thus, interventions must be tailored; a one-size-fits-all approach risks ignoring these nuances (4,18).

6.4. Comparisons with national literature and statistics

The study's findings echo national trends. South Africa's rates of femicide and rape are alarmingly high, and research points to similar risk factors, such as poverty, patriarchal norms, alcohol abuse, and weak institutional responses (1,14,21–23). The Ballard Brief summarises that lack of government action, poverty, patriarchal attitudes and cultural acceptance of violence contribute to GBV (1). The interviews provide qualitative depth to these macro-level statistics, illustrating how structural factors manifest in daily life. For example, men's narratives about frustration and violence after job loss highlight the link between economic precarity and masculine identity. Women's accounts of staying in abusive relationships due to financial dependence illustrate how economic inequality constrains agency. Participants' distrust of police and courts aligns with research documenting low conviction rates and secondary victimisation in the legal system (24–32).

Yet the transcripts also reveal resilience and agency often missing from national narratives. Some participants challenge patriarchal norms within their families, negotiate alternative masculinities and support survivors. These examples of everyday activism demonstrate potential sites of intervention. Recognising and amplifying these efforts can counter the despair that often accompanies discussions of GBV.

6.5. Implications for practice and policy

The findings have several implications. First, interventions must address structural drivers. Economic empowerment initiatives that provide skills training and job opportunities can reduce stress and shift power dynamics. Second, programmes should incorporate gender-transformative approaches, challenging norms that equate masculinity with dominance. Engaging men and boys is critical; they need safe spaces to question patriarchal norms without feeling attacked. Third, community-based interventions should foster collective accountability by training bystanders, building trust in local leadership and creating community watch or support groups. Fourth, policies must improve the accessibility and responsiveness of formal support services. Survivors need safe reporting mechanisms, and law enforcement must be sensitised to GBV.

Ultimately, the study confirms that GBV is rooted in a confluence of factors, personal histories, gender norms, economic conditions, cultural practices and institutional failures. Effective strategies must therefore be holistic and multi-level.

7. Limitations

7.1. Sampling bias and representativeness:

As previously noted, the sample comprised primarily pastors, community leaders, and individuals already engaged with COPESSA or similar organisations. These participants may hold more progressive views and greater awareness of GBV than the general population. Voices of individuals who endorse more conservative or misogynistic norms, or who belong to marginalised groups (e.g., undocumented migrants, sex workers, people living with disabilities) are absent. Consequently, the findings may understate the prevalence of rigid patriarchal attitudes in the broader community. Recruiting participants through snowball sampling or outreach in informal settlements might capture more diverse perspectives.

7.2. Social desirability and interviewer effects:

Interviews on sensitive topics like GBV are prone to social desirability bias. Participants may have exaggerated their opposition to violence or minimised their complicity to present themselves favourably. The fact that interviewers were associated with COPESSA could have further influenced responses, as participants might have wanted to align with perceived expectations. Techniques such as anonymous surveys, vignettes or indirect questioning could mitigate this bias in future studies.

7.3. Language and translation:

Interviews were conducted in multiple languages and later translated to English. Nuances of meaning, cultural idioms and emotion may have been lost or altered in translation. Some terms related to gender and sexuality may lack direct equivalents across languages, leading to simplifications.

7.4. Scope and depth:

Although the analysis endeavoured to apply an intersectional lens, the study did not systematically explore how disability, migration status, race or other axes of identity intersect with gender to shape experiences of violence. Nor did it capture the perspectives of perpetrators themselves, which are critical for designing perpetrator interventions. Future

research should incorporate diverse identities and include interviews with individuals who have perpetrated violence to understand their motivations and the factors that facilitate change.

7.5. Temporal context:

The data were collected in a particular period, and attitudes may shift over time, especially in response to national events (e.g., highly publicised femicide cases, policy reforms).

Longitudinal research would allow examination of how norms evolve and the impact of interventions.

8. Recommendations for COPESSA's Dialogue Manuals

Drawing on the integrated analysis, the following recommendations aim to enhance the dialogue manuals and align them with evidence-based strategies:

8.1. Deepen discussions on structural drivers.

Introduce modules that unpack how poverty, unemployment and historical inequality foster violence. Facilitate dialogues on economic stress and gender roles and link participants to livelihood and social-protection programmes.

8.2. Critically examine gender norms.

Use interactive exercises to unpack what it means to be a “real man” or “good woman.” Challenge notions that men must be providers and women must submit; highlight alternative masculinities based on care, empathy and shared responsibility. Address how lobola and cultural rites can be interpreted in non-oppressive ways.

8.3. Address victim-blaming and empathy.

Present scenarios illustrating the structural and systemic constraints, including patriarchal norms and power imbalances, that keep women in abusive relationships. Highlight how societal attitudes rooted in patriarchy often normalize or excuse gender-based violence and reinforce harmful stereotypes. Challenge the fallacy that clothing, behaviour, or other personal choices “invite” rape. Encourage participants to critically reflect on their own biases, unpack internalized patriarchal attitudes, and develop empathy for survivors.

