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Cornered and criminalised: reproductive injustice, violence, and women's survival strategies in Lorentzville, Johannesburg

Lucy KHOFI

ABSTRACT

This paper explores how women's survival strategies in Lorentzville, Johannesburg, including transactional sex, informal caregiving, and community food sharing, are shaped and criminalised through intersecting systems of structural violence. Drawing on feminist ethnography and in-depth interviews, the analysis is grounded in intersectional feminist and African feminist frameworks, including structural violence theory, reproductive justice, and Nego-feminism, and employs inductive thematic analysis. The study illustrates how food insecurity, intimate partner violence (IPV), and reproductive injustice intersect within contexts of racialised urban neglect, housing precarity, and exclusion from healthcare and formal work. Participants described navigating coercive control, police harassment, sexual and physical violence, and moralistic gatekeeping from health workers, alongside restricted access to contraception and safe abortion under precarious migration status and overcrowded shelter. These dynamics reveal how IPV functions not only as a symptom of systemic stress but also as a mechanism of control in spaces where women are cornered by abandonment, surveillance, and criminalisation. The paper argues that women's strategies are rational responses to structural deprivation rather than deviance and calls for trauma-informed reproductive health services, decriminalisation of survival sexual economies, and inclusive urban policies that recognise women's agency and dignity. The findings hold implications for social work, public health, and urban policy, pointing to the need for integrated, rights-based interventions that address structural violence, strengthen reproductive health access, and support women's informal strategies rather than criminalising them.

KEY TERMS: *criminalisation; intimate partner violence (IPV); reproductive justice; structural violence; transactional sex; urban marginality.*

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AUTHOR DETAILS

- *Khofi Lucy, School of Public Health, University of the Witwatersrand, Johannesburg, South Africa Department of Anthropology, University of Amsterdam, Amsterdam, The Netherlands African Centre for Migration and Society, University of Witwatersrand, Johannesburg, South Africa, Email l.m.khofi@uva.vl / lucy.khofi2@wits.ac.za*

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INTRODUCTION AND BACKGROUND

In contexts of chronic urban neglect and moralised governance, women at the margins of post-apartheid Johannesburg are systematically *cornered* into survival sexual economies. Drawing on feminist ethnography in Lorentzville, this article argues that transactional sex, informal caregiving networks, and community food sharing are not evidence of deviance, but rather rational strategies shaped by overlapping systems of structural violence, criminalisation, and reproductive injustice. How do these intersecting forces constrain women's reproductive autonomy and intimate relationships, and, paradoxically, enable fragile solidarities of care? By centering women's own narratives, this study extends Musariri's (2022) concept of *becoming cornered* to highlight both the limits and the creative potentials of survival under sustained abandonment.

This paper builds directly on findings from (Khofi, Manderson, and Moyer, 2025a), which examined the connections between food insecurity, intimate partner violence (IPV), and access to sexual and reproductive healthcare among migrant and low-income women in Lorentzville. That study revealed how food insecurity is not only a material lack, but a gendered condition shaped by exclusion from formal labour, xenophobic policing, and moralising public health institutions. The current paper deepens this analysis by focusing on the criminalisation of women's survival strategies, including transactional sex, informal work, and food-sharing networks, and how these are shaped by intimate violence, reproductive control, and racialised urban governance.

Lorentzville, like many inner-city areas in South Africa, is marked by infrastructure collapse, housing precarity, and overcrowding. The women who navigate these spaces, many of them migrants or from other provinces, do so amid intersecting pressures of care work, motherhood, criminalisation, and survival. In such contexts, IPV operates not as an isolated incident but as a mechanism of control embedded in wider systems of exclusion. Women's stories of physical abuse, police harassment, and restricted access to contraception and abortion services show how structural violence is enacted through both institutional neglect and interpersonal relations.

