Preventing violence: From evidence to implementation

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If we are serious about achieving the Sustainable Development Goals (SDGs) and ensuring that South Africa's children not only survive but also reach their full potential, then it is imperative that we invest in creating safer homes, schools and communities.

The Constitution guarantees children's rights to protection from abuse and neglect, and to freedom from violence.[1] Yet violence against children remains widespread. Exposure to abuse, neglect and other forms of violence continues to compromise children's ability to thrive, increases their risk of mental health problems and substance abuse,[2] and contributes to an intergenerational cycle of violence and poverty – with violence against children costing South Africa an estimated R238.58 billion – or 6% of the gross domestic product – in 2015[3]. Violence also impedes children's ability to thrive at school and achieve their potential.[4]

The good news is that South Africa now has a significant body of research that outlines the drivers of violence across the life course[5] and what can be done to prevent violence against children. This understanding has informed a growing evidence base on effective multi-sectoral interventions to address the complex interplay of risk factors across different settings.[i]

This essay builds on this evidence base to consider the following questions:

- What is known about the nature and extent of violence against children in South Africa?
- How does violence affect children's ability to thrive?
- How can violence be prevented?
- What is needed to bridge the gap between evidence and implementation?

What is known about the nature and extent of violence against children in South Africa?

There was no national estimate of children's experiences of violence until the 2016 Optimus Study on child abuse, violence and neglect in South Africa. The school-based study estimates that 35.4% of South Africa's children experience some form of sexual abuse, 34.8% of children experience physical violence, 26.1% experience emotional abuse, and 15.1% experience neglect. The study concluded that 42% of children had experienced some form of violence and that there was no gender difference in reported experiences of sexual abuse.[8]

Violence against children also kills. The homicide rate in South Africa is 38.4 murders per 100,000 persons,[9] almost six times the global homicide rate,[10] and the child homicide rate is 5.5 per 100,000, more than double the global average. Children younger than five years are at risk of fatal child abuse by someone close to them, and teenage boys are most likely to be killed in the context of male-on-male interpersonal violence.[11]

How does violence affect children's ability to thrive?

Safety from violence is critical for children to thrive. Children's safety is influenced by individual factors such as intellectual ability and gender; and conditions in the home, peer group, school and wider community. Children who are most at risk of abuse from their caregivers are those with chronic illnesses, those who have special needs (learning, physical and mental disabilities), and younger children (under five years). Children living in disorganised families experiencing high levels of stress are also at risk.[ii] Communities

Box 5: What is child safety?

Injuries are one of the leading causes of death and disability for children globally, and efforts to promote child safety have tended to focus on preventing injuries, and ensuring survival. However, the safety promotion paradigm does not take into account the psychological harm associated with violence, abuse and neglect, and the need to mitigate this to enable children to thrive. More recently, the World Health Organisation has recognised the non-fatal health consequences of injuries and violence.[6] It is now accepted that children's exposure to violence, including abuse, neglect and harsh parenting has lasting effects that impact on a child's safety, well-being and ability to thrive; and that definitions of child safety must incorporate children's freedom from fear, and from physical and psychological harm within their homes and communities.[7]

i For example, the global *What Works to Prevent Violence Against Women and Girls* implemented by the Medical Research Council in South Africa and supported by funding from the UK Department for International Development (DFID) represents a massive investment in understanding the root causes of violence, and in the development and evaluation of primary violence prevention interventions in Africa, Asia and the Middle East. See www.whatworks.co.za/about/about-what-works.

ii A study in a community in the Western Cape found that more than a fifth of caregivers experienced high levels of parental stress and that parental stress, intimate partner violence, substance misuse and corporal punishment were associated with children's externalising disorders. See: Ward C, Gould C & Mauff K (2015) Spare the rod and save the child: Assessing the impact of parenting on child behavior and mental health. *South African Crime Quarterly*, 51: 9-22.

that experience high levels of crime, violence, unemployment and substance abuse are likely to have a negative impact on children's mental health and behaviour in the absence of protective factors. Similarly, unsafe school environments pose a significant risk for children who may be exposed to corporal punishment, cruel and humiliating forms of psychological punishment, sexual and gender-based violence, and bullying.[12] For this reason, SDG 4(a) clearly articulates the need to provide safe, non-violent and inclusive educational facilities for all to promote learning and better outcomes for children.[13]

