Stopping family violence: Integrated approaches to address violence against women and children

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Patterns of violence change across the life-course, yet children of all ages are vulnerable to multiple forms of physical injury and abuse: sexual abuse, psychological and emotional abuse and degradation, maltreatment and neglect.[1] The family has enormous potential to protect children and provide nurturing environments that foster physical and emotional safety. For example, strong parent-child attachment and open communication between family members can protect children from violence.[2] And, if caregivers know their children's friends, whereabouts and activities, their children are less likely to report having been sexually abused.[3] Similarly the state has a duty to support families, and to create safe environments and communities, and when children experience violence within the family, the state has a duty to intervene and protect children.

> *The family has enormous potential to protect children and foster their physical and emotional safety.*

This chapter focuses on family violence. It outlines the nature and extent of violence against children – with an emphasis on corporal punishment. It also introduces new evidence that highlights the intersections between intimate partner violence against women and violence against children within the family. The chapter then outlines South Africa's broad legal and policy commitments and contrasts these commitments with what happens in practice. Finally, the chapter proposes joint strategies for addressing violence against women and children through prevention services that target common risk factors, and responsive protection services that recognise intergenerational trauma and the complexity of family life.

In summary, the chapter seeks to answer these questions:
- What do we know about violence in families?
- What are the interconnections between intimate partner violence and violence against children in the home?
- What are the effects of experiencing or witnessing violence as a child?
- What are the state's obligations to prevent violence?
- What happens in practice?
- What are the best strategies to tackle family violence?

What do we know about violence in families?

Violence against children

There are differences in the reported magnitude of violence against children in South Africa due to variations in study design, but all estimates show that violence is widespread. Recently published findings from the Birth to Twenty Plus (Bt20+) study provided harrowing insights. Bt20+ is the largest and longest running longitudinal study of child and adolescent health and development in Africa and tracks a sample of more than 2,000 children born in Soweto in 1990.[4] A recent analysis found that 99% of these children had experienced or witnessed some form of violence,[i] and more than 40% had multiple experiences of violence in their homes, schools and communities. A greater proportion of boys (44%) had experienced all forms of violence, compared to girls (30%).[5] This is similar to the findings of the first national prevalence study,[6] and an earlier community survey.[ii] The national study estimated that over 355,000 cases of sexual abuse had occurred among 15 – 17-year-olds in 2015. The study reported that girls are twice as likely as boys to be victims of forced penetrative sex and that more boys than girls are affected by non-contact sexual abuse such as exposure to pornography. The Bt20+ data shows that sexual abuse among boys is widespread and increases

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i   Categories of violence measured in the Bt20+ include: exposure to violence in the community (hearing gunshots), at home (seeing parents physically fighting) and at school (seeing a child beat up another); exposure to peer violence (witnessing gang violence); direct experience or being a victim of violence (mother beating the child; being attacked at school); direct experience of sexual violence (being forced to have sex); and perpetration of violence (fighting, forcing someone to have sex).
ii Fifty-six percent of children report lifetime physical abuse by caregivers, teachers or relatives (Meinck, Cluver & Boyes 2016); 53% girls vs 56% boys report emotional abuse and neglect (Jewkes et al 2010); 39% girls vs 16% of boys experience sexual violence before the age of 18 (Jewkes et al 2009); and 35 – 45% of children witness violence against a mother by her intimate partner (Seedat et al 2009).

with age – from 16% of 13-year-olds to 29% of 18-year-old boys reporting sexual abuse, either in the form of unwanted touching or coerced oral or penetrative sex.[8]