By bringing these lived realities into conversation with feminist theories of reproductive justice, informal economies, and structural violence, this paper offers a grounded account of what it means to survive at the confluence of gendered inequality and urban abandonment. It calls for a reimagining of justice that recognises survival sex not as criminality but as a response to the compounded failures of the state.

PROBLEM STATEMENT

Despite the centrality of survival strategies like transactional sex and informal food networks in urban South Africa, these practices remain poorly understood within social work scholarship and are often framed through moralistic or criminalising lenses. Existing research has documented food insecurity, IPV, and reproductive health barriers, yet less attention has been given to how women's strategies of endurance are actively shaped by and simultaneously targeted through processes of criminalisation, surveillance, and state neglect. This study addresses this gap by examining how women's survival strategies are criminalised and constrained, while also highlighting the fragile solidarities of care that emerge within these conditions.

LITERATURE AND THEORETICAL FRAMING

This section outlines the key literature and theoretical frameworks that inform the analysis of women's survival strategies in Lorentzville.

Structural violence and urban neglect

The concept of structural violence (Galtung, 1969; Farmer, 2004) provides a foundational lens for understanding how institutional arrangements and systemic inequalities produce and perpetuate harm. In South Africa, structural violence manifests in racialised spatial segregation, chronic housing precarity, and uneven access to basic services, particularly in urban informal settlements like Lorentzville (Khofi et al., 2025a). The enduring effects of apartheid-era urban planning continue to shape who accesses clean water, safety, healthcare, and housing, and who does not. These absences are not accidental but reflect entrenched patterns of state neglect, often experienced most acutely by poor Black women, migrant women, and informal workers (Mabilo, 2018; Simone, 2004).

South African scholars have shown how this form of abandonment is not merely passive but constitutes a mode of governance, a "politics of non-intervention" that allows suffering to be managed without being solved (Hunter, 2010; Khofi et al., 2024).

Food insecurity, gender, and everyday survival

Food insecurity in urban South Africa is shaped not only by poverty but by gendered inequalities in food access,

distribution, and decision-making (Khofi et al., 2025b, 2026; Ndhlovu, 2024; Mbajiorgu and Odeku, 2022). Women disproportionately carry the burden of food provisioning and care work in contexts of scarcity, yet are structurally denied the resources to do so with dignity. In our earlier work (Khofi et al., 2025a), we found that women's responses to food insecurity included informal food-sharing networks, occasional sex-for-food exchanges, and collective caregiving practices. These strategies have also been documented in other South African settings, such as Cape Town (Battersby & Haysom, 2019) and Durban (Mkhize et al., 2022), where women adapt through flexible, often invisible forms of labour to secure food for themselves and their dependents.

Transactional sex, intimate partner violence, and the moral politics of sexuality

Transactional sex in South Africa occupies an ambiguous legal and moral terrain, distinct from formal sex work yet often treated with similar suspicion and surveillance. It is best understood as a relational and materially informed practice, where sex is exchanged not always for cash but for food, shelter, protection, or emotional connection (Jewkes et al., 2012; Leclerc-Madlala, 2003). Studies in KwaZulu-Natal and Gauteng show that these arrangements are frequently embedded in ongoing partnerships, complicating dichotomies of victimhood and agency (Lerum and Dworkin, 2015).

These arrangements are shaped by gendered power dynamics, where economic precarity limits reproductive autonomy and heightens vulnerability to coercion and violence. Such constraints are intensified by moralistic gatekeeping in public health settings, particularly for young, unmarried, or migrant women (Macleod, 1999; Ngabaza and Shefer, 2019; Vetten, 2014).

The intersection of IPV and SRH injustice produces a terrain where women are blamed for pregnancies they cannot prevent, pathologised for attempting to survive, and punished for the ways they do so.