At the same time, not all children growing up in risky environments have poor outcomes. It is therefore important to understand the protective factors that allow children to thrive. Fostering secure parent–child attachments early in life, and a nurturing family environment promote resilience and create a foundation for children to survive and thrive even in unsafe environments.[14]

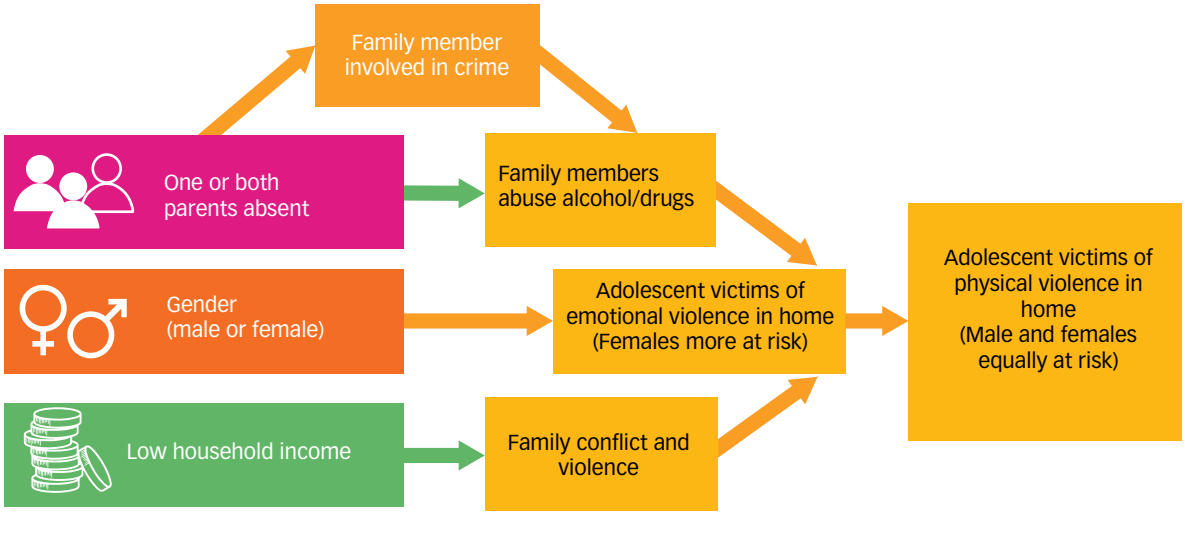
Early childhood (0 – 5 years), middle childhood (6 – 11 years) and adolescence (12 – 18 years) are the foundational years that help set the stage for adult relationships and behaviours. The early childhood years are when bonding and attachment take root and when the architecture of the brain starts to form. In this phase, a safe, stable and nurturing environment, responsive caregivers and positive social interaction prepare the developing brain to function well in a range of circumstances.[15] On the other hand, harsh or inconsistent parenting has a damaging effect on neurodevelopment and may compromise cognitive development and result in increased aggression.[16] Childhood trauma (not just during early childhood) has lasting intergenerational effects and increases the risk for both victimisation and perpetration.[17] Reducing children's exposure to violence and protecting children from trauma are critical, as set out in SDG 3.4, which expresses the need to promote mental health and well-being across the life course.[18]

During middle childhood and adolescence, moral reasoning and social problem-solving skills develop; and attitudes and beliefs about violence are shaped. It is during this time that non-violent and respectful relationships, or their opposite, are cultivated. Values and skills are learned through experiences at home, with peers, at school and within the community, and they intersect to increase or decrease the risk of violence victimisation or perpetration. During this period children spend large parts of their day at school and this socialisation with peers and educators provides an ideal opportunity to introduce programmes to protect children from further risk.

The impact of violence and adversity varies across the life course just as children are vulnerable to different forms of violence at different times in their lives. For example, infanticide, parental abandonment and neglect may have a more profound impact on children under two than older children; bullying only affects children when they begin interacting with peers; while teenagers are at higher risk of alcohol and substance abuse than younger children.

