

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

SUMMARY OF RESEARCH FINDINGS, ILLUSTRATIVE CASE
STUDIES AND BEST PRACTICE RECOMMENDATIONS

DECEMBER 2016



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA



Published by the Safety and Violence Initiative, University of Cape Town

Safety and Violence Initiative
All Africa House
Middle Campus
University of Cape Town
Rondebosch, 7700
South Africa

Email: savi@uct.ac.za
Tel: +27(0) 21 650 4862
Web: www.savi.uct.ac.za

RP344/2016
ISBN: 978-0-621-44973-0

December 2016
© Safety and Violence Initiative, University of Cape Town

Layout: *Design for development*
Printing: RSA Litho

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

SUMMARY OF RESEARCH FINDINGS, ILLUSTRATIVE CASE
STUDIES AND BEST PRACTICE RECOMMENDATIONS

DECEMBER 2016

Edited by

Andrew Dawes, Floretta Boonzaier, Guy Lamb, Shanaaz Mathews
and Giselle Warton

CONTRIBUTORS

Lillian Artz

Lauren Baerecke

Floretta Boonzaier

Andrew Dawes

Leah Demetri

Sinegugu Duma

Shayni Geffen

Rajen Govender

Guy Lamb

Cathy Mathews

Shanaaz Mathews

Claire McDonald

Talia Meer

Mariette Momberg

Yolisa Mtshizama

Dumisile Nala

Christina Nomdo

Shaheda Omar

Rebecca Smith

Loraine Townsend

Catherine Ward

Giselle Warton

TABLE OF CONTENTS

Figures, Tables and Boxes	7
About this Booklet	9
Foreword	10
Summary of the Research Findings	13
Summary of Key Findings of Predictive Modelling	16
Violence against Children (Victimisation and Perpetration)	16
Violence against Women (Victimisation)	18
Violence against Women (Perpetration by Men)	18
Illustrative Case Studies: Experiences of Violence by Women and Children	21
Case Study One – George	22
Background	22
Early Childhood: Instability, Poverty and Deficiency	22
Violence: Multiple Victimisation	24
Schooling	24
Use of Alcohol and Drugs	25
Teenage Years	26
Life on the Streets	27
Early Adulthood	28
Sex and Relationships	29
Indecent Assault	31
Case Study Two – Brenda	32
Background	32
Early Childhood	32
Response to the Rape and Relocation to South Africa	33
Behavioural Changes Following the First Rape Incident	34
The Second Rape Incident and its Repercussions	34
Education and Future Aspirations	35
Case Study Three – Tammy	37
Background	37
Early Childhood: Instability, Disorder and Poverty	37
Fractured Family Life, Abuse and Inappropriate Relationships	38

The Rape Incident and Substance Use	39
Tammy's Experience of State Services	40
Case Study Four – Miriam	42
Background	42
Physical Violence and Emotional Abuse	42
Partner Infidelity	43
Economic Dependency	44
Case Study Five – Gail	46
Background	46
Partner Infidelity	46
Abuse: Physical	47
Abuse: Emotional	47
Economic Dependency and Transactional Relations	48
Case Study Six – Kim	50
Background	50
Vulnerability to Abuse in Personal Relationships	50
Vulnerability in Sex Work	51
Family Relationships	52
State of Mind	52
Case Study Seven – Patrick	53
Background	53
Experiences of Childhood Abuse	53
Schooling and Poverty	54
Drinking and Intimate Partner Abuse	55
Personal and Community Views on Violence and Abuse	55
Acknowledgements	57
Illustrative Case Studies: Children's Experiences of Protection and Support Services	59
The Value of Child Witness Support and Preparation for Court: Experiences of Children and their Caregivers	60
Introduction	60
The Child Witness Project	60
Voices of Children and Caregivers	61
The Importance of 'Feeling' in the Court Building	61
Assessing the Child's Readiness to Testify	63
Understanding the Role-Players	64
Limiting Exposure to the Perpetrator while Testifying	65
Referrals for Follow-Up Services	66
Receiving Information about the Outcome of the Case	66
Conclusion	67

A Residential Programme for Survivors of Child Abuse within the Family	68
Introduction: Overview of Childline South Africa's Programme for Sexually Abused Children in Rural Areas.	68
Case Study	70
Management of the Case	72
Concluding Reflections	73
Sexual Violence Committed by Children against other Children	74
Introduction	74
Teddy Bear Clinic's Support Programme for Abuse Reactive Children	75
Approach	75
Case Studies	77
<i>Case 1: Sexual Abuse of a Young Child by Two Brothers</i>	77
<i>Case 2: Early Exposure to Pornography</i>	78
<i>Case 3: Sexting</i>	78
Conclusion	79
Violence in Schools: A Case Study on Learners' Perspectives	80
Introduction	80
Procedures	81
Violence in Schools: Concerns of Grade 8 Learners	82
<i>Unsafe Schools = Violent Schools</i>	82
<i>Bullying and Physical Violence</i>	82
<i>Sexual Harassment</i>	84
<i>Gangsters and Thugs</i>	84
<i>Drug Use</i>	85
<i>Corporal Punishment</i>	86
<i>Having an Opportunity to Talk about their Experience of Violence in School</i>	86
<i>Learners' Solutions to School-Based Violence</i>	87
Conclusion	88
Best Practice Interventions and Recommendations to Address Violence Against Children	91
Prevention of Child Maltreatment in the Home	92
Legislative and Policy Environment	92
Definitions, Scale and Risk Factors	92
Why is Prevention so Important?	100
What Works for Prevention?	101
Prevention of School and Community-Based Violence against Children	108
Legislative and Policy Environment	108
Definitions, Scale, Risk Factors and Consequences	108
Why is Prevention so Important?	115
What Works for Prevention in Schools and Communities?	115

Recommendations for Communities	115
Recommendations for Schools	116
Best Practice Interventions and Recommendations to Address Violence Against Women	121
Interventions to Address Violence against Women	122
1. General Characteristics of Good Violence Prevention Strategies	124
1.1 Multi-Level Strategies and Services	124
1.2 Integration vs. Specialisation	126
2. Primary Prevention	127
2.1 Parenting and Caretaker Programmes	127
2.2 Comprehensive Youth Sex and Relationship Education	128
2.3 Economic Interventions for Women	130
2.4 Working with Men and Boys	131
3. Secondary Prevention	133
3.1 Domestic Violence Screening in Health Care Settings	134
3.2 Bystander Interventions	135
3.3 Specialised Services for Victims of VAW	136
3.4 The Role of SAPS	138
3.5 Access to Services for Vulnerable Groups	139
4. Tertiary Prevention	140
4.1 Strengthening the Legal and Policy Framework	141
4.2 Long-Term Victim Services	143
4.3 Coordinated Service Provision and Information Management	144
4.4 Funding	145
Key Recommendations for Addressing Violence against Women	146
Recommendations for the Government of South Africa	146
Recommendations for the South African Police Service	147
Recommendations for the Health Sector	148
Recommendations for Scholars, Researchers and “Reformers”	148
References	151

FIGURES, TABLES AND BOXES

Figures

Figure 1: A Child-Friendly Waiting Room at a Sexual Offences Court	62
Figure 2: A Court Support Worker uses Puppets to Teach Child Witnesses about the Roles of Those Involved in the Trial	63
Figure 3: An Intermediary Assists a Child Witness During Court Proceedings	65
Figure 4: Bullying and Physical Violence at School	83
Figure 5: Bullying and Physical Violence in School Bathrooms	83
Figure 6: Sexual Harassment in Schools	84
Figure 7: Gangsterism and Weapons in Schools	85
Figure 8: Drug Use in Schools	85
Figure 9: The Nested Nature of Risks for Violence against Children in the Home	96
Figure 10: Known Outcomes of Child Maltreatment across the Lifecycle [53]	98
Figure 11: Exposure to Adverse Family Environment Increases the Risk for Exposure to Emotional and Physical Violence	101
Figure 12: 2007 National School Violence Survey: Victimisation in Primary and Secondary Schools	110
Figure 13: 2012 National School Violence Survey: Victimisation in Secondary School	111
Figure 14: The Inter-Relationship of Risk for Violence against Children in Communities, Schools and Families	112
Figure 15: Exposure to Adverse Family and Community Environments Increases the Risk for Violence Perpetration and Substance Abuse in Adolescent Boys	114

Tables

Table 1: Definitions and Scale of Maltreatment in South Africa	93-95
Table 2: What We Know and What We Can Do to Reduce the Risks of Maltreatment in the Home?	103-104
Table 3: What We Can Do to Reduce the Risks of Violence in Schools	118-119

Boxes

Box 1: Summary of Risk Factors for Adolescent Violence Exposure in South African Homes – Analyses of the Cape Area Panel Study (CAPS) and the National Youth Lifestyle Study (NYLS)	99
Box 2: Selected Resources for Prevention of Child Maltreatment	105-106



ABOUT THIS BOOKLET

This booklet is one of the major outputs from a research project that was undertaken in 2014 and 2015, and was entitled: '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'. It was facilitated by the Safety and Violence Initiative (SaVI) at the University of Cape Town (UCT) in partnership with the Children's Institute (also at UCT). It arose from a request by the Cabinet-level Inter-Ministerial Committee (IMC) to Investigate the Root Causes of Violence Against Women and Children. Funding and technical support was provided by the United Nations Children's Fund (UNICEF) in Pretoria.

The main project objective was to provide the IMC with a critical analysis of the risk and protective factors (determinants) associated with violence (physical, sexual and emotional) against women and children in South Africa, as well as an in-depth understanding of the relationship between the relevant variables, and to recommend practical violence reduction and prevention interventions. Both qualitative and quantitative research methods were employed in order to address the research objectives and construct predictive models on the determinants of violence against women and children in South Africa using structural equations modelling. The models were the outcome of an interconnected process of: reviewing existing research in relation to violence against women and children in South Africa; the formulation of conceptual frameworks derived from the literature reviews; and the vetting and testing of relevant data sets on the basis of this conceptual framework.

This research project drew on expertise from across UCT, with the research team being comprised of: Shanaaz Mathews (Children's Institute); Rajen Govender (Centre for Social Science Research); Guy Lamb (SaVI); Floretta Boonzaier (Department of Psychology); Sinegugu Duma (Division of Nursing and Midwifery); Andrew Dawes (Department of Psychology); Catherine Ward (Department of Psychology); Lillian Artz (Gender, Health and Justice Research Unit); Lauren Baerecke (SaVI); Giselle Warton (SaVI); Talia Meer (Gender, Health and Justice Research Unit); Rebecca Smith (Gender, Health and Justice Research Unit); Lucy Jamieson (Children's Institute); and Stefanie Röhrs (Children's Institute). Additional research support was provided by Claire McDonald (SaVI) and Shayni Geffen (SaVI). Guy Lamb (SaVI) was responsible for the overall management of the project and the finalisation of this report, with administrative support being provided by Lameez Mota (SaVI).

This booklet presents: a summary of the key research findings; a variety of detailed illustrative cases studies of women and children's experiences of violence, as well as children's experiences of protection and support services; and recommendations for future action.



Ms Bo Dlamini, MP | Minister of Social Development

FOREWORD FROM THE MINISTER OF SOCIAL DEVELOPMENT

It is a great honour to write the foreword to this report which seek to improve our understanding and strengthen our legislative framework and our national efforts in tackling the scourge of violence against women and children that remains so pervasive in our country. It is a valuable contribution to our ongoing joint national effort of protecting the most vulnerable members of our society because the prevalence of violence remains unacceptably high with devastating lifetime impact.

From the outset I would like to thank UNICEF and the University of Cape Town research team who have made this report and its publications possible due to their continued support of making South Africa safe and a better place to live for women and children and to enable them to fulfil their individual and collective potentials. The Constitution of the Republic of South Africa is built on a culture of reverence for human rights and guarantees all citizens the right to live free from any form of emotional, physical or sexual violence. Recognising that violence against women and children is a gross violation of human rights, preventing and ending it remains a key focus of our Government.

To support Government's commitment to tackling violence against women and children, Cabinet established the Inter-Ministerial Committee (IMC) to investigate the root causes of violence and to develop a comprehensive framework and strategy to address violence against women and children.

The findings and recommendatins of this report are therefore important as few studies have explored what drives and determines violence as current efforts have focussed on addressing normative behaviours of violence against children through a

combination of behavioural and biomedical interventions (such as parenting practices in the home, disciplinary measures in schools and post-rape care response in health centres).

Many of these interventions focus on individual-level interventions without identifying the structural forces that are fuelling interpersonal violence. Structural interventions—or drivers, as we explored in this study include social, cultural, economic, legal, organisational, or policy responses to mitigate violence. Without a clear understanding of the central role that these structures play in creating vulnerability to violence, and in constraining both individual and collective agency to prevent violence, investments in primary, secondary and tertiary prevention are unlikely to succeed.

It is by knowing what drives the scourge of violence against women and children that we will be able to prevent it from occurring at the first place.

Understanding these drivers therefore provides a gateway into building effective child protection systems based on violence prevention. Understanding the true extent of violence against children has also been challenging due to the lack of reliable national prevalence estimates as well as the magnitude of under-reporting of some types of violence. Nevertheless, understanding the risk and protective factors of violence against women and children enables the identification of several key factors and relationships that will enhance our prevention interventions.

The complexity of the scourge and its far-reaching effects demand a broader response where we work together to create a safe, secure and peaceful country, in which women and children are free from violence and abuse. For this reason, I want to take opportunity to thank many individuals, community groups and organisations who continue to work tirelessly to prevent, protect and support victims of violence throughout the country.

Finally, I want to extend a huge thank you to all those who gave of their time to participate in this study as it will go a long way to strengthen our work and improve our prevention, early identification and ensure timely intervention.

Indeed, ending violence against women and children is everybody's business.



MS BO DLAMINI, MP
MINISTER OF SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA



01

SUMMARY OF THE RESEARCH FINDINGS

The victimisation from, and perpetration of, interpersonal violence are complex and dynamic phenomena that are the result of the combination, sequencing and intensity of a variety of variables experienced over the course of individuals' lives. This complexity and dynamism is amplified where large population groups are considered; as not all individuals with similar experiences will become victims of, and/or perpetrate, violence. Consequently, root cause analysis is generally not viewed in the violence prevention scholarship as an appropriate theoretical and methodological approach. The reason for this is that root cause analysis is typically used to investigate the principal causes of single, less complex events such as a plane crashes. Root cause analysis is also highly reliant on the availability of timely and accurate data, which is not the case with data on violence.

Consequently, this research project made use of the public health socio-ecological analytical framework. This framework is comprised of four levels, namely the individual, relationship, community, and societal levels. Its core purpose is that of risk reduction, and posits that there will be a reduction in the risk of violence against women and children if there is a decrease in the risk factors and/or an enhancement of the protective (or resilience) factors that are associated with violence against women and children.

This research project employed both qualitative and quantitative research methods in order to address the research questions and construct predictive models on the determinants of violence against women and children in South Africa. The models are the outcome of a coherent and interconnected process of: a review of existing research in relation to violence against women and children in South Africa; the formulation of conceptual frameworks derived from the literature reviews; and the vetting of relevant data sets on the basis of this conceptual framework. Thereafter predictive modelling was pursued.

In general terms predictive modelling is the process by which a statistical model is created or selected in order to predict the probability of an outcome. For this project the type of predictive modelling that was pursued was structural equations modelling (SEM). SEM permits the simultaneous analysis and explanation of a number of outcome or dependent variables by a number of predictor or independent variables.

Twenty data sets were identified as potential sources for SEM in relation to this project. After an extensive vetting process, the accessible data sources that were deemed to be appropriate for the purposes of predictive modelling for this project were the Cape Area Panel Study, as well as the data sets held by the Centre for Justice and Crime Prevention and Gender Links. The results of the SEM on these data sets are summarised below.

The Cape Area Panel Study (CAPS) was initiated in 2002, and is a longitudinal (panel design) study, comprised of five waves of young people in Cape Town. It is one of a very small number of studies of its kind in South Africa. The intention of this survey

was to investigate the multidimensional nature of the lives of the young men and women especially in relation to educational, psychological, familial, sociological, economic and community considerations as these young people transition from childhood through adolescence and into adulthood. The panel nature of the survey offers considerable benefits as compared to cross-sectional studies. Namely, it allows us to investigate how early childhood conditions relate to later adolescent and adult behaviours; and enables a better test of how violence victimisation early in life leads to violence perpetration and further victimisation in later years.

The 2008 National Youth Lifestyle Study (NYLS) undertaken by the Centre for Justice and Crime Prevention is a cross-sectional study that was designed to provide a national probability sample of all youth in the country aged between 12 and 22 years of age, in 2008. The sampling frame for the study was based on the 2001 national census data and was obtained from Statistics South Africa. Following the completion of the fieldwork, the obtained sample was reweighted using the census 2001 data to ensure sufficient sample-population congruence with the cohort of youth aged 12 to 22 years.

The Gender Based Violence Prevalence and Attitudes Household Survey (GBVS) undertaken by Gender Links is also a cross-sectional study. The objective was to develop a core set of prevalence indicators that will provide for baseline data at inception, and subsequently, robust data for monitoring on-going trends and patterns. Two surveys were conducted: one for adult women and one for adult men. The women's survey examined violence victimisation and various determinants and risk factors. The men's survey examined violence perpetration and various determinants and risk factors. Both surveys employed a probability-proportionate-to-size stratified design to survey a representative number of respondents in four provinces: Gauteng, Limpopo, KwaZulu-Natal and Western Cape.

Available research indicates that many South African children are exposed to high rates of violence in their homes, schools and communities. Reported rates are suspected to be much lower than actual incidence rates, owing to high levels of under-reporting. The most prevalent forms of violence include physical violence and homicide, corporal punishment, sexual abuse and rape, emotional abuse, neglect, intimate partner violence (IPV), bullying and gang violence.

At the individual level, risk factors for victimisation include: age; gender; and substance use. Being a member of a vulnerable group, such as being a street child or having a disability, also increases the risk of victimisation. Relationship level risk factors include: substance use by a child's family and peers; poor family structuring and functioning; family conflict; harsh or inconsistent discipline; having a family member who has been incarcerated; having parents with untreated mental health problems; and having peers involved in delinquent behaviour. At the community level, risk factors for victimisation and perpetration include: the availability of weapons

and substances; and social norms, which accept and condone patriarchy and violent expressions of masculinity.

South Africa has one of the highest reported rates of gender-based violence in the world. However, the lack of reliable national prevalence estimates for IPV and non-intimate partner (non-IP) sexual violence, and the under-reporting of these types of violence make it difficult to determine the true extent of violence against women. At the individual level, age, substance use, and previous experiences of and/or exposure to violence all contribute to women's victimisation and men's perpetration of violence. There is a significant relationship between childhood experiences and witnessing of violence and later female victimisation or male perpetration of violence. Women may be at greater risk for victimisation if they are members of certain marginalised social groups (e.g. elderly women, women with disabilities and refugees).

Men who perpetrate IPV and sexual violence are often involved in other anti-social behaviour, particularly violent behaviour, in a variety of settings. Existing research suggests an association between psychopathic traits and the perpetration of violence against women. Male dominance and control in relationships speaks to both individual attitudes and beliefs regarding gender roles and broader societal level values and norms that support gender inequity. These gender inequitable attitudes and practices increase the risk for violence.

SUMMARY OF KEY FINDINGS OF PREDICTIVE MODELLING

Violence against Children (Victimisation and Perpetration)

- Children living in households where neither parent is present are at the highest risk for violence, while those with one parent present are at moderate risk, and those with both parents present at lowest risk. Clearly, having both parents at home to look out for children is a strong defence against their becoming victims of violence, as well as against their perpetrating violence.
- Children from households with scarce financial resources are significantly more likely to experience violence in some form, as well as eventually to perpetrate it.
- Males are significantly more likely than females to be victims of physical violence, while females are significantly more likely to suffer emotional and

sexual violence. Males are at greater risk for perpetrating all forms of violence.

- Children living in households where they are exposed to drugs/alcohol and crime are at greater risk for violence.
- Children living in households where, as a result of heightened temper and conflict, members resort to violence are at greater risk for suffering violence, as well as perpetrating it. Family temper and conflict is an indication of the pervasive impact of poverty on family life and dynamics.
- Greater exposure to community members who are involved in drugs/alcohol and/or crime places children at greater risk for violence, both as victims and perpetrators. Boys are significantly more likely than girls to associate with such persons in the community and thus more vulnerable to suffering violence, and are at greater risk for perpetrating it.
 - Children who use and abuse alcohol are at higher risk in terms of perpetration of violence. Alcohol use/abuse is most affected by exposure to these substances in the household and exposure to it in the community. In this regard, boys are at much higher risk than girls.
 - Children who use drugs are at higher risk in terms of perpetration of violence, with boys being at much higher risk than girls.
- Children from households with higher levels of conflict are more likely to escape such conflict by engaging with community structures, but those who have suffered physical violence as a result of this family conflict are significantly less likely to do so. Greater participation in such structures could serve as a protective factor by removing the child from a high-conflict family situation, even if temporarily.
- Girls are significantly more likely to perceive and report emotional violence than are boys.
- Girls are at significantly greater risk for sexual violence than are boys.
- Both boys and girls appear to be at equal risk for suffering physical violence at home.
- Children who have suffered some form of violence at home are at a greater risk for experiencing violence outside the home.
- Children who have suffered some form of violence are significantly more likely to perpetrate violence against others, be it in the home, the community or at school.
- Perpetration of violence appears to begin in the home and extends outside the home into the community.

- Boys are significantly more likely than girls to perpetrate all forms of violence, even when all other determinants are held constant.

Violence against Women (Victimisation)

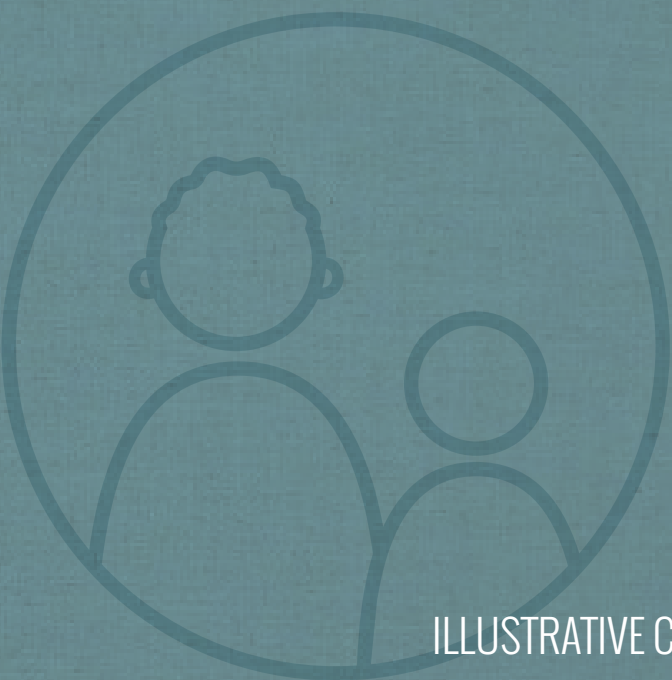
- Women from poorer backgrounds are at much greater risk for all types of violence, with higher levels of poverty amongst women being significant determinants of greater economic dependency.
- The educational levels of women are significantly indirectly related to their risk of violence victimisation, with lower levels of education being associated with increased risk of violence victimisation. Education is a significant direct determinant of greater economic dependency on male partners, and of diminished control in the relationship. It is also a significant determinant of increased alcohol abuse.
- Emotional, physical and sexual abuse suffered by women, as children, is a significant base determinant of violence victimisation. In many instances of victimisation, childhood abuse is the most significant risk factor.
- Economic dependency by women, on their partners, leaves them vulnerable to all forms of IPV.
- Women who abuse alcohol are at greater risk for all forms of violence victimisation.
- The abuse of alcohol by the partner of a woman is a significant determinant of violence victimisation. The effect is indirect through the perceived infidelity of the partner. The partner's alcohol abuse is significantly directly determined by their control in the relationship and the extent to which the woman is economically dependent on him.
- Perceived infidelity by male partners is a significant determinant of increased risk for violence victimisation. Such infidelity is predicted by the control the male has in the relationship, as well as the abuse of alcohol by the woman. Women who abuse alcohol are more likely to be in relationships with partners who are more likely to be unfaithful.

