The prevention of violence against children: Creating a common understanding

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The *World Study on Violence against Children* noted that violence against children is never justifiable or inevitable, and that "if its underlying causes are identified and addressed, violence against children is entirely preventable".[1] The report noted a growing evidence base to inform the design and delivery of effective prevention programmes and that these are proving to make a difference – not just in children's lives in the present – but in reducing all forms of violence in society.

This essay addresses the following questions:

- What is meant by violence prevention?
- How is South Africa doing?
- What are the recommendations?

What is meant by violence prevention?

Increasingly, countries recognise the universal value of human rights and negative public health outcomes as grounds for justifying the prevention of violence against children. Yet there are no universally accepted definitions of prevention. The World Health Organisation notes with concern that most countries follow a response-driven approach to the prevention of child maltreatment with a focus on the early identification of cases, followed by investigation and intervention.[2] Yet mitigating the consequences of violence for affected children is unlikely to decrease the incidence of violence against children in the population as a whole.

A shift to primary prevention

There is a growing recognition that interpersonal violence is preventable. This means that efforts to prevent violence should precede and prevent the occurrence of violent acts and not simply respond to violence against children once it has occurred. The Centres for Disease Control and Prevention identify three approaches to violence prevention:[3]

- primary prevention aims to prevent violence before it occurs;
- secondary prevention focuses on the immediate response to violence including emergency services and holistic care; and
- tertiary prevention involves short- and long-term approaches to reduce the impact of trauma in victims, and to rehabilitate offenders.

The Children's Act[4] uses the term "prevention" to refer to programmes that build the resilience and capacity of children and families before problems occur, and introduces the term "early intervention" for programmes that target families where children are identified as vulnerable, or at risk of harm, or where children need to be removed from the family into alternate care. Services at this level also include therapeutic programmes to reduce the need for court-ordered intervention[i] or alternative care.

Recent research[5] has contributed to a global shift from response to primary prevention services. This includes a growing understanding that:

- child maltreatment has a far-reaching impact on children's physical and mental health and ability to function;
- only a small proportion of child maltreatment cases are reported to child protection services;
- rates of violence against children in many low- and middle-income countries are higher than those in high-income countries; and
- preventing child maltreatment in the first place is cheaper and more effective than trying to remediate its effects later.

Caldwell and Noor[6] noted that the costs of prevention programming vary depending on the intensity of the services offered but are just a fraction of the child abuse treatment costs. They estimated the cost savings to range from 96% to 98% depending on the prevention model tested. This has subsequently been reinforced by further research[7] which presents a clear economic rationale for addressing early risk factors and investing in childhood. This emphasis on prevention is also in line with recommendations by the United Nations Committee on the Rights of the Child in their general comment on children's right to protection from all forms of violence.[8]

In South Africa, the child protection system has focused primarily on response services and there has been little investment in primary prevention. However, this situation is promising to change as the government is in the process of reviewing the effectiveness of current responses to violence against children. It has commissioned an analysis of the root causes of violence against children to inform its action plan to prevent violence against women and children.

A public health approach

The goal of developing a solid evidence base is aligned to a public health approach to prevention, which is multi-disciplinary and provides a systematic approach to developing and designing effective prevention programmes.

i Examples of court-ordered intervention include providing an order to remove a child from home, and placing the child in foster or institutional care, or requiring that parents or caregivers of the child undergo assessment and treatment for harmful behaviours.

This includes:[9]

- defining the problem by describing its magnitude, distribution and consequences;
- identifying risk and protective factors and underlying causes – in particular those that can be modified;
- developing and rigorously evaluating interventions that target risk factors; and
- scaling up those interventions that have been shown to work, and evaluating their cost-effectiveness.