8.4. Promote bystander intervention.

Given the widespread reporting of community apathy, integrate training on safe intervention and confidential reporting mechanisms into the dialogue guide. Emphasize collective community responsibility in addressing GBV and create space to explore fears and perceived risks, such as retaliation and ineffective reporting structures, which often discourage bystander action. Encourage participants to reflect on these barriers and co-develop practical, context-specific strategies for safely supporting survivors and holding perpetrators accountable.

8.5. Engage men and boys.

Building on the existing six-week dialogues, continue creating separate, safe spaces where men and boys can openly explore societal pressures around masculinity and their impact on relationships. Incorporate skills-building sessions on non-violent communication, emotional regulation, and healthy conflict resolution. Strengthen peer accountability mechanisms and address the stigma associated with seeking help, while fostering positive models of masculinity that support gender equality and GBV prevention. Acknowledge violence against men without diluting women's issues. Recognise that men can experience abuse and provide pathways for male survivors to seek support, while making it clear that this does not negate the disproportionate burden of violence on women.

8.6. Strengthen awareness and trust in services.

Enhance outreach about COPESSA's services, particularly among men who may be hesitant to engage. Involve police and social workers in dialogues to build trust and clarify reporting procedures.

8.7. Monitor norm change.

Incorporate pre-and post-session assessments to track shifts in attitudes and behaviours over time, enabling the programme to adapt iteratively.

The data and subsequent analysis suggest a range of actionable recommendations for enhancing COPESSA's dialogue manuals and programming. These recommendations are grouped by thematic area and linked to specific findings.

8.8. Contextualising structural drivers and linking to services.

As economic stress, unemployment and poverty were recurrent themes, dialogue sessions should begin with discussions on how structural conditions contribute to violence. Modules can explore the historical roots of economic inequality in South Africa and how this intersects with gender roles. Practical sessions could involve representatives from local employment agencies, skills-training centres and social-protection programmes to provide participants with information and referrals. Facilitators can draw on participants' experiences of financial stress to discuss coping strategies that do not involve substance use or violence.

8.9. Deconstructing gender and power.

Use participatory activities (e.g., role plays, storytelling, photovoice) to explore what masculinity and femininity mean to participants. Encourage groups to list qualities they associate with being a “good man” or “good woman,” then critically analyse where these beliefs come from (family, religion, media) and their impact on relationships. Introduce concepts of hegemonic and transformative masculinities, using local examples (e.g., male community leaders who cook, care for children and support their partners) to show that gender roles are socially constructed and flexible. Discussions should also address how gender norms harm men by restricting emotional expression and by discouraging help-seeking.

8.10. Combating victim-blaming and rape myths.

Develop modules that explicitly challenge rape myths and victim-blaming. Use case studies illustrating the complex reasons why survivors stay in abusive relationships (economic dependence, fear, lack of alternatives). Incorporate testimonies from survivors (with consent) or anonymised narratives that highlight resilience and structural barriers. Create safe spaces for participants to express their biases and work through them, guided by facilitators trained in trauma-informed approaches. Incorporate elements of empathy training, helping participants to put themselves in survivors’ shoes and understand the impact of judgmental attitudes.

8.11. Building collective accountability and bystander skills.

Design exercises that simulate bystander scenarios and ask participants to brainstorm safe intervention strategies. For example, a role play could involve witnessing a neighbour yelling at his partner; participants could practise how to check in with the woman, call community safety groups or involve a trusted elder. Discuss the risks and benefits of intervention, emphasising that collective action is essential to change norms of silence. Encourage the formation of community action teams that monitor incidents of violence and support survivors.

8.12. Engaging men and boys through gender-transformative programmes.

Establish dedicated sessions for men and boys to explore how societal expectations harm them and others. Use group discussions, mentorship programmes and peer support networks. Encourage men to challenge one another when sexist jokes or behaviours occur. Introduce

coping strategies for stress that do not rely on alcohol or aggression, such as sports, art or peer counselling. Involve positive male role models who practise non-violent masculinities.

8.13. Including violence against men in dialogue without undermining gender equity.

Acknowledge in manuals that men can be victims of emotional and physical violence, particularly in contexts where hegemonic masculinity discourages help-seeking. Provide information on services that support male survivors. Use caution to ensure that discussions do not devolve into “whataboutism” that minimises women’s experiences. Facilitators should emphasise that addressing violence against all genders requires dismantling the same harmful norms.

8.14. Partnering with religious and cultural leaders.

Because pastors and elders hold significant influence, engage them as co-facilitators or advocates. Work with religious leaders to interpret scriptures in ways that promote equality and non-violence. Similarly, involve cultural custodians in dialogues about lobola and initiation practices, encouraging reinterpretations that respect women’s rights. Highlight progressive cultural traditions (e.g., Ubuntu) that emphasise mutual respect and community solidarity.

8.15. Improving trust in formal services and enhancing support networks.

Invite representatives from the police, health sector and social services to participate in dialogues, enabling participants to ask questions and voice concerns. Develop community-based reporting mechanisms, such as “safe houses” or “safe corners”, where survivors can report violence without going directly to the police. Ensure that facilitators are trained to provide accurate information about legal options, protection orders and counselling services. Consider forming partnerships with legal aid organisations to offer on-site advice during sessions.