Violence against Women (Perpetration by Men)

- Individual and household poverty feature significantly as a base indirect determinant for perpetration. Men from poorer backgrounds are more likely to perpetrate all forms of IPV. They are also more likely to have been exposed to trauma or suffered abuse during childhood.
- Educational levels are significantly indirectly related to the risk of violence perpetration, with lower levels of education being associated with increased

risk of perpetration of all forms of violence. Lower education is a significant direct determinant of greater male control in the relationship and inequitable personal gender norms.

- Emotional, physical and sexual abuse suffered by men as children is a significant base determinant of violence perpetration. In many instances, childhood abuse is the most significant risk factor for violence perpetration.
- The experience of trauma is a significant indirect determinant of violence perpetration. Higher levels of trauma are significantly directly associated with: increased alcohol abuse; greater control in the relationship; and perpetration of emotional IPV.
- The extent of control of the relationship by the male partner is both a significant indirect and direct determinant of violence perpetration.
- Personal norms about inequitable gender relationships are a significant direct and indirect predictor of increased violence perpetration.
- Personal views concerning rape are a significant indirect determinant of increased perpetration of sexual violence, through the direct effect on multiple sexual partners.
- Alcohol abuse is a significant direct determinant of almost all forms of violence perpetration, with increased abuse predicting increased propensity for such perpetration.
- The increased number of concurrent sexual partners by males has a direct impact on the increased probability of violence perpetration.



02

ILLUSTRATIVE CASE STUDIES

EXPERIENCES OF VIOLENCE BY WOMEN AND CHILDREN



CASE STUDY ONE

GEORGE

Background

George*, a Zulu male aged 26, was convicted of sexually assaulting a 30-month-old girl when he was 22 years old, leaving her with serious injuries. He received a life sentence for this crime. His interview tells the story of poverty, childhood abuse and a family and personal history of domestic violence, criminal behaviour, and alcohol and drug use.

George was born in the early 1980s in a small town of approximately 56 000 residents. He is the youngest of five children. He has a sister, who is 11 years older, and three brothers, who are between four and eight years older than he is. George's mother was 35 when she gave birth to him. His father worked in a factory and his mother was a domestic worker.

Due to the apartheid policies of forced removals, influx control and industrial decentralisation, the town grew rapidly during George's childhood, and unemployment soared. The town, like many other towns during this time, experienced political violence.

Early Childhood: Instability, Poverty and Deficiency

The family moved frequently when George was younger. He first lived with his paternal grandmother in a three-roomed mud house, where he and his three brothers slept in one room, his parents in the second room, and his grandmother and sister in the third room. When George was almost six years old, his father rented a house in a township.

During George's first year of school, his father left the family to work, only returning home on one occasion. Then, when George was seven, his father left for good.

"My father just left when I was seven... He didn't come back no more. I don't know where my father is now. All of us in the family we didn't know where he is. It's where we start to suffer...It was hard for my mother."

His mother continued to work as a domestic worker. He, his four siblings and their mother struggled to put food on the table.

The family then moved to the maternal grandmother's small, three-roomed house. The house was crowded: George lived in the house with seven adults and 15 children. There was a pit latrine outside and the house had no electricity until after 1994. The sleeping arrangements in the house were difficult.

"We were enough in the house. Ja, they even call us the [family surname] aces ... because we make a football team in the yard! The children slept with the ladies [George's maternal grandmother, mother and two adult relatives]. All of us were sleeping in the kitchen... All the children slept under the beds. Sometimes I used to sleep with my mother." When people needed to wash themselves, "we wash there. All of us wanted to wash near the stove... There was no privacy and everybody can see everybody else... When older people washed, they used to chase the boys away."

George described how his childhood was affected by the fact that his mother was a single parent as well as by his family's limited financial resources. His mother did not have enough money to pay for the items the children needed for school and to pay for certain school-related activities. In one particular incident, when George was aged about 10, his mother could not afford the money for him to go on a school trip for Zulu dancing, at which he was talented.

"I got angry with her, as she couldn't give me all the things I wanted. We were blaming her. Even if she tried to explain, we were young. We didn't understand the situation."

"Sometimes I have enough. Sometimes I had nothing. I went to school with an empty stomach! ... I can look to the teacher but my mind is not there."

George was punished for stealing from other children at school.

"I was naughty... You know what caused me to be naughty? There's a lot of children in school. I didn't get the things. You are not living the life just like other children at school."

During school break times he saw other children eating food, which he would try to take away from them. "I was hungry." Eventually, the principal asked him about life at home. The principal subsequently arranged for him to go to the school office before lessons to collect food, he also provided George with additional food and refreshments during the school day.

George and his family lived with their maternal grandmother for about seven years. His mother continued working as a domestic worker during this time and she also worked hard at home, doing washing and cleaning. "It's painful if you see your family doesn't like your mother. I used to see my mother, she became thin." The family was forced to leave when George was about 14. There were quarrels concerning his older

brothers, who were drinking and stealing. George's family had to relocate to a two-roomed shack in the location, which was the only shack in the area – the neighbours lived in houses. "It was hard to grow up during those years," George said.

George seemed to indicate some guilt over the hardships his mother experienced, acknowledging that he and his siblings contributed to her hardships when they were young. "Daily she worked hard. She didn't get the good life from us, just ... pain."

Violence: Multiple Victimisation

George reported experiencing violence at the hands of a number of key figures in his life, including his father, other family members and his teachers. His brother-in-law beat him on two occasions. Once, during a braai at the house of George's aunt, he stole a liqueur, an act that prompted his brother-in-law to beat him.

"Because that time, he's the one who is responsible. He was trying. He is the one who was helping my mother... So that time he broke my rib here. I stopped there because he beat me a lot... Eih! He beat me sore that time!"

His mother was aware of the beating that her son received, but according to George, "there is nothing she is going to say to him because sometimes he help financially." The second time he was beaten was "because they find me smoking cigarettes".

George's father was abusive and his mother and older brothers received beatings on a daily basis. The beatings particularly occurred over weekends.

"I can remember my father. He was so abusive...Abusing my mother. He even tried to shoot my mother...I was still young then but I can remember when they fight. They fight a lot. My father was an aggressive guy. He would come inside the house when we are eating. ... The food would not be right for him... We did wrong".

"I would break a cup. That's when my father's going to beat me. From Friday, we didn't sleep".

"We supposed to go to the neighbours and hide with my mother and the neighbours became scared to hide my mother because they are scared of my father."

Schooling

Violence was a recurrent theme in George's story and was present in all contexts of his life during childhood, including school. He attended a township primary school during the late 1980s, when corporal punishment was still widely used in schools.

He spoke about being hit by the teachers for a number of reasons, such as arriving late at school, making a noise in class or not getting full marks. George recalled how punishment ranged from a smack, with a stick, on his bunched fingertips, to a beating across his shoulders or buttocks with a “fat stick”.

“In school at that time, the teachers were hitting us. They punish us all on the hands....From Grade One, I got punishment.”

“We gonna get pain, lots of pain. If they hit you ... the whole day it's sore.”

“In Grade One, they beat us! Grade Two – that teacher beat us a lot! I don't know what kind of mother she was! ... That teacher she beat you if you made a mistake.”

“The teacher gonna beat me for noise in class. If she's angry – five! You gonna cry! I'm gonna cry. I'm gonna cry, heh, I was in a lot of pain with the school.”

George and the other children had to make what they called, “a chair on air”. The child receiving punishment had to position his body to look like a chair whilst other children held his ankles and wrists.

George described being beaten by nearly all his primary school teachers but received the worst punishment during Grade Five. One teacher, a female, would make the pupils put their fingers in a glass of iced water and then hit their bunched fingers if they could not answer a question. Another teacher, a male, would tell pupils to rest their heads on their desks if they could not answer his questions. If a pupil gave an incorrect answer, all the pupils who did not have their heads on their desks received two strikes, with pupils who had their heads on their desks getting one strike. A third teacher, also female, administered punishment using “black pipes, strong pipes” that had “balls” of cow skin tied to them. “It's painful! They beat us like we are donkeys.” He and his school friends “bunked school... School was terrible!”

Use of Alcohol and Drugs

“Yes. My father did drink. He even made homemade beer. They always need to fight for that beer when my mother didn't make that beer. My father would beat my mother if she didn't cook him meat. There was no money for meat. Then he gonna beat her. Always he was wanting meat. He wanted meat. He quarrelled with my mother and would fight her”.

“People in the area were scared of my father because when it was time to pay the rent, the cops come and collect the rent. ... When we see the cops coming into our yard, we gonna run away. We don't need the cops near us. That time, the cops man, they were respected; we respect the cops, serious!”

Alcohol and drug use, both his own and that of others, featured prominently in George's story. He was 11 when he had his first drink.

"I stopped drinking alcohol until I was 17. Fridays, we used to drink with friends when they came out of school... I became addicted. We were not living without liquor because if I live without liquor, I was not feeling all right". He drank brandy and cider: "I did not drink beer as beer is not all right for me".

"I was not living without alcohol outside... If I didn't get drunk, I would get like this. " [Holds up his hands and shakes them as he says this.] "I was a drunk. ... Sometimes I would wake up in a place and I didn't know how I came to that place."

There was significant interplay between alcohol and drug use and violence. His father drank and this contributed to fights between his parents, which George witnessed.

This relationship was mirrored with George's maternal uncle, with whom he used to fight. His uncle would also fight with George's friends and cousins, when he had been drinking. "He used to do that ... while he was drinking... He want to hurt. When he's drunk, he's a problem."

Teenage Years

By the time George was aged 14 and in Grade Nine, his mother had built a shack, with two rooms, in the location; this was after his grandmother had told their family to leave her home. His sister, aged 25, was married and lived with her husband and their child. His mother was unable to pay the examination fee for his older brothers' final school exams, and his other two brothers had failed their final school exams. His older brothers found work in another city and as they were able to help financially, "Life started to be easier."

Although George lived with his mother for most of his childhood, they had a tumultuous relationship and it was only when he was older that they became "good friends". This was not always so, however, and George reported that his mother used to beat him as punishment.

About a year later his oldest brother lost his job and returned to live at the shack, where he became involved with alcohol and drugs and was violent towards the family. His brother stole the family's clothes and sold them, using their money and money George's mother borrowed from her employer, to buy alcohol and dagga. This meant that often, there was no money left to buy food. His brother used dagga, "a lot, a lot, a lot! He likes his dagga". His brother also stole his school shoes, when George

was 15 and in his ninth year of school, which he failed. Consequently, George and his mother ran away.

He [George's brother] "stayed at home, he swore, he started to be mentally disturbed".

"He did a lot of things!", "Beat my mother, he wanted money from my mother ... to buy dagga ... and alcohol ... he demanded money. He knew my mother didn't have that money. He hit her. I was young. I don't have power so he chase my mother around; there he is hitting her, pulling her."

Life on the Streets

In 1995, a year after South Africa's first democratic elections, George lived on the streets for six months. He described this experience as painful. He and other boys living on the streets smoked glue to ease their hunger pangs. "All the boys they use glue. They do terrible things to you... We slept in this big dustbin". Sometimes, the police would "chase" or "catch" the boys, put them in a car and drive them far out of town.

"We didn't know where we were going. They gonna leave us far away. During the night, we gonna start to go back... We walk. Nobody wear the shoes. No space for shoes. The feet were swollen."

The boys would get food from begging, or tips from pushing customers' supermarket trolleys, and unpacking shopping into their cars.

Whilst on the streets, George was sexually abused by adult men on three occasions.

"The people are gonna come there, they look at us, you beg as someone passes you and he says, 'Let me give you a job.' You go with him. He's not giving a job. He's gonna make sex with me".

None of the men used a condom. These experiences frightened George and were both physically and emotionally painful.

"You are scared to tell other people what's happening... It was worse if I saw my mother. I didn't tell her what's happening. But I think my mother knew."

George described one incident in detail.

"I met this coloured guy. He asked me, 'Where are you going?' I told him I am going to look for my friends. The man said he will give me a job and a place to

sleep at home.” George followed the man to a house. “But it’s a big house and he has the key.” There was no one in the house. The man told George he would get a job in the morning. “While I was sleeping, he started this thing”. The man threatened him, saying, “If you try to make shit, I will do terrible things to you. Let me finish this and I will pay you.” The man fondled George’s private parts. Then, the man put cream on his own private parts and anally penetrated George. The experience was painful. “Even the blood come out... If I cry, he shout at me. He say, ‘you want to be alive, don’t shout.’ I said nothing.” The man paid George R50. When discussing this incident with his friends who also lived on the streets, he said: “Lots of children on the streets explain to me those men do that thing. And that thing was happening – serious – to me, because they were watching their clients ... to take them to their cars... I did not go to the toilet for two or three days as it was too painful.”

He returned to the family’s shack after six months on the street but never discussed his sexual experiences with his mother. In his culture, as a Zulu male,

“Man-to-man sex is not all right. Having anal sex is a sin. Even today, if I think about it, it’s shame... If I think about this thing, what happened, I don’t want to be alive.”

Sexual abuse was prolific in George’s story, and the sexual abuse he experienced on the streets was not the first time he was victimised. When he was in Grade Two, “An old man used to play with our penises. I remember he used to do like this.” (Mimicking masturbation as he said this). “He gonna call us, buy sweets for us then he gonna ask to see our penises”. Then the man masturbated himself, George and the boys. George said, “It happened a lot ... maybe five times.”

George went back to school and repeated Grade Nine and Ten, which he passed.

Early Adulthood

Beyond the sexual abuse, George mentioned instances of significant hardship and loss during his life. On a New Year’s Eve in the late 1990s, at the age of 53, George’s mother was shot and killed on a township street as she made her way home.

“They say me, they say I shoot my mother. They arrest me. They said I killed my mother”. The first he knew of his mother’s murder was when the police arrived at the shack and arrested him for the crime. “I didn’t do it because I was in another place. It was a very, very big shock for me that day. I don’t forget it. The time I was arrested – heh! I was asking God a lot of questions. It was my first time to see the walls of police stations, inside, and then to go to prison... I went to prison.”

George never saw his mother's body or attended her funeral. His family had him arrested. He recalled, "I hated my family and was really, really angry" and he fantasised about killing his brother whilst in prison. "And then ... after a long time [four months], the police found the person. It's not me who did this thing. That person, a family member, was arrested. They get him". Subsequently, George did not return to school.

Almost a year after his mother died, he left his home town with his girlfriend and went to the city where his brothers worked and lived. "I see at home, no one's going to help me. So I thought the time is now to stand up for myself and find a job."

The themes of poverty, powerlessness and heavy social drinking continued when George and his girlfriend arrived in the city. The couple shared a room with two of his older brothers as well as four other people. They were forced to sleep in the order that they had to leave in the morning. George looked for a job during the day, finding work for three weeks but then "didn't work for a long time". During this time, he played in a soccer tournament and later got a job selling a newspaper on the streets.

When he was aged 21, his oldest brother, aged 29, was murdered. George reported that his brother's girlfriend had committed the murder, because his brother "liked the girls. He didn't give up the ladies". He said, "It's better for both of us, it's better to lose him."

George sold newspapers on the streets for about 18 months, later found a job at a construction company and then spent time selling fruit and vegetables on the street.

Sex and Relationships

Talking about sex was taboo when George was growing up. His mother tried to give him advice with regards to sexual relationships. For example, George said that his mother told him, "You are not supposed to have a girl in life until you finish school," because the girl would "probably fall pregnant and you see our situation here". However, he had sex for the first time at age 10. He said he was sitting with his friend when some girls came up to them, shouted at them and chased after them when they ran away into an old stadium.

"It's where we made sex. It was the first time. ...Hoa, we are just doing it! We were not knowing that thing, I am telling you! ...The children taught each other about sex because we used to play with the girls... We were scared to take off our clothes, to go naked. The girl, she gonna lie down, I lie on top of her but with our clothes on... We know we are supposed to take our clothes off but we are scared."

As a young adult, George had multiple sexual partners, in addition to the ongoing relationship with his girlfriend. This included a sexual relationship with the aunt of the toddler he later assaulted. His multiple sexual relationships resulted in him fathering two children when he was aged about 18. He reported fighting with his girlfriend, and they broke up when she was pregnant with his first child. While he was still with this girlfriend, he met her friend, who became pregnant with his child at the same time. One infant passed away at nine months but George carried on living with the mother until he was arrested for the rape.

George described his ideas around male sexual entitlement and sexual drive. "I just think about sex, not you love that girl." He said he would see a girl he did not know and become aroused. He would go and talk to her, and tell her, "I love you". "She supposed to tell me, 'I love you'. I would try by all means ... to get a place ... to have sex with her. ... And then after sex, I will leave her."

He also became angry when he was denied sex. "I just go. I get angry. I will leave everything. You deny me sex ... I take the money". He could then go to another woman. "She won't deny me sex. I know definitely if I go to her, I will get what I want".

"I can count even all the times, the day when I started to have sex, even if I were not ejaculating ... because the time I was a child, when you make sex, I didn't count that... I think it's 13 or 14... Okay, I didn't count prostitutes. ...I did use prostitutes."

"Heh, the prostitutes, they are a lot! ... A lot! ...I would go to the prostitutes then. I used maybe eight. I can buy this one today. If I see her tomorrow, I don't want her anymore. I want another one. ... I didn't have sex twice with the same prostitute... A prostitute is not supposed to do this thing... My girlfriend did not know I used to buy the prostitute... If I'm sober, I won't go to a prostitute. If I'm drunk, I don't have the patience. If I want sex with my lady I want her to give me the same time. If you gonna say 'wait', I just go out same time. I'm gonna find someone."

In contrast to these dominant masculine ideals, George indicated emotional neediness when it came to relationships and reported being hurt by a previous girlfriend.

"She's supposed to tell me every day she love me. Because ... I used to do that. Always I tell her I love her... She didn't respond in that way I am talking to her. Sometimes I gonna say that to her, she gonna ignore me... I think it's where my love started to go down because always – that one – if there is no money in the house, she wasn't happy. ...If there is no money, no love, nothing, I want to leave her but my heart didn't allow me to leave her... One day I asked her, 'Do you still

love me?’ She said, ‘no’. From that day [paused] I always [paused] I think about it... I was very hurt. She is the one who drive me to get other girlfriends. I find [the toddler’s] aunty first.”

Indecent Assault

One factor that George believed contributed to him raping the toddler was his alcohol use. “I blame the alcohol, I blame the liquor because what I did, if I was sober, I was not going to do that thing.” He had been drinking on the day of the rape. “It was my first time to go with the child while I am drunk.” “On the way [home from the shebeen where they had been drinking the whole day], I dunno what comes to me.” He said he could not remember what he did or said, but he was left alone with the toddler. According to George, he could not remember taking the toddler underneath a bridge. He heard about the events when the toddler’s uncle testified in court during the trial.

George said he knew all his life that he would land up in jail. “I do a painful thing to an innocent child. But the one who is supposed to protect that child is not there to protect her.”

** Pseudonym provided to protect the identity of the individual.*



CASE STUDY TWO

BRENDA

Background

Brenda*, an 18-year-old female, was raped by a family member when she was ten, and then again by a stranger when she was 17. The following narrative is based on interviews conducted with her and her aunt Eve, who she lives with in the Western Cape. Together they describe the rape incidents and reflect on how, from a very young age, Brenda experienced repeated trauma. Brenda's life is characterised by abandonment, instability, as well as physical, sexual and emotional abuse. Her story also highlights the failings of the South African criminal justice system for many children who report violence – with the South African Police Service failing to lay criminal charges against Brenda's rapist.

Early Childhood

Brenda's early childhood was characterised by instability and abuse. She was born in Namibia and her mother abandoned her when she was a few months old. Brenda's father then died when she was only one. Consequently, she does not have any memories of her parents.

Brenda lived with her grandparents, as well as with a number of other family members in both Namibia and South Africa. She and her sister also stayed intermittently in a children's home in Namibia until the age of five. When Brenda was six, the two siblings relocated to South Africa in order to live with their paternal grandparents. Two years later Brenda was forced to move back to Namibia, as she did not have South African citizenship. Brenda found this move extremely difficult because she had developed a close relationship with her grandmother.

On returning to Namibia, Brenda returned to the children's home. After staying there for a year, she and her sister went to live with their great aunt and uncle in southern Namibia. Although she was glad to have left the children's home and be living with a family, she did not get on well with her great aunt who was abusive. Brenda recalled: "She hit me. She doesn't hit with the hand, she hit me with the buckle." Her great aunt was also emotionally abusive and told Brenda on numerous occasions that she "is so happy that I am not her child."

Eve recalled how once, when she visited Brenda in Namibia she "saw how scared this child was... So scared she was of this woman." Initially Brenda had a better

relationship with her great uncle. “He was friendly, he always gave us money to go buy us something.” However he would also become physically violent at times, especially when he was drunk. Brenda recalled: “When my uncle comes home drunk and he argues then he smacks me.” This violence took on another dimension when he came home drunk one night and anally raped her. “He came home drunk. I said nothing... so he raped me.” Brenda was ten years old at the time. Despite being badly injured, Brenda did not initially disclose the sexual assault. She recounted:

“I couldn’t tell anyone, and nobody would have believed me and would tell that it didn’t happen, so I just kept it to myself. What did it matter that I said anything? Nobody really listens to me...”

Eventually Brenda phoned her grandmother in South Africa and explained what had happened. Her granny took it “very hard” and within three days had returned to Namibia to collect Brenda and bring her back to South Africa to live with her.

Response to the Rape and Relocation to South Africa

On arrival in South Africa, Brenda’s grandmother took her for a medical examination. The damage was so severe that Brenda needed to have an operation. She was “bleeding a lot from the back, when she went to the toilet then she bleeds like one who is menstruating.” Brenda reported that she did not inform anyone about her rape and “the bleeding” until two years later, when she was twelve, despite having suffered extreme injuries. However, at another point in the interview, Brenda stated that it was when she was eleven, a year after the rape, that she had the operation. Eve also struggled to recall the specifics concerning when Brenda received the medical attention.

While it may have seemed to Brenda that a year or more passed between being raped and receiving medical treatment, this may not be an accurate reflection of the actual time elapsed. It is unlikely that Brenda would have had such a critical injury and/or that such a long time passed before she received medical attention, as she would have been in severe pain. However, as specified earlier, this narrative focuses on Brenda’s perception of events, rather than on the exact details of what happened. Hence, regardless of the time between the rape and her disclosure, it is evident that at the time of the rape Brenda felt that she did not have sufficient family support, and hence she could not disclose the rape immediately after it occurred.

Brenda did not receive counselling for the rape and no one in the family ever attempted to speak to her about it. Eve recalled, “It was never actually spoken about, it was a subject that was avoided, we avoid rather than talk.” Brenda’s family chose to never report the incident to the police. Unfortunately, failure to report incidents of rape and sexual assault is a relatively common phenomenon in South Africa owing to, among other factors, lack of confidence in the criminal justice system.

Behavioural Changes Following the First Rape Incident

Brenda's behaviour noticeably changed after the first rape incident. According to Eve:

"She gave my mom and dad many problems, they had to go look for her late at night, she does not come home and she comes home late and of course she started drinking and smoking and found her many times with boys... It was getting out of hand... They had to, many times, phone the police to go look where she is and uh, she puts her school clothes on in the morning but then she does not get to the school."