Criminalisation, surveillance, and carceral urbanism

As urban precarity deepens, the criminalisation of poverty has become a growing concern in South African cities. Informal traders, sex workers, street dwellers, and migrants are increasingly subjected to police raids, arbitrary evictions, and xenophobic violence under the guise of maintaining "order" (Auyero, 2015; Wilhelm-Solomon, 2016). For poor women in particular, survival strategies that involve movement, sexual exchange, or informal work are often framed as threats to public morality or safety (Khofi et al., 2025a; Wojcicki, 2002). These narratives justify punitive interventions, from police harassment to the withholding of healthcare or shelter, rather than structural support.

THEORETICAL FRAMEWORK

Feminist politics of reproductive justice and urban care

This theoretical framework draws on intersectional feminist (Crenshaw, 1991) and African feminist perspectives (Nnaemeka, 2004; Gouws, 2017), including structural violence theory (Farmer, 2004), reproductive justice (Ross, 2006), Nego-feminism (Nnaemeka, 2004), and feminist ethics of care, to analyse women's survival strategies in Lorentzville. Collectively, these frameworks illuminate how structural neglect produces material constraints, how women negotiate survival through relational and gendered strategies, and how reproductive autonomy is shaped by care, community, and the politics of everyday endurance.

Emerging South African and African feminist work offers important alternatives (Gouws, 2017, 2023). The reproductive justice framework, originating in Black feminist movements in the U.S. (Ross, 2006, 2017) but adapted to African contexts, calls for the right not only to avoid pregnancy but to parent in safe environments, and to live with dignity (Bicker Caarten et al., 2022; *Zhange, 2024*). Applied to urban South Africa, this means attending to how food, shelter, safety, and healthcare are interlinked in shaping reproductive autonomy.

In addition, African feminist theorists such as Obioma Nnaemeka (2004) have advanced *Nego-feminism*, a "no-ego" feminism of negotiation and give-and-take, which highlights the pragmatic ways African women navigate patriarchal, cultural, and economic constraints. Nego-feminism foregrounds compromise, community accountability, and relational strategies rather than confrontation alone, making it especially useful for understanding how women in contexts like Lorentzville craft survival strategies that are simultaneously resistant and adaptive. This aligns closely with the emphasis on everyday negotiation in women's food provisioning, care work, and sexual economies, reframing these not as passive responses but as active political practices of endurance and care.

Studies by Ngabaza et al. (2016), Rixey (2016), and others have argued for trauma-informed and non-punitive models of care that recognize women's survival strategies as evidence of resilience and adaptation, not moral failure. A feminist ethic of care, rooted in community, interdependence, and social protection, offers a powerful counter to the dominant carceral logics that govern poor urban spaces.

METHODOLOGY

This paper draws on feminist ethnographic research conducted in Lorentzville, an inner-city neighbourhood in Johannesburg, South Africa. The study adopts a qualitative design informed by intersectional feminist and decolonial methodological frameworks that prioritise lived experience, embodied knowledge, and the political nature of voice (Crenshaw, 1991; Haraway, 1988; Mauthner & Doucet, 2003). The approach was grounded in feminist ethnography, which attends to power dynamics between researchers and participants and situates knowledge within historical, spatial, and relational contexts (Abu-Lughod, 1990; Duneier, 1999; England, 1994). This perspective allowed for a critical engagement with the structural forces shaping women's lives, while foregrounding the ways in which they navigate, resist, and survive within these constraints.

This article forms part of a broader PhD project conducted in Lorentzville. While earlier work examined the intersection of food insecurity, IPV, and reproductive health access (Khofi, Manderson & Moyer, 2025a), this analysis focuses specifically on how women's survival strategies, including transactional sex, informal caregiving, and food redistribution, are policed and criminalised within contexts of structural neglect. The aim is not to generalise, but to offer deep, context-rich insights into how systems of gendered abandonment are experienced and negotiated in everyday life.

Lorentzville is a historically marginalised and rapidly transforming neighbourhood on the eastern edge of Johannesburg's inner city. Once industrial and predominantly white under apartheid, it has since become a dense and diverse settlement, home to both South African citizens and migrant communities, particularly from Zimbabwe and Malawi.