In addition, prevention programmes need to be well targeted to minimise costs and ensure equitable access to services based on need. Gordon[10] distinguishes between universal services that target the entire population and more specialised services, and this framework has been adopted by the Department of Social Development (DSD) in its National Strategic Plan[11] for the provision of prevention and early intervention programmes which distinguishes between:

- universal prevention which includes strategies and programmes that target the general public or a whole population group;
- selective prevention which targets individuals or a sub-groups of the population whose risk is significantly higher than average; and
- indicated early interventions which focus on high-risk individuals who are identified as having minimal but detectable signs or symptoms of social problems.

Indicated early interventions are likely to be more intensive and costly than selective and universal prevention and should be carefully targeted. For example, in the Western Cape province, the BEST programme run by James House in the Western Cape uses a social-ecological approach (see pp. 30 – 33) and works with all stakeholders to ensure that teenagers with high-risk behavioural issues receive the necessary support to avert being placed in an institution or prison.[12]

The social-ecological system

The public health approach to violence prevention locates the individual child within the broader social-ecological system, and recognises that violence is not the result of a single factor, but rather the outcome of a complex interplay of individual, relationship, community, and societal factors. Prevention efforts then focus on evidence-based interventions that decrease risk factors and strengthen protective factors at each level of the system.

Intersectoral collaboration

The DSD's Draft Strategic Plan for the Comprehensive Provision of Prevention and Early Intervention Programmes[13] highlights how prevention of violence and promotion of safe childhood need to move beyond targeting individual behaviour to address broader social and environmental drivers of violence against children. Prevention strategies are therefore needed at all levels of the social-ecological model, which speaks to the need for intersectoral collaboration and the importance of community ownership and participation (illustrated in case 4 on p. 40).

The Draft Strategic Plan also highlights the need to strengthen protective factors and create supportive environments, strengthen community action and develop personal skills, including interventions that change the ways in which families and communities value and respond to children. This understanding is consistent with that of the Daphne Project's review of evidence and best practice in the European Union, which defines violence prevention as the implementation of systems, services and interventions to both reduce risk factors for child abuse and neglect, and enhance protective factors.[14] At the core of prevention are programmes with components that aim to change behaviour that contributes towards children and adults either becoming perpetrators or victims of violence.

The Children's Act obliges the DSD to collaborate with other government departments to implement prevention and early intervention programmes. While early intervention programmes traditionally rely on child protection organisations and law enforcement authorities, the shift to primary prevention (together with the emphasis on strengthening protective factors) requires collaboration with a much wider range of role-players including the Health, Basic Education, Human Settlements and Local Government departments to promote maternal and child health and well-being, early childhood development, play and schooling opportunities. This highlights the need for inter-disciplinary teams with "the diversity of expertise and breadth of intellectual focus"[15] needed to design and implement effective prevention programmes.

A life-course approach

Prevention programmes also need to be sensitive to how children's experience and exposure to violence change across the life course (as outlined in the previous essay), and design developmentally appropriate interventions. For example, information on "shaken baby syndrome" is particularly relevant during infancy and early childhood, whilst programmes that teach children to be alert and respond to high-risk situations are more appropriate in later childhood when children have the capacity to reason and anticipate potential risk and danger.

In other words, the design and implementation of prevention programmes need to take into account: the earliest possible point of intervention before risk factors become entrenched; the severity of risk factors; the appropriate level of coverage of the population; and at what stage of child development it is most appropriate to intervene.[16]

Table 2 draws on the social-ecological model to outline a range of interventions designed to prevent and respond to violence against children; which need to inform the development of a comprehensive prevention strategy in South Africa.

How is South Africa doing?