Brenda was placed in foster care with Eve, Eve's husband and her three children. Eve described how she was concerned with Brenda's behavioural changes, however, she did not perceive these behavioural changes as possible manifestations of Brenda having internalised the trauma from the rape. Eve rationalised this "acting out" as signs of Brenda being a typical teenager. She acknowledged, however, that she did not experience any of these "behaviour problems" with her own teenage children.

The Second Rape Incident and its Repercussions

When Brenda was 17, she was robbed and raped for a second time, by a stranger while walking home from a church dance. As a result of being intoxicated at the time of the rape, Brenda's recollection of the incident was muddled. The incident, however, had a profound negative impact on her psychological wellbeing.

Eve did not notice significant behavioural changes following the second rape. She reported that Brenda continued, at times, to not adhere to the rules of the household, such as leaving the house late at night without informing the family. In addition, Brenda did not take school seriously, did not submit her school assignments, and got drunk on weekends with her older cousins.

Following the second rape, Brenda began to seek out male attention, even more than previously. She also engaged in sexual risk-taking behaviour, such as having multiple sexual partners. Eve recalled:

"It can be that the wine is getting to her head... Last night I told her, look how you are standing! You now just stood with Luke, now you are standing with someone else." Eve continued "twice that night my children told me that she is standing again with two [different] men... the same night! It really concerns me...she could just come and say that she is pregnant."

Brenda's behaviour is not uncommon for survivors of child and adolescent sexual assault [1]. The international literature suggests that children who have experienced

sexual abuse may be at increased risk of abusing substances, such as alcohol, to cope with their trauma [2]. The substance abuse, in turn, increases their risk for sexual risk-taking behaviour and further victimization.

Eve admitted that her husband was “very strict” and administered “hidings” if Brenda misbehaved. Eve did not view such physical punishment as a form of child abuse. However, it is likely that the threat, and practice of, corporal punishment further traumatised Brenda, and consequently exacerbated her negative behaviour.

Eve’s acceptance of corporal punishment as a means to control Brenda, is at odds with how she reported actively shielding her own children from her husband’s violent behaviour. Eve reported that she often took the blame, for minor accidents caused by her biological children, “just to protect the children”. This suggests that Brenda was treated differently from her cousins, which in turn may have compounded her feelings of worthlessness and neglect.

Eve felt that the police were not sufficiently supportive of Brenda, “according to the police they feel that there is not a case”. The police incorrectly informed Eve that Brenda could not lay a charge, “It seems as if it is the first crime committed by this person. ...he must first do something else again [before he can be prosecuted]”. Consequently, no criminal charges were laid.

Education and Future Aspirations

At the time of the interviews, Brenda was repeating Grade 9 for the second time. She dreamed of becoming a masseuse and travelling to New York to learn Ballroom dancing. Brenda planned to attend a Further Education Training college because, “I am not really a thinking type of person. I am more practical”. These comments are related to her poor performance at mainstream schools, which could be related to her being exposed to violence at a young age. Published research indicates that exposure to violence places children at increased risk of poor schooling outcomes [3].

Brenda did most of her primary schooling through an informal education program at the children’s home. She only started at a conventional school when she was nine. Eve noted that Brenda “is not very good with school work. Not since small she never really did well, she was always in an adaption class or so. She might be 18 but she is actually 12... her age is 18, but her mind is not yet 18.” These observed developmental delays could be attributable to the repeated traumas Brenda experienced during her childhood and adolescence. Evidence indicates that infant abandonment and child abuse negatively impact on a child’s emotional, social, behavioural and cognitive development [4], [5].

Brenda's abandonment during infancy, consequent lack of a stable, protective caregiver and the numerous changes in her care arrangements, increased her vulnerability and risk for sexual abuse and repeated victimisation [6], [7]. Further, her experience of child sexual assault increased her risk for later re-victimisation [8]. These risk factors for victimisation, as well as the actual experiences of victimisation, increased the risk of her suffering poor school outcomes and displaying negative and risk-taking behaviour [3]. Further, as a result of not receiving support and counselling following her first rape, Brenda became more vulnerable and an easier target for future victimisation. Brenda also did not receive organised, regular counselling following her second rape.

Unfortunately, even though Brenda concluded her interview by saying that the limited counselling she received helped her to feel "like a free person", no arrangements were made for her to receive further counselling. This could partly be attributable to the fact that her immediate support structures, namely Eve, had not prioritised her counselling. Consequently, Brenda has not received adequate therapeutic support to mediate the long-term effects of the sexual and emotional abuse she experienced.

**Pseudonyms provided to protect the identities of the individuals.*



CASE STUDY THREE

TAMMY

Background

Tammy*, a 16-year-old female studying at a Further Education Training college in the Western Cape, was raped by an acquaintance when she was 15. Following this incident Tammy began experiencing suicidal thoughts and displaying self-destructive behaviour. These symptoms are likely attributable to Tammy having internalised the trauma of the rape [5]. Tammy described how after the rape she lost self-respect, because she felt that she had lost her dignity and she initially blamed herself for what had happened. The following narrative is based on interviews conducted with Tammy and her mother Justine*. These interviews highlight how Tammy was exposed to various forms of violence from early childhood. Her story depicts a reality filled with instability, abuse, alcoholism and poverty. Further, it speaks to the intergenerational cycle of violence, and the social environment that drives it, with Justine also having experienced sexual abuse as a teenager.

Early Childhood: Instability, Disorder and Poverty

Tammy's immediate family consists of her older brother, older half-sister, two younger sisters, her mother and father. Some of Tammy's earliest memories include, seeing her father drunk; seeing her father bring other women to the house to "sleep over"; and her parents fighting. Tammy's early childhood was marked by constant change – with her constantly having to change homes and schools. She attributed this constant relocation to her father's abuse of alcohol, which resulted in her family losing their house. Tammy attended six schools and lived in five households around the Western Cape before the age of nine.

The constant moving contributed to a lack of structure and stability in Tammy's life. Tammy did not live with both her parents simultaneously, as despite being married, they did not live together. She recalled, "whenever I moved I was either with my mother or either with my father, it was never both of them". At one point Tammy moved with her mother (Justine), and two older siblings to her aunt's house in George. During this time Tammy started attending school, where she thrived. Tammy thoroughly enjoyed attending this school, but she did not enjoy the following school she attended where she was physically assaulted if she took too long to answer a question or "pricked with a needle if you make a noise".

When Tammy was eight, her aunt moved out of the house to live with her boyfriend. In the same year, Justine fell pregnant and became ill and unable to support her

family. Justine decided to return to the city to look for work, leaving the children to manage the home. As a result, Tammy lived alone for “some months” with her older brother (16) and older half-sister (14). Tammy’s experience of living in a child-headed household is not an uncommon phenomenon in South Africa. Research indicates that children in such households face numerous areas of vulnerability, such as hunger, being unable to pay school fees and poor access to health care services [9]. Lack of parental supervision may also place them at increased risk of violence victimization. Tammy said her older siblings tried their best, but that “there were lots of times when we didn’t have food and so on, and then we had to ask the neighbour for an onion ...and that’s what we had to eat, nothing else but that”.

Both Tammy and Justine were subjected to frequent and extensive physical and verbal abuse by Tammy’s father; consequently, Justine moved out of the house on various occasions. Despite the severity of the violence, Justine would always return home. In making sense of her mother’s behaviour, Tammy suggested that Justine repeatedly returned to her abusive husband because she was concerned that he was abusing the children. While this may have contributed to Justine’s return, there are many possible reasons for Justine enduring this abuse from her husband; and not being able to leave the abusive relationship. It is likely that having been exposed to violence from an early age and then being raped as a teenager left a profound impact on Justine’s psyche [9]. Justine recalled how she was made to feel worthless after she was raped, this likely influenced why she kept returning to her abusive husband. She recounted:

“When I was fourteen at that time when I was raped, the way they handled you. You were a rubbish and no decent guy will ever get involved with you, he knows that you were raped and he won’t get involved with you, you know”.

Fractured Family Life, Abuse and Inappropriate Relationships

As indicated above, Tammy’s parents had a tenuous, abusive relationship. When they were living together, her father emotionally and physically abused her mother and older half-sister. Although her father promised to change, “he went back to his old habits, drinking and performing and so on”. Tammy started taking on the parental responsibilities from a young age. She recalled, “I started making food and so on, cleaning the house and I had to go to their [Tammy’s sisters] parent meetings and go pay school fees... we were a lot on our own”.

At 13, Tammy assumed the role of protector of Justine and her younger siblings. She recalled walking with her mother to the police station at 2am to report an incident of domestic violence. Justine recounted, “If her father hit me like, Tammy’s always the one that goes to the police station and lay a charge”. Tammy stopped going to church because her sisters were scared that their father would “try something” (physical

abuse) if Tammy was not at home. Tammy's father particularly targeted her older half-sister, who was not his biological child. Since Tammy was the oldest of his biological children, she felt that she was better able to stand up to her father. At times Tammy's resistance would result in her father being physically violent towards her.

The lack of support within Tammy's familial structure is echoed by the lack of support within other aspects of her life. Having to move around and constantly change schools meant that developing lasting friendships and support networks was extremely tough. She recalled, "I stayed at schools for such a little while that, I mean, every time that I got used to friends, then I had to change schools". When Tammy began high school she started associating with people who were in older grades. According to Tammy this was because peers of her own age were too judgemental of her behaviour, specifically, her swearing and drinking. Tammy also said that with "older friends, they got money". Justine attributed Tammy's choice in friends to Tammy's need to "protect herself against her father" as his drunken, violent episodes became more frequent.

Tammy reflected how this was the time in her life when she started "being naughty". She started drinking excessively, staying away from school, lying to her parents and staying out late. Tammy's behaviour could have been in response to her unstable childhood, the anger she felt towards her father, and the fact that she was forced to assume adult responsibilities from a young age. When Tammy was 15, she briefly dated a man who was 35. According to Tammy he "was like, a gangster, a merchant man...and was in jail for 17 years already". Justine reported that Tammy "always wants to be in the company of older guys". The reasons for Tammy choosing to be in the company of older men are unclear and likely complex, however, it is possible that such relationships provided Tammy with the financial and emotional support, with which she was lacking [10].

The Rape Incident and Substance Use

On weekends, Tammy would associate with "wild friends", drink excessive amounts of alcohol and get involved in physical fights with rival gangs. She recalled, "the people [from the rival gang], they used to hit me and so on, and they would actually stab my friends". It was through her involvement with these "wild friends" that she met the man who later raped her. Tammy trusted him because he was part of the group of friends. She stated that "I thought this guy was just like me". Furthermore, the man was a SAPS detective. One night Tammy asked him for a lift home. Before dropping Tammy at home, the man said that he needed to go to his apartment first. According to Tammy: "I just told myself it's fine, he lives at the police station, I mean, what can happen". It was in the police barracks that he raped her.

Tammy reported that she began drinking heavily, mostly to forget about the rape: “It’s just this drinking takes my mind off it man, but I know I’m not supposed to drink”. Tammy also smoked dagga to help her cope with the incident. Tammy’s substance abuse can be viewed as a form of “self-medicating”, a means to cope with and avoid the trauma of the rape. Substance abuse is common among survivors of child sexual abuse, however, it is also a risk-taking behaviour, which increases the possibility of re-victimisation [2].

Tammy’s Experience of State Services

While Tammy tried to forget about the rape and move on with her life, six months later she broke down and told her aunt. When Tammy finally decided to open a case against the perpetrator, she was incorrectly informed at the police station that she needed to know the suspect’s name. Despite Tammy having described “how the man looks, where he stays, what car he drives, his number plates, everything, the cop said she can’t open a case if there’s no name”. Consequently, Justine conducted her own investigation to find out the name of the perpetrator.

The police sent Tammy for a medical examination to a specialised sexual assault centre on a Friday. Although the centre was supposed to provide 24 hour service, on arrival, the medical staff at the facility told Tammy to come back the following Monday as there was no doctor available. When Tammy received the rape examination, no one explained what the procedure would entail or provided any pre-counselling. Justine reflected, “I actually thought for a child, a minor, to go through that, and just do the procedure without making her feel comfortable and explain everything” was problematic. According to Justine the doctor just arrived in the room and told Tammy to lie down, she described him as being “very cold”. Furthermore, the doctor who conducted the medical examination was a man. Justine recalled indignantly:

“[T]hey could have given her a lady for a doctor also, she was never sexually active before so why must an awful male doctor – you know – it’s very uncomfortable for me also for her”.

Tammy also had a negative experience when receiving counselling at a dedicated counselling service. Justine said that while she was sitting at the reception she was able to clearly hear Tammy discuss the incident with the counsellor. Justine recalled:

“Anybody could have sat there and then they could have listened to their conversation. I mean, someone that’s going for counselling, it must be totally confidential!”

When Justine informed the counsellor about the situation, the counsellor “just laughed”. Tammy and her mother were told that they would receive a phone call in a week to set up a third counselling session, however, they did not receive a call.

Tammy was contemplating stopping therapy, as she did not find it particularly helpful. This may speak to the inappropriate manner in which the services were provided or the broader issue of how current models of post-rape care in South Africa may not resonate with children and their families.

**Pseudonyms provided to protect the identities of the individuals.*



CASE STUDY FOUR

MIRIAM

Background

Miriam* is a 39-year-old mother of two. She is employed in a factory, where she has worked for nine years. Miriam has been married to her husband for thirteen years, during which time she has suffered excessive amounts of abuse from him, both physical and emotional. The interview sought to understand the nature of this abuse, the control which Miriam's husband has exerted over her, as well as Miriam's experience as a victim.

Miriam recalls that before they were married her husband was a “different person” – he was “caring and loving and very affectionate and always there for you”. This all changed once the couple were married and the relationship turned to one of violence and abuse. Miriam met her husband while she was living in Johannesburg, while he was living in Pietermaritzburg at the time. Miriam only found out after they were married that her husband had been married to someone else when they started seeing each other and had children from this marriage. Miriam mentions that her husband's own family was scared of him and this is why they did not tell her that he was married beforehand.

Physical Violence and Emotional Abuse

Miriam states that her husband started physically abusing her during her first pregnancy. She claims that because of the fighting that went on between them her son was born prematurely. After his birth, the abuse escalated. Miriam recalls that on different occasions her husband hit her with a golf stick, a *sjambok* and a *panga*. Miriam claims that she cannot remember what happened to provoke such violent attacks but that generally there was no reason at all.

On one occasion after an argument, Miriam recalls that her husband drove her out to a *vlei* where she claims he intended to tie her up and pull her along the gravel road. It was late at night and there was no one else around. Although her husband finally changed his mind and drove her back home, she claims that the shock of the incident has left her emotionally scarred and she admits that she needs to attend counselling in order to work through the damage that has been caused by her abuse. It is clear that she has endured prolonged and severe physical violence from her husband.

Miriam mentions that her husband comes from a Hindu background and she states that in this religion, “a man is treated like god in the house”. The culture, she says, expects women to do everything for the men in the family. Furthermore, she claims that all her husband’s sisters “will always tell me they have scars on them, from him, you see”, and that one sister claims he “burned her with boiling water”. It seems evident that Miriam’s husband has a history of getting away with controlling and abusive behaviour. She interprets the many demands he makes on her (e.g. cooking for him, cleaning up after him and attending to his many needs and demands) as a cultural expectation related to the way in which Indian men are expected to be treated.

In her interview Miriam claims that the physical abuse subsided to be replaced with what she refers to as “mental abuse”. She states that her husband wants to have complete power over her. He restricts her movements, not allowing her to go to certain places after certain times, including complaints about the frequency of her church attendance. She says: “You will always find me here in the house with an apron on.” This is because her husband expects her to always be in the kitchen cooking for him. In this way, he always has control over her by knowing exactly where she is and what she is doing. Miriam’s husband won’t allow her to have friends. On one occasion he kicked a friend of hers out of the house. She says that her husband “wants me to be here like a, you know, a jailbird, I mean be in a cage all the time”.

On two occasions Miriam attempted to leave her husband. The first time she stayed with her mother and went as far as getting a protection order against her husband and filing for divorce. Her mother and her pastor, however, managed to convince her to give her husband another chance. Miriam mentions that her mother was also in an abusive relationship. After Miriam left him, she recalls that her husband made all sorts of promises to get her back. These included promises to attend counselling sessions and to go to church. Miriam states that her husband is “very scared of the law” and was upset about the protection order, as it took away his control over her. Despite the promises that he made, Miriam states that after she cancelled the divorce proceedings and returned home, her husband’s abusive behaviour started again. The second time she left after finding one of her husband’s girlfriends inside the house. She stayed at a shelter but, although she did not tell him where she was, her husband managed to track her down. Once again he promised to attend counselling, but as soon as she returned home he stopped going.

Partner Infidelity

Apart from the physical and emotional abuse, Miriam also claims that her husband has been unfaithful throughout their marriage. She mentions that “he really likes a lot of girls and especially young girls, he’s always with them”. Throughout the interview she mentions various extramarital relationships that her husband has been involved

in. On one occasion Miriam came home to find one of her husband's girlfriends in the house. She also claims that her husband has another child conceived during their marriage. While she and her husband no longer sleep in the same bed, Miriam recalls that she would "sleep with him because I'm fearful". She states:

"Even when he was in the room, you know sometimes after we have sex, I will cry because I feel like somebody who has been raped."

In her narrative, Miriam also hints at the experience of sexual violence in her relationship, describing an incident where her husband threw her off the bed because she refused to have sex with him. Her husband's constant infidelity has caused her concern and she claims that she has been trying to go for a test [for a sexually transmitted infection] at the clinic. Despite his own infidelity, Miriam claims that her husband constantly accuses her of being involved with other men.

Economic Dependency

The theme of control is reiterated when Miriam speaks of the financial/economic aspects of her relationship with her husband. Although she earns her own income, her husband does not acknowledge the financial contribution that she makes to the household and takes her income for granted. While Miriam pays for some big expenses such as school fees with her small income, her husband continuously stresses the fact that he is the breadwinner. Miriam recounts:

"Even like when he speaks about the food also: he bought the food. 'I do this and I'm the breadwinner. I work hard.' I mean, what am I then? I don't sit at home every day. I also work. 'Your money's not needed, your money means nothing to me in the house.' But yet I must [earn] money and I also pay the school fees, I see to a lot."

Miriam mentioned that she does not feel as though anything belongs to her, despite the fact that the couple are married in community of property. She expresses frustration about this, stating that she has no desire to fix up her house as she does not feel as though it is her space – "Because what's the sense doing something that's not yours ... I mean this is my house but I don't feel like I belong here."

Another indication of Miriam's husband's attempts to control all aspects of her life is reflected in a story she recounts about her car. She used to have her own car, which she bought using her pension money. Her husband, however, promised to buy her a new car, convincing her to sell hers. When she did, he bought a car – at a fraction of the value of her previous vehicle – and then traded it in for a *bakkie* for himself after being unable to pay the instalments. Miriam is now without a car and is forced to rely on her husband for the use of his *bakkie*, which he monitors very closely.

Miriam battles with conflicted feelings about divorce. Her parents split up when she was growing up due to her father being abusive towards her mother. Consequently, Miriam is reluctant to subject her own children to the kind of childhood that she had. Furthermore, she is economically dependent on her husband. While she does work, her salary is not enough to support herself and her children. She is reluctant to remove her children from their current situation, since she would possibly have to move with them into a shelter. However, Miriam insists that she has tried to save her marriage and that the emotional strain and fear is too much for her to live with any more. In the interview she appears determined to take action towards leaving her husband for good.

**Pseudonym provided to protect the identity of the individual.*



CASE STUDY FIVE

GAIL

Background

The interview with Gail* examines the many years of physical, sexual, emotional and financial abuse that she has suffered at the hands of her husband. Gail is clear about the fact that she wants to leave her husband and states that she would do so if she were in a more stable financial situation, with a permanent job. Currently, she would not be able to support herself and her children if she were to leave.

At the time of the interview, Gail had been married for 14 years. She describes the marriage as difficult from the very beginning because she became pregnant after her husband-to-be forced her to have sex with him before they were married. Gail recalls that her mother was against the marriage from the start and none of her family attended the marriage ceremony. Neither Gail's mother nor her husband's mother would take the couple in after they were married and so they went from an aunt to Gail's sister and finally, at the end of her pregnancy, she went to live with her mother for a short while.

Gail's story is framed primarily around the issue of financial and emotional abuse. She claims that in their first year of marriage her husband did not contribute at all towards the care of their child. She notes that "he still came to my mother's home and ate and everything, like somebody who was paying his way", but Gail was supporting herself and her child entirely with her own money. About a year into the marriage, Gail and her husband moved to a town outside of Cape Town, when his job as a police officer required his transfer.

Partner Infidelity

As a police officer, Gail's husband was constantly on field missions to "this border and that border", leaving Gail to look after their child in what was a "strange place" to her. When their son was about a year old, Gail was approached by a girl who claimed that her child had been fathered by Gail's husband. After confronting her husband, who denied the accusations, Gail left him for the first time. She later found out that her husband had other illegitimate children.

Having decided to divorce her husband, Gail was persuaded otherwise by her mother, who was a Catholic and did not believe in divorce. Gail claims that although she believed her husband to be "beneath" her and did not want to spend the rest of her

life with him, she nevertheless returned to him, resolving to make the marriage work. She recalls:

“He made promises; I tell you, an abuser makes promises you won’t believe. Today he’ll promise you the moon, but be with him for a month or two and you’ll see he goes back to his old ways.”

Abuse: Physical

In her interview, Gail mentions that she has been abused physically by her husband but that these incidents are infrequent. She claims that he has never struck her in the face. This way, no visible evidence of abuse is left behind. She says that he “doesn’t want the world to know that he abuses me in that way”. Instead, he abuses her “bodily” – pushing her or on other days touching her with force which results in bruises that are hidden. However, she adds that there have been times when he has kicked her and on occasion even bitten her.

On these occasions where Gail has been physically abused she claims that she would fight back and defend herself. Sometimes she would also escape from the house and shout to her neighbours for help. On one occasion when her husband bit her on her arm, Gail went to the police with the bite-marks as evidence and the case went to court. As a result, he is now afraid to abuse her physically, as she has threatened to report him again:

“From 1998, he has this thing that I’ll put him in jail because I told him – touch me this time and there’s a mark on my body that can prove that you hit me, you are going to land up in jail.”

Abuse: Emotional

Throughout the interview, Gail refers to the emotional abuse that she has suffered as the major form of abuse that she has experienced at the hands of her husband. Verbal abuse, degrading comments and name-calling have characterised her relationship with her husband. He has accused her of sleeping around and has called her a prostitute. Gail says that:

“Today he’s still finding fault with me, and I think that he’ll find fault with me till the day he dies.”

In the beginning, Gail was deeply affected by this verbal abuse:

“And I know for a fact, in the past I used to sit and cry over those things that he called me, all the kinds of names.”

However, she claims to be stronger now and seems to have learnt how to deal with the abuse:

“Today, I can tell you, he can call me anything under the sun, and I won’t cry about it because I know it’s not true.”

“Well, now when he starts calling me names, I take a walk, I never stay at home any more – I don’t listen to his abuse anymore.”

Gail is very aware of how this constant emotional abuse has affected her and speaks regretfully of how she has had to change her nature in order to deal with it.

“You know, I was a soft girl, honestly man, but the abuse made me like a street woman in my own home – and that is something that I hated about myself...”

Economic Dependency and Transactional Relations

In her narrative, Gail repeatedly refers to the “financial abuse” she has experienced throughout her relationship. She mentions that when she got married she had already accumulated various household items to start off her married life. She adds that her husband did not contribute anything towards establishing the household.

“When I married him, I had *everything, everything*. He did not buy me a pot, a stove or *anything*. I bought my, my things standing in my kitchen, everything is my *own*, I worked for it myself – my tumble dryer, everything that I have in my home, I bought for myself, I don’t have a husband who *buys* me things.”

However, after she got married and had children, Gail settled into the position of homemaker and to a large degree lost the independence that came with earning her own income. At one point Gail started working again and regained some of this independence but she claims that her husband made her quit her job when she fell pregnant with their second child.