Violence is seldom random. It results from a dynamic interplay between individuals and their environment. A study on the determinants of violence against children in South Africa[19] was commissioned by the Inter-Ministerial Committee on Violence against Women and Children. This study aimed to determine the pathways to victimisation and perpetration by using existing longitudinal data from the Cape Area Panel Study. It was found that children are at a greater risk of experiencing or perpetrating violence when one or both parents are absent, when they are exposed to heightened conflict such as domestic violence in the home, when they live in poor households, and when they are exposed to alcohol or drugs and crime (in their households or community).The study also found that boys are more likely than girls to be victims of physical violence, while girls are more likely to suffer emotional and sexual violence (see figure 15). Adverse

Figure 15: Determinants of violence victimisation



Boys more likely to be victims of physical violence, and girls more likely to experience emotional and sexual violence.

Adapted from: Mathews S, Govender R, Lamb G, Boonzaier F, Dawes A, Ward C, Duma S, Baraecke L, Warton G, Artz L, Meer T, Jamieson L, Smith R & Röhrs S (2016) *Towards a More Comprehensive Understanding of the Direct and Indirect Determinants of Violence against Women and Children in South Africa with a View to Enhancing Violence Prevention.* Cape Town: Safety and Violence Initiative, University of Cape Town.

experiences are strongly linked to a number of negative health, economic and social outcomes.[20] In the absence of safe, stable, nurturing relationships and environments, changes in the brain architecture and function may result in aggressive and antisocial behaviour.[21] These changes manifest in different ways, varying by age, gender and temperament[22] and may include uncooperative and defiant behaviour in pre-schoolers; hitting others, bullying or lying in middle childhood; stealing, truancy, alcohol or drug use and involvement in crime and violence in adolescence; reckless driving, erratic work history, multiple and unstable relationships, partner violence, carrying a weapon, and the continuation of crime and violence into adulthood.[23]

Qualitative life history research with men who were incarcerated for sexual offences, killing of an intimate partner and other serious violent crimes reveals the impact of adverse childhood experiences such as emotionally or physically unavailable parents, harsh parenting, neglect, abuse and fear.[24] This is exacerbated by antisocial and violent forms of masculinity that favour risk taking, displays of strength and violence, and sexual entitlement.[25] In addition, exposure to violence in particular during adolescence across settings increases young people's chances of engaging in risky or anti-social behaviour, and even crime.[26] Being a victim of violence increases the risk of depression, anxiety and post-traumatic stress disorder which often remain unrecognised, resulting in early school drop-out and long-lasting mental health problems.[27]

There is a growing recognition that we need to develop a better understanding of the protective factors that can mitigate risk in order to avoid bad outcomes and ensure children can thrive.[28] This includes a shift in the societal norms, values and beliefs that support the use of violence, including corporal punishment.[29] Therefore, interventions to increase safety and reduce the risk or experience of violence should be carefully targeted and should be responsive to both the developmental needs of children, and the need to shift societal norms.[30]

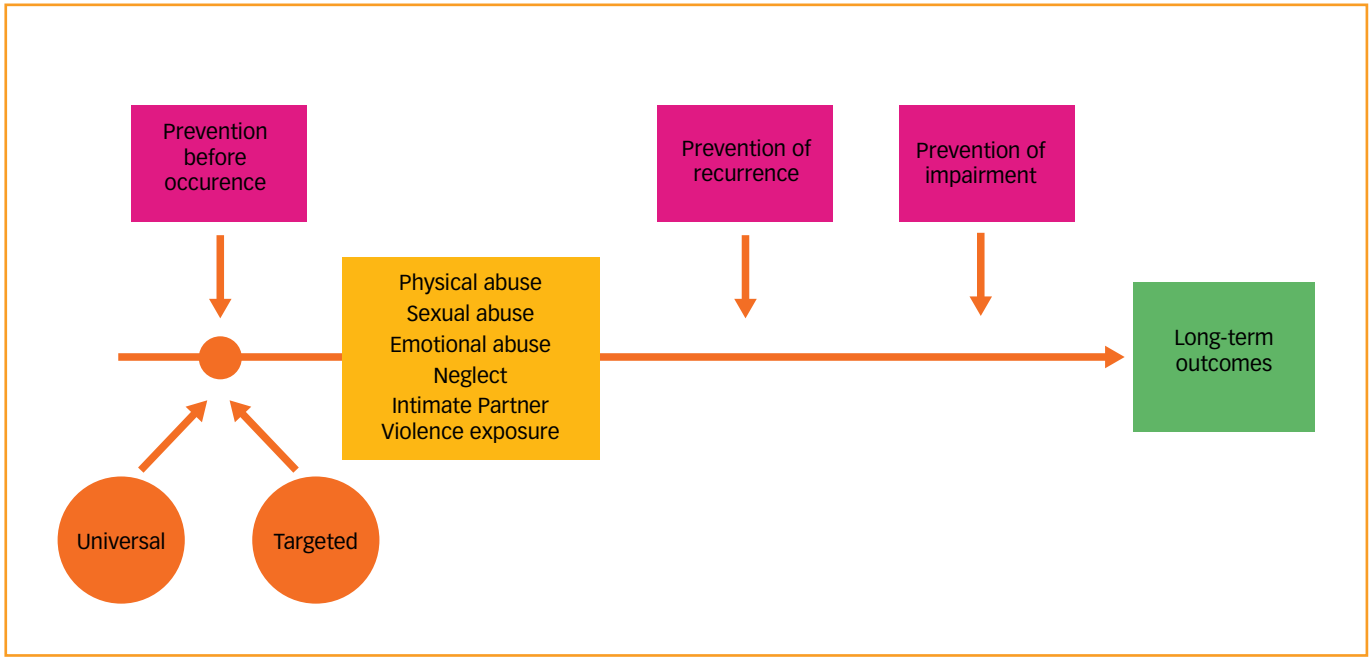
How can violence be prevented?