There is no universally accepted definition of family violence, but the World Health Organization (WHO) describes family violence as a form of interpersonal violence that includes a range of abusive behaviours – such as physical, sexual, verbal and emotional abuse and neglect – that occur within relationships of care, kinship, dependency or trust. Therefore, family violence includes violence against women and children in cases where the perpetrator is either a family member or caregiver. Violence against children within families is widely referred to as child maltreatment, be it physical and emotional mistreatment; sexual abuse or neglect. It covers situations where the parent or caregiver either commits an act of violence or fails to provide care, resulting in potential or actual harm,[9] and in the most extreme cases it can be fatal. A national survey of child homicides found that three in four murders of young children (0 – 4 years) occurred in the context of abuse by a caregiver at home.[10] However, the most common forms of violence experienced and/or witnessed by children in the home are physical punishment and domestic violence. The Bt20+ found that nearly half of preschool children were reported to have experienced physical punishment by parents or caregivers,[11] and that physical punishment is often considered to be discipline as outlined in Case 11.

In 2005, 57% of parents sampled from a nationally representative survey[iii] reported smacking their child/children and 30% reported having done so in the past month.[12] These levels are low compared to a large population-based survey in the Eastern Cape[13] where 86% of young women and 91%

of young men reported being beaten at home as a form of punishment when they were children, and over one third reported having been beaten daily.[iv]

The state has a duty to create safe environments and communities, and to intervene to protect children who experience violence within the family.

In South Africa, physical punishment in the home affects boys and girls equally.[14] Children were most likely smacked at age three and four[15] – an age where they cannot seek help – yet young adolescents are also vulnerable to physical abuse[16]. What is particularly concerning is the severity of violence in South Africa. A large proportion of children who experienced physical punishment report having been beaten with a belt, stick or other hard object which increases the risk of injury.[17] Although harsher forms of physical punishment are more strongly associated with negative outcomes,[18] even "mild" forms of physical punishment such as spanking can lead to increases in child aggression, delinquent and antisocial behaviour, and have negative effects on child mental health[19].

In addition to high levels of physical punishment, between 25% and 45% of children witness domestic violence including violence against their sibling(s) or their mother by her intimate partner.[20]

Violence against women

Estimates on the level of violence against women from a community-based prevalence study, using improved measurement tools found that more than one third of women living in Gauteng (38%) reported at least one experience of physical and/or sexual intimate partner violence (IPV) with higher levels of emotional/economic abuse (46%).[21] Similarly, studies from KwaZulu-Natal show that pregnant women are extremely vulnerable with 36 – 40% of pregnant women reporting physical violence, and 15 – 19% experiencing sexual violence in their intimate relationships.[22]

Interconnections between intimate partner violence and violence against children in the home
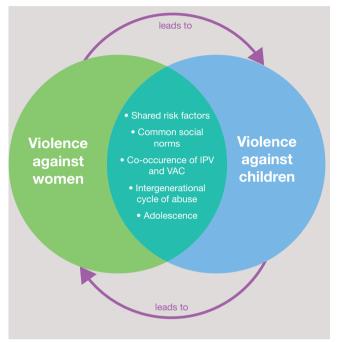
Violence against women and violence against children co-occur in the same households, share common risk factors,

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iii The South African Social Attitudes Survey is a nationally representative household survey. However, it is important to note that the parents with children under 18 interviewed about corporal punishment are not strictly representative of the population of parents with children under 18 years, because parents were not the universe from which the sample was selected.
iv   The reported differences are, in part, due to differences in study design (the community survey asked young people directly) and how specific forms of violence are measured which affect the reporting of violence experienced.

and are prevalent in societies and communities where social norms condone violence.[23] Both forms of violence lead to similar health outcomes, and have implications for the intergenerational transmission of violence. We will briefly reflect on some of these interconnections, as outlined in Figure 8.[24]

Shared risk factors

Shared risk factors for violence against women and children include family conflict; poverty; alcohol and substance abuse;[25] patriarchy within the family and in society at large.[26] Social norms that justify the use of violence against women and children across different settings underpin violence against both women and children.[27] In South Africa, as elsewhere, the prevailing social and cultural context promotes a gendered hierarchy with men in a superior position to women and children, where men's violence towards women and children is widely tolerated – and used to express masculinity, enforce gender norms and discipline children.[28] In this context, men's use of violence is associated with their search for respect and power by controlling the behaviour of their female partners and children.[29] Male-dominated households and marital conflict in the household have been found to increase the risk for physical punishment and child abuse.[30]