“I got a job... I worked for two years and I had, I was independent, I had my own money, I could do with my own money my own thing, you know. I wasn’t financially dependent on him and er, then he said I must stop working when I got pregnant with [her daughter]. If only I had, if only I thought that way, like I’m thinking now, I would never have given up my work. And the abuse started really after [the daughter] was born, after my money was up, the financial and emotional – then he started to abuse me again.”

From the above Gail makes it clear that her husband uses money to exert control over her. This is revealed in a number of other incidents that Gail speaks of. For example, Gail still does not have her driver's licence, because she cannot afford to pay for the test. Her husband refuses to give her money to take the test, even though Gail has to drive him around, because his eyesight has deteriorated and he cannot drive at night:

"If you know for a fact that you can't drive, you need the person who lives with you, you are going to give the person that money, because you are depending on that person, but he didn't want to."

Because Gail's husband uses money as a mechanism to control her, their relationship has turned into a transactional one. Gail recalls having to do sexual favours in return for money or purchases:

"You know, if I wanted a dress, I had to cry for a dress – and you know how I had to pay him, I had to pay him *sexually* to get a dress."

Gail views marriage as a partnership between two people where they share their wealth. She believes that, "when you are married, a husband's money is not his anymore. It's his and his wife's money." However, she claims that her husband:

"Still believes it's his. He works for it, it's his money. But he still wants to have the privileges of a married man, but he doesn't want to give what a married man does – or see to his family like a married man does."

Gail notes that she has a strong support base of friends and family. She feels comfortable expressing her domestic problems with her friends and this provides a form of release from the emotional abuse that she has been through. She says: "They don't tell me what I must do; just having an ear to listen is good enough for me. And that helps me to get through." Gail also expresses that her religion is something that provides her with strength.

Gail's story describes the daily struggles of being emotionally and financially abused. She feels trapped in her marriage because of her economic situation, and the financial abuse is thus perpetuated. While she is clear that she would leave her husband if she had a more stable income, other factors – such as the effect a divorce would have on her children – also continue to hold her back, keeping her in this abusive relationship.

**Pseudonym provided to protect the identity of the individual.*



CASE STUDY SIX

KIM

Background

Kim* is a 45-year-old woman who has been working as a sex worker for the past 15 years. She is the mother of three children. The interview explores the vulnerabilities that Kim has experienced in her personal relationships as well as in her relationships with her clients.

Vulnerability to Abuse in Personal Relationships

Kim was raped when she was 14 years old and again when she was 21. While she is not explicit about who perpetrated the rapes, she implies that her mother's husband is responsible for some kind of abuse and possibly the rape:

"I even make a trap for my mother to see what her husband is doing, but today everybody is turning their back."

Kim fell pregnant after she was raped and had the child. Because of the neglect she experienced by her family, she tried to commit suicide. She claims that following this, her family wanted to "send her away" and she started to "sleep out there" on the streets of Cape Town. It is clear that these early experiences of abuse and lack of support left her vulnerable to later violence and the experience of marginalisation.

In her interview Kim talks about two long-term relationships that she has been in. Her first boyfriend was extremely abusive, both physically and emotionally. Kim claims that he once hit her with a crate, leaving a "big hole" in her head. She also says that the dark circles under her eyes are a result of the years of abuse and stress that she suffered at his hands. She did not disclose to him that she worked as a sex worker.

Kim has been with her current boyfriend for six years. They live together on the streets in the areas of Salt River and Observatory. She has been open with this boyfriend about her sex work and claims that at first he did not have a problem with it. However, gradually signs of jealousy have emerged and while he does not abuse her physically, he is verbally and emotionally abusive. Kim states that he will insult her and accuse her of sleeping with any man who walks past them on the street:

"There goes your guy. There goes your other guy,' he says. And not any of them know me at all. He's like, 'You are the biggest whore I ever knew.'"

Whenever Kim goes anywhere he questions her about her activities and accuses her of scouting for clients. She says that she has to be careful about being too friendly towards people despite her naturally friendly temperament. She recalls an occasion where her boyfriend sought to publicly humiliate her:

“One day we went to the shop. We were standing on the corner there and he said, ‘You’re sleeping with all of them,’ in front of everybody. ‘You’re a whore...’”

Kim acknowledges that while he is jealous and insults her about her involvement in sex work, he is happy to share the money that she brings in:

“Yes I’m a whore, but the whore’s money is then good enough for you.”

Kim’s current boyfriend is physically handicapped and receives a monthly disability grant from the government. Because of his disability, Kim does a great deal to look after him. She is responsible for carrying all their possessions and setting up their sleeping arrangements each night. Her boyfriend has been to jail twice and both times she had to arrange to bail him out. Despite this, she claims that he shows no appreciation for her. Because of the emotional abuse she has suffered, she has sometimes lashed out at him. On one occasion, he suggested that she was raped because she never wants to have sex. Kim reacted violently and was able to overpower him because of his disability:

“And I turned around and I took the broom. I was blind cross. Then I just hit [him] until the broom break. He’s mos’ cripple, struggling to stand up. By the time he reached the corner, I’m out of the gate.”

Kim reiterates that he is verbally and emotionally abusive rather than physically abusive. She explains:

“If he hit me or give me a smack, I smack him back. I’m not worried if your nose is bleeding, not my problem. I’ll smack you back. And he knows it.”

Vulnerability in Sex Work

In her interview, Kim makes a comment that clearly indicates that she associates her experience of rape as a causal factor in her becoming a sex worker:

“You know what pushed me in that direction [sex work], like I said I was first raped 14 years old ... and then raped *again* when I was 21.”

Kim describes some of her experiences as a sex worker, remarking that she feels comfortable with many of her clients:

“He just made me feel myself. For me it was ... ah! This is my boyfriend.”

Other clients, she states, are very rough. She has had to coax some clients into wearing condoms and on two occasions has had sex with clients without protection. She is, however, very diligent about going for medical check-ups.

Family Relationships

Kim cannot recall when last she saw her mother. Her mother does not know that she is a sex worker. Kim has a 24-year-old daughter, who lives with her mother, and a son of 18, who lives with her aunt. She claims that her mother and daughter used to come and visit her. However, Kim's cell phone has recently been stolen and now she has no means to contact any of her family members. In the interview Kim indicates that she also had a baby, presumably with her current boyfriend. However, this child is only mentioned once and it is not clear where the child is living.

State of Mind

Kim expresses deep feelings of worthlessness. She states that from a young age she was not interested in relationships because she believed herself to be undesirable:

“Maybe I'm too black. Maybe my hair's not right. What will people think of me? That's how I am until today.”

Because of this feeling of low self-worth, Kim believes that her boyfriend's family thinks little of her and she has avoided becoming involved with them at all.

She also mentions that she often resorts to drinking as a result of the emotional abuse she experiences. She has been taken to Groote Schuur Hospital where she has been diagnosed with high blood pressure, stress and depression. She states that the doctors do not know that she is living on the streets.

A lack of support and appreciation has been a significant theme throughout Kim's life. A number of times throughout the interview Kim mentions that she feels that what she does goes unappreciated, which has contributed to her low self-esteem.

From Kim's narrative it appears that there are a number of intersecting factors that contribute to her current difficulties. These include early experiences of childhood sexual violence; later sexual violence and physical violence; the lack of a support system; poverty; and the stigma associated with involvement in sex work. These factors work together to continue to keep her vulnerable and marginalised in a number of ways.

**Pseudonym provided to protect the identity of the individual.*



CASE STUDY SEVEN

PATRICK

Background

Patrick* is a 27-seven-year-old male who is currently in a programme for abusive men at NICRO in Cape Town. The series of interviews focuses specifically on his experiences of receiving and perpetrating abuse. In his story, Patrick details the history of constant abuse he was subjected to as a child. He also describes witnessing his mother being abused by a partner, and discusses the abuse he himself has perpetrated on his current girlfriend. While Patrick mentioned his desire to make changes in his life for the benefit of his son, he has been struggling to hold down a job and his violent behaviour has continued. Patrick expressed his sadness and regret over an argument he recently had with his girlfriend, in which he threw his cellphone against the wall. He was disappointed by his behaviour and said that he has had thoughts of suicide, although he is fearful to attempt it.

Experiences of Childhood Abuse

Patrick grew up with his great-grandparents in the Western Cape and only moved to live with his mother in Durban when he was about eight years old. His father was never a part of his life. It was in Durban that he first experienced violence, through witnessing and being subject to abuse from his mother's boyfriend at the time. Patrick claims that he would hear his mother and her boyfriend arguing and regularly witnessed his mother being beaten. He was also on the receiving end of his mother's boyfriend's abuse. Despite interventions from neighbours, Patrick was beaten "non-stop", often without any reason. On one occasion, his mother's boyfriend chased him through the neighbourhood, and when he caught him, proceeded to beat him with a belt.

Patrick also received "hidings" from his mother and later, when his mother's boyfriend left, a woman who came to live with them also beat him. Patrick recalls that he and his cousin (who lived with them at the time) would be beaten for any small offence, such as not polishing their shoes thoroughly. They would both go to school crying from being beaten "for nothing". Patrick was aware that this type of abuse was happening to other children as well. As children, he and his cousin felt powerless; there was nothing they could do, because his mother and the woman staying with them were adults – there was the sense that as adults they had the right to hit children.

When Patrick moved to Cape Town to live with his aunt, the abuse continued and worsened. He recalls that his aunt was very strict: “In her eyes everything a person does would be wrong.” He notes that the abuse that he received from his aunt “stood out”. During this time he would be hit daily, for any minor infringement. He recalls:

“With that guy [his mother’s boyfriend] it was different. I don’t know whether he wanted to choose his days, is it today and then maybe the day after tomorrow, and then that lady [who stayed with them], she was like maybe once. But when we were here [at his aunt’s place], me and her, we were just ... she used to just hit us. With her it happened every day, every day, every day, until I went to high school.”

As Patrick grew older, he would lie awake at night remembering previous instances of violence and questioning the abuse he suffered daily at the hands of his aunt. At some point he stopped crying when he was beaten, which, he recalls, made his aunt angrier. One day, when he was already in high school, he stood up to her. He recalls that at this stage he was already “mixing with the guys”, which he believes had made him tougher. When his aunt approached him as if to hit him, he stood his ground and looked her straight in the eye, causing her to stop and turn away. Patrick claims that from that occasion onwards the physical abuse stopped completely. However, punishment for transgressions would come in other forms, for example, he would not be given food or money to buy food.

Schooling and Poverty

Patrick’s account of school life is both positive – he was clever and enjoyed learning – and negative, because of the effects that his family’s poverty had on him. From his account it appears that he attended school regularly, particularly primary school, with guardians ensuring that homework was completed.

In high school, when he started “mixing with guys from outside, smoking [marijuana] and stuff and staying out late”, school was no longer his main priority. He mentions that he no longer wanted to attend school but that he continued to go. He recalls that his family could not afford the full school uniform and in winter he would get cold, wearing shorts with no blazer and broken shoes. He would have enough money for a train ticket but nothing left over to buy food. He cites two occasions where he fainted on the train because he had not eaten all day. His memories of school are dominated by these occasions where he was hungry and couldn’t afford to buy food. He recalls watching other children take out R20 or R50 to buy themselves “gatsbies and chip rolls”.

He does reiterate, however, that he “loved school”, that he was clever and that this was recognised by his teachers. When he was at school he would work hard and give 100 percent, but he was never completely comfortable there because of his financial situation, which he states was a particularly painful experience for him. As a result, he and his friends would go to the township, “because we could get money, there, ya, we could get money. Not in a nice way but, ya, I think it was the only way, ya.”

Drinking and Intimate Partner Abuse

Patrick met his girlfriend while he was completing his matric year in 2004. Before they had even been dating a month they had started fighting but it was not until later that these fights turned physical. He recalls that he started drinking heavily at this time. On weekends there was nothing else to do, “just drinking, drinking, drinking”.

In 2005, after an argument broke out between them, Patrick hit her for the first time. He recalls that the next day everything was “normal” – his girlfriend did not refer to the incident from the previous night. He says that he was unemployed at the time and was grateful that his girlfriend chose to stay with him, even when there were “other guys who were working and had money to buy nice things”. This sentiment is echoed when Patrick describes incidents of his continuing infidelity – when his girlfriend repeatedly took him back and they “left that at that”. However, the fighting increased until the point when, every weekend, “there was always a reason for me to hit her and I always did”.

Patrick claims that before this girlfriend he had never abused any of the women in his life. He attributes his abusive behaviour directly to the fact that he consumes alcohol to a far greater extent than he used to. He states that both he and his girlfriend are heavy drinkers and he acknowledges that drinking plays a big role in triggering his violent behaviour.

However, he nevertheless notes that it does not matter whether he has been drinking or not, he will end up hitting his girlfriend. He claims that he cannot control himself and that “it’s just gonna happen” – he will find a reason to hit her. In his interviews he describes the violence as almost inevitable but as something that he does not necessarily want to do.

Personal and Community Views on Violence and Abuse

Patrick’s personal views on violence reflect an automatic adverse response. He claims that watching violence and abuse, such as that on television, triggers an emotional response from him. He views himself as a “coward”, as he does not engage in fights with other men even when he has been drinking. Instead, he says, he is “always

exerting this strength on my girlfriend for no reason". He believes that some men hit or abuse women to boost their egos.

Reflecting on the social effects of abuse, he seems concerned about the effect that domestic violence has on family life and how it affects children when there is division in the home. This is something he experienced himself when he witnessed his mother being abused and it is something he is concerned about in regard to his own son. Other consequences of perpetrating abuse include the possibility of jail time – if the victim reports the assault – and the loss of or difficulty in obtaining employment once one has a criminal record.

Patrick has personal experience of jail time. In 2007, he was arrested on charges of statutory rape. At this time his girlfriend was pregnant with his child and he claims that they had been fighting a great deal because of the pregnancy. He says that after drinking one afternoon he and a girl he had befriended "ended up hooking up", which led to rape charges, as the girl was only 15. He spent two months in Pollsmoor Prison. He expresses his negative emotional response to the violence he witnessed while inside.

Despite expressing a personal distaste for violence, Patrick mentions that in his community violence against women is a normal occurrence. He states that he often perpetrates abuse against his girlfriend in front of his mother and son and even in public – "everybody knows every other person's business". He refers to the fact that he and his mother would never discuss the past abuse that she experienced; he attributes this to cultural norms around maintaining silence about domestic violence.

Patrick suggests that women in his community accept the abuse that they receive, because:

"Maybe they know that it is wrong for a guy to hit them but maybe when they also think about it, they think, 'No I was wrong in this instance so maybe I deserve to be hit'."

As a result, few women report abuse and consequently most male perpetrators of abuse go unpunished.

Patrick believes that this is why violence against women is being perpetrated to such an extent. Even though a perpetrator may experience regret after carrying out the abuse, the lack of consequences means that it is easy for the perpetrator to repeat such behaviour. Patrick states further that abuse actually becomes "a laughing matter", where groups of friends – men and women – may discuss violent fights that they witnessed the previous weekend and laugh about them.

This illustrates how many do not consider the violent abuse of women as a serious matter. Patrick suggests that if women in the community were educated about their right to stand up against this violence, the levels of abuse might start to subside.

**Pseudonym provided to protect the identity of the individual.*

Acknowledgements

We are grateful to Taryn van Niekerk, who kindly shared data from her doctoral work on violent men and their social networks for this case study.



03

ILLUSTRATIVE CASE STUDIES

CHILDREN'S EXPERIENCES OF PROTECTION AND SUPPORT SERVICES

THE VALUE OF CHILD WITNESS SUPPORT AND PREPARATION FOR COURT: EXPERIENCES OF CHILDREN AND THEIR CAREGIVERS

PREPARED BY CHRISTINA NOMDO

Executive Director, Resources Aimed at The Prevention of Child Abuse and Neglect

Introduction

In the 2013-2014 reporting year, 22,781 sexual offences against children were reported to the South African Police Services (a rate of 1,226 / 100,000 children). However, for a variety of reasons, conviction rates are extremely low (around 9%) [11]. The Criminal Law [Sexual Offences and Related Matters] Amendment Act 32 of 2007 (SOA) and the National Policy Framework for the Management of Sexual Offences (NPF) provide the framework for dealing with sexual offences that come to court. Following the finalisation of a Ministerial Advisory Task Team on the Adjudication of Sexual Offence Matters (MATTSO), new law signed into effect in January 2014, provides the legal mandate to establish specialised sexual offences courts with special provision for children. These provisions seek to protect all victims of sexual offences during court proceedings, and improve conviction rates.

Against this backdrop, Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN) and government partners, developed the Child Witness Project (CWP) to provide support to children in sexual offences courts. This case study will describe the CWP and share some of the benefits experienced by children and their caregivers [12].

The Child Witness Project

Between 2002 and 2013, the RAPCAN CWP provided court preparation and support services in six regional magistrates courts in the Western Cape. In 2012, and in order to embed the model in government services, RAPCAN transferred responsibility for the CWP to the Western Cape Department of Social Development, and Lifeline / Childline Western Cape was contracted to deliver the service.

The aim of CWP was to reduce secondary trauma of child victims of sexual offences and improve conviction rates by enabling children to give their testimonies. The process consisted of:

- Preparation of child witnesses (in a child-friendly space) for the court process;
- Provision of support services to parents/caregivers of child witnesses;
- Provision of debriefing to children after testimony;
- Provision of follow-up services;
- Provision of referral to counselling and therapeutic services.

The model is implemented by lay court support workers – screened for suitability to work with children and trained in the court preparation techniques as well as standards of practice in the CWP. Specialised social workers provide supervision. An illustration of child witness preparation is provided below.

Children and their parents have reported a number of benefits of the service including: feeling safe in the court building, understanding the roles of the various parties in the court proceedings, limiting exposure to the perpetrator while testifying, being referred for follow-up services, and receiving information about the outcome of the case [13].

Voices of Children and Caregivers

The following excerpts illustrate feedback received from beneficiaries of the programme.

The Importance of ‘Feeling’ in the Court Building

When children enter the court building, they are directed to the child-friendly waiting rooms. In some courts, the waiting room is separated from other areas of the court with a security gate and sometimes a security guard. In others, a significant limitation is the building design that makes it difficult to create separate spaces between the children and the accused. This separation is essential to protect the child from the secondary traumatisatisation that may result from contact with the accused or his family, as illustrated in the following quote from a victim's parent:

“...When it's lunchtime and we had to go outside, then (the child) will always hide behind me and say: 'Mommy, there is his mommy sitting. Then she will now stand so they can't see her. So I don't think that is very good, because she was very nervous whenever she saw him or his parents, and even his witness.'”

The benefits of the child-friendly waiting room is evident in this quote from a child witness:

“I heard many bad stories about the court and it was my first experience there...”

It's a neat place, but the gates... it (sommer) shows it's for prisoners...It looks a bit scary inside...I think when they built the court they could have made another pathway so that the victim doesn't see...I didn't know there would be a camera room, because I didn't want to see the man that did it...I actually felt safe (in the waiting room)...I was watching the TV and I was keeping myself busy."

As illustrated in the picture below, waiting rooms are brightly painted and equipped with toys and sometimes a television set. Immediately upon entering the waiting room, court support workers make the child and caregivers feel at ease by indicating that the service is intended to support the family throughout the court process. Children are provided with a meal and even additional clothes – if this is available from donations.



Figure 1: A Child-Friendly Waiting Room at a Sexual Offences Court

Assessing the Child's Readiness to Testify

Children are assessed for signs of stress and parents are educated about the likely consequences of these worries and fears – bed-wetting or nightmares. This is part of a court readiness assessment conducted with the child. Court support workers receive special training and supervision to be able to explain the court process to the child and the caregivers by using child friendly methods including puppetry and role-players.

A child talks about his experience:

“...They actually had a big chart of the court layout... they said I was going to feel nervous... they said I should stay calm about everything.” (Child 1)



Figure 2: A Court Support Worker uses Puppets to Teach Child Witnesses about the Roles of Those Involved in the Trial

The investigating officer is the first official representative of the criminal justice system and court support workers need to engage with the investigating officer to ensure the child's protection while being transported to the court. This regulation is not always adhered to. According to a court support worker:

“Say they come from the farms or wherever they come from, sitting with the perpetrator in the car. I can imagine myself, sitting with somebody in a car that

wanted to murder me, or did rape me or whatever. So when the child comes here, you don't know what to say. You don't know where to start, what to talk or where to begin with the child, because the child is so traumatised sitting with that person for an hour or hour-and-a-half in the car.”

The court support workers will relay this matter to their supervisors to raise a concern in court stakeholder meetings. These matters are generally dealt with efficiently, as most police officers are committed to protecting the child victim or witness. The court support workers will introduce the child to the prosecutor, the most important advocate for the rights of the child, during the court process.

Understanding the Role-Players

The child witness needs to be able to experience the prosecutor as an ally. This is the first adult in the court who will ask questions about the experience of the sexual offence. The court support workers are not allowed to ask about the details of the case, their main concern is the protection of the child in the court building and supporting the child through the court process. The prosecutor needs to assess the child's credibility as a witness. This questioning of the child may be quite harsh as the prosecutor needs to prepare the child for the interrogation by the defence attorney. Sometimes the prosecutor lacks the necessary empathy to work with child victims. In such cases, court support workers will work with court personnel to advocate for the rights and protection of the witness and promote the rights of the child.

The following quotes illustrate variable approaches by prosecutors. A child reported:

“I felt that she [the prosecutor] was rude...she would complain to my mommy that I'm getting an attitude, but it's because I got upset about it. It was almost like they were shouting, man, and convincing me that I'm lying, and I know I am not lying. ...it feels like she's not even on my side here...I think that they can be more polite.”

A court social worker commented:

“The court is a very cold place...it depends on the prosecutor, the one defending that child, ...that prosecutor will tell the child, okay, you don't need to worry. Don't worry; everything is going to be fine. You don't have to fear. Don't even look at the perpetrator... you look at me.”

The court support workers understand that a productive and trusting relationship between the child and the prosecutor is key to the success of the case. If the child is a credible witness, the evidence the child shares will improve the likelihood of conviction.

Limiting Exposure to the Perpetrator while Testifying

The Criminal Procedures Act 51 of 1977 and the 2007 Sexual Offences Act legislated the availability of an intermediary system for children under 14 years when testifying in court. RAPCAN facilitated the training of intermediaries when this system was introduced in the Western Cape. Following the court readiness assessment, court support workers may request prosecutors to apply for a child to testify in camera with the support of an intermediary.

In this procedure, the child sits with the intermediary in a separate room close to the court where the case is being heard. The child's testimony is relayed to the court by means of closed circuit television. The intermediary listens to the court proceedings and relays the questions to the child. In this way, the child is once again protected from having to face the accused in the intimidating environment of the courtroom as is illustrated in Figure 3.



Figure 3: An Intermediary Assists a Child Witness During Court Proceedings

A child relates her experience of this procedure:

"It makes you feel like you are a normal person. It almost eases the pain as well,... you don't look at a person and like, oh, I hate you. It makes you get over the feeling as well ... you know, I felt better. It made me just overcome my fears and everything."

There are times when this advocacy does not succeed and the child does not benefit from the protections of the intermediary system:

“What I don’t like is that when people are waiting for their cases, everybody comes and sits inside and everybody comes to hear your story. And then outside, when you get the people that were in there... and they look at you with that intention... I think they have to leave those people outside, and it’s only the lawyers and the policemen that have to be there and that man and whoever, and the people who are supporting you, but not someone from outside... like private, private... no one else should have access to hearing your story and to be in the court room, except those who were involved.”

Referrals for Follow-Up Services

Children will come to court several times, usually over a period of years before the case is finalised. On some occasions, children spend the entire day at the court and may not even know whether they will be asked to testify on that particular day. They are usually very anxious and court support workers aim to create a nurturing environment to ease their stress. Their commitment is illustrated in this quote:

“I will protect any child...Your child is my child, irrespective of colour and race.”