Preventing violence requires government, civil society and academia to work together to design sustainable interventions that address risk factors across the life course. It is important to prevent violence before it happens, and to provide treatment and support for victims, perpetrators and child witnesses when violence has taken place (see figure 16). Violence and trauma have long-term impacts on mental and physical health and may affect victims' ability to participate in the economy, form stable nurturing relationships and care for children.[31] It is therefore essential to attend to both the physical and emotional needs of victims.

The Global Partnership to End Violence Against Children, launched in July 2016, is targeting a range of SDGs (3, 4, 5, 11, 16 and 17) in order to end all forms of violence against children by 2030. Alongside this global campaign, the World Health Organisation has launched the INSPIRE report[32] that showcases seven evidence-based strategies that have the greatest potential to reduce violence against children, while indicators are being developed to track progress and help countries and communities intensify their focus on prevention programmes and services. Table 4 reflects South Africa's progress in relation to these seven strategies.

It is clear that there are a number of violence prevention initiatives already in place, but several of these interventions lack sufficient evidence to establish effectiveness. The challenge is to build the evidence base, increase the scope and reach of services, and ensure their sustainability.

Figure 16: Prevention framework



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

Table 4: South Africa's progress in preventing violence against children

INSPIRE strategies	INSPIRE approaches	South African responses
Implementation and enforcement of laws	• Laws banning violent punishment of children by parents, teachers or other caregivers • Laws criminalising sexual abuse and exploitation of children • Laws preventing alcohol misuse • Laws limiting youth access to firearms and other weapons	The South African Schools Act bans the use of corporal punishment by teachers. However, a national study found that 22 – 74% of learners (depending on province) had experienced corporal punishment at school.[33] The Liquor Act and the Prevention of and Treatment for Substance Abuse Act aim to combat substance abuse and reduce the demand and harm associated with substance abuse. The current Children's Act does not ban the use of corporal punishment by parents, but government is planning to amend the Act following a court case that effectively bans corporal punishment in the home. The Children's Act criminalises sexual abuse and exploitation of children. The Firearms Control Act regulates the possession of firearms by civilians. However, a national study found that 24% of learners claimed to know people who had brought weapons, such as firearms or knives, to school. The Criminal Law (Sexual Offences and related Matters Amendment Act criminalises sexual abuse and rape. The Prevention and Combatting of Trafficking in Persons Act criminalises all acts that support the trafficking of children.
Social norms and values	• Changing restrictive and harmful gender and social norms • Community mobilisation • Bystander interventions	Sonke Gender Justice is currently evaluating a multi-level intervention in Diepsloot to change gender norms and reduce harmful expressions of masculinity while achieving a reduction in gender-based violence and other positive health outcomes.[34] The Medical Research Council (MRC) is completing a cluster randomised controlled trial of a school-based programme to change gender norms and reduce gender-based violence.[35] As yet, there are no programmes with national reach and no clear plans for scale-up.
Safe environments	• Reducing violence by addressing "hot spots" • Interrupting the spread of violence • Improving the built environment	Sexual Violence against young girls in Schools in South Africa (SeViSSA) aims to reduce violence against children in South African schools.[36] Violence Prevention through Urban Upgrading is working with communities in the Western Cape to address safety risks in formal and informal settlements.[37] The Integrated Urban Development Framework[38] has a strong focus on creating safe environments.
Parent and caregiver support	• Delivered through home visits • Delivered in groups in community settings • Delivered through comprehensive programmes	Parenting for Lifelong Health (PLH)[39] is developing and testing affordable parenting programmes for low-resource settings in South Africa to prevent violence. PLH's four programmes target parents and caregivers of babies and toddlers, young children, and adolescents. Randomised control trials are evaluating all four programmes in the Eastern[40] and Western Cape. In addition, a large number of non-profit organisations deliver parenting programmes. However, only a small number of these are evidence-informed and there is currently no coherent strategy or plan to scale up the small number of programmes that have been shown to be effective in reducing child abuse and neglect or improving infant attachment.