Family relationships are also shaped by South Africa's political past, with the migrant labour system forcing men to work away from their families for large parts of the year.[31] Many fathers do not live with their children or take on a meaningful role in child-rearing which is widely perceived to be a women's domain.[32] Ideas about fatherhood shape the role fathers take on and fatherhood is associated with being the "head of the household" and disciplinarian.[33] Nevertheless, nearly 40% of children are raised by a single mother, increasing levels of stress that can result in harsh and inconsistent parenting practices.[34]
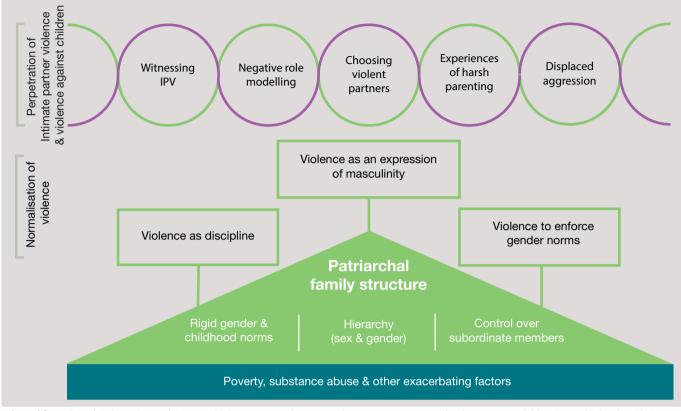
Intergenerational cycle of violence

Intimate partner violence (IPV) and corporal punishment can start an intergenerational cycle of violence. Research shows that males who experienced violent discipline or other maltreatment during childhood are more likely to be violent towards their own children and spouse in adulthood.[35] Similarly, witnessing IPV during childhood increases boys' risk of developing violent masculinities and abusing their partners in adulthood.[36] Experiencing corporal punishment and witnessing IPV during childhood can thus start an intergenerational cycle of violence (see Figure 9 on page 84). While it is more common for women to use corporal punishment – linked to their role as primary caregivers – experiencing IPV increases the risk of women using corporal punishment. One explanation is *displaced aggression* where women who are victims of IPV take out their frustrations and aggression on their children (see Figure 9).[37] Inequitable gender attitudes also play a role in women's use of corporal punishment and women who believe that men are justified in beating their female partners are more likely to endorse and use corporal punishment towards their children.[38]

Men's violence towards women and children is widely tolerated – and used to express masculinity, enforce gender norms and discipline children.

The work of Fulu and colleagues also highlights how experiences of childhood trauma (i.e., physical, sexual or emotional abuse) increase the risk of IPV in adulthood.[39] Figure 10 on page 85 draws on a Durban baseline study and shows that 68% of women who had experienced childhood trauma had also experienced physical and/or sexual IPV in the past 12 months, compared to only 38% of women who had not experienced childhood trauma. Childhood trauma also affected perpetration rates, where 59% of men who had experienced childhood trauma had perpetrated IPV

Figure 9: Intersecting violence in the family

Adapted from: Sexual Violence Research Initiative 2017 *Intersections between violence against women and violence against children*. Viewed 2 October 2018: http://www.svri.org/sites/default/files/attachments/2017-07-20/SVRI_SB_VAW%26VAC_LR.pdf

compared to only 36% of men who had not experienced abuse or neglect. Research among a representative sample of South African men has also shown that childhood trauma increased the risk of repeated incidents of IPV perpetration.[40]

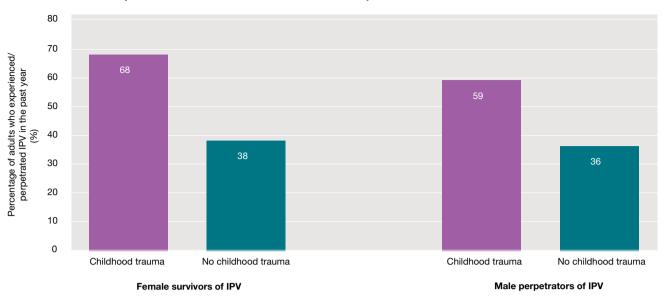## What are the effects of experiencing or witnessing violence as a child?