Court support workers will also link the child and caregivers with counselling services available in the area where they reside. These form part of the local child protection system. Where they are available, counselling services (in most cases provided by non-profit organisations) are often under resourced and overwhelmed by the demand. Court support workers build relationships with these service providers to ensure that children with a special or urgent need for services are prioritised for counselling. Every time a child comes to court, support workers will enquire from the caregiver whether the child has been able to attend counselling sessions. They remind the caregiver of their primary duty to attend to the best interest of the child, during this time when the child is understandably more stressed.

Receiving Information about the Outcome of the Case

“They [court support workers] showed us how they love their job and they assist us with our children a lot... from the first day I saw a miracle that they assisted us so much with our children and that means it was not only us who were assisted in this manner, which means that every child that has a problem is assisted kindly.” (Victim’s Caregiver).

Court support workers track each of the cases they are involved in from commencement to finalisation. Each case and each engagement with the child is recorded. Though it would be optimal, as they work on rotational shifts, it is not always possible for the same court support worker to be available for a particular child throughout the court process. Therefore, it is important that the process of support is standardised and the ethos of care, and protection the child experiences, is consistent. Social work supervisors ensure that court support workers maintain this quality of service delivery.

Conclusion

Court support workers and specialised social workers employed within the CWP are an important protection mechanism for children who have to give evidence. They mediate and advocate with court role-players to protect children's rights and do their utmost to ensure children are not re-traumatised by the court proceedings and through contact with the offender. It is important that court support workers build sound relationships with the court officials so that they can be considered a trusted and integral part of the criminal justice and child protection systems, enabling them to stay informed of the progress of the case and its outcome. Building such relationships takes time. It is therefore important to ensure that both court support workers and court personnel remain attached to one court for as long as possible.

The CWP has become an important and effective part of the criminal justice system in the sexual offences courts in the Western Cape. It is a model worth implementing nation-wide.

A RESIDENTIAL PROGRAMME FOR SURVIVORS OF CHILD ABUSE WITHIN THE FAMILY

PREPARED BY DUMISILE NALA

National Executive Officer, Childline South Africa

Introduction: Overview of Childline South Africa's Programme for Sexually Abused Children in Rural Areas

The Childline programme provides an intensive seven-day residential treatment programme with community-based follow-up care for children in rural areas referred for management of sexual abuse. Follow-up care is provided by a social worker or child and youth care worker and may extend for up to a year, depending on need.

In rural areas, where distances to the treatment centre make attendance nearly impossible, a residential component is necessary. An additional benefit is that the therapeutic environment is managed by the therapeutic team and the child's parents or caregivers are not able to interfere with the process. This is a significant risk with intra-familial abuse. Even where only one parent/caregiver is involved, the therapeutic effort and consistent attendance at a programme is unlikely to be supported if:

- The alleged perpetrator is the breadwinner of the family;
- The non-offending parent does not believe the child's account of the abuse;
- The need for therapy is not understood by the parents;
- There are no or limited resources to transport the child to treatment;
- There is a strong sense of loyalty to the alleged offender from either the child, or non-offending members of the family, or both;
- Charges against the alleged offender have not been followed up with by the criminal justice system: this could include a lack of response to reporting to the police or a failure to investigate further, or a withdrawal of charges through the court due to long delays in investigation;
- The alleged offender has been acquitted and has returned to the home.

The residential programme is held at specially selected child and youth care centres (CYCCs), where staff are trained and supervised in work with survivors of child abuse by Childline staff. The treatment programme includes individual and group psycho-

educational sessions in which the child and, where possible, the child's caregiver participate. Sessions also include a youth care worker from an Isibindi programme site to whom the child has been assigned, and who will continue to give the child support on return to the community. The child, the caregiver and the child and youth care worker reside at the CYCC during this period.

The majority of children who attend have experienced poly-victimisation – that is they have been subject to sexual, emotional and physical abuse. The majority of survivors in the programme live in poor rural households; many have learning challenges and poor school results.

Childline therapists use a variety of techniques to enable disclosure and discussion of the abuse and expression of associated emotions. These techniques include: clay modelling, painting or sculpting, using toys, verbal discussion, play and psycho-education. The child's sense of security is enhanced through establishing predictable routines while in residential care.

Caregivers commonly struggle with the trauma of what has happened to their child and benefit from a nurturing and therapeutic environment in which they feel supported. The focus of work with caregivers is to assist them in responding appropriately to their child both during the residential component and once they have returned home.

The primary approach to the treatment programme for abuse survivors is based on a Trauma-Focused Cognitive Behavioural Therapy Model (TF-CBT) of intervention [14], but also takes into account the child and caregiver's needs for other interventions. TF-CBT has a developing evidence base for effectiveness with children who have experienced sexual abuse [15]. Children (and, when included, the non-abusing parent / caregiver), talk about their traumatic experience and are facilitated in managing the impact of the experience and its emotional and situational consequences. TF-CBT is used to assist the child to manage and reduce repeated intrusive and distorted thought processes and maladaptive behaviours that are common following the trauma of child abuse. This therapeutic approach is also indicated where there have been multiple or complex traumas and can be applied with children from a range of cultural backgrounds [14]. Although some authors [16] have suggested that that TF-CBT is not appropriate in placements that are brief and temporary, Childline therapists use group work extensively to complement TF-CBT in order to assist the children to reduce the stigma of abuse and develop coping skills.

Case conferences are held with other professionals such as social workers, police and health workers who may be involved in assisting the child. Case conferencing inclusive of the caregiver and the child (where appropriate) occurs routinely at the end of the residential programme in order to plan for the ongoing support of the child. The programme also ensures that: other needs of the child are addressed, including

medical examinations and treatment for sexually transmitted infections, such as HIV; that reporting obligations to the criminal justice system are met; and that the child is supported through the criminal justice system if the case is taken forward.

On completion of the residential component, children and caregivers are followed up by their community-based childcare and social workers who have been given knowledge and skills relating to the emotional support of the child and who sign-up to the child's care plan. Duration of follow-up depends on the needs of each child and may extend over a year or more. A Childline case tracker follows up the progress of each child and attempts to ensure that care plans are implemented. This can be a challenge as follow-up is frequently not welcomed by the role-players involved in the child's case. Of great concern is the fact that Childline has found that some social workers do not follow through on the care plan to which they have agreed.

The Childline programme has been evaluated by an external researcher [17] who, apart from noting the positive impact on the child, made several useful recommendations, including that the residential part of the programme should be extended over a longer period than the present seven days, in order to consolidate the gains made by the child and caregiver during the programme. This recommendation will be implemented if further funding can be found to extend the time period of the programme in order to further and reinforce the gains made, such as the reduction of trauma related responses. Funds do not permit extension at this time.

Case Study

In this case study, twin girls (referred to as Child A and Child B) were in their mid-teens when subjected to physical, sexual and emotional abuse by their mother and her boyfriend (who they regarded as their stepfather). This abuse took place over the course of a year. The children's mother encouraged, facilitated and forced the abuse, giving no protection to the children. The girls reported that their mother and "stepfather" consulted a traditional healer (*inyanga*) to find a "cure" for his HIV+ status. The stepfather was advised by the healer to sleep with both girls as they were virgins, in order to "cure" him of his HIV+ status and also to become wealthy.

The family, which includes two younger siblings, live in a deep rural area, and although the two younger children were apparently not abused, they witnessed the abuse and were traumatised by it. Because they perpetrated the abuse, the parents were not included in the Childline programme.

Trauma narration (talking through what had happened) was a significant component of the treatment. During the therapeutic sessions the children revealed that sexual abuse happened in the presence of their younger siblings. In the words of Child A:

“Mom called me in the bedroom and I found my stepdad naked when I get in. this was very uncomfortable for me as I know that I am not supposed to see an adult naked. I turned back and waited for mom to come and talked to us. My stepdad came out of the bedroom and grabbed my twin sister and lay her to the bed, I started crying when I witnessed what he was doing to see but mom smack me on the face and asked if I have never seen anyone having sex. My nose started to bleed but this have not stopped them from what they were doing to us. My two younger siblings were also watching while my other sister was sexually abused in front of us. When he was done with my sister I was already shivering with fear of what will happen. When he was done with my twin he then said to me “you are next bitch”. I was then sexually abused after my sister and I begged him to stop but he did not.”

Despite the abuse occurring for over a year, the children did not report the abuse as their mother and stepfather threatened them with death if they did so. As Child B said: “I was scared to tell anyone”.

Following talks about abuse which they attended at school, both children decided to report the matter to their teacher, as they could no longer bear the pain they were enduring. Child B recounts how this occurred:

“Towards the end of the year in November, we decided to write a letter to our class teacher and during lunch we left it on top of her hand bag. When she came back she read the letter and we were called in the principal’s office. We reported what was happening and the teachers reported the case to the social workers”.

The case was then reported to the police. All four children were removed from their home as all were at risk of abuse. They were placed with foster parents in the community in order to protect them from further abuse.

While in the care of the foster mother the children were subject to emotional abuse, adding to the trauma they had previously experienced. As Child B disclosed during the residential programme with Childline:

“I hate the aunty we stay with as she reminds us every day that we are no longer virgins and calls us the wives of our stepfather. She reminds us of the abuse in each second she gets. We have not asked this to happen to us”.

If children have continuing concerns about their ongoing safety from further abuse, it is difficult for them to focus on developing ways of coping with their emotions and behaviour. Following the recommendation of the Childline social work therapist in the residential programme, all four children were removed from foster care and placed together in a Child and Youth Care Centre (CYCC). The CYCC staff were briefed

on the provision of continued psycho-social support to the siblings. Despite this, a member of the staff apparently breached essential rules of confidentiality about their case that further traumatised the children. Child A reported that:

“One of the children in the children’s home asked me why we joined the home and shared that she heard her mother who is one of the child care workers from the home talking about what has happened to us. I was heartbroken to know that everyone is talking about our experience.”

While damage had been done, the breach and importance of confidentiality was taken up by Childline with the social worker at the CYCC.

Management of the Case

As part of their treatment, the girls were assisted to manage feelings of anger, distrust of adults and feelings of betrayal. A variety of expressive modalities were used during individual and group sessions to help the children to express and manage their emotions. These modalities included drama, various art forms and games. Cognitive coping was encouraged and facilitated as the girls were assisted in processing thoughts about the abuse, their emotions and making the connections between emotions, thoughts and actions. Practical coping mechanisms were discussed.

At the termination of the residential programme, both girls reported feeling less anxious and angry, and were able to verbalise their feelings clearly, as well as provide each other with support through listening and expressions of caring. Both were able to understand that emotions such as anger were normal but needed to be expressed in ways that did not harm themselves or others. Signs of trauma such as irritability, and sleep disturbances were reduced, and the children both reported on follow-up that their ability to concentrate on their schoolwork had greatly increased. They both expressed appreciation for the services and support that was provided to them. One of the children noted:

“I am happy that the abuse has stopped and I that I still have my siblings with me. I feel I can cope now with my life and school.”

The girls were offered assistance in preparing for giving evidence and during the court case. As with many children, they expressed feelings of uncertainty and guilt testifying against their parents, but also understood the need to protect themselves and their younger siblings from continued abuse. In part as a result of the support they received, the two girls were able to provide sound testimony and the parents were successfully prosecuted, convicted, and imprisoned.

Concluding Reflections

Cases as severe as this are not uncommon in Childline's experience. There are limitations to Trauma-Focused Cognitive Behaviour Therapy although in Childline's limited residential programme it does provide relief from distress and symptomatic behaviour. However in the long term, children who have experienced complex trauma such as these girls, will require further therapeutic intervention, and this need is usually related to life events and/or developmental stages such as entering voluntary intimate and sexual relationships.

The majority of children entering this programme, as a result of sexual abuse within the family, have experienced long-term abuse – multiple incidents and multiple forms of abuse. The majority also live in poverty in families that are dependent on social security. Access to resources is limited and those that do exist – for example social work and police services – appear to have challenges with regard to service provision.

Rural mothers/caregivers are seriously challenged in terms of how to protect their children and find it difficult to access support, in their efforts to do so, from local service providers. Referrals for services to children who are participating in this programme are often not followed up and sometimes when Childline's case "tracker" monitors the referral there is resentment. As one social worker stated: "Who is Childline to be checking up on us". This causes great frustration for our therapeutic staff – who are aware that in some instances if there is no follow-up from the child's local social worker, abuse may re-occur.

Finally, in October 2014 when this case was reviewed, it was the *only successful prosecution* in over 200 cases of sexual abuse known to Childline that had come before the courts in the period January 2013 – October 2014 in rural areas of KwaZulu-Natal, Limpopo, the Eastern Cape and the Northern Cape. These failures point urgently to the need for implementation of effective procedures within the justice system to prevent these failures in delivering justice and protecting children.

SEXUAL VIOLENCE COMMITTED BY CHILDREN AGAINST OTHER CHILDREN

PREPARED BY SHAHEDA OMAR

Teddy Bear Clinic, Johannesburg

Introduction

How widespread is this problem? In the United States of America 18% of sexual offences are perpetrated by persons under eighteen years, while in the United Kingdom 23% of these crimes are perpetrated by persons under twenty one years (50% commenced offending when under 18)[18].

South African data is limited. In one of the few studies, Redpath [19] analysed arrests for rape, attempted rape and indecent assault in the Western Cape between 1998 and 2001. Children accounted for 6% of the cases, and only 5% of these were diverted from the criminal justice system. Those in the age group 15 to 20 are the most likely to be accused of sexual abuse of children. Provincial averages mask variation in incidence. For example, Redpath found that children accounted for 22% of arrests for sexual offences by the Child Protection Unit in the East Metro area of Cape Town.

These are significant numbers similar to those found abroad. However, it should not be forgotten that arrest figures are likely to significantly under-estimate the incidence of sexual victimisation by children, as these offences are under-reported. We should also note that exploration of the body is common and normal prior to adolescence, and sexual exploration and activity among adolescents is a normal part of development and should not lead to prosecution - which in itself may victimise innocent children. It is when coercion and power are exerted, usually by a male and older child over another child to achieve sexual gratification, that concerns are appropriate. But we should also remember that sexual offending is a legal, not psychological construct.

There is justifiable concern that when children victimise other children sexually, a pattern will be established and they will likely go on to perpetrate sexual offences as adults, however this can be prevented through early intervention [20]. There is some support for this view internationally and in South Africa [21], and the rationale is that by investing in the treatment of one child who has abused another child, we are potentially preventing further cases of sexual abuse against children. Not all children who are apprehended go on to become victimizers. There is no clear profile of the child sex offender. However, those who are impulsive, socially isolated, and display other antisocial behaviours including violence, are seen as particularly at risk for

continued offending beyond adolescence [18]. Predisposing factors include a history of sexual victimisation, exposure to pornographic media, and dysfunctional family situations [22]. One of the key informants in a Teddy Bear Clinic evaluation (see below) highlighted that abuse reactive children often come from a home environment with poor or no role models and that anti-social behaviour and child conduct problems, such as sexual offending, are more likely to occur in the absence of a father figure.

Teddy Bear Clinic's Support Programme for Abuse Reactive Children

Teddy Bear Clinic's Support Programme for Abuse Reactive Children has been running for 14 years, and has treated 777 males and 91 females. The overwhelming majority of the referrals are males and the majority of their victims are females. This is consistent with other studies that demonstrate that females are more frequently abused than males [23]–[25]. Most participants are diverted by the courts. Diversion involves the channelling of children away¹ from the formal court system into programmes that make them account for their actions and protect them from the potentially brutalising effects of the criminal justice system. It can only take place if a child acknowledges responsibility for his or her wrongdoing. Children are usually diverted if they are considered to be low risk (not harmful to others and are open to treatment) or medium risk (not harmful if monitored and are open to treatment). Children who are classified as high risk, for example they have a serious conduct disorder, are harmful to others despite monitoring, or who reject treatment, are not accepted and require another form of intervention. Other children may be referred by schools, children's homes, other agencies that deal with children, and the police. There are exceptions, for example when parents or guardians refer children who have sexually offended or display sexually problematic behaviours.

In court-mandated cases, failure to abide by the rules or co-operate with the intervention results in the child being referred back to the court and the possibility of sentencing.

Approach

The group based twelve-session weekly programme is facilitated by a social worker assisted by a social auxiliary worker. This male and female team have specialised training on child sexual offenders, and among other components of treatment, they model appropriate behaviours to the children. Sessions are normally held after school and last two hours. Depending on the progress of the child, time in the programme may be extended.

¹For the purposes of this discussion the term 'child' and 'youth' will be used interchangeably. The term 'child' will be used to refer to either victim and/or offender up to the age of 18 years.

Each session commences with a creative activity, which is helpful in energising the children, enhancing their self-esteem and providing an alternative medium of expression for children who may find it difficult to express themselves in words. This approach prepares children for the second component of the session, in which Cognitive-Behavioural Therapy (CBT) group work is undertaken. CBT is designed to challenge the cognitive distortions that are so common in sexual offenders, in which for example, they justify their actions and minimise the effects of their behaviour on their victims. Where participants under age 10 are in the programme, it is adapted to accommodate them.

Parallel sessions are provided to primary caregivers to enable them to address challenges they may have with their children, and to equip them to manage them appropriately and constructively outside of the sessions. Once children display insight, victim empathy, remorse and regret, impulse control, problem-solving skills and anger management, they may exit the programme. Children and their caregivers are followed up at six and eighteen months to assess progress.

The programme has been evaluated. Based on parents' reports, 95% of the 316 participants who exited the programme between 2009 and 2011 had not re-offended up to two years after completion. The normal rate of re-offending for child sex offenders across diversion programmes recorded in the international literature is between 5% and 14%, which has put this Diversion Programme amongst the best in the world [26], [27]. This result and associated qualitative studies confirms that engaging children in a diversion programme that works towards disrupting maladaptive cognitive patterns, promotes a positive sense of self and encourages alternative forms of expression, helps to disrupt the cycle of abuse, ultimately preventing child offenders from developing into adult offenders.

The positive changes in participants' attitudes towards others and their personal future, is highlighted by three children who completed the programme:

"People who know me before are surprised of the respect that I give to people. My parents are now proud of me".

"This made me have a new look on life and became goal directed. I am now hoping to complete my matriculation and get tertiary qualifications".

"I have learnt to accept me as I am and that everyone moves according to their pace".

Children and caregivers alike valued the safe space that the programme provided them with, with one saying:

"I stay in a township and the streets are busy and there is a lot of noise from the shebeen. At the centre I feel refreshed. The environment is peaceful and good for learning"; "It became a great place of comfort for both of us during my son's rape case". "I have learnt so much from TBC like how parents must talk to their children about sensitive issues that I was afraid to talk about before".

We now present three case studies that illustrate stories of children who have attended the programme.

Case Studies

Case 1: Sexual Abuse of a Young Child by Two Brothers

Pieter* was aged 13 when he attended the programme. He lived with both his parents in a poor area with a high crime rate. No problems were evident in his family. Pieter attended school and no problems with his schoolwork were evident. Together with his younger brother who was 9, they sexually abused a girl from the age of 3 to 6 years. The abuse was discovered when the child developed an infection in her vagina. The child disclosed that Pieter and John had hurt her on her "private part". Pieter was not arrested but was referred for diversion to the clinic. Medical examination² which confirmed the infection but no evidence of penetration was found. The boys did not deny the allegations. Talking about this experience, Pieter said:

"I always had this feeling and urge to have a sexual encounter. My friends at school talked about it and explain the nice feeling when one ejaculates. It got in to me and I had to do it. When I see her and have all the time during holidays. I introduced her to it. We were just playing. And my younger brother joined us. It was a game. I thought it was a right thing to do. I was feeling uncomfortable though when doing it. I touched her private part to imitate what I saw on videos. I didn't think there was something wrong with what I was doing at that time. I did not plan to hurt her or cause any pain to her".

"Through the programme, I have learnt so many things. I have learnt that actions have consequences. I have learnt that before I do something I need to stop, think about what I am about to do then act. I learnt that it is not wrong to have sexual feelings. I learnt that I need to have skills to solve problems and always be myself. Sometimes I was not comfortable but I learnt a lot. There is a lot of information about sex around, but not all of them is true. I learnt about the myths of sexuality. But above all I have learnt that I need to think about what the girl will feel before

²In 80%-90% of cases no conclusive medical evidence is found in children [28].

I hurt her. Myself I thought it was just fun but now I see that this was bad. I wish I could undo it”.

Case 2: Early Exposure to Pornography

Radebe* is one of four children who suffered multiple losses at sensitive times in his childhood. He was born out of wedlock and never had any contact with his biological father. His mother tragically passed away in a car accident in 2011, when he was 10 years old. He currently lives with his maternal aunt in a poor community that has a high crime rate. Radebe has been struggling at school and is a “loner” with poor interpersonal skills. At the age of thirteen, he sent another younger boy to go and call an eight-year-old girl from her home. When she was preparing to leave, he grabbed her and raped her despite her protests. A child who witnessed the incident went out and told the elders about the abuse. The victim was then taken to the hospital and vaginal penetration was confirmed.

Early exposure to pornography is evidently a causal factor in Radebe’s case. He explained that he saw a pornographic clip on somebody’s phone. He also mentioned that he has viewed pornographic CD’s in kiosks on the streets. Talking about his experience, Radebe said:

“I do not know, I had this strong urge to have sex. I didn’t know about sex but I saw it in a video clip and CD in the street. It made me feel to do it ‘cause it looked like fun. I know it was not good because the girl was crying and scared but I could not stop. I didn’t think this will hurt her or cause pain. I feel sorry and embarrassed. I regret what I did. I wanted to experience the things I saw on the video clips.”

“Through the program I learnt to respect other people. I learnt that I should not force myself to girls. I learnt about the age of consent. All actions has consequences both positive or negative. I must respect other people’s bodies.”

Case 3: Sexting

Du Preez* lives with both of his parents and is the youngest of four children. His mother is unemployed but his father is employed. This apparently well-functioning family live in a residential suburb. Du Preez was expelled from school after he sent a picture of his private part to his friends at school (sexting). He also made a video

recording of himself on his cell phone and distributed it to his friends asking his friends “how old is your D*&%k”. One of the boys who received it felt so traumatised by this and reported this to his parent. Talking about this experience, Du Preez said:

“It was not meant to hurt other kids. We were playing as friends do. It was a decision that we took as a group of friends. We always spoke about sex and the size of our D*^*^*K with friends. They also had to send their pictures.”

“Through the program I learnt to respect my own body. I learnt about sex and sexuality. I am now able to say no to wrong actions that will put me in trouble. I am able to solve problems. I can deal better with negative thoughts. I can think before I act.”

**Pseudonyms have been provided to protect the identities of the children.*

Conclusion

Child-on-child sexual abuse is an emerging social problem in the South African context. The above case studies concur with the global literature on risk factors. The communities in which the children lived, may have been at greater risk of exposure to violence as community resources are limited and violence prevalent. With regard to exposure to media, children may become desensitized to violence and sex and parents are not always available to process the information. Consequently, this exposure becomes assimilated into their repertoire. Children from single parent families are at greater risk of offending, which can be attributed to a lack of support from family, friends, neighbours and community. The lack of paternal presence may also have some bearing on the psychosocial development of boys as they may then identify with criminals and violent people whom they view as powerful.

VIOLENCE IN SCHOOLS: A CASE STUDY ON LEARNERS' PERSPECTIVES

PREPARED BY LORAIN TOWNSEND, CATHY MATHEWS, YOLISA MTSHIZAMA, LEAH DEMETRI AND MARIETTE MOMBERG

MEDICAL RESEARCH COUNCIL

Introduction

School violence in South Africa is a deep-seated problem. Twenty-one per cent of cases of child sexual abuse occur in schools [29] and despite corporal punishment being unlawful, 51.4% of children reported being spanked or caned at school in 2005 [30]. Violence in schools is fuelled by high levels of community and domestic violence and gangsterism in school communities [31]. In the words of one participant in this case study: "...if the community is crime capital, then expect the same with schools" (Kitchen staff member, case study school).