South Africa has put in place laws and policies[17] that support the prevention of violence against children, and these make clear government's intention to shift practice from tertiary to primary prevention. Globally, programmes that have been found to be

Table 2: Mapping prevention and early intervention at each level of the social-ecological model

	Individual	Relationship	Community	Society
Before violence occurs Prevention (primary prevention)	Antenatal and post-natal services that address holistic health Birth registration Enforcing payment of child maintenance orders Children's social and emotional competence are developed Programmes to build self-esteem and critical thinking Anti-bullying programmes Skills development programmes/economic empowerment Adolescent development programmes/mentorship programmes Sexual and reproductive health programmes for teenagers Confidential helplines providing information	Parenting and home-visitation programmes Support and information to families of children with disabilities Conflict resolution and communication skills Peer-support systems Recreation and sports Programmes that promote positive relationships between males and females	Changing social/gender norms Public debates on traditional practices Training teachers on positive discipline Shifting attitudes on corporal punishment Mass media and social mobilisation campaigns Edutainment (eg Soul City) Awareness of child disabilities and reducing stigma against children with disabilities Community dialogues to identify risk and protective factors and recognise signs of abuse Outreach programmes addressing community risk factors Investing in community facilities to promote safety	Legislation Policy Norms and standards for services National action plans Practice guidelines and management protocols Provincial profiles and research on need and effective programmes Job creation and economic opportunities
After violence took place Early intervention (secondary and tertiary prevention)	Confidential child helplines Targeting risk behaviour Support for alcohol and substance abuse Counselling Temporary safe care Witness preparation programmes Specialised therapeutic services for victims Offender rehabilitation and diversion programmes	Family preservation programmes Family group conferencing Court order prevention and early intervention programmes Support groups Strengthening family support structures/ social connections	Training of professionals to identify children at risk; report; refer and support victims Strengthening multi-disciplinary team work and intersectoral collaboration One-stop centres (eg Thuthuzela Care Centres; The Teddy Bear Clinic) Specialist courts and other services Disciplinary action, or prosecution of repeat offenders who use corporal punishment in schools	Legislation Policy Norms and standards National action plans Practice guidelines and management protocols Provincial profiles and research on need and effective programmes Offender registers

effective or promising are home visitation and centre-based[ii] parenting skills training for mothers and caregivers.[18]

However, implementation of these laws, especially the Children's Act, has been slow. Most child protection programmes, with the exception of social grants, are implemented by non-governmental organisations in the social welfare sector, and historically these organisations have focused on the provision of early intervention and tertiary response services. Any shift in practice will depend on the capacity and readiness of South Africa to implement prevention programmes.

The World Health Organisation recently conducted a study[19] to assess the readiness of countries to implement large-scale child maltreatment prevention programmes and highlighted a range of factors that need to be taken into consideration including:

1. legislation, mandates, policies and plans together with the political will to address the problem;
2. policy-makers' and practitioners' attitudes and knowledge about child maltreatment and its prevention;
3. the existence of large-scale prevention programmes or programmes into which child maltreatment prevention components could be integrated;

ii Group programmes delivered through community centres, schools, early childhood development centres, or clinics.

Case 3: Thula Sana – An intervention to enhance the mother–infant relationship and infant attachment

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Sensitive maternal care and secure infant attachment are associated with a range of positive child development outcomes. Previously, researchers found high rates of insensitive parenting and insecure infant attachment in early mother–infant relationships in Khayelitsha, Cape Town.[20] In response, the research team (together with the implementing partner The Parent Centre) developed the Thula Sana intervention to promote sensitive and responsive interactions between mothers and their infants.

The intervention is designed for routine delivery within low-resource settings, and is delivered by lay community health care workers who are trained and provided with regular support and supervision. The programme is based on a manual, which is used to guide the health workers in the day-to-day delivery of the programme. During the programme, the community health worker engages in a number of activities with the mother to sensitise her to her infant's individual capacities and needs.

The intervention starts in the last trimester of pregnancy, and continues for six months after birth, with mothers receiving visits from the community worker in their homes. A total of 16 visits are made and these are particularly intensive in the first three months after the baby's birth.

An evaluation of the Thula Sana intervention found that community health workers had strong community support for their activities, and that the intervention was well received by mothers, with a low drop-out rate. Researchers found that mothers in the intervention group were significantly more sensitive in interaction with their infants, and their infants were significantly more likely to be securely attached.[21]

The research team is currently in the process of investigating the long-term impact of the programme with the participating mothers and their children, who are now 13 – 14 years old.