The effects of violence are wide-ranging and long-lasting. Several studies show that violence is associated with short- and long-term effects on physical and mental health.[41] Children who are abused learn to tolerate violence and are at increased risk of poor mental health (e.g., anxiety and depression), drug and alcohol abuse, risky sexual behaviours and HIV,[42] externalising behaviour problems (e.g., aggression, delinquency) and poor social functioning.[43] Violence or maltreatment commonly results in childhood trauma,[44] where the child experiences the event as intense and emotionally distressing making them feel that they are not safe and have no control over their life.[45] Children who are maltreated at home are also at an increased risk of experiencing violence outside the home.[46]

Children who have suffered violence are also more likely to lack empathy towards others and are more likely to perpetrate violence.[47] In the Bt20+ study, violent behaviour was reported by more than 65% of primary school children, rising to 89% of adolescents; and while fewer adults committed acts of violence, the acts became more serious.[48] Interestingly, the study found no significant association between sexual abuse of boys and their mental health outcomes in adulthood when personal and social vulnerabilities were taken into account.[49] This is contrary to many other studies that found boys' exposure to childhood violence is associated with aggressive behaviour later in life, particularly rape and IPV, and in extreme cases intimate femicide, (see Case 12 on page 85.)

Witnessing violence has a similar effect to experiencing violence

In addition to direct experiences of abuse during childhood, indirect exposure to violence, such as witnessing domestic violence, causes *bystander trauma* increasing the risk for violence perpetration[50] and victimisation later in life. Women who witnessed their mothers being abused when they were children are more likely to be victims of partner violence as adults.[51] The trauma can cause long-term psychological problems including *repetition compulsion*, where people expose themselves to situations reminiscent of the original trauma, i.e., they subconsciously choose violent partners.[52] Growing up in violent households affects children's sense

Figure 10: The relationship between childhood trauma and intimate partner violence in adulthood

Adapted from: Fulu E, McCook S & Falb K (2017) *What Works Evidence Review: Intersections of violence against women and violence against children.* September 2017. Available at www.whatworks.co.za

of security and the way they relate to others. When a loved one, who is supposed to keep children safe, inflicts pain and suffering, then children begin to distrust all people and have difficulty in forming attachments.[53] In qualitative research with violent men, those who witnessed violence towards their mothers reported that it impacted on their own sense of safety, with many describing feeling "scared" of their fathers. These feelings of powerlessness are intensified by a sense that they should, but cannot, protect their mothers.

Case 12: Violent masculinities and links with violence in childhood[54]

Men who have killed their partners describe mothers who lacked the ability to provide love and care. A man in his forties, speaking about his childhood said:
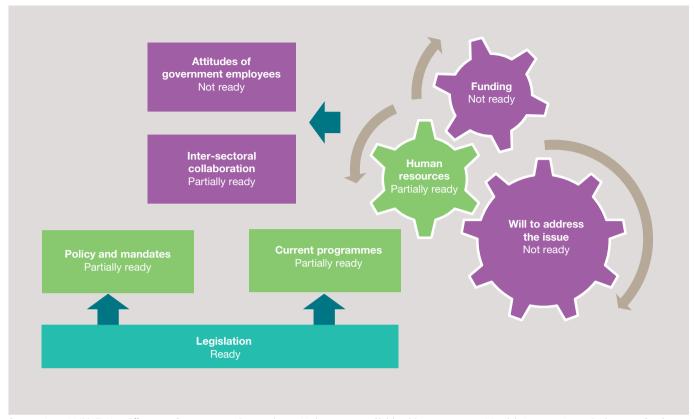
When I was four years old my mother had beaten me that my arm was fractured… that evening when my father came home, and he asked her what had happened. She used my eldest brother to tell my father that I had fallen from the tree.