8.16. Monitoring and evaluating norm change.

Leverage the existing pre- and post-surveys from the first and last dialogue sessions to strengthen the monitoring and evaluation (M&E) framework. Incorporate additional tools such as attitude scales (e.g., Gender Equitable Men scale) and qualitative diaries to track changes in participants’ attitudes and behaviours over time. Collect feedback after each session to

adjust content and facilitation techniques. Use evaluation findings to refine the manuals iteratively.

8.17. Tailoring approaches for different groups.

Recognise that men, women, youth, elders, and LGBTIQ+ participants have distinct experiences, perspectives, and learning needs. Where appropriate, provide parallel sessions to create safe spaces for open discussion and ensure that LGBTIQ+ participants can share without fear of discrimination. Develop materials in multiple languages and use local idioms and culturally relevant examples to improve accessibility and resonance.

Additionally, consider ways to safely incorporate the voices and perspectives of potential perpetrators who may be among participants. Doing so can create opportunities to address accountability, challenge harmful social norms, and encourage attitudinal and behavioural change. This should be approached with specialised facilitation training and strict safeguards to ensure that survivor safety, confidentiality, and dignity remain central. Where necessary, develop separate manuals or annexes tailored for specific audiences (e.g., youth manual, pastor's guide, or facilitator notes on engaging potential perpetrators).

9. Future research directions

Building on the findings and limitations of this study, several avenues for future research are recommended:

9.1. Cross-sectional studies on norm change:

While longitudinal studies are ideal for understanding how attitudes towards GBV and gender equality evolve over time, particularly following interventions like COPESSA's dialogue sessions, they can be resource-intensive and challenging to sustain. Where full longitudinal designs are not feasible, conducting repeated cross-sectional studies at strategic intervals (e.g., every three years) to assess shifts in community norms and behaviours should be considered.

Using a minimum three-year timeframe aligns with accepted benchmarks for observing meaningful behaviour change. Such an approach would allow COPESSA to track whether initial shifts in attitudes observed after dialogues translate into sustained behavioural change and potential reductions in GBV prevalence over time. Integrating both quantitative measures (e.g., attitude scales, reporting rates) and qualitative insights (e.g., community narratives) would provide a more comprehensive understanding of impact.

9.2. Mixed-methods research:

Combine qualitative and quantitative approaches to triangulate findings. Large-scale surveys using validated scales (e.g., the WHO Multi-Country Study questionnaire) can measure prevalence and attitudes, while qualitative interviews can provide contextual depth. Mixed-methods studies can also assess the effectiveness of specific intervention components.

9.3. Perpetrator perspectives:

Conduct research with individuals who have perpetrated violence to understand their motivations, justifications and pathways to change. Such insights are crucial for designing perpetrator rehabilitation programmes and for understanding how hegemonic masculinity is enacted and challenged.

9.4. Intersectional and marginalised voices:

Include participants from diverse backgrounds, such as migrants, sex workers, people with disabilities, and different ethnic groups, to understand how intersecting identities shape experiences of violence and access to support. Exploring rural and urban differences would also enhance generalisability.

9.5. Evaluation of community-led interventions:

Implement and rigorously evaluate pilot projects that emerge from the recommendations (e.g., community action teams, men's support groups). Assess not only changes in attitudes but also actual reductions in violence and improvements in service uptake.

9.6. Media and digital technology impacts:

Investigate how social media and digital platforms influence perceptions of violence, bystander behaviour and mobilisation. Understand whether digital activism (e.g., hashtags, online campaigns) translates to offline change in township contexts.

These research directions will contribute to a nuanced evidence base for GBV prevention and response in South Africa and similar contexts.

10. Conclusion

The in-depth analysis of the COPESSA baseline data reveals the complexity and ambivalence of gender norms in Protea Glen. Participants simultaneously reproduce patriarchal beliefs and advocate for gender equality; they condemn violence yet blame victims; they value cultural traditions while challenging certain practices. Such contradictions are not anomalies but reflect the messy realities of normative change in a society grappling with historical oppression, socio-economic inequality and global human-rights discourses. By situating the findings within the social–ecological model and engaging with South African literature on GBV, the report underscores that violence is rooted in a confluence of individual, relational, community and societal factors (1). Addressing GBV, therefore, demands multi-level, intersectional and gender-transformative interventions.

The recommendations provide practical guidance for enhancing COPESSA's dialogue manuals. They emphasise engaging men and boys, challenging victim-blaming, building community accountability, partnering with religious and cultural leaders, and improving service responsiveness. They also highlight the importance of monitoring and evaluation to ensure that interventions are evidence-based and adaptive. Ultimately, this report aims to bridge the gap between raw qualitative data and actionable strategies, contributing to the broader public-health goal of eliminating gender-based violence and fostering communities where all individuals, regardless of gender, age, class or sexuality, can live free from violence and discrimination.

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