Through supporting the development of early child behaviour and emotional functioning, early interventions such as Thula Sana can help to promote positive, and reduce negative, patterns of parenting. Not only is this likely to reduce the use of harsh and violent discipline practices in families, but it can also reduce children's long-term risk for engaging in violent behaviour themselves.

4. material, human and technical resources; and
5. reliable data to inform the design, targeting and monitoring of services.

The study found that South Africa showed a low level of readiness based on the lack of large-scale child maltreatment prevention programmes to address the magnitude of the problem. Given the scale of the problem, it may therefore help to integrate prevention interventions into existing programmes such as maternal and child health care, early childhood development and care services and home-based care visits in order to take these to scale.[22]

Such interventions include parenting programmes to prevent physical abuse, emotional abuse and neglect. For example, the Thula Sana project (case 3 above) has demonstrated improvements in the quality of mother–infant relationship and security of infant attachment. Another promising programme to improve the well-being of children is the Isibindi[iii] model which provides psycho-social support to reduce emotional problems for vulnerable and orphaned children in the context of HIV and AIDS.[23]

A review[24] of parenting programmes in low- and middle-income countries indicates the importance of developing interventions that take account of the challenges facing children who grow up in low-income settings, including widespread violence and the impact of HIV/AIDS on families. Additional risk factors are teenage parenting, substance abuse and high levels of unemployment and poverty. Interventions that aim to improve the capacity of primary caregivers to provide nurturing care should therefore at the same time increase their knowledge and ability to respond to other risk factors in their communities.

The prevention strategies that are most consistently used in South Africa are public awareness campaigns – in particular Child Protection Week, and the 16 Days of Activism for No Violence Against Women and Children. In addition, pre-school and primary school children are being taught about unsafe situations and inappropriate behaviour. However, there is no clear evidence that these campaigns and education programmes are effective, and statistics on reported violence against children have not reduced substantially in the past two decades.

Some projects and programmes[iv] initiated by civil society organisations and research institutions show considerable promise in modifying values, norms and behaviours to promote the care, nurturing and protection of children. Most have developed (or are in the process of developing) an evidence base, yet comprehensive roll-out is limited by the lack of available resources and a comprehensive national implementation plan that co-ordinates activities at every level of prevention.

The current funding climate for such interventions, including

iii Isibindi is a support programme for orphaned and vulnerable children developed by the National Association of Child Care Workers (NACCW) and implemented by a range of non-governmental organisations in all nine provinces.

iv For example, Childline South Africa, Child Welfare, Sonke Gender Justice (MenCare and One Man Can programmes), the National Association of Child and Youth Care Workers (Isibindi programme), the Parent Centre (Home visiting and Teen Parenting programmes), Resources Aimed at the Prevention of Child Abuse and Neglect - RAPCAN (positive discipline advocacy), the Sexual Violence Research Initiative and the Medical Research Council (Skhokho and Stepping Stones).

increased global and national interest in addressing violence against children through prevention measures, is likely to improve the situation. The trend to focus greater attention on prevention is reflected in the meeting minutes and publications of international bodies.[25] Furthermore, both local and international donors appear to have shifted from funding responses to violence against children to supporting pilot prevention programmes and evaluating their impact in order to strengthen the evidence base.[26]

Local researchers are striving to improve the evidence base for possible scaling up by developing randomised controlled trials. Emerging evidence has primarily focused on young children, as an early start is essential to address risk factors that produce emotional and behavioural difficulties in children. The Department of Health has the potential to play a key role in prevention by helping to identify children at risk and refer them to social services.[v] While the Children's Act makes it mandatory for health care professionals to report child abuse,[27] there is a need to expand these professionals' role to include primary prevention as an integral part of maternal and child health services.

Interventions that promote respectful and equitable relationship-building, communication, and conflict resolution skills in adolescence are also showing promise in shifting violent practices in interpersonal relationships. There are a few school- and community-based prevention programmes with adolescents and young men that are showing some success, such as Stepping Stones, One Man Can, and PREPARE (see the essay on pp. 73 – 79).