Fifteen women aged 19 to 44 participated in the study, recruited through purposive and snowball sampling between August 2022 and April 2023. All were identified as either South African or migrant women and reported experiences of food insecurity, disrupted reproductive health access, and IPV. Recruitment was facilitated through informal connections in food distribution sites, community kitchens, and local women's networks. These spaces were not only points of contact but also social environments where trust, mutual care, and collective strategies for survival were visibly enacted, important sites for both relational and ethnographic insight.

Data collection involved sustained ethnographic fieldwork over eight months. I conducted in-depth, semi-structured interviews with each participant, lasting between 60 and 120 minutes. Interviews took place in locations chosen by participants, often their homes, semi-private spaces such as informal kitchens, and were conducted in English. As feminist ethnographers have noted, creating spaces where participants feel comfortable and empowered is key to both ethical and effective knowledge production (Hesse-Biber, 2012; Naples, 2007). The interviews explored women's experiences of food scarcity, sexual and reproductive health access, sexual partnerships, violence, shelter, and informal work.

Alongside interviews, I engaged in extensive participant observation, joining communal cooking days, food pick-up routines, informal care meetings, and local savings groups. This immersive approach allowed me to observe the spatial, social, and affective dynamics of survival and care as they unfolded in real time, what Emerson et al. (2011) describe as "being there" to understand the everyday negotiations that structured people's lives.

Interviews were audio-recorded with consent, transcribed verbatim, and translated where needed. Data were analysed thematically using an inductive approach informed by the work of Braun and Clarke (2020). Initial codes were generated manually, drawing attention to recurring patterns in participants' narratives around food insecurity, IPV, shelter, sexual exchange, and institutional gatekeeping. As themes emerged, coding became increasingly focused, centering on the criminalisation of informal practices, the negotiation of gendered violence, and the constraints on reproductive autonomy.

Ethical clearance was obtained from the University of the Witwatersrand's Human Research Ethics Committee (Medical), Protocol No. M2022/06/174. Given the sensitive nature of the study, informed consent was approached as an ongoing, dialogic process. Participants were reminded of their right to withdraw at any time. Trauma-informed interviewing techniques were used to minimise distress, and referrals were made available for participants seeking support for IPV or health-related needs. As a feminist ethnographer working in conditions of structural vulnerability, I approached this research with deep attention to relational ethics, emotional labor, and the politics of representation (Behar, 2003; hooks, 2000; Biana, 2020).

RESULTS

Precarity and the logics of survival

Women in Lorentzville navigate daily decisions about food, shelter, and safety within a landscape shaped by deep precarity. Most participants described transactional or occasional sex work as one of multiple informal strategies used to secure food or housing for themselves and their children. These practices were not framed as identity or profession but as situational responses to acute need, driven by hunger, interrupted income, and exclusion from

formal labour markets. Zoe shares her experience below.

> *I don't have a boyfriend. I have a baby and I have rent. So, when I say, 'I'm seeing someone,' it just means I need help for that week. That's what it is. Sometimes he buys food, sometimes he disappears. But I don't have the choice of waiting for miracles. (Zoe, 32, Zimbabwean migrant*)

Zoe, a mother of one, migrated from Zimbabwe four years prior and now lives in an overcrowded flat with other migrant women. Her "boyfriend" is an informal term for a man she occasionally sees in exchange for food and nappies. For her, survival requires emotional labour, sexual negotiation, and economic calculation, all without legal protection or community recognition.

Criminalisation, surveillance, and moral policing

Participants consistently described being watched, judged, and punished, not only by police, but also by healthcare providers, landlords, and even neighbours. Their survival strategies are criminalised through both formal mechanisms (e.g., police harassment, eviction threats) and informal forms of moral regulation (e.g., clinic shaming, religious condemnation, whispered gossip).