The National Department of Basic Education has a number of initiatives to address school violence [32]. These include: building partnerships between schools and local police stations; establishing School Safety Committees; providing education officials with a tool for the management of school violence; developing a national strategy to curb alcohol and drug use in schools; and guidelines for the prevention and management of sexual violence and harassment in schools. In Cape Town, Adopt a Cop aims to increase communication between South African Police Service (SAPS) and schools, and Safe Schools is a partnership between the Department of Education and SAPS to address drugs and gangsterism in schools.

However, learners' perspectives are often ignored in the design and implementation of "top-down" initiatives such as these, even though their perspectives are critical for developing an understanding of the risks youth face at school, and the feasibility of solutions. To harness learners' crucial input, government departments and schools can provide learners with platforms to express their concerns and suggest solutions [31]. In this case study, we provide examples of learners' experience of violence in schools that were obtained through a programme called Photovoice. Learners who participate in Photovoice, photograph "safe" and "unsafe" aspects of their schools, reflect upon the concerns these photographs represent, and engage critically in these issues with a group of peers. The photographs and issues are then presented to a target audience of school-related policy makers and community members at a forum meeting with the aim of influencing school violence prevention initiatives [33]. The Photovoice method has the potential to bring learners' perspectives to the forefront while also empowering learners to advocate on their own behalves and generate their own solutions.

The aim of this case study is to describe the concerns presented by Grade 8 learners who attended a Photovoice programme in one school. The area in which the case study school is situated is home to approximately 400 000 people. Residents are exposed to high levels of serious contact crime including murder, sexual offences and aggravated robbery. Most residents live in poorly serviced, informal housing and unemployment is widespread; particularly among young people [34]. The case study school is a non-fee paying quintile four school that in 2013 had a learner complement of 1300, and a matric pass rate of 54%. We focus on Grade 8 learners.

Procedures

The Photovoice approach has four objectives:

- a) To gain learners' perspectives on the physical and emotional hazards that exist in and around their school through participatory photography and risk mapping activities;
- b) To engage students in critical dialogue about safety in their schools, and generate potential solutions;
- c) To facilitate a space for dialogue and collaboration between students, teachers, parents, administrators, police officers and community members; and
- d) To enable learners to present their concerns at stakeholder forums with the aim of planning and implementing concrete solutions.

Following training in photography and the ethics of taking photographs, students held a group discussion on school safety. Topics that were discussed included:

What does "safe" and "unsafe" mean? What in your life/community/school makes you feel safe or unsafe? What are some different types of violence? What do you want your parents/teachers/principal to know about safety at your school?

They then decided upon and marked "safe" and "unsafe" areas on a map of their school, and proceeded to take photographs of and enactments of behaviours in those areas. Discussions were held after a number of photography sessions to allow learners to critically engage with the subject/s of the photographs, refine them, and reach consensus on their content. The learners then agreed upon which photographs they would present at a forum meeting to which school staff, members of the school governing body, parents and other community-based stakeholders would be invited. Worksheets were completed for each photograph enquiring about:

What do you see in this picture? Tell me the story of this photo, as it relates to your lives. What can we do to address the issues in this photograph?

The worksheets were used to construct captions and explanations for each photograph and develop solutions to the problems depicted in the photographs. Learners then prepared a PowerPoint presentation with the assistance of the Photovoice facilitator and practiced presentations skills for the forum meeting. Group discussions were held after the forum presentation to ask the Photovoice learners about:

Likes and dislikes of Photovoice; what was difficult to talk about and why; positive and negative consequences of participating in Photovoice; and opinions of the forum meeting.

We now provide some key findings from the Photovoice programme to illustrate the learners' experience of violence in schools. The words of the learners and facilitators are unaltered.

Violence in Schools: Concerns of Grade 8 Learners

Unsafe Schools = Violent Schools

Although asked to consider anything that made them feel unsafe or safe at school, learners chose to focus almost exclusively on issues of violence. From the 15 presentation slides that comprised their chosen topics, 13 depicted physical and sexual violence as well as the precursors to violent behaviour – truancy, gangsterism and drugs. Only one instance of infrastructural damage as an issue of safety was shown, and even then, it was described as an act of violence against school property. Clearly, violence as an issue of unsafety was at the forefront of these learners' safety concerns.

Bullying and Physical Violence

Learners voiced concerns about bullying and felt that this issue stemmed from age-related power differentials as well as inadequate supervision:

"When teachers are not in class, older learners take advantage of us. They beat us and bully us."

"I feel unsafe when I go to the gate of my school because learners who are friends with the robbers call them to come and rob us if they have seen that you have money."

"There are learners who rob other learners here at school. This is how they do it. They also steal our stationery."



Figure 4: Bullying and Physical Violence at School

“There are other learners who bully us in the toilets. They push us when we pee. This happens in the boys toilets” (as illustrated below).

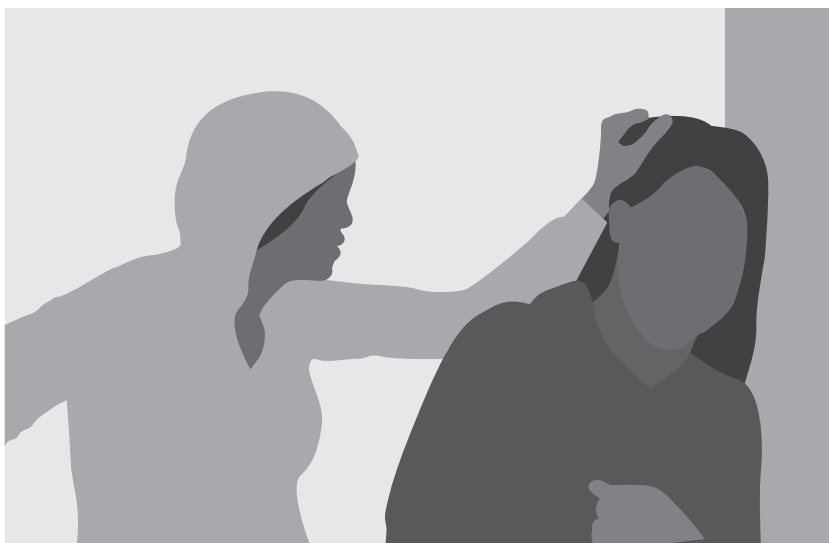


Figure 5: Bullying and Physical Violence in School Bathrooms

Sexual Harassment

While sexual harassment has traditionally been thought of as being carried out by boys against girls, pictures taken by these learners showed that girls also touch younger boys inappropriately.

“Here at school there are older boys. They sit in a place that they call Sun City. When we walk past that place they touch us on our bums. There are also girls who touch boys in their private parts.”

This unexpected portrayal should alert school personnel and safety officers at schools to the often overlooked vulnerability of boys.



Figure 6: Sexual Harassment in Schools

Gangsters and Thugs

Interwoven in learners' depictions of gang activity in and around their schools, were the concerns about drug use, truancy, robbery and violence, as captured in these quotes and in the photographs of graffiti on the school walls:

“There is gangsterism in our school. They start in townships. They stand in the corners and smoke. They stay out of class. They recruit others here at school to join their groups. They carry knives, golf sticks and guns and they rob learners after school. They fight in school premises.”

“In our school there are learners who write on the school walls. They make them dirty, they write gang signs. They carry weapons and they fight hard. We are scared of them because they fight at the school gate.”

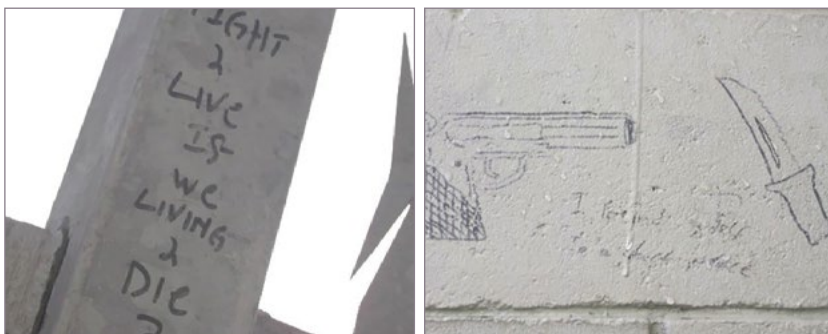


Figure 7: Gangsterism and Weapons in Schools

Drug Use

The use of drugs by learners, during and after school hours, was a topic that was brought up in three of the presentation slides. Learners reflected on how the use of drugs negatively impacted not only their own safety, but also the health of the drug users:

“Sometimes learners here at school use drugs during lesson time. These drugs affect their minds and make them do wrong things and steal from other learners. Drugs are very dangerous.”

“We feel unsafe when other learners smoke here at school because when they are high they do anything because they are out of their minds. They also put their lives at risk.”

“There are learners who sell dagga muffin here at school. This muffin is used mostly by girls.”

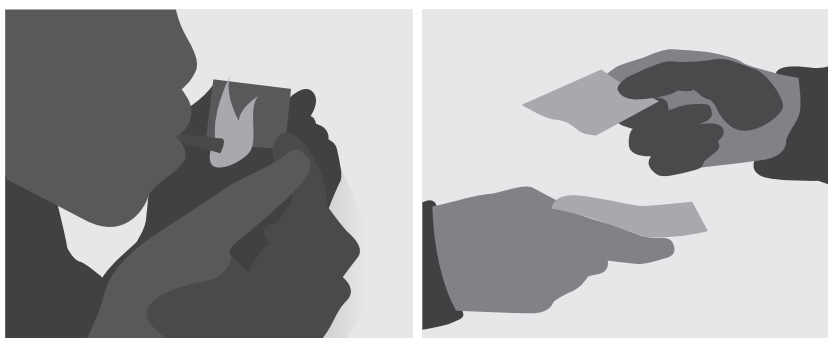


Figure 8: Drug Use in Schools

Corporal Punishment

Learners spoke at length about their teachers' use of corporal punishment. The facilitator noted:

"Here to my surprise students spent a significant amount of time talking about corporal punishment which they say is a prominent feature at the school and they view it as bullying."

Again, this issue illuminates the fact that adults in the community may be unaware of pervasive issues faced by learners. Only one learner wanted to include a photograph depicting corporal punishment in the forum presentation, but her fellow learners dissuaded her from doing so. During the follow-up discussion, when asked which issues were difficult to present and why, learners explained:

"We were worried that after the forum meeting teachers who are beating us would beat us even more because they are the bullies themselves."

"...Those teachers who use corporal punishment most did not attend that forum meeting otherwise if they would have attended I think they would have done something."

These concerns illuminate the limit of adolescents' power to take action to make their environment safer. It is important to recognize their vulnerability and to ensure they have adult advocates with more power to address such issues that put their health and welfare at risk.

Having an Opportunity to Talk about Their Experience of Violence in School

The learners saw the Photovoice programme as personally rewarding and empowering as well as a means to make a real difference. They spoke at length about how the technique provided them with a safe and confidential environment in which to discuss these critical issues. The importance of confidentiality is critical in a process such as this, and learners did voice concerns about possible retaliation from fellow-learners and/or school staff for raising contentious issues such as corporal punishment and drug use. However, they were reassured:

"Yes we were very comfortable because everything that we did remained there [in Photovoice and the forum], it was confidential."

They spoke about being able to get things off their chests and enjoying the opportunity to inform school staff about the problems in their school. For example:

“I enjoyed being listened to by our principal, deputy principal and teachers and they got to hear about how we feel about certain things.”

Learners were pleased to report that a number of actions had been taken to address the issues they had raised during the forum:

“I liked the fact that now teachers have started to make changes here at school. During break times teachers now guard or are visible there at Sun City because we exposed the truth.”

“If now you report that you have been touched, those learners get beaten and sign a certain form.”

Note that while this learner might be pleased that the perpetrators are beaten, this is contrary to policy.

Learners' Solutions to School-Based Violence

The learners offered a number of solutions at the forum presentation, presented verbatim below, and reflected learners' main concerns with violence and violence-related behaviours in their school.

- “There must be searches done every day at the school gate using a security scanner.”
- “More securities must be hired to spread around the school yard.”
- “There must be someone to educate learners about the dangers of drugs.”
- “Teachers must take action when incidences of bullying are reported.”
- “To have a safe space where learners can go and report everything they experience around the school because sometimes teachers do not listen to our reports.”
- “There must be surveillance cameras installed around our school.”
- “Learners who perpetrate violence must be given 2 months suspension.”

While these solutions reflect a mature understanding of the complex violence issues in the school, they are largely short-term and within the scope of implementation by school staff. Some solutions offered would require capital beyond the means of many and would require financial commitment from government. They would include: (a) school gates and/or fences, and security cameras; and (b) larger numbers of, and more effective, security personnel, such as those deployed to schools as part of the Western Cape's Bambanani Strategy to provide security and monitor learner behaviour outside of classrooms.

Other solutions would require little capital, but perhaps greater individual investment to realise. For example, the drug and bullying awareness campaigns in schools, while already being conducted, could be rolled out more extensively. Additional/alternative solutions that are offered, would require careful dialogue between concerned learners and appropriate school staff, and between schools and policy makers. For example the last solution offered by learners above, originated from a perception that two or three days' suspension for offending learners is not sufficient to deter them from continuing to offend. This policy decision would require careful consideration at Provincial and/or National level. Of note is that learners offered no longer-term solutions such as violence, substance use and/or gangsterism prevention initiatives in their suburb's community.

Conclusion

Learners as young as 13 years old (Grade 8) were able to verbalise, discuss and interrogate issues affecting their safety at a level many would not have thought possible. As the facilitator mentioned:

“...It was the detailed world view on such topics as gangsterism, bullying, crime, sexual violence, violence and drugs, which came out when they were asked to say something about their comprehension of un-safe environment by giving examples...”

This insight supports the ingenuity of the adolescent perspective and reinforces the notion that learners' active participation in idea generation and decision making on issues that concern them is crucial. Clearly learners need opportunities such as Photovoice to be able to critically engage with matters that affect them, and raise awareness of and influence policy and decisions made to protect them from violence at school. While it might not be feasible to train facilitators to implement Photovoice extensively, learners could perhaps be given similar opportunities to discuss “unsafe” (and “safe”) spaces in their schools and to formulate solutions during Life Orientation classes. However, given learners' concerns about retaliation, designated school staff to whom learners could voice their concerns meaningfully might be more feasible.

An extra-curricular activity in which learners could instigate Learner School Safety Committees could also provide an appropriate and feasible opportunity for concerned learners. Active participation by learners in school-based safety audits and plans, as recommended by the Centre for Justice and Crime Prevention [35] is another option. Whatever the forum, it would be essential that learners be afforded confidentiality that their concerns are taken seriously, and that the school takes action.



04

**BEST PRACTICE
INTERVENTIONS AND
RECOMMENDATIONS
TO ADDRESS VIOLENCE
AGAINST CHILDREN**

PREVENTION OF CHILD MALTREATMENT IN THE HOME

The World Health Organization (2006) [36] defines child maltreatment as the "physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, as well as their commercial or other exploitation".

In this Brief, we consider prevention of:

1. Physical, sexual, and emotional abuse.
2. Corporal punishment.
3. Deliberate neglect.

Circumstantial neglect, abandonment, child labour, trafficking and commercial sexual exploitation of children are not addressed. The focus is on primary prevention and not on treatment of children or perpetrators of maltreatment.

Legislative and Policy Environment

South Africa has well-developed law and policies pertaining to the forms of VAC discussed in this Brief. Principal among them are the Constitution (Act 108 of 1996), the Children's Act (38 of 2005), the Domestic Violence Act (116 of 1998), and the Criminal Law (The Sexual Offences and Related Matters) Amendment Act (32 of 2007). International law ratified by South Africa includes the African Charter on the Rights and Welfare of Children and the UN Convention on the Rights of the Child, both of which include children's right to protection from maltreatment.

In addition to provision of services to children whose protection has been violated, the Children's Act (Chapter 8) obliges Provincial MECs for Social Development to provide resources for prevention and early intervention services.

Definitions, Scale and Risk Factors

Knowledge of the scale of the problem is essential to planning for prevention and early intervention. Common definitions that are aligned with policy as far as possible are required (this is not commonly the case). Recommended definitions are listed in Table 1, and the scale of the problem is indicated (the most recent data is from the Optimus Study, South Africa's first nationally representative child abuse and violence exposure prevalence study based on self-reported exposure in 15 to 17 year olds [37]).

Table 1: Definitions and Scale of Maltreatment in South Africa

Definitions		Scale
Child abuse	<i>Any form of harm or ill-treatment deliberately inflicted on a child... [including] assaulting a child or inflicting any other form of deliberate injury to a child; sexually abusing a child or allowing a child to be sexually abused; bullying by another child; a labour practice that exploits a child; or exposing or subjecting a child to behaviour that may harm them emotionally or psychologically.</i> Source: Children's Act.	The 2015 Optimus Child Abuse and Neglect Prevalence Study is the only representative study to be conducted in South Africa using self-reported abuse, neglect and violence exposure by 15-17 year olds [37]. Self-administered questionnaire findings are reported below. Data by type listed separately below. Rates of exposure may vary across studies.
Sexual abuse	<i>Sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to be used for the sexual gratification of another person; using a child in or deliberately exposing a child to sexual activities or pornography; or procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.</i> Source: Children's Act.	• 19.8% of adolescents reported some form of sexual abuse (boys 20%; girls 19%) over their lifetime; 11.7% reported having been forced to have sex (Optimus Study [37]). The Optimus Study finds that the rate of sexual abuse in South Africa is higher than the global average. • 1,226 / 100,000 children reported sexual offences (SAPS 2013-14 reporting year [38]). • 38% of females and 17% of males report sexual assaults prior to age 18 (Eastern Cape survey)[39]. • 84% of child rapes are perpetrated by persons known to the child (studies of Gauteng court cases)[40]. • 5.9% of adolescents report sexual assault in past year; 24% at home; 21% another person's home; perpetrator known to the victim in 72% of cases[41]. • 17% of male and 18% of female adolescents aged 11-19 years reported forced sex in the past year[42].

Physical abuse	<i>Physical abuse is any act or acts which results in inflicted injury or death to a child or young person. Associated signs include but are not restricted to: bruises and welts, cuts and abrasions, fractures or sprains, abdominal or head injury or injury to internal organs, strangulation or suffocation, poisoning, burns and any repeated injury for which explanation is inadequate or inconsistent.</i> The acts must be intentional and not accidental. Source: Child Protection Register: The Children's Act does not use the term 'physical abuse'.	• 34.4% of adolescents reported having been hit, beaten, kicked or physically hurt by an adult who was supposed to be taking care of them over their lifetime (Optimus Study[37]). • 73.8% of child homicides < age 5 were the result of abuse and neglect. Reported violent crime against children 2013-14 reporting year: • Murder / attempted Murder: 1715. Rate 9 / 100,000. • Assault: 20 734. Rate 111 / 1000 children. • No police data on reported child neglect and ill treatment of a child since 2009-2010.
Corporal punishment	<i>The use of physical force with the intention of causing a child to experience pain but not injury, for the purposes of correction or control of the child's behaviour.</i> Canadian Academy of Child and Adolescent Psychiatry definition[43]. No definition is available in South African legislation.	• 57% of parents report using corporal punishment; 60% confirm beating with a belt or stick. Children under five are more vulnerable than any other age group [44]. • 23.8% of adolescents experience corporal punishment at home[41].

Psychological / Emotional abuse	<i>Psychological abuse or neglect is any act or failure to act by the parent and/ or caregiver, which results in, impaired psychological and/or emotional functioning and/or development of a child.</i> Source: Child Protection Register. This form of abuse includes: inappropriate and continued criticism, threats, humiliation, accusations and expectations or towards [sic] the child or young person. It refers to ongoing emotional maltreatment or neglect of a child, and reflects the quality of the carer-child relationship.	• 16% of adolescents reported that over their lifetime, they had become scared or felt really bad because grown-ups (adults) called them names, said mean things to them, or said they did not want them (Optimus Study [37]).
Deliberate neglect	<i>Failure to act by the parent or caregiver who has the capacity to act, and which results in impaired physical functioning or development of or injury to a child.</i> Source: Child Protection Register. Circumstantial neglect is a function of resource constraints normally associated with poverty – caregivers simply do not have the means to provide adequate care.	• 21% of adolescents reported that over their lifetime, they had experienced the forms of neglect examined in the Optimus Study[37].

Research studies have established that risks for maltreatment operate at the level of the community, the care environment and the child, and interact with one another as illustrated in Figure 9.

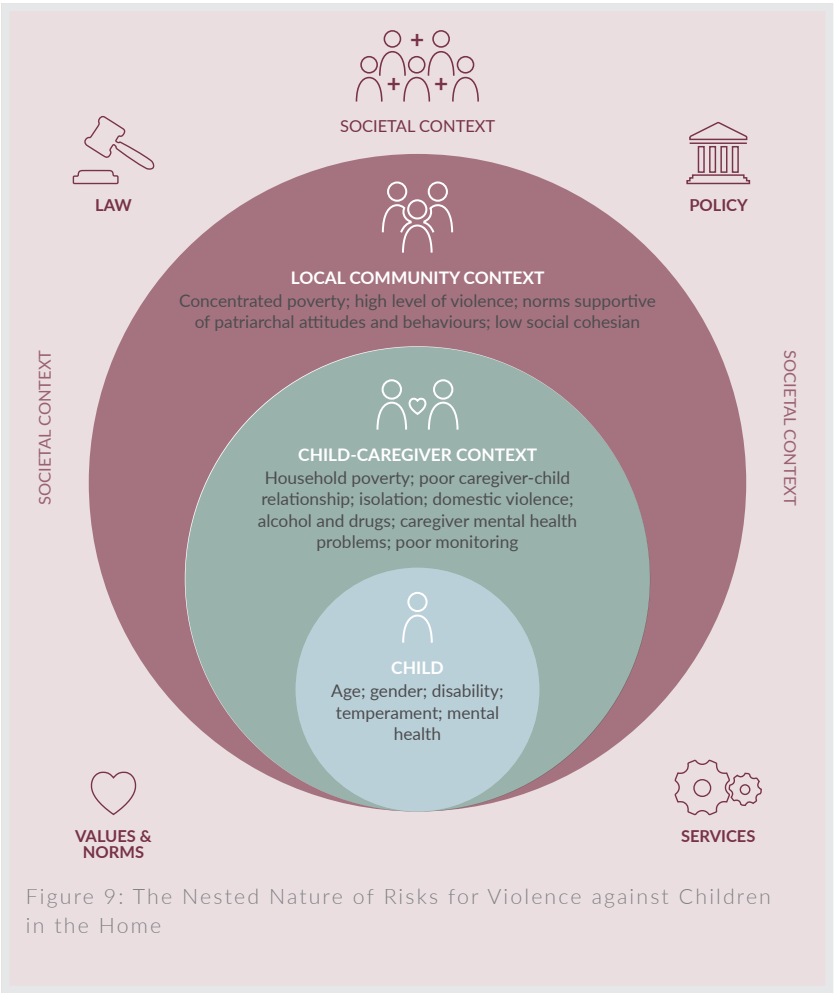


Figure 9: The Nested Nature of Risks for Violence against Children in the Home

Children are more likely to witness violence and experience maltreatment (including sexual abuse by people they know) in their homes than anywhere else. Sources of violence exposure vary with age, gender and developing independence. Young children are particularly vulnerable at home, with risks of exposure outside the home increasing with age [45].

The Optimus Study reports that 23% of their adolescent respondents had experienced violence in their homes (by an adult against another adult or one of their siblings).