Some literature[28] creates a distinction between practice and evidence-based knowledge when discussing prevention and responses to violence against children. However the value of practice analysis should not be neglected, both as a source of developing new ideas to be tested and as providing a context in which evidence is gathered. It is one of the challenges in the field of research – to bring academics and practitioners together to share research opportunities, develop strategic and programmatic ideas, and enable the development of an evidence base that can be used at the coal face of practice.

Much of the evidence-based research in the field of prevention of child violence has been done by academic and research institutions in South Africa, and tends to be published in scientific journals, which are unaffordable and inaccessible to practitioners. Co-ordination and a closer interface between research and practice will do much to strengthen prevention efforts and will encourage practitioners to develop and implement strategies and programmes that have an evidence base, and research institutions to ensure that the body of evidence-based practice continues to grow and develop.

In summary, sustained programmes and responses directed at the prevention of violence against children in South Africa, based on research, practice, evidence and careful planning, have been – and remain – lacking. Responses to violence against children have tended to be "knee-jerk" and without careful thought about the implementation consequences in the short and long term, without an evidence base, and tending to address the response to violence once it has occurred, rather than primary prevention.

Isibindi safe parks: Provide a safe environment for children after school

v For example, on 24 May 2014, the 67th World Health Assembly adopted a historic resolution entitled "Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children".

Case 4: Children are precious – A comprehensive approach to child protection at community level

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Children Are Precious (CAP) is a comprehensive and community-based model for child protection in Lavender Hill, Cape Town, which was initiated in 2009 by RAPCAN. CAP aims to:

- identify and reduce risk factors in the family, school and community;
- enable more efficient and effective responses to child maltreatment; and
- establish and strengthen community-based primary prevention, secondary prevention and tertiary prevention strategies.[29]

At community level, a series of dialogues were held with key target audiences including mothers, young people participating in a health club, and children in aftercare. These dialogues formed part of a communication-for-social-change process that aimed to strengthen primary prevention by posing questions, providing information and eliciting rights messaging. The children and youth produced an album of songs and child rights messages which were used with the community, government officials and politicians to advocate for primary prevention.[30]

At schools, training programmes focused on creating a safe haven for children at school. RAPCAN facilitated workshops on child abuse prevention and management, positive discipline, safety, and conflict resolution, as well as the development of school safety plans. However, educators were reluctant to change behaviour when the school system did not change.[31]

Lay-support workers engaged with individual children from four schools who were experiencing barriers to learning. These sessions aimed to build children's resilience by drawing on the Heroes and Healers workbooks,[vi] and by using community mapping to identify community resources and areas of danger and safety. They also worked at community level by mentoring after-school care and strengthening referral systems. However, their efforts were undermined by the slow response of service providers in the referral system.[32]

In some ways CAP was too ambitious, working at many levels with a range of innovative intervention strategies and with constrained resources; so a collaborative venture may have been more advisable.[33] Despite these challenges, RAPCAN remains committed to a comprehensive community-based approach to preventing violence against children and, in 2014, RAPCAN's advocacy for primary and secondary prevention interventions has attracted commitment from government to support these CAP interventions.

Table 3: Intervention strategies used by CAP

Focus area	Primary prevention	Secondary prevention	Tertiary prevention
Community	Communication for social change	After-school care mentoring	Referral systems strengthening
School	Positive discipline training with educators	School safety plans	Child abuse prevention and management systems
Family and individual	Parenting support	Community mapping and Heroes workbook	Healers workbooks

These responses tend to be child welfare-oriented and include some medical interventions in the case of physical and sexual abuse. However, the role of the health sector in strengthening violence prevention interventions is neglected both in policy and practice. The use of para-professionals in the Thula Sana project is a promising model for delivery as it reduces the costs associated with parenting interventions in high-income settings.[34]

The development of a comprehensive prevention plan requires good data collection to enable an appropriate strategic and programmatic focus and evidence of efficacy.[35] Reliable and comprehensive data on violence against children in South Africa are lacking (see the previous essay). Although there are figures on broad categories of violence against children, it is widely acknowledged that there is underreporting and there is little specific data on contextual and other drivers of violence.