> *He [the landlord] said, 'I know what you girls are doing.' One night, he tried to touch me, and when I said no, he said he'll call immigration. I had to move the next week."- (Ludick*, 34, Nigerian migrant)

Ludick's experience shows how sexual economies are exploited and policed simultaneously. Landlords, clinic staff, and community leaders weaponize their authority, often using threats of deportation, eviction, or denial of care. Ludick's refusal of sexual coercion leads to displacement, not protection.

Several women also reported humiliation in public health facilities, especially when seeking SRH services.

The nurse asked me, 'Again? You're here again for pills? What are you doing with your life?' I wanted to ask her if she's ever been hungry for two days, but I just kept quiet."- (*Lihle*, 30, South African).

Lihle, a mother of three, lived in a backyard shack in Kwa-Zulu Natal but came to Johannesburg for better access to clinics and work. Instead, she faces moral policing at every turn, particularly when seeking contraception or termination services. Her silence, "I just kept quiet", illustrates the exhaustion of repeated degradation and the strategies of survival women adopt to *move through systems that do not care*.

Violence, reproductive injustice, and the limits of care

Violence was a recurring theme, not only in intimate relationships but also from police, clients, and within institutional settings. Several women described being beaten, raped, or forced into sex by partners who simultaneously withheld money or food. In these accounts, IPV functions as a mechanism of discipline and dependency, shaped by women's economic reliance and lack of legal recourse.

> *He said if I want to leave, I must leave with nothing. He kept the ID, the baby's clinic card, and ...even the food parcels. I had to go back. I didn't have anyone else."- (Christina, 31, South African)*

Christina's dependence on her partner for food and documents reflects how state neglect extends into private violence. Her choice is not between violence and freedom, but between different forms of risk. Participants often described trading safety for shelter or choosing silence to maintain access to basic needs.

Networks of care and fragile solidarities

Amidst structural abandonment and daily insecurity, participants described forms of informal solidarity that provided crucial buffers against hunger, violence, and isolation. These networks, made up of women in similar circumstances, offered not only material support (such as shared food, housing, or information about clinics) but also emotional protection and collective dignity.

For many, care was not a luxury but a strategy for survival, fragile, uneven, and always negotiated, yet vital.

> *We don't have much, but we share what we can. When someone has a customer and brings bread, we all eat. Tomorrow it's me. It's not charity. It's how we live. – (Molly, 26, Zimbabwean migrant).*

Molly lives in a shared room with four other women, all involved in various forms of informal and sexual labour. Her description of shared bread and rotating reciprocity reflects a micro-economy of care that operates outside formal institutions. These networks blur the boundaries between friendship, kinship, and economic partnership, and reveal a gendered politics of mutual survival.

> *One of the girls was arrested. She didn't come back. No one knew where they took her. After that, people stopped talking too much. We still share food, but the love is quieter now. – (Carthy, 23, Namibian migrant).*

Carthy's story illustrates how state violence fractures trust. The arrest and disappearance of a peer interrupts the rhythm of care, creating fear and silence. In this sense, criminalisation does not just target individuals; it targets the social fabric that makes survival possible.

> *We try to help each other, but we are all tired. We are all hungry. Sometimes you get jealous, even if you*

don't want to. But we try. That's the only thing we try."- (Lynda, 28, Cameroonian migrant).

Lynda's quiet admission speaks to the emotional contradictions of surviving together in scarcity. Mutual aid is not romanticised here; it is fraught, delicate, and shaped by material limits. Still, the act of "trying" becomes politically meaningful: a form of care that persists despite its fragility.

These fragile solidarities represent more than coping mechanisms; they are acts of refusal against the dehumanisation and isolation that structural violence imposes. They show that even in contexts of extreme marginalisation, women assert relational agency, practice collective ethics, and imagine alternatives to abandonment.

The findings across these four themes show that women's survival strategies are not random or deviant but are forged in response to layered systems of violence, exclusion, and control. Figure 1 below visually illustrates the intersecting forces that "corner" women in urban South Africa, as described in participants' narratives.