This was not the only incident of physical violence. He also described how his mother burnt his hand on a hot stove. Making sense of the sadistic violence at the hands of someone who was meant to love and protect him was impossible, and years later he claimed: "Someone else would have hated a mother like this."

In the long-term, this affects their ability to form caring relationships. Children model the behaviours they see, therefore witnessing violence in the home also increases the risk of perpetration.[55] Boys who witness domestic violence are more likely to perpetrate violence within the community and intimate relationships.[56] Both boys and girls who witness violence are more likely to become neglectful or abusive parents, and to use harsh parenting with their own children, creating a vicious intergenerational cycle.[57]

What are the state's obligations to prevent violence?

Both international and domestic law guarantee women and children the right to protection from all forms of violence and respect for their human dignity.[58] Women's rights inside the family are protected by the Domestic Violence Act, which outlaws violence within intimate relationships and provides a mechanism for victims of domestic violence to obtain a protection order; for the arrest of the perpetrator; and for police protection to prevent further domestic violence. However, children do not enjoy the same protection as corporal punishment in the home is still lawful. Proponents of corporal punishment argue that children's rights to protection must be balanced with parents' right to freedom of religion, belief and opinion and that the state must approach corporal punishment of children with restraint because it "falls within the private inner sanctum of the family".[59] However, the South Gauteng High Court has emphasised that the Constitution is "very explicit" and affords children protection from "all

Figure 11: Government's readiness to respond to violence against women and children

Source: Amisi M (2017) *How Effective is Government in Responding to Violence against Children?* Presentation at a Mandela Initiative Action Dialogue to Combat Violence Against Children, Cape Town. 22 May 2017.

forms of violence, whether from public or *private* sources" [emphasis added], meaning that the state not only can, but has an obligation to, protect children inside the family.[60]

To fulfil its constitutional obligations, government is required to put in place laws, programmes and services and allocate budgets to protect children from violence. The new Child Care and Protection Policy[61] outlines a developmental model that seeks to build measures to protect children from violence into a broader package of services that seeks to promote children's optimal development. This framework includes universal promotive and prevention services; targeted early intervention; and protection and rehabilitation services in cases where violence has occurred. Because the right to protection from all forms of violence is not subject to progressive realisation, the government must prioritise funding and the allocation of resources.[62]

What happens in practice?

In 2012, the government created an Inter-Ministerial Committee (IMC) to tackle violence against women and children. The IMC proposed an Integrated Programme of Action Addressing Violence Against Women and Children to address the root and underlying causes of violence and to

strengthen response systems.[63] In theory, it sought to provide comprehensive, multi-sectoral and long-term strategic interventions for ending violence. However, the results of a 2016 diagnostic review – designed to assess the effectiveness of government programmes and institutional mechanisms to address violence against women and children – show systemic failings as outlined in Figure 11.[64]

As stated above, the legal framework to protect women and children from violence is comprehensive, with the exception of prohibiting corporal punishment in the home. However, the South Gauteng High Court has already ruled that corporal punishment is inconsistent with the Constitution.

Lack of funding for prevention and early intervention

Non-profit organisations (NPOs) deliver the bulk of prevention and early intervention programmes, but there is no mechanism for funding the full cost of these services, despite NPOs fulfilling government's constitutional obligation.[65] The Policy on Financial Awards for Service Providers (FASP)[66] does not provide cover for the full cost of services, and the amounts paid to NPOs vary from province to province and programme to programme. The FASP has been under review since 2011 when the Free State policy, based on the national

policy, was declared unconstitutional.[68] However, a recent assessment shows that there is still a huge gap in the funding of services for children, older persons and vulnerable persons. Government pays NPOs R9.2 billion less than the estimated cost of providing these services which is equivalent to a 71% shortfall.[69] The funding gap has been well documented, and within a restricted fiscal climate leveraging more funds for the sector will depend on ensuring that violence is seen as a political priority.[70]

