

Preventing violence against children:

From policies and plans to implementation

The South African Child Gauge

The South African Child Gauge is the only publication to track the status of South Africa's children annually.

It aims to make the latest research evidence accessible to policy-makers and practitioners and to contribute to more effective policy design and implementation for children

It includes an overview of the latest legislative developments, childcentred indicators, and a collection of short essays by experts in the

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South African Child Gauge 2014

In the 20 years since the first democratic election, children continue to experience high levels of violence in their homes, schools and communities, with lifelong social and economic costs to the country. Despite having ratified the UN Convention on the Rights of the Child and the African Children's Charter and having enshrined children's rights in the Constitution and the Children's Act, the legacy of apartheid continues to haunt our children. Translating these polices into a sustained approach to prevention has been slow.

Survey data suggest that over 50% of children have experienced physical abuse at the hands of caregivers, teachers or relatives. In 2013/14 a total of 45,230 contact crimes against children, including 22,781 sexual offences, were reported to the police. However, it is not known exactly how many children are affected by violence as surveillance systems are weak and ineffective.

Violence against children causes long-lasting psycho-social and neurological damage which prevents children from realising their full potential.³ Children who experience or witness violence are at increased risk of revictimisation or perpetration later in life.⁴ Violence has far-reaching intergenerational consequences, and the economic costs of lost productivity extend across the life course⁵. Violence also undermines efforts to promote social cohesion and to build a peaceful and prosperous nation.

The South African Child Gauge 2014 addresses the challenge head on. It showcases programmes that are proving effective in preventing violence, and it identifies some of the systemic challenges that need to be addressed in order to develop an effective child protection system.

Key recommendations include the need for:

- 1. a coherent policy framework,
- 2. a surveillance system to determine the number of children who experience violence,
- 3. evidence of what programmes work in the South African context,
- 4. a targeted multi-dimensional approach,
- 5. strong leadership and co-ordination,
- 6. increased budgets for prevention, and
- 7. quality education and training to strengthen the skills of the social service workforce.

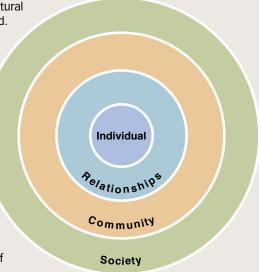
A targeted multi-dimensional approach

Violence against children is widely accepted and considered a natural part of life. Yet violence is a learned behaviour and can be prevented.

Breaking the cycle of violence requires a fundamental shift in practice and resources. Current efforts are focused on responding to incidents of violence. But it is more effective to invest in prevention services that protect children from getting hurt in the first place.

A public health approach to violence prevention is widely promoted. It starts by defining the extent and distribution of violence against children to inform the targeting of services.

Prevention programmes should locate the individual child within a broader social-ecological system, and recognise that violence is the outcome of a complex interplay of factors – from the characteristics of the individual child and her relationships with friends and family, through to the influences of the community and wider society.⁷



This requires a multi-dimensional approach that not only reduces the risks, but also strengthens the protective factors. It depends on the engagement of a wide range of role-players including parents, children, community members, social service and health professionals, teachers, police officials, and religious, traditional and political leaders who work together to promote safe and supportive home, school and community environments in which children can thrive and develop their full potential. In short, prevention is everyone's business.

Invest in prevention

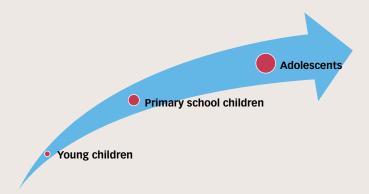
Prevention is best conceptualised as a continuum; from preventing the problem before it occurs (primary prevention), to intervening early when it has occurred (secondary prevention) and responding to reduce the long-term impact (tertiary prevention).

	Before violence takes place: Primary prevention	After violence takes place: Secondary and tertiary prevention
Individual	 Antenatal and post-natal services that address physical and mental 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/mentorship programmes Adolescent sexual and reproductive health programmes Confidential helplines providing information 	 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
Relationship	 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 	 Family preservation programmes Family group conferencing Court order prevention and early intervention programmes Support groups Strengthening family support structures/ social connections
Community	 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 	 Training of professionals to identify children at risk; report; refer and support victims Strengthening multidisciplinary team work and intersectoral collaboration One-stop centres (eg Thuthuzela Care Centres; The Teddy Bear Clinic for Abused Children) Specialist courts and other services Disciplinary action, or prosecution of repeat offenders who use corporal punishment in schools
Society	 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 	 Legislation Policy Norms and standards National action plans Practice guidelines and management protocols Provincial profiles and research on need and effective programmes Offender registers

Identify critical points for intervention: Across the life course

Different forms of violence are more common at different stages of a child's life:

- Young children are more likely to experience corporal punishment, physical abuse and neglect in the home.
- As children enter school and the wider community, they are at greater risk of sexual violence.
- Risk-taking behaviour increases in adolescence, and high levels of inequality and unemployment may encourage young men to turn to violence in an attempt to gain some form of respect.