INSPIRE strategies	INSPIRE approaches	South African responses
Income and economic strengthening	• Cash transfers • Group savings and loans combined with equity training • Microfinance combined with gender norm training	The Child Support Grant, a means-tested cash transfer, was introduced in 1998 to contribute towards the costs of supporting a child. Over 12 million children benefit from the grant. The MRC and partners are currently evaluating a Stepping Stones and Creating Futures intervention through a cluster randomised control trial. The trial will evaluate whether a gender transformative and livelihoods strengthening intervention delivered to young women and men (aged 18 – 30) in urban informal settlements in Durban can reduce women's experiences – and men's perpetration – of intimate partner violence and strengthen livelihoods.[41]
Response and support services	• Counselling and therapeutic approaches • Screening combined with interventions • Treatment programmes for juvenile offenders in the criminal justice system • Foster care interventions involving social welfare services	Foster care is a key component of South Africa's child protection system. Children found in need of care and protection (including orphans living with relatives) can be placed in foster care by a court. Due to HIV/AIDS, the numbers of orphans in care rocketed from 47,000 in 2000[42] to 440,000 in 2017[43]. This burgeoning demand has placed an intolerable burden on social workers who are unable to ensure that foster care orders are renewed timeously. These demands are threatening the child protection system. UNICEF has developed a screening tool for children at risk and trained social workers to use it. Since this is a new development, there is not yet data regarding its effectiveness.
Education and life-skills	• Increasing enrolment in pre-school, primary and secondary schools • Establishing a safe and enabling school environment • Improving children's knowledge about sexual abuse and how to protect themselves against it • Training in social and life-skills • Adolescent and intimate partner prevention programmes	School enrolment in South Africa is high, with 97% of school-age children attending school.[44] The life orientation curriculum includes a focus on sexual abuse, life-skills training and relationships. However, it is not known whether increased knowledge has, or can, help children to better protect themselves from abuse. PREPARE is an intimate partner violence prevention programme which was tested with grade 8 learners in the Western Cape.[45] The Department of Basic Education has recently adopted a Care and Support for Teaching and Learning (CSTL) framework and is currently upgrading and improving the curriculum to strengthen peace building. The National School Safety Framework is a management tool to help provincial and district officials as well as schools (teachers and learners) and school governing bodies identify and manage risk and threats of violence in and around schools.

What is needed to bridge the gap between evidence and implementation?

While there is a growing evidence base and a range of prevention programmes to draw on, recent discussions between the developers and evaluators of primary prevention programmes in civil society and National Treasury have revealed a gap that may hamper efforts to prevent violence at scale.

Academics tend to focus on the development of robust, evidence-informed programmes to address risk factors, and may work closely with non-governmental organisations (NGOs) to implement these during the evaluation phase, but their job is done once the results are published.[iii] In many cases the skills and capacity to implement an intervention are quickly lost and the investment in knowledge is not realised. Scaling up is also hampered as there are very few community-based organisations or networks that have a credible national footprint in South Africa, and even fewer that can commit themselves to implementing only evidence-based programmes. It is therefore vital to bridge the gap between those who generate knowledge and those responsible for resourcing and implementing programmes.