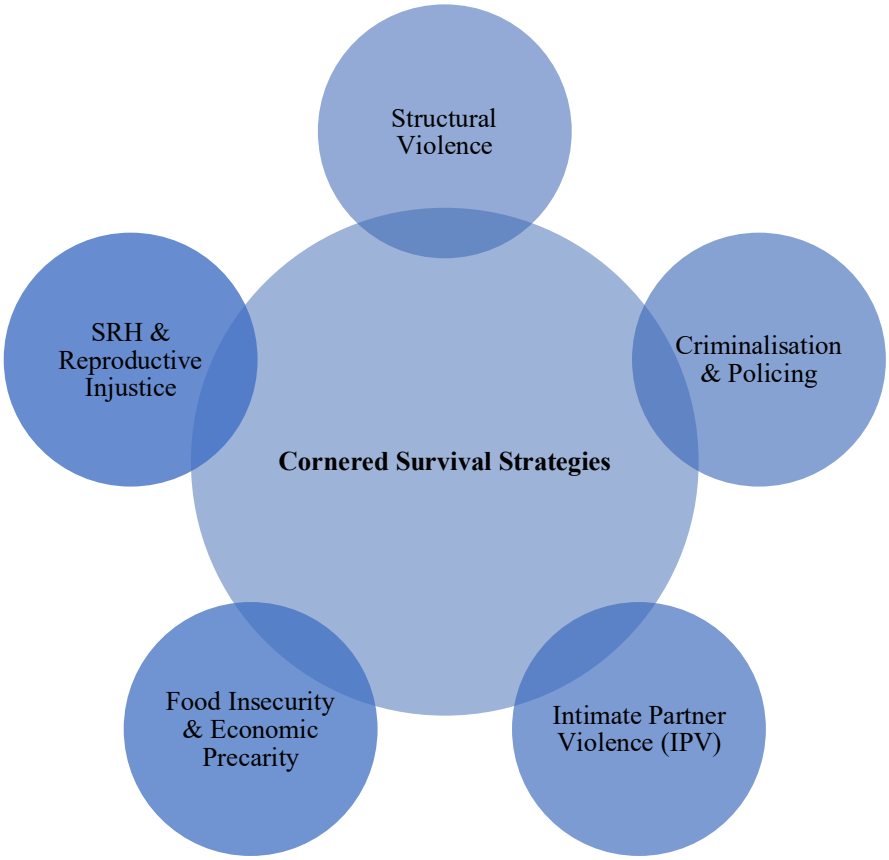

Figure 1: Intersecting systems that corner women's survival strategies

This diagram conceptualises the intersecting systems that "corner" women into precarious and criminalised survival strategies in urban South Africa. At the centre lies the outcome: Cornered Survival Strategies, practices such as transactional sex, informal food trading, and occasional sex work, which emerge not from deviance but from structural desperation. Surrounding this core are five intersecting forces. First, structural violence manifests through urban neglect, the collapse of public infrastructure, and widespread housing precarity, which together create a material and spatial context of exclusion. Second, criminalisation and policing deepen this exclusion, as informal sexual economies are aggressively policed, migrants are targeted under xenophobic policies, and women are judged through gendered and moralistic lenses in both legal and health settings. Third, intimate partner violence (IPV) is both a symptom and mechanism of women's disempowerment, encompassing coercive control, sexual violence, and restrictions on reproductive autonomy. Fourth, food insecurity and economic precarity function as daily reminders of abandonment, pushing women into care burdens, informal labour, and hunger-driven sexual economies. Lastly, sexual and reproductive health (SRH) and reproductive injustice are starkly evident, as women face gatekeeping in clinics, blocked access to contraception or safe abortion, and barriers linked to documentation and legal status. These domains are not discrete; they collide and reinforce each other, structuring a context in which women's survival efforts are punished, invisibilised, and moralised. The model highlights the urgent need to reframe sex-for-survival not as a personal failure, but as a rational response to a landscape defined by layered structural abandonment.