Teenage boys are most likely to become victims and perpetrators of violence against

other young men, while teenage girls are more likely to experience violence within their intimate relationships.

Prevention strategies should therefore start early. It is important to take into account the key risk and protective factors at each stage of children's development – and to identify the most effective delivery channels.

1. Early childhood

Parenting programmes that start during pregnancy and include a series of home visits after birth have the potential to support vulnerable mothers and reduce the risk of harsh discipline, and require evidence of its efficacy in the local setting.

Health services and early childhood development programmes are ideally placed to identify children and families in need of support. For example, routine mental health screening during pregnancy can be used to identify women at risk of postnatal depression which is associated with neglect and harsh punishment.

Fathers also have a critical role to play in providing both financial and emotional support to mother and child.

2. Primary school children

Training teachers to develop a safe, protective school environment and respond proactively to cases of abuse.

Primary prevention programmes such as the Isibindi Safe Parks programme create safe environments and support systems for children after school.

One-stop intergrated services such as the Thuthuzela Care Centres are designed to ensure the safety of the child, prevent secondary trauma and improve conviction rates.

Diversion programmes that use cognitive-behavioural therapy to prevent perpetrators of sexual abuse from reoffending.

3. Adolescents

Promising programmes that can reduce adolescents' experiences of violence challenge and transform gender roles, empower young women and include core communication and conflict resolution skills that underpin respectful relationships.

School-based programmes are effective in reaching large numbers of young people and mobilising the support of their peers, parents and teachers.

Access to quality education and employment opportunities are essential in enabling young people to transition into meaningful adulthood.

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Strengthen systems: To enhance reach and effectiveness

1. Develop a coherent policy framework

South Africa needs a coherent prevention policy framework that is aligned with international thinking. This requires the harmonisation of legislation such as the Children's Act, Sexual Offences Act, Domestic Violence Act, and Child Justice Act. Additionally, the conceptualisation of prevention and early intervention in the Children's Act should be revised to map onto the public health approach to violence prevention. This entails revising the definition of early intervention services that currently encompasses both secondary and tertiary prevention.

2. Strengthen the evidence base

Surveillance is the cornerstone of understanding the pattern of violence against children, and where and how services should best be targeted. It is critical that administrative data sources, such as the National Child Protection Register and the National Register for Sex Offenders be streamlined and managed effectively. This would allow services to monitor individual children and provide macro-level data on the nature and extent of violence.

Very little is known about what kinds of prevention programmes work in low- and middle-income settings. Most interventions are currently modelled on what has been shown to be effective in high-income settings. It is important to invest in developing an evidence-base of what works in the local context. This will require government, civil society and research institutes to work in partnership to generate a knowledge base that will inform the design and development of effective programmes.

3. A common approach based on evidence

It is essential to develop a clear understanding of the risk and protective factors at all levels of the social-ecological system and across the life course. This evidence base should inform the design and delivery of effective prevention programmes, the allocation of resources, and the education and training of professionals working with children and families. Planning of services also needs to take account of local risk factors which should be highlighted in community profiles.

4. Provide strong leadership and co-ordination

Prevention of violence is not just a responsibility of the Department of Social Development and should be integrated into performance areas across departments, including Health, Basic Education, Justice and Correctional Services, and the Police Services.

Strong leadership from within the Department of Social Development is needed to develop a common strategy with defined roles and responsibilities for preventing violence and ensuring that government and civil society work collaboratively.

The Inter-Ministerial Committee on Root Causes of Violence against Women and Children provides a good platform to co-ordinate a multi-sectoral response, together with the national, provincial and local child care and protection forums which need to be adequately resourced to enable effective participation and collaboration between government and civil society.

5. Increase investment in prevention

While there have been incremental increases in budgets for social services, the resources are insufficient to meet the demand. In addition, most of the budget is allocated to protection rather than prevention services. South Africa needs to invest more in prevention and early intervention services (but not at the expense of child protection services), and budgets should be based on accurate costing and estimates of need. Investing in prevention will reduce the long-term costs to individuals and to society.

6. Strengthen workforce capacity

South Africa needs more social service practitioners. Expansion of prevention services offers great potential for job creation especially in rural areas.

Prevention and child protection should be integrated into the core curriculum of all social service professional training and education. In addition, teachers, health professionals and the police need to be made aware of their respective roles and responsibilities in preventing violence and protecting children, and be trained on the relevant laws.

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It draws directly on the work of various authors who contributed to the *Child Gauge 2014*, and the full set of essays and statistical tables are available at www.ci.org.za.

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