Strengthening alignment and coordination

The Diagnostic Review of Violence Prevention against Women and Children[46] in South Africa identified an "implementation gap"

iii Three such examples include the evaluation of a gender-based violence prevention programme in Diepsloot, by Sonke Gender Justice and the University of the Witwatersrand; a project to determine whether a whole community's approach of parenting can be shifted positively through a social activation process and the delivery of four parenting programmes, led by the University of Cape Town, the Institute for Security Studies and the Seven Passes Initiative; and the evaluation of the Sinovuyo Teen Parenting Programme in the Eastern Cape, a collaboration between Clowns Without Borders, the National Association of Child Care Workers, UNICEF and the Department of Social Development.

Case 7: The South African Child Death Review Project – Effective intersectoral collaboration

Child Death Reviews (CDRs) use an intersectoral approach to understand and prevent child deaths.[47] The CDR teams, led by the Children's Institute at the University of Cape Town, facilitate a coordinated response between the police, forensic pathology services, prosecution authorities, paediatricians, and social services in the management of child deaths. The efficacy of the model in the South African setting was tested through a process evaluation in 2014 with a focus on establishing the effectiveness of the teams in strengthening the health and child protection response systems.[48]

This multi-agency approach brings together evidence from medical records, autopsy reports, police and social services investigations, and enables more effective identification of child abuse and neglect. It helps identify systems failures within different departments and opportunities to strengthen communication and coordination between them.

The CDR pilot has demonstrated how a multi-agency approach can enhance reporting and enable a real-time response to ensure children are safer in their homes. The value of making joint decisions also took the burden off the forensic pathologist and police as investigating child deaths in the home is incredibly difficult, particularly when there is a suspicion of a non-accidental injury at the hands of someone close to the child. Social services investigations have also proved crucial in identifying families in distress who require ongoing support to prevent further negative outcomes. The project has been adopted by the Western Cape Health Department as a "best practice model" and is being expanded across the province.

and the need for an oversight body to ensure better alignment and coordination between policy-makers and implementing departments. This is being addressed through an improvement plan, drafted by the Department of Planning, Monitoring and Evaluation in consultation with the affected departments. This may be good news for violence prevention efforts in South Africa. Intersectoral collaboration is also essential to strengthen service delivery at the local level, as illustrated by the child death review programme (in the above case).

Identifying what works at scale

The research community has, until now, been somewhat weak at generating information to inform scale-up including what is needed to ensure interventions are effective outside of the experimental setting and responsive to the local context.

It is important to recognise the limitations of testing programmes through small pilot studies, as these rarely reflect the conditions that interventions will encounter when taken to scale. Very often the level of motivation is high and management input by the "parent" organisation is far greater than realised. It is thus critical to identify the likely challenges of moving to scale, and to develop appropriate ways of managing them. For example, a positive evaluation of a programme through a randomised controlled trial does not necessarily mean that is suitable or ready for scale-up as it may lack the necessary systems, human and financial resources needed to go to scale.

Implementation research has the potential to address these challenges by enhancing our understanding of what is required to support the implementation of programmes with fidelity, and to inform decisions about the resourcing, selection and targeting of prevention programmes – drawing on reflections from academia, government and NGOs.[49]

Building a common vision and finding a way forward

A number of factors place South Africa in a very strong position to work with the Global Partnership to End Violence Against Children and to realise comprehensive violence prevention programming. These include:

- a strong and growing body of evidence about the nature and causes of violence in South Africa;
- a significant investment in the rigorous evaluation of primary prevention programmes;[iv]
- a growing consensus and commitment by government and civil society to violence prevention;[v] and
- a strong policy framework.

This may well be sufficient grounds for South Africa to consider joining the 13 countries that have been named "Pathfinders" to fast-track the prevention of violence against children, and to take advantage of global resources and partnerships that can help translate our investments into significant gains for children.

iv The global What Works to Prevent Violence Against Women and Girls' expenditure of £25 million over five years will provide data about the effectiveness of a wide range of interventions aimed at addressing the risk factors for gender-based violence. Yet the extent to which these interventions, if shown to be effective, can be taken up and applied outside of the context in which they have been trialled is yet to be established.

v As indicated by the National Dialogue Forum for Evidence-based Programmes to Prevent Violence Against Women and Children, which is convened by the Institute for Security Studies and supported by a multi-sectoral "driver group" including the MRC, UNICEF, Save the Children South Africa and the Department of Women.

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