DISCUSSION

These findings illustrate how women's survival strategies emerge within intersecting systems of structural violence and gendered precarity (Farmer, 2004; Crenshaw, 1991). Rather than individual choices, these strategies reflect negotiated responses to constrained conditions shaped by state neglect and material scarcity. Through an African feminist lens, particularly Nego-feminism's emphasis on negotiation and relational agency (Nnaemeka, 2004), women's practices can be understood as pragmatic adaptations rather than moral failure. At the same time, reproductive justice frameworks highlight how access to food, shelter, and healthcare is integral to bodily autonomy, not separate from it (Ross, 2006). A feminist ethic of care further illuminates how survival is enacted collectively, through mutual support, emotional labour, and informal care networks that compensate for institutional abandonment.

The experiences described by the women in this study reflect what Musariri (2022) conceptualises as *becoming cornered*, a cumulative process of marginalisation shaped by structural violence, gendered precarity, and migratory status. In Musariri's ethnography of inner-city Johannesburg, the term is used to describe how men confront exclusion from formal systems of belonging. Here, the concept offers an equally powerful lens for interpreting women's narratives of constrained choices and criminalised survival strategies. Being cornered is not simply a metaphor for hardship; it describes the narrowing of options under conditions of urban abandonment, where institutions meant to offer care instead reproduce harm. In the case of women navigating hunger, housing insecurity, and obstructed access to healthcare, becoming cornered means being forced into transactional sexual economies while being simultaneously punished for it.

The women's accounts offer rich insight into the interplay between food insecurity and sexual economies. For women like *Najma* and *Christina*, who identify as sex workers, hunger is not an abstract concept but a recurring material urgency that shapes sexual negotiation (Khofi et al., 2026). These findings resonate with global literature on the feminisation of poverty and survival sex (Stoebenau et al., 2016), yet they also point to specifically South African configurations: the collapse of local safety nets, the unreliability of public clinics, and the pervasive criminalisation of informal income-generating strategies in the post-apartheid city (Hunter, 2010; Sidloyi and Bomela, 2016).

While the concept of transactional sex has often been used as an analytical category to distinguish between 'survival' and 'strategic' engagement in sexual economies (Chatterjee, 2021), the findings from Lorentzville challenge such distinctions. For participants like *Zelda* and *Lihle*, transactional sex was not a long-term strategy, but an irregular and emotionally fraught decision taken when all other forms of support had eroded. Intimate partner violence emerged across these relationships as both a symptom and an instrument of structural entrapment. Women described how economic dependency on abusive partners prevented them from leaving. Such narratives echo global patterns of IPV as entangled with economic precarity (Jewkes et al., 2023; Khofi et al., 2025a; Wood, 2019), but in this context, the violence is further reinforced by state failures. Participants described seeking help from the police only to be mocked, blamed, or threatened with arrest, experiences that reveal the continuum of violence stretching from the private sphere to the carceral state (Boonzaier, 2018; Fassin, 2011).

These findings complicate public health framings that isolate IPV as a behavioural or household-level issue. As Khofi et al. (2025a) argue, IPV in contexts of urban poverty and migration is inseparable from structural neglect, constrained reproductive autonomy, and systemic exclusion from healthcare. *Nelly*, a 21-year-old from the Free State, was repeatedly turned away from public clinics when seeking contraception. When she fell pregnant, her boyfriend blamed her, then assaulted her. Nelly's story exposes how the denial of contraception becomes entangled with blame, violence, and loss of bodily autonomy. Such accounts align with studies that show how institutional gatekeeping in sexual and reproductive health services (SRHS), particularly for migrants and poor women, reproduces cycles of violence and disempowerment (Khofi, 2024; Gwatirisa & Manderson, 2012; Macleod et al., 2024).

Despite these conditions, the women in this study also enacted agency through informal solidarities. Food sharing networks, rotating childcare, and collective warnings about abusive men or police patrols formed what Scott (1985) might call "weapons of the weak" informal strategies to mitigate risk and create a semblance of protection in an otherwise hostile urban landscape. Yet even these were fragile. As *Ludick* explained, "Sometimes we help each other, but when everyone is hungry, no one can help." The limits of these solidarities highlight that while community support can offer temporary relief, it cannot substitute for systemic justice or social protection.

Notably, the criminalisation of women's coping strategies was not only a product of state policing but also embedded in everyday stigma. Participants recounted how neighbours, landlords, and even clinic staff enacted moral judgment. This reflects what Fassin (2009) terms the "moral economy of care," in which access to services is often conditional on demonstrating deservingness. Migrant women and sex workers, in particular, were constructed as undeserving of compassion or help. These dynamics reinforce the feminisation of moral scrutiny and the disciplining of poor women's sexuality (Cohen, 2021; Sen, 2018).

At the same time, not all participants interpreted their involvement in transactional sex as coerced or victimising. Some, like *Zozo* and *Carthy*, spoke with pride about their ability to provide for themselves through

sex work. Their narratives remind us that while structural violence narrows options, it does not erase agency. Feminist scholars have long cautioned against collapsing survival with passivity (MacLeavy et al., 2021; Ross, 2017). A decolonial feminist approach, especially in the South African context, must hold space for complex readings of choice, resistance, and constraint.

Together, these findings push us to reconsider the framing of sex-for-survival and IPV in both policy and academic discourse. Rather than pathologizing women's decisions or relying on individual-level interventions, we must confront the systemic architectures of exclusion that render certain lives hyper-vulnerable. The framing of "cornered by survival" is not just a thematic title; it is a diagnosis of a broader societal condition. To uncornier women in urban South Africa requires more than health promotion or policing; it requires reproductive justice, housing security, migration reform, and care systems that recognise women's strategies not as deviance, but as rational responses to enduring abandonment (Khofi et al., 2025b; Khofi et al., 2026; Sidloyi, 2020; Sidloyi and Bomela, 2016).

CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

IMPLICATIONS

The findings signal an urgent need to rethink how social welfare, urban policy, and health systems respond to women at the intersections of violence, care, and criminalisation. By revealing how state neglect and institutional gatekeeping intensify women's vulnerability, particularly for migrant women, the study highlights the limitations of siloed interventions that treat IPV, hunger, and sex work as separate issues. Instead, intersectional and contextually grounded approaches are needed that recognise survival strategies as both rational and constrained. For social workers, urban planners, and public health practitioners, this means moving beyond moral judgments and toward rights-based, decolonial, and feminist frameworks of care.

RECOMMENDATIONS

- Decriminalise women's survival strategies, including informal sexual economies and mutual aid food networks, especially within urban poverty contexts.
- Implement trauma-informed and migrant-inclusive reproductive health services, ensuring contraception, abortion, and antenatal care are accessible without moral or legal gatekeeping.
- Develop Afrocentric, feminist-informed urban policies that prioritise reproductive justice, food sovereignty, and secure housing for women on the margins.
- Recognise informal caregiving and community organising as legitimate forms of labour and incorporate them into municipal and social welfare planning.
- Train frontline service providers (police, healthcare workers, social workers) to identify and interrupt institutional forms of violence and discrimination, especially against migrant and undocumented women.

CONCLUSION

In conclusion, this study demonstrates how women's survival strategies in Lorentzville, transactional sex, informal caregiving, and community food redistribution, must be understood within the wider context of systemic neglect, reproductive injustice, and urban policing. By centering women's voices, the article reframes these practices as rational responses to constrained choices rather than deviance, highlighting the urgent need for intersectional, feminist, and decolonial approaches in both scholarship and practice. Overall, this research advances feminist understandings of survival at the margins, underscores the importance of addressing structural violence and institutional neglect, and calls for interventions that recognise the resilience and creativity of women navigating these constrained contexts.

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