Maltreatment occurs across the socio-economic spectrum, but is more prevalent in environments that compromise children's safety. Poverty does not pose a risk on its own, but it raises the risk of maltreatment, when other risk factors are present. Social attitudes that promote male power and the subordination of women and children are significant underlying causes of victimisation. Children living in communities and households where such attitudes are prevalent and where physical punishment is approved of, are more likely to be exposed to violence [46].

Where rates of poverty, unemployment, criminal activity and drug and alcohol abuse are high, risks of maltreatment increase. Characteristics of children, including their physical and emotional maturity may render them vulnerable to maltreatment when features of their care environments compromise their safety.

Certain primary caregiver characteristics place children at risk for physical and emotional abuse and deliberate neglect. Features include: an authoritarian parenting style; poor bonding with their children; limited empathic capacity; age-inappropriate expectations of the child; emotional immaturity; poor impulse control; low self-esteem; alcohol and drug abuse; a personal history of violence and abuse and depression; and current exposure to partner violence. The risks posed by these characteristics are likely to be heightened by poor social support.

Young children are rendered vulnerable by their age, size and developmental capacity. Their developmental status informs both their risk for victimisation and their response. For example, crying is a normal behaviour during infancy. However, it can be a risk factor for abuse if it is excessive and the child is difficult to calm – particularly when the caregiver cannot cope with a distressed child. Studies indicate that those caregivers who feel hostile and unsympathetic to babies who cry are more likely to physically abuse their children [47].

Children's vulnerability to sexual abuse also varies with age. Rape of infants and toddlers in South Africa has received considerable coverage. The crime is not uncommon. The limited research indicates that these assaults occur when perpetrators are enraged and or intoxicated; they have been shown to occur as a way of "getting back at" the child's mother [48]–[50].

A common error is to attribute sexual abuse to paedophiles³. While pre-pubertal children are at risk from the attentions of men with this condition, sexual abuse in this age group is by no means restricted to them. As they mature sexually, adolescents

³ According to the American Psychiatric Association Diagnostic and Statistical Manual, Paedophiles experience recurrent, and intense, sexually arousing fantasies, urges, or behaviours involving sexual activity with a prepubescent child.

become particularly vulnerable to both contact and non-contact abuse. Again, where children live in homes and communities in which men and boys believe they have the right to demand sex, the risks are likely to be much higher [51], [52]. Perpetrators are most commonly known to the child, and frequently control the child through threats and other forms of emotional abuse, reducing the likelihood that the child will report the incident.

Incidents of sexual and physical abuse are commonly accompanied by emotionally abusive behaviour on the part of the perpetrator.

South Africa has few datasets that enable an understanding of factors associated with risk for violence exposure and its consequences. Figure 10 and Box 1 provide findings from the CAPS survey of adolescents, which illustrate how a toxic mix of risk factors in the home combine to increase the probability of victimisation.

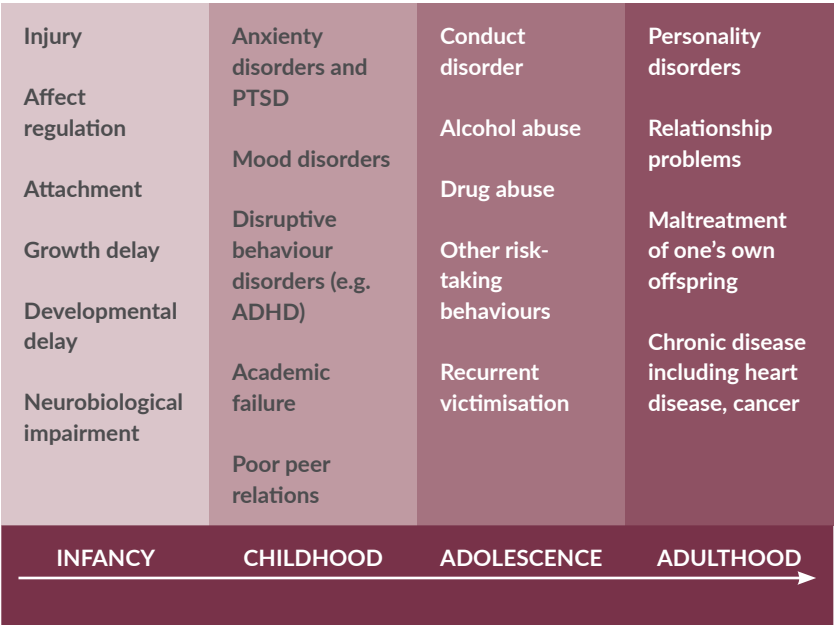


Figure 10: Known Outcomes of Child Maltreatment across the Lifecycle [53]

BOX 1:

Summary of Risk Factors for Adolescent Violence Exposure in South African Homes - Analyses of the Cape Area Panel Study (CAPS) and the National Youth Lifestyle Study (NYLS).

Family Structure: Children are safest when both biological parents are at home; when one parent is present the risk increases, and where children have no biological parents at home, the risk of violence exposure is highest.

Family Dynamics: Where families have high levels of conflict, children are more likely to experience violence. However children who have opportunities to engage in positive community activities are protected from the consequences to an extent.

Household Poverty: Living in a poor household significantly raises the risk of experiencing violence and perpetrating it.

Gender: Boys are at significantly greater risk for physical violence both inside and outside the home, but girls are at much greater risk for sexual violence and emotional abuse. Boys are more likely than girls to perpetrate all forms of violence.

Drugs alcohol and crime in the home: Children living in households where these factors prevail are at greater risk for violence, both as victims and perpetrators; boys who live with alcohol and drug abuse at home are more likely to abuse these substances themselves as they grow up, and are more likely to perpetrate violence. Boys are at much higher risk than girls.

Sources: Cape Area Panel Study (CAPS)[54]; National Youth Lifestyle Survey [41]

Predictive Modelling by Dr Rajan Govender, SAVI and Department of Sociology, University of Cape Town.

Why is Prevention so Important?

Apart from the injuries and deaths caused by maltreatment, particularly when the victims are young children, the emotional impacts can be enduring. Adults who experienced maltreatment in childhood, particularly long-term physical and sexual abuse, are at significantly higher risk of poor physical and mental health. They are at increased risk of substance abuse, and boys who have been physically maltreated are at greater risk for perpetrating violence and having difficulties with inter-personal relationships.

Maltreatment during infancy and toddlerhood impacts brain development and psychological functioning. Hormonal and neurological pathways are shaped during early childhood and they are affected by the stresses to which the child is exposed. When it is ongoing, we speak of “toxic stress”. The consequences include reduced capacity for self-regulated behaviour, cognitive flexibility, poor attention span, poor emotional control, and aggressive conduct (in boys and men).

Children exposed to violence (including those subject to corporal punishment), are also more at risk of being socialised into violent behaviour (as illustrated in Figure 10) thus *promoting acceptance of violence as the appropriate approach to resolving disputes*. Exposure to norms and practices that legitimate IPV and coercive sex by men, renders both boys and girls more likely to see this behaviour as acceptable [55].

Figure 11 presents a summary of current knowledge regarding the impact of child maltreatment across the lifespan.

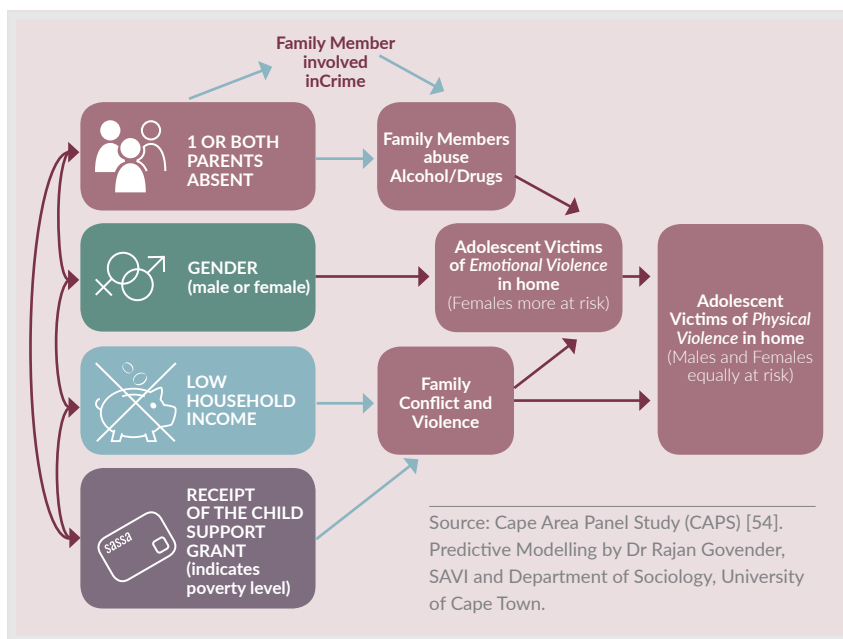


Figure 11: Exposure to Adverse Family Environment Increases the Risk for Exposure to Emotional and Physical Violence

The cost to the nation can be measured both in damaged lives and in economic terms. Studies conducted in the USA indicate that such costs run to billions in dollars [56]. We can ill afford the personal, social and economic cost of violence to children that is felt across generations.

What Works for Prevention?

There are three levels of prevention [57]:

1. *Primary Prevention* seeks to prevent violence exposure;
2. *Secondary Prevention* is used in high risk situations (referred to as *early intervention* in South African policy); and
3. *Tertiary Prevention*, which addresses the needs of survivors of violence.

In this Brief we focus on *primary prevention* and on *early interventions*. Effective prevention requires that we understand the scale of the problem, where it occurs, and the risk and protective factors. Children's age and developmental status are an essential consideration, as vulnerabilities vary across child development [45]:

- Infants and young children are particularly dependent on the care of adults and older children, and are most at risk for victimisation at home.
- In middle childhood (around 7 to 11 years), exposure to harsh discipline remains prevalent, and sexual abuse emerges as a risk (sexual violence to infants remains rare).
- In adolescence, children are less dependent on parental supervision, and spend more time outside the home at school and engaged in activities in their communities, exposing them to risks in other settings (see Prevention of School and Community-based Violence against Children). Sexual maturity following puberty opens up new challenges for both boys and girls.

The nature of risks and protective possibilities in the family are key to planning intervention. Many South African families are likely to be rendered vulnerable by a mix of poverty, conflict and substance abuse such as those depicted in Figure 11. The Department of Social Development has programmes to address the needs of these families affected by substance abuse and other challenges.

A key message from the South African research is that these interventions should *not be divorced from more intensive targeted interventions* to protect children. Children in these households are very likely to have already been victims of violence, are highly vulnerable and without intervention are likely to require statutory intervention.

As is recognised in the Children's Act, preventive interventions have to commence early to reduce the numbers of children at risk. They may be *universal* or *targeted*:

Universal preventive interventions target the general population and seek to reduce the risk of harm occurring to children in the first place. Policies and laws are included as are strategies to provide parents with knowledge of child development, to improve parents' relationships with their children, and impart positive discipline skills.

Targeted interventions address the needs of particular populations known to be at risk for maltreatment. Most commonly these are vulnerable caregivers (and often their families), who are challenged by problems that place their children at risk for maltreatment.

Unfortunately, only a limited number of prevention programmes, including those for sexual abuse [58], have been shown to be effective [36]. In part this is due to the limited number of rigorous studies that have been conducted – particularly in South Africa, where research is urgently needed – but also because of the complex and

multifaceted causes of maltreatment, which make effective prevention a significant challenge, particularly in multi-problem families. Those that have shown potential for these populations are commonly long-term and high-cost and require professional staff [59].

However, a number of interventions have been successful in improving qualities known to protect children and reduce risks of harm. Improving relationships between parents and children is key, as is early intervention where children are known to be at risk from toxic family environments.

Recommendations for prevention and targeted early intervention with high-risk groups, based on evidence from research studies and promising practice, are provided in Table 2.

Table 2: What We Know and What We Can Do to Reduce the Risks of Maltreatment in the Home?

5 Key Areas of Intervention	Preventive Interventions	Targeted Early Interventions
Access to good quality antenatal and postnatal care that is prepared for the detection and management of maltreatment risk.	Programme example: New-born care and parent support: South African new-born health policy: All mothers receive a postnatal home visit within six days of delivery.	Programme example: Screening and management of caregiver risk of alcohol and substance abuse and partner violence - Seek Project
Prevention of alcohol and illicit drug abuse during pregnancy and early childhood.	Programme example: Screening and management of caregiver risk of alcohol and substance abuse and partner violence. See: http://umm.edu/programs/childrens/services/child-protection/seek-project	

Preparation of new caregivers for child rearing.	Programme examples: Parenting Triple P Positive Parenting Program: www.triplep.net Parent Centre: Positive Parenting programme: www.theparentcentre.org.za/ Programmes currently being tested in South Africa: Sinovuyo Caring Families Project for parents of children aged 2 to 9 and for parents of teens currently being tested. See: http://www.cwbsa.org/sinovuyo/kids http://www.cwbsa.org/sinovuyo/teens Effective parenting programmes: • Provide opportunities for parents to practise new skills; • Embed parenting principles, rather than techniques; • Provide positive parenting strategies, including age-appropriate positive discipline; • Consider difficulties in the relationships between adults in the family. • Are closely supervised to ensure fidelity.	Programme examples: Home visiting for vulnerable caregivers: • Nurse Family Partnership: http://www.nursefamilypartnership.org/ • Pilani Plus (South Africa): http://www.ilifalabantwana.co.za/2014/03/14/philani-paraprofessional-home-visiting-to-improve-pregnant-mother-and-infant-outcomes-in-south-africa/ • Parent Centre: Parent-Infant Intervention Home Visiting Programme (South Africa): www.theparentcentre.org.za/ Programme examples: Parent interventions for children with behavioural problems: • Incredible Years Parent Programme: http://www.incredibleyears.com • Parent-Child Interaction Therapy: http://pcit.phhp.ufl.edu/
Promotion of positive discipline and prevention of corporal punishment.		
Promote gender equality and prevent gender-based violence.	Programme examples: Gender equality and gender-based violence prevention: • Stepping Stones HIV and Gender-based violence prevention: http://www.mrc.ac.za/gender/stepping.htm • Men Care (Global Fatherhood Campaign) • Sonke Gender Justice and Promundo (promising but no trial data): http://www.genderjustice.org.za/community-education-mobilisation/mencare http://www.promundo.org.br/en/activities/programs/	Programme examples: Exposure to intimate partner violence: • Evidence for prevention is very limited. • Shelter-based programmes and programmes with teen mothers show promise [60]–[62]. • Programme guidelines are provided by the Centres for Disease Control at: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/

A list of selected resources on child maltreatment prevention is provided in Box 2.

BOX 2:

Selected Resources For Prevention Of Child Maltreatment

European Report on Preventing Child Maltreatment

http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf

World Health Organization and International Society for Prevention of Child Abuse and Neglect (2006). Preventing child maltreatment: A guide to taking action and generating evidence. Geneva: WHO Press.

Wessells, I. et al, (2013). Preventing violence: Evaluating outcomes of parenting programmes. Geneva: WHO.

www.who.int/iris/bitstream/10665/85994/1/9789241505956_eng.pdf

Preventing Violence across the Lifespan Network

www.prevailresearch.ca/

Center for the Study of Social Policy (2005). Protective factors literature review: early care and education programs and the prevention of child abuse and neglect. Washington DC: Center for the Study of Social Policy. www.cssp.org

Centers for Disease Control Child Maltreatment Prevention

<http://www.cdc.gov/violenceprevention/childmaltreatment/>

World Health Organisation Prevention of Violence to Children

<http://www.who.int/features/qa/44/en/>

Seek Project: Prevention of maltreatment through screening parents for maltreatment risk.

<http://umm.edu/programs/childrens/services/child-protection/seek-project>

Promundo prevention of gender-based violence: http://www.promundo.org.br/wp-content/uploads/2012/04/UNT_Eng_10-1.pdf

South Africa: Parent Centre Cape Town: Parenting programmes both universal and targeted at vulnerable caregivers: www.theparentcentre.org.za/

South Africa: Stepping Stones HIV and Gender-based violence prevention: <http://www.mrc.ac.za/gender/stepping.htm>

South Africa: Sinovuyo Caring Families Project for Children Ages 2 to 9. <http://www.cwbsa.org/sinovuyo/kids>

South Africa: Sinovuyo Caring Families Programme for Parents and Teens <http://www.cwbsa.org/sinovuyo/teens>

UNICEF: Ending Violence Against Children: Six Strategies for Action. http://www.unicef.org.hk/upload/NewsMedia/publication/EndingViolenceAgainstChildren_6strategies.pdf

The need in South Africa is significant, but resources are stretched in all senses (data, funding, human resources, and expertise). In light of these challenges, and informed by UNICEF's Six Strategies for the Prevention of Violence Against Children⁴, five policy recommendations are offered for action.

1. National DSD should finalise the draft *Comprehensive National Strategy Aimed at Securing the Provision of Prevention and Early Intervention Programmes to Families, Parents, Caregivers, and Children across the Republic 2013=14-2018-19* as soon as possible, and support Provincial Governments to implement it.
2. Provincial Governments must use a *population-based approach* that takes account of the likely scale of risk to budget for and progressively role out delivery of prevention and early intervention services informed by the best evidence available as required by the Children's Act.
3. To address the need for trained personnel, Provincial Governments must continue to support progressive increases in human resources through provision of training opportunities for social workers, social auxiliary workers (SAWs) and paraprofessionals [63]. The number of social workers is too small to meet the demand for professional services in the field of child maltreatment. Experienced professionals are needed to provide expert supervision to SAWs and Paraprofessionals such as home visitors.

The Strategies include: 1) Supporting parents, caregivers and families; 2) Helping children manage risks and challenges; 3) Changing attitudes and social norms that encourage violence and discrimination; 4) Promoting and providing support services for children. 5) Implementing laws and policies that protect; and 6) Carrying out data collection and research (scale of problem; what works to prevent it).

4. Education of all those who work with children about child maltreatment and its signs – is a priority. This should not only be a concern of the child protection sector. Primary health services can place a key role in identification of children at risk.
5. In South Africa we lack sound data on scale and effective interventions. To address these shortcomings:
 - a. Prevalence and incidence studies of child maltreatment should be financed by government and conducted every ten years so as to track trends and aid planning for scale, at provincial level.
 - b. Research to establish the effectiveness and costs of a suite of interventions for prevention and early intervention are required.
 - c. Full capacitation of the Child Protection Register system within each province to enable production of reliable annual information on maltreatment.

PREVENTION OF SCHOOL AND COMMUNITY-BASED VIOLENCE AGAINST CHILDREN

Legislative and Policy Environment

South Africa has well-developed law and policies pertaining to all forms of VAC. Principal among them are the Constitution (Act 108 of 1996) which in Section 12(1) provides (for adults and children) for freedom from “all forms of violence from either public or private sources”. This means that communities and schools should be safe for children, and children in schools should not endure violence from peers or educators and other officials. The South African Schools Act (84 of 1996) outlaws corporal punishment and Regulation R1128 (2006) specifies in S8A(1) that a public school:

“...Must take measures to ensure the safety of learners during any school activity ... and ensure ... where reasonably practicable, that learners are under the supervision of an accompanying educator at all times.”

These provisions clearly obligate schools to prevent violence to learners, including physical and sexual violence perpetrated by educators and learners. The provision regarding supervision is critically important, as South African research has identified a lack of supervision both inside and outside the classroom as a risk for violence to children [30].

The Children’s Act (38 of 2005) mandates school personnel to report reasonable suspicions of child abuse and neglect that come to their attention. The Child Justice Act (75 of 2008) and associate regulations make provision for children arrested for a range of offences to be diverted from the justice system and referred to alternative programmes.

International law ratified by South Africa includes the African Charter on the Rights and Welfare of Children and the UN Convention on the Rights of the Child, both of which include children’s right to protection from violence.

Definitions, Scale, Risk Factors and Consequences

The World Health Organization (WHO) defines violence as:

“...The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” [64].

Included are physical, sexual, and psychological / emotional violence. The definition is pertinent to homes, communities and schools.

Community violence exposure may be both direct and indirect (e.g. witnessing or hearing others talk about violent incidents). Impacts on children include depression, anxiety and conduct problems [65]. Children who experience multiple forms of violence across settings and over the course of their development are particularly at risk for psychological distress, and the impact is cumulative. Young children who witness IPV in the home [66] and in the community [67], [68] have difficulty processing the experience as a result of their cognitive and emotional immaturity. Without support, they are likely to be overwhelmed and if the exposure is frequent, long-term consequences are evident.

The Centers for Disease Control and Prevention (CDC) in the United States define school violence as that which:

“...Occurs on school property, on the way to or from school or school-sponsored events, or during a school-sponsored event. A young person can be a victim, a perpetrator, or a witness of school violence” [69].

Violence in the community may impact the school for example, when gang violence and substance abuse penetrate the school boundaries. Weapons may be brought into the school both for defensive and offensive purposes. Particular to school, is sexual and physical violence perpetrated by educators.

Bullying, is common in schools and has the following key components:

“...Physical, verbal, or psychological attack or intimidation that is intended to cause fear, distress, or harm to the victim; an imbalance of power (psychological or physical), with a more powerful child (or children) oppressing less powerful ones; and repeated incidents between the same children over a prolonged period. School bullying can occur in school or on the way to or from school [70].”

Bullying goes beyond face-to-face encounters. Cyberbullying via Information and Communication Technologies (ICTs) is increasingly used to victimise others through text messaging and transmission of images, which may contain sexual content (Sexting).

Use of ICTs among South African children is growing. A 2012 national secondary school survey found that 81% of learners have access to a mobile phone and 54% have access to a computer or similar device [71]. While providing opportunities for learning and communication, significant numbers of children are potentially at risk of abuse from cyberbullying, including grooming by paedophiles who make contact posing as children.

South African data on violence exposure in schools is limited and not collected on a regular basis through surveys, and schools do not routinely report data on violence exposure. Administrative data on violence in schools is not reported by the Department of Basic Education. The Centre for Justice and Crime Prevention (CJCP) [30], [72] has conducted representative school-based surveys on the issue.

Summary findings for Primary and Secondary Schools (collected in 2007) are presented in Figure 12 [30].

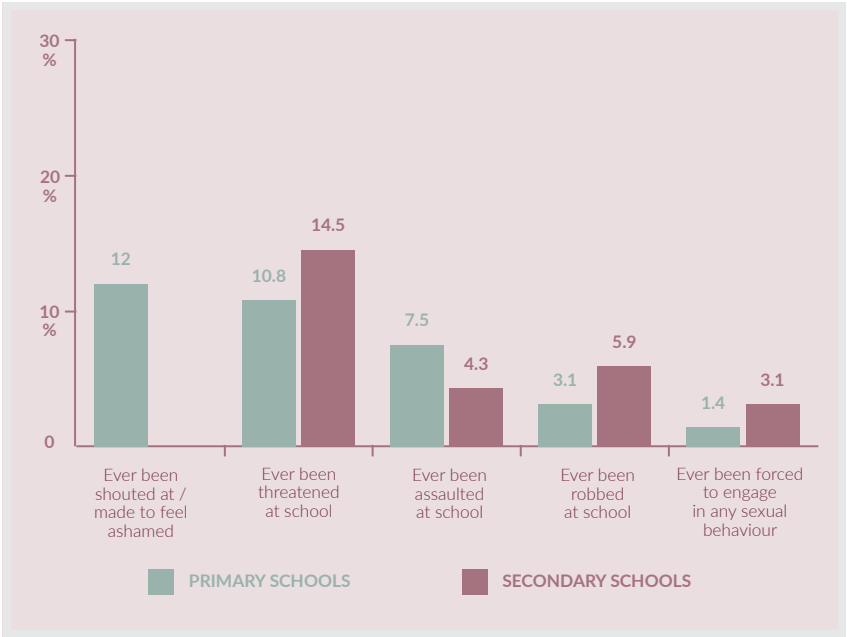


Figure 12: 2007 National School Violence Survey: Victimization in Primary and Secondary Schools

Gendered exposure for secondary schools in 2012 is presented in Figure 13 [72] (no primary school data is available for that year).