The family is broadly recognised in policy, law and practice as the first protection system for children, yet it is also a context in which significant acts of violence against children occur. Therefore, engagement with parents needs to be stressed in both policy and practice guidelines. Consultation with parents and caregivers is an opportunity for providing information to parents about a child's right to be safe from all forms of violence, as well as helping them develop coping mechanisms and non-violent ways of disciplining their children.

vi The Heroes workbook produced by the Regional Psycho-Social Support Initiative (REPSSI) uses storytelling to help children address and overcome psycho-social challenges, while the Healers books produced by RAPCAN are designed to support therapeutic work with children who were abused sexually.

What are the recommendations?

Preventing violence against children in South Africa is a public good. That means it not only promotes the well-being of children, it is also essential to a peaceful democracy, a healthy nation, enhanced productivity and reducing the high levels of violence in South African society. The approach to prevention must be intersectoral and inclusive of government, professionals working with children, civil society organisations, business, parents, caregivers and children, emphasising that the protection of children is "everyone's business" and a collective responsibility.

Preventing violence against children requires collaborative action on the development of strategies and programmes, testing their effectiveness and scaling up those for which there is a clear evidence base, and ensuring that the different strategies and programmes addressing other types of violence, such as gender-based violence, are integrated into an overall national plan. The following recommendations are put forward to realise this goal:

1. The Department of Social Development, as the lead department for the protection of children, together with its provincial counterparts, other relevant government departments such as Health, civil society organisations, professionals, and research institutions must combine their knowledge and practice skills to implement the National Strategic Plan. This includes the development of a carefully constructed, coherent evidence-based master plan, using an approach similar to that outlined in table 2 on p. 37, and which addresses all levels of prevention across a range of contexts. This includes preventing the use of corporal punishment and the exposure of children to domestic violence in the home.
2. Strong surveillance systems are essential for the effective targeting of services. The DSD and civil society organisations must therefore ensure the optimal functioning of the National Child Protection Register[vii] to inform the development of a prevention plan that is adequately resourced and responsive to needs on the ground. Similarly, the departments of Health and Social Development should prioritise the development and use of screening tools to identify families and children at high risk, and referrals for assistance should be monitored.
3. Effective prevention needs to be broad based, covering both universal and targeted groups, and should prioritise primary prevention interventions that clearly show how they intend to change behaviours that are associated with risk factors of violence against children in families, schools and communities. Given the historical use of the response approach to child

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Children Are Precious: Communication for social change in Lavender Hill

vii The National Child Protection Register, provided for in the Children's Act, has two sections. Part A captures details of children whose abuse and/or neglect has been reported to the child protection system. Part B captures details of persons unfit to work with children. All who work with children, in either a paid or voluntary capacity, have to be screened against the register. If a person's name appears on the register, they may not be employed in any capacity to work with children. The purpose of the register is therefore two-fold – to enable knowledge of the extent of required child protection services and to protect children from abuse.

protection, South Africa needs to prioritise the reorientation of policy managers and practitioners in various sectors. This could also include the development of a framework that guides policy managers and planners to ensure effective allocation of funds and monitoring of services.

4. Researchers and practitioners in child protection, child health and development and civil society organisations must work more closely to strengthen prevention of violence against children. Through this co-operative approach South Africa has the potential to develop indigenous knowledge and practice on effective prevention of violence against children. Evidence-based strategies and programmes from other countries and regions that appear to hold promise should be explored but must be adapted to the culture and context of South Africa's children and families. Similarly, indigenous traditions and practices that support non-violent child-rearing and caring practices should be identified and strengthened. The National and Provincial Child Care and Protection Forums provide opportunities for closer collaboration between government, professionals, civil society and researchers to develop, test and implement effective strategies and programmes.

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