Poor implementation

Even though there is growing evidence on the extent, causes, and social and economic costs,[71] violence against women and children are not high political priorities.[72] As a result, there is limited financial investment to prevent violence, and due to lower-than-predicted economic growth, the government is under pressure to deliver on other existing priorities.[73] The evidence base on effective programmes is limited, especially with regards to programmes that address violence against both women and children.[74] There is a shortage of skilled staff, and those working in the sector often display negative attitudes causing further harm (as illustrated by Case 13) or discourage individuals from disclosing and seeking help. Despite the existence of the IMC, there is a lack of oversight, coordination is poor and services for women and children are typically delivered in silos by different government agencies, with separate funding streams and strategies.[75]

What are the best strategies to tackle violence against women and children?

Given the emerging evidence that violence against women and children co-occur, share common risk factors, and have similar health outcomes and intergenerational effects, there is growing recognition that it is critical to consolidate efforts to tackle both forms of violence. Guedes et al propose a set of collaborative solutions to tackle violence against women and children,[76] and the authors have adapted this in line with the WHO's INSPIRE package to fit the South African context as illustrated in Figure 12. It must be borne in mind that at present there is very little evidence on the impact of joint strategies and programmes, especially in low- and middle-income countries, but we present a few studies with promising findings that should be further investigated. Effective programmes go beyond promoting non-violent behaviour

Figure 12: Integrated approaches to address violence against women and children based on INSPIRE strategies

Implementation of laws	Norms and values	Safe environments	Parent and caregiver support	Income and economic support	Response and support services	Education and life skills
Develop integrated implementation strategy and fully funded programme of action that incorporates collaborative solutions	Address structural drivers of violence, poverty, substance abuse	Change social norms underpinning violence against women and children, and promote positive gender and power relations	Improve access to prevention and support services that are age and gender appropriate	Connect families with services timeously - screening combined with interventions	Provide integrated, safe and responsive services for victims of violence that consider the needs of both women and children.	Educate and provide adolescent intimate partner violence prevention programmes

SASA! is a community-based intervention implemented by a broad range of stakeholders, community activists working in partnership with professionals (such as healthcare workers and the police), and local government leaders. The professionals train activists to shift local norms around violence through discussions about unequal power dynamics, violence and HIV within their communities using contextually relevant communication and training materials. Activists conduct a variety of one-on-one and group activities in their communities helping couples develop communication and relationship skills. These activities are also supported by media and advocacy campaigns.

There are four intervention phases: In the first phase, START, staff from the implementing organisation map formal and informal resources to understand how communities are structured and organised. They also work with community activists to explore the power they hold within themselves to create change. The second phase, AWARENESS, focuses on building activists' confidence as they conduct activities within their communities while also encouraging community members to think critically about men's power over women. During the third phase, SUPPORT, other community members are encouraged to support the activists to foster change in the broader community. In the final ACTION phase, individuals are encouraged to try out new behaviours and celebrate change within their community.

and typically engage multiple stakeholders, challenge social norms about gender relationships and the acceptability of violence, and support greater communication and shared decision-making among family members.

Integrated strategy to implement legislation

The Department of Social Development is in the process of developing a National Programme of Action on Violence Against Women and Children. It is essential that it highlights the intersections between the two forms of violence and promotes a multi-sectoral response that cuts across government departments. It also needs to be fully funded and accompanied by a programme to develop the capacity of the workforce if the commitments outlined above are to translate into improvements in service delivery.