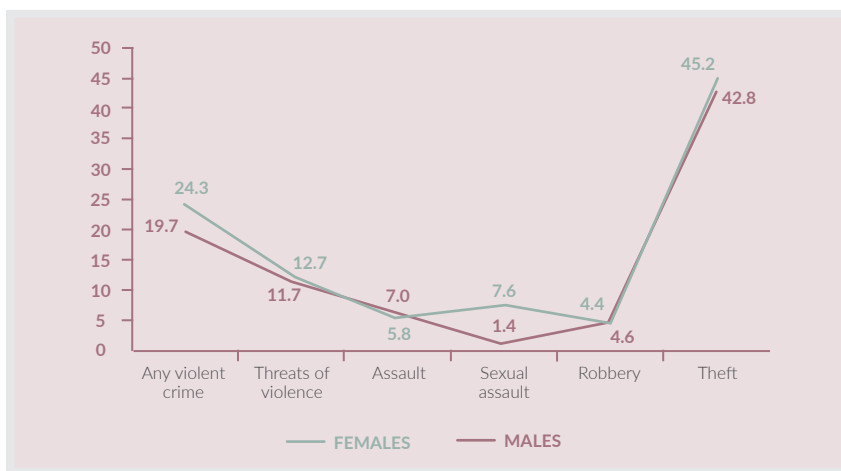


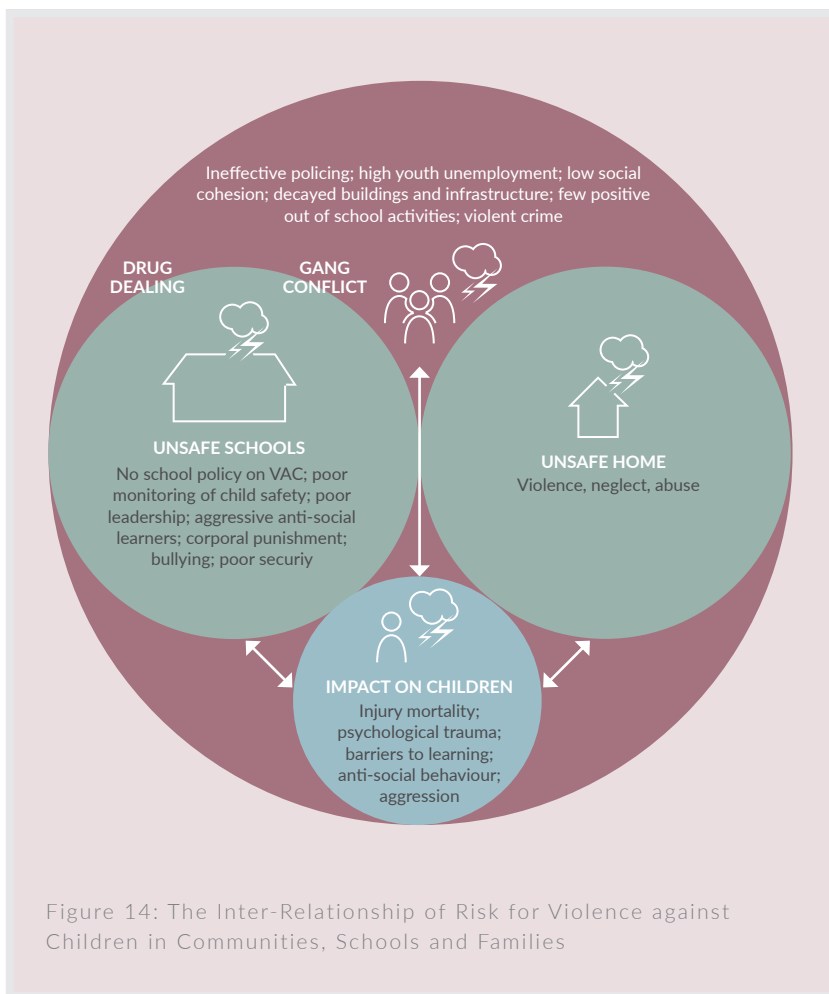
Figure 13: 2012 National School Violence Survey: Victimization in Secondary School

Other pertinent findings on victimisation are:

- **Corporal Punishment:** In 2007, 70% of primary and 47.5% of secondary learners reported being beaten or smacked by teachers. In 2012, the secondary school rate had risen to 49.8%.
- **Bullying:** In 2012 and in secondary schools, 13% of learners reported being bullied and 14% reported having stigmatising comments made about them. Children who are bullied are significantly more likely to experience other forms of victimisation in school.
- **Cyberbullying** (collected in secondary schools in 2012 only): 26% of principals surveyed had received reports of this form of bullying.

More recently, the Optimus study, of a representative sample of 15-17 year olds, found that 19.7% of children experienced persistent bullying in school [37].

South African adolescent boys are at particularly risk for violence related injuries and death. South Africa's male youth (age 15-19) homicide rate is at 48 deaths per 100 000 of population [73]. The figure quite probably reflects both the dangers to which many are exposed in their homes and on the streets, but also the psychological consequences of violence exposure from early childhood, which has resulted in aggressive dispositions and involvement with delinquent peers (see Figure 14).



The 2012 CJCP secondary school learner survey provides estimates of violence exposure in the community in the past year:

- Experience of crime: 49.6% reported that this was a problem.
- Experience of violence: 36% had seen a fight in their community in the past month; 68% had seen somebody intentionally hurt in their community.

The 2015 Optimus study found that 21% of adolescents had been threatened with violence, and 16% had been attacked with a weapon.

The scale of violence exposure is clearly significant. Figure 14 depicts how risk factors in different settings interact to impact the well-being of children. Bi-directional arrows indicate that children are influenced by their contexts, and in turn their behaviour affects other actors in their environment. Thus violence at home may reinforce aggressive characteristics in children who may then be difficult to manage. This invites further harsh treatment from parents – which may lead children to seek refuge with others on the streets often joining antisocial groups that provide them with an alternative “family” and with respect.

Particularly when it is ongoing, violence exposure impacts psychological well-being, health and behaviour in both the short and long term. For example, the risks of alcohol and drug use, suicide, depression, anxiety and antisocial behaviour are raised. Regular exposure to media violence (films and gaming) compounds the effects [74], [75]. A particular and serious consequence of frequent exposure to violence through childhood and adolescence is the development of aggressive behaviour – particularly in boys (girls tend to develop internalising responses – depression, anxiety and somatic complaints). These boys are hypervigilant and over-attribute violent intent in others – they expect to be hurt by others so react first to protect themselves [76]. As they grow into adolescence, and where few alternative positive opportunities exist, boys (particularly those from dysfunctional families) are likely to be drawn toward antisocial peers, and become involved in violent crime and gangs, and drop out of school [77].

When dysregulated, aggressive children who struggle to concentrate and learn as a consequence of violence and deprivation at home enter a dysfunctional school containing other troubled children, a further cycle of school-based violence may ensue: educators use corporal punishment to discipline them, and poor supervision allows for playground conflict to turn violent. Particularly in the teenage years, porous school boundaries permit violence to pass between school and street. There, exposure is further reinforced by the interpersonal and structural dynamics that drive neighbourhood violence (e.g. unsafe spaces, gangs, turf conflict, drugs).

Analysis of South African evidence supports these interpretations, indicating that children at risk for violence in the home are also likely to be at risk in their schools and neighbourhoods [72]. In all likelihood this is a function of the co-existence of troubled families, degraded and crime and drug-ridden neighbourhoods and dysfunctional schools.

When communities are not safe, children and their caregivers are not only exposed to violence, but participation in positive activities such as sports, libraries and other sources of positive youth development is restricted.

Even in challenged communities, schools may be safe and productive havens. Alternatively, violence may amplify the negative influences of the home and the community, contributing further to children’s victimisation and its consequences.

A school climate in which gender-based and other forms of violence, including educator use of corporal punishment, go unchecked creates risks and legitimates these behaviours. South African studies indicate that unsupervised classrooms, toilets and open grounds are the highest risk areas for school violence exposure. Significant numbers of learners are exposed to use of alcohol and drugs at schools and to learners carrying weapons [30].

Figure 15 illustrates how family and community factors come together to amplify victimisation and perpetration of violence. Young men who have been victimised in the family, and who have contact with community members who are involved in drugs/alcohol and/or crime, places them at greater risk for violence, both as victims and perpetrators. And for both boys and girls, conflictual and emotionally abusive environments raise the risk of physical maltreatment leading on to exposure to and perpetration of violence as young adults. The likelihood of inter-generational transmission of domestic violence is evident in the figure.

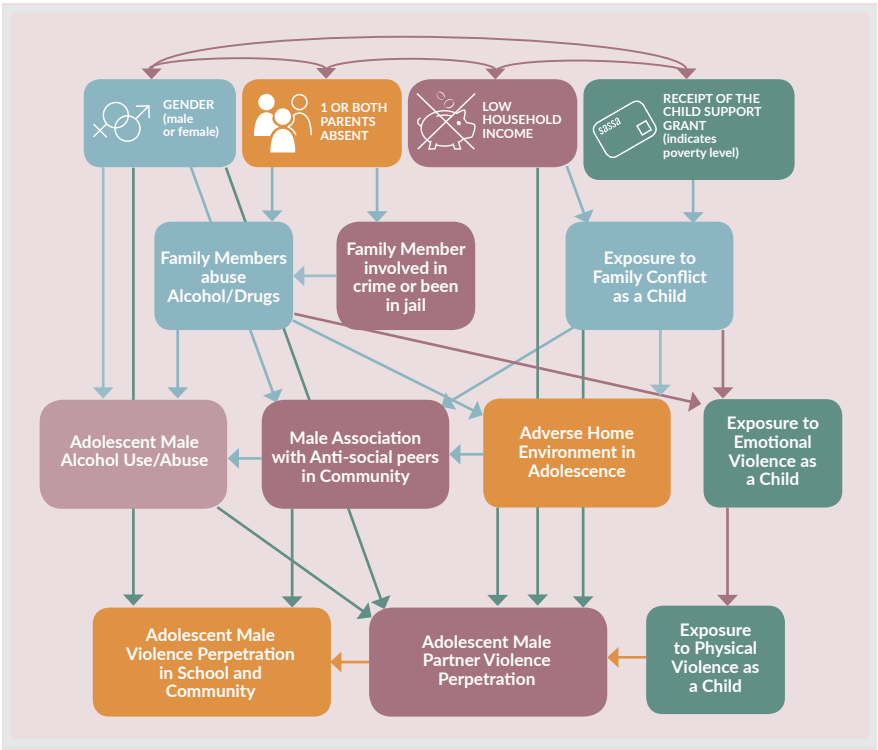


Figure 15: Exposure to Adverse Family and Community Environments Increases the Risk for Violence Perpetration and Substance Abuse in Adolescent Boys

South African studies and studies conducted elsewhere indicate that where children have protective support by close figures, the impact of community violence can be moderated to a degree [78]. And where schools take steps to make schools safe for children, their engagement with schooling and learning improves as does their educational progress.

Why is Prevention so Important?

Violence in communities and schools impacts children's health and safety, and denies them the right to safety and protection. School-based violence compromises their ability to profit from education, and further compounds the challenges they face at home and on their streets. Positive school environments can go some way toward countering the negative impact of troubled families and communities, potentially enabling children to make sufficient progress to break out of the cycle of poverty and deprivation.

Creating safe communities and schools is therefore a priority if South Africa is to stem the significant loss of human potential that currently prevails.

What Works for Prevention in Schools and Communities?

It is a common error to locate the source of interpersonal and gang violence in the young people themselves. This is certainly part of the problem to be addressed. However, equally important is the constellation of factors that make violence and criminal behaviour more likely in some communities rather than others, and which provide few opportunities for positive growth and development. Community level sources are complex as illustrated in Figure 15.

However, making dangerous communities safer is a considerable challenge, particularly where housing stock and infrastructure is degraded, social cohesion is fractured, gangs and organised crime exert control and where policing is ineffective. Solutions require long-term investment and significant political will. A mind shift is necessary from an overemphasis on individual youth and criminal justice solutions that leave the social and physical ecology intact, to integrated city strategies (that include effective policing, infrastructure development, school improvement and youth employment schemes). When applied to Diadema in Brazil, the homicide rate dropped by 80% [79].

Recommendations for Communities

Comprehensive recommendations for community safety are beyond the limited scope of this brief. A South African example that has shown promise in reducing

homicides in an area of Cape Town is Violence Prevention through Urban Upgrading. The programme involves the re-design of township areas to promote safety and create positive spaces for child and youth activities such as sports [80]. The CSIR Safe Community of Opportunity model provides a comprehensive approach to improving community safety [81].

The key is to increase community safety for children by addressing the systemic and multi-determinant nature of the problem. This takes time, political will, capability and investment. As a minimum, and informed by the research literature and interviews with South African children [82], local governments should:

- Use a population-based approach that takes account of the likely scale of risk to budget for and progressively role out services informed by the best evidence available.
- Collect data on the intervention community and use it to understand possible sources of violence exposure, community resources, and to track change over time. Crimes that present risks to children and adolescents can be geocoded and mapped to identify hotspots that can be studied to understand both structural and personal correlates to inform intervention.
- Undertake research to establish the needs of the most high-risk groups for perpetration and exposure to violence in the community (normally adolescents and young adults). This will inform interventions appropriate to their situations and capacities.
- Provide safe and positive spaces for children and youth to engage in constructive activity after school and in the holidays.
- Consult children and youth: Rather than imposing activities on the target population, consultations with different age groups are necessary to inform what is provided.
- Use locally available facilities where feasible. Community halls, school facilities and those of faith-based organisations provide potential sites for programmes.
- Secure the safety of playgrounds, libraries and other areas used by children (such as open areas on housing estates).
- Prevent drug dealing and enforce alcohol regulations.

Recommendations for Schools

The evidence base for the prevention of violence in schools is fairly extensive. However, evaluations are limited in South Africa [83]. It is important to distinguish between efforts to prevent criminal and gang violence spilling over into schools through improving security, and the prevention of corporal punishment and other

forms of school-based victimisation such as bullying. Public health approaches that take the whole school into account and have a clear understanding of the dynamics of the problem are likely to have the most success. Effective schools in violence-prone neighbourhoods can impact positively on the resilience of children [84].

Recommendations for improving school safety and preventing violence in schools have been provided to government [85], [86]. Educators have reportedly received training on positive discipline to assist them to cease corporal punishment and improve classroom management. It is not clear how well this was delivered. However, it is clear that the impact has been very limited; high rates of corporal punishment and violence to children in schools continue.

Although not without challenges, particularly in communities affected by violence, progress is possible.

- The Department of Basic Education has a well-informed and comprehensive *School Safety Framework* [87].
- Particular attention needs to be paid to sexual abuse by educators as this remains a significant problem, and as learners are subject to the authority of educators, their ability to report is significantly constrained. School leadership must enable reporting by learners if progress is to be made.
- If effectively implemented by provincial governments, victimisation of children at schools can be reduced.
- Well-run schools are less likely to experience violence and are more likely to have better child outcomes. Provincial governments need to support school leadership to provide effective well-managed institutions with the support of the school governing body.
- Teacher unions have significant potential to influence the effectiveness of school management, teaching and prevention of corporal punishment and other forms of violence. They should be engaged as partners in school violence prevention.
- As significant numbers of children experience the trauma associated with violence in the home, school and community, provision of counsellors is *strongly* recommended.

Guidelines of programmes for prevention in schools based on evidence from research studies and promising practice are provided in Table 3.

Table 3: What We Can Do to Reduce the Risks of Violence in Schools

3 Key Areas of Intervention	Preventive Interventions
Improvement in School Safety	Key evidence-informed whole school guidelines developed by Gevers and Flisher (2012)[83] are quoted below: • “DBE should monitor adherence to minimum safety standards and efforts at preventing and responding to school violence. • School policies and procedures, including a detailed code of conduct, promoting non-violence and setting out appropriate responses and consequences for violence in accordance with the Department of Basic Education’s minimum standards of safety need to be implemented and clearly communicated to all those within the school community. • School staff need to be taught and supported in effective and appropriate classroom management and be held accountable for violence within the schools by enforcing school non-violence policies with appropriate means and any staff who perpetrate violence in the school need to be swiftly and decisively disciplined. • Security infrastructure at schools needs to be updated, maintained and monitored to keep the school premises safe and secure. • Through collaboration with the SAPS, Department of Social Development and local government as well as school and community initiatives, the environment surrounding schools should be cleared of drugs, alcohol and weapons. • Safe transit to and from schools needs to be established so that learners and educators have access to reliable, safe and affordable transport between their homes and the school. • Children and youths experiencing violence in the home or community need to be identified and provided with appropriate support services, including counselling. • Planned, co-ordinated and consistent extramural activities should be organised to involve learners in positive leisure activities after formal school hours. • Get youths’ input when designing such programmes and be sure to make them available throughout the year and accessible to all. • Research efforts need to be increased so that programmes are effectively monitored and evaluated to inform programme improvement and generalisability to other schools.” Resources: Department of Basic Education <i>School Safety Framework</i> http://www.education.gov.za/Programmes/SafetyinEducation/tabid/1048/Default.aspx Burton P. (2008). Dealing with school violence in South Africa (Issue Paper No.4, 1–15). Cape Town: Centre for Justice and Crime Prevention. Centers for Disease Control Preventing Violence in schools http://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/prevention.html UNESCO, Stopping Violence in Schools: A Guide for Teachers. http://unesdoc.unesco.org/images/0018/001841/184162E.pdf

Prevention of Bullying	Programme elements that reduce bullying include: • Clear anti-bullying policy understood by learners and overseen by educators (consistent monitoring and intervention as necessary). • Playground and classroom supervision. • Firm discipline with perpetrators. • Parent meetings (both victim and perpetrator). • Formal engagement of peers in tackling bullying including peer mediation, peer mentoring and encouraging bystander intervention have not proven to be effective. Resources: Farrington DP, Ttofi MM. (2009). School-based programs to reduce bullying and victimization. Campbell Systematic Reviews: 6, 10.4073/csr.2009.6 Bullying Prevention Institute: http://www.bullyingpreventioninstitute.org/ Olweus Bullying Prevention Institute: http://www.bullyingpreventioninstitute.org/LinkClick.aspx?fileticket=5BnCPJGFPhc%3D&tabid=72 Cyberbullying: http://www.violencepreventionworks.org/public/cyber_bullying.page
Prevention of Gender-based Violence.	Stepping Stones HIV and Gender-Based Violence Prevention: The programme is designed to prevent HIV infection, and better communication and more equitable gender relations between partners. Randomised Trial has shown effectiveness in reducing sexual risk taking and violence perpetration by youth. [http://www.mrc.ac.za/gender/stepping.htm] Men Care (Global Fatherhood Campaign) Sonke Gender Justice (promising but no trial data). [http://www.genderjustice.org.za/community-education-mobilisation/mencare] Promundo (promising but no trial data). [http://www.promundo.org.br/en/activities/programs/] Respect for U is an IPV prevention programme aimed at young adolescents. The 17-lesson programme was originally designed for implementation in Grade 8 Life Orientation classes. The programme addresses associations between IPV, ideologies of male superiority, a culture of violence, and alcohol and drug use. The goals are to increase social support for girls, change norms that support boys' right to control girls and insist on sex, increase understanding of substance use in the context of relationships, and improve communication to prevent the use of violence in relationships. Outcome evaluation is in progress. [http://www.mrc.ac.za/gender/respect4u.htm]



05

**BEST PRACTICE
INTERVENTIONS AND
RECOMMENDATIONS
TO ADDRESS VIOLENCE
AGAINST WOMEN**

INTERVENTIONS TO ADDRESS VIOLENCE AGAINST WOMEN

This section summarises accepted best practices, for preventing and addressing violence, that emerge from both local and international contexts. Additionally, the brief will identify many of the barriers to implementing best practices with a view towards finding violence against women (VAW) interventions that may be effective and workable in South Africa.

Throughout the document, we use the language of “best practices” in addressing VAW. Describing any intervention as a best practice is to make a very strong claim: international best practices suggest transferability and replicability, but evidence cautions against a one-size-fits-all approach. Hence, the examples provided in this brief are not definitive, nor are they applicable to all contexts at all times, even within South Africa. They are instead examples of currently applied practices and interventions which evidence suggests are working well or have demonstrated to have gained some traction in South Africa.

Many of these empirically tested best practices are highlighted in this policy brief. We use the language of “promising” or “good” practices when these initiatives provides evidence of potential scalability; and use “best” practices generally to refer to internationally recognised models for best practices.

This brief discusses successful strategies against VAW at three levels:

1. Primary Prevention seeks to prevent violence exposure prior to its occurrence.
2. Secondary Prevention is used in high risk situations, or immediately after VAW has occurred (referred to as early intervention in South African literature and related policy).
3. Tertiary Prevention addresses the long term consequences of VAW. These include various services for victims⁵, among them individual interventions such as counselling and health care interventions. Further, criminal justice services, as well as legislative and policy reform fall into this category of prevention [88].

⁵Whilst the gender-based violence discourse has shifted toward the use of the term “survivor” in order to focus on the resilience and agency of those who have experienced violence, much of the existing research still uses the term “victim”, most especially in the medical literature. In order to be consistent with the studies that are cited herein, this brief also uses the term “victim”.

Research has indicated that violence can be prevented, or at least its trajectory positively altered [89]. While violence prevention strategies prioritise the primary prevention of VAW – where violence is prevented before it manifests – to date, the vast majority of resources and interventions have been directed at secondary and tertiary prevention programmes [90], which generally treat the symptoms, rather than the underlying causes, of violence. However, in recent years, international efforts have increasingly focused on primary prevention through the slow and incremental accrual of evidence highlighting methods, approaches and practices that may prevent violence before it manifests [90]. Much of this work has focused on early childhood education, schools-based programming, conflict prevention in families and public awareness campaigns. It has also been done with the understanding that primary prevention cannot be effective where there is minimal commitment to secondary and tertiary prevention; that the three levels of prevention are both complementary and interdependent. There are several reasons for this.

The first relates to the complex cycle of abuse and victimisation, where victims of abuse or of other “violence exposure” experiences become perpetrators of abuse themselves. Epidemiological and empirical conclusions surrounding this victim-to-perpetrator cycle are extensive but contradictory, largely as a result of how “abuse” is defined (i.e. indirect violence/exposure to direct victimisation), the age-of-onset and length of time of victimisation/exposure, the relationship of the victims and perpetrators (family, community, peers), victim recall and perceptions of “degree of harm suffered”, the levels of resilience of affected victims, just to mention a few. However, there is a generally accepted theory that victimisation may lead to perpetration and that prevention of this is critical before the onset of both internalised and externalised abusive or destructive behaviours.

Secondly, if victims receive relevant services and adequate care:

1. They are more willing and able to proceed with the criminal justice process, subsequently reducing impunity, increasing deterrence and preventing further violence;
2. Further victimisation can be curbed in the context of widespread IPV; and
3. They can become important advocates for change in the wider system, drawing on their experiences to improve structures and policies, and improve prevention through public education [91].

In the South African context, victim services are generally closely linked, where secondary prevention measures can often flow into tertiary prevention measures. For example, immediately after a sexual assault a victim might report to a one-stop centre, where she/he will receive immediate crisis or containment counselling, along with other medico-legal or clinical services. Counselling may well continue over the long term, or the counsellor may make a referral to another, more service-

relevant organisation, initiating tertiary intervention. At the same time, criminal justice proceedings may require that an accused sexual offender is referred for a psychological assessment (if, for instance, they are considered a dangerous offender, have discernible or possible mental health issues, or are a “risk” to the victim should the victim reside in the same household). Psychological assessments, counselling, the employment of ‘protective measures’ as well as other harm-reduction methods can therefