

## A unified medical response to gender-based violence

Gender-based violence (GBV) in South Africa (SA) has long been at a national crisis point, with President Cyril Ramaphosa declaring GBV and femicide a National Disaster in 2025.<sup>[1]</sup> Prof. Ames Dhai noted in the September 2025 *South African Medical Journal* editorial that National Women's Day, World Breastfeeding Day and World Humanitarian Day 'warrant more than lip service'.<sup>[2]</sup> She said that in SA, National Women's Day and month 'have been a blend of accolading the achievements of women through the decades and against all odds and lamenting the harsh treatment of women through the societal scourge of GBV, discrimination and mistreatment'. Further note is made that these important dates 'can be used to educate the public on issues of concern, to mobilise political will and resources to address national and global problems, and to celebrate and reinforce achievements of humanity. They should be embraced as significant instruments for advocacy'.

At the end of each year in SA, the '16 Days of Activism for No Violence against Women and Children' campaign takes place. The United Nations' overarching theme for 2025 was 'UNITE! Invest to prevent violence against women and girls, focusing on how investment in preventing violence is crucial'.<sup>[3]</sup> This global initiative, supported by organisations such as UN Women, highlights how factors such as patriarchy, harmful social norms and the increasing use of digital technologies in abuse are root causes of violence.

The results of the first SA national GBV study by the Human Sciences Research Council (HSRC) were released in 2024.<sup>[1]</sup> The report shows that an estimated 7.3 million women in SA experienced physical violence at some point in their lives, and 2.1 million women (9.8%) reported a lifetime exposure to sexual violence.<sup>[1]</sup> Recent news reports of the rape and murder of young women, including Olorato Mogale and Cwecwe, underscore that this violence continues unabated.<sup>[4,5]</sup>

### The first national GBV study (HSRC)

This first GBV study was a nationally representative survey. Fieldwork covered ~10 000 adult participants. It revealed that one in three SA women aged >18 years experiences violence of any form during their lifetime. Almost a quarter of women who experience sexual violence as adults had a history of sexual trauma in childhood.<sup>[1]</sup>

### From evidence to action: What can we do?

Against this backdrop, we endorse the HSRC's call for major systemic changes at all levels of leadership, and to align with the WHO's RESPECT framework.<sup>[6]</sup> Our Department of Psychiatry is proposing comprehensive and pragmatic curriculum reform to expand training in GBV prevention and the management of its mental health consequences. We aim to prioritise primordial prevention, specifically addressing hazardous substance use, and detecting and treating mental illness, to help reduce risk. Regarding teaching and training, we propose instituting an undergraduate lecture series on GBV. The teaching will cover practical immediate therapeutic techniques including psychological first aid, recognition of trauma responses, routine substance use screening and clear referral mapping. Postgraduate psychiatry training will incorporate intimate partner violence risk tools, perpetrator-focused assessments, guidance on therapy indications and comprehensive medicolegal competencies.

### University of the Witwatersrand-based research

From 2025, we have undertaken research focusing on survivors, and encouraged community-based intervention projects for both survivors and perpetrators.

Research into perpetrators is also important, as understanding perpetrators is key in developing preventive strategies against GBV. Research around violence conducted in the University of the Witwatersrand Department of Psychiatry is largely focused on forensic observation and state patient populations, and although neither reflects the general population, some important data may be captured. Our findings indicate that most accused persons are male, single and unemployed, with low educational attainment. With regard to sexual offences in particular, victims are largely women and children.<sup>[7,8]</sup> Commonly identified diagnoses are substance use disorders (SUDs), intellectual disability and personality disorders for those charged with murder and sexual offences, and psychotic disorders and SUDs in cases of assault.<sup>[7-10]</sup> Psychiatry can assist in the further profiling of perpetrators of GBV, which would then allow for more targeted interventions. SUDs must be addressed through a multidisciplinary approach that includes psychiatrists.

The HSRC report calls on us to move beyond concern to co-ordinated action: to reshape training, embed survivor-centred care and work across sectors to prevent violence and its sequelae.<sup>[1]</sup> Our measure of success is simple: more trainees competent to act, more survivors safely linked to care, and fewer women experiencing violence by the next national survey.

N Marques , N Wayne , N Govender , U Subramaney 

Department of Psychiatry, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa  
natasiamarques@gmail.com

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