Addressing structural drivers of violence

Interventions at the family level should ideally address the structural drivers that underpin violence against both women and children such as poverty, alcohol abuse and social norms that condone violence in a more integrated way.[78] Programmes combining community mobilisation and/or economic empowerment paired with gender equality training have proved successful in reducing violence against both women and children but require testing for effectiveness in our setting.[79]

Changing social norms that condone violence and promoting gender equality

Individual and social norms play a significant role in the perpetration of violence against women and children. For instance, the use of corporal punishment is influenced by caregivers' individual attitudes, family context and childhood experiences, and by social norms in the community or country. Research has shown that children are more likely to experience corporal punishment by their caregiver if they live in a context, where social norms support domestic violence and corporal punishment.[80] Therefore, interventions are needed to challenge and transform patriarchal norms that condone violent behaviour towards women and children.

Given emerging evidence that violence against women and children share common risk factors, it is critical to consolidate efforts to tackle both forms of violence together.

Community-based interventions such as the *SASA!* programme in Uganda in (Case 14) show that changing social norms in relation to IPV can reduce violence against both women and children.[81] Intimate partner violence fell by 52% and 64% fewer children witnessed domestic partner violence in *SASA!* communities compared to communities without any exposure to the project.[82] The intervention reduced communities' acceptance of men using violence against their partners and promoted gender equitable relationships.[83] Qualitative data suggested that couples who experienced reduced IPV, also changed their parenting and discipline practices and, in some instances, rejected corporal punishment as a disciplinary method, and some participants reported intervening to prevent violence against children. Primary prevention interventions in South Africa should draw on these lessons from resource constrained contexts,

as community-based interventions are critical to shift social norms underpinning violence against women and children.

Adolescent intimate partner violence prevention programmes

Adolescence provides a critical window of opportunity to change social norms and improve peer and gender relations. However, little work has been done on developing violence prevention programmes specifically for this age group in South Africa. Violence prevention components of broader HIV programmes have shown success. For example, PREPARE is a school-based HIV prevention programme that includes a focus on IPV and sexual violence. The educational component promotes healthy relationship behaviours, challenges harmful constructions of masculinity and femininity, and fosters assertive communication skills. The intervention failed to reduce sexual risk behaviour, however, the cluster randomised control trial showed that participants were less likely to experience IPV (35% vs 41%) following the intervention, compared with no reduction in the comparison group.[84]

Improve access to prevention and support services that are age and gender appropriate

Internationally, there is evidence that child maltreatment can be prevented through support for caregivers such as home visiting or group parenting programmes.[85] In South Africa, targeted parenting programmes designed to reduce maltreatment have had some positive impacts.[86] Interventions should also promote gender equality and challenge men's

power over women and children. Emerging evidence in lower- and middle-income countries shows how parenting programmes that target men and address gender norms – such as REAL fathers (in Uganda) and One Man Can (South Africa) – can reduce violence against women and children simultaneously.[87] In a rigorous evaluation, REAL fathers, a six-month father-centred mentoring programme paired with a community awareness campaign, shifted attitudes regarding corporal punishment, increased fathers' confidence in non-violent discipline and – initially – resulted in reductions in the use of corporal punishment.

While the One Man Can programme has not been rigorously evaluated, qualitative research suggests that it may have helped men to shift from a disciplinary and authoritarian parenting style to playing a more caring and nurturing role in the family. In addition, some men reported reductions in their alcohol and marijuana consumption, improved communication with their partners, and changed views around sexual entitlement towards shared sexual decision-making.[88]

Prevention services should also respond to the diverse needs of children and families across the life-course not just in the early years. Parents often need support with adolescents and Sinovuyo Teens supports families of older children who have behavioural problems or a suspected history of abuse, and although it is designed specifically to address violence against children, it also reported reductions in IPV.[89]

Case 15: Failure to deal with previous experiences of trauma[90]

Ayanda[i] is a 13-year-old girl from the Eastern Cape who attended a residential therapeutic programme for sexually-abused children. She recently disclosed that she had been sexually abused by a relative starting a few years ago. Ayanda's mother is in a violent relationship with an older man who supports her financially, and she abuses alcohol and drugs as a means of dealing with her pain.

Ayanda and her mother appear to have a difficult relationship and her mother blames Ayanda for the sexual abuse. During an interview with the researcher, Ayanda's mother disclosed how she too was sexually abused as a child and described the difficult relationship she had with her own mother, who had blamed and beaten her after disclosure.

During the interview Ayanda's mother shared her current state of mind:

Eish, it is hard… (pause) Sometimes I think of killing my children because of what happened to me. Now it is happening to Ayanda… (crying). I did not plan to have her. I lost both my parents and I was then abused. Now they (her children) are abused as well. What did I do to the Lord? (silence, crying) … I even think about killing myself.

It is critical for services to respond to the mother's suicidal ideation and her own trauma to prevent further harm to herself and her children before she will be able to be able to deal with her daughter's trauma.

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i   Not her real name.

Connecting children and families with services

Most children experience or are exposed to violence at some point, but reporting is low, so identification and referral mechanisms need to be developed. Understanding patterns of co-occurrence is critical: "if a woman, for example, is identified as experiencing IPV, an opportunity also exists to identify a maltreated child and vice versa".[91] One approach, recommended by the WHO, is to combine screening with interventions for pregnant women, young children and adolescents[92], for example:

- Screening both parents during pregnancy to identify IPV and substance abuse; mental health screening of mothers; referral for grants and prevention programmes.
- Screening young children during home visits by community health workers and clinic visits.
- Training teachers, early childhood development workers and child and youth care workers to identify indicators of abuse and neglect, and to link children with services.[93]

Strengthening identification and referral systems needs to be accompanied by greater investment in both early intervention and response services, so that screening for child maltreatment or partner violence is linked to interventions such as counselling, support groups, shelters, case management and therapeutic services.

Coordinated response services that address the needs of children and caregivers

Violence is interwoven in the lives of women and children and the Know Violence Initiative recommends that services should be responsive to the various forms of family violence.[94] Service providers should be trained to recognise and respond to violence in a systematic way, to facilitate a coordinated approach between child protection services and services that respond to domestic violence. For instance, in South Africa we have specialised Family Violence, Child Abuse and Sexual Offences Units linked to all police clusters across the country, but police stations are not child- or women-friendly and very seldom provide counselling to both the child and their caregivers. In addition, services such as the Thuthuzela Care Centres should provide age-appropriate care and respond to the health and psychosocial needs of the whole family. Where women access services for violence against women, questions should be asked about their children's well-being

and safety. Shelters for abused women often do not provide children with the needed psychological support as the focus is on the woman.[95] It is also vital to address the caregiver's previous exposure to violence, as the recollection of their own childhood trauma can prevent caregivers from being able to support children[96] – as illustrated in Case 15 on page 89.

Conclusion

Our understanding of violence against children has recently been strengthened. First, the problem is more widespread than previously imagined. Several South African studies point to the "saturation of violence in the everyday lives of children".[97] Second, there is growing evidence that violence against women and children co-occur in the same households and share the same drivers, and that the effects of witnessing violence can be as detrimental as experiencing violence in childhood. The links between gender and violence are also coming into focus. It is now clear that sexual abuse is prevalent among boys as well as girls, and that very young children experience physical violence. There are significant, often gendered, pathways between exposure to violence in childhood and later victimisation or perpetration. Childhood trauma increases the risk of men perpetrating physical/sexual IPV and women experiencing IPV; and of both men and women using corporal punishment against their own children. Hence, the effects last for generations.

Despite repeated commitments to end violence against women and children at the highest level[98] there is a lack of genuine political will and the country's response is grossly inadequate. Addressing violence against women and children should be a political priority and we should adopt an approach that recognises that this problem affects every community, every family and every child. Stopping violence requires an integrated approach that shifts social norms and gender relations and supports families to care for children. Interventions should promote positive parenting throughout the life-course not just in the early years, and challenge gender inequality and men's power over women and children. Preventing violence against women and children also requires a co-ordinated response to violence, recognising that often both children and their caregivers are in need of services and support to address trauma and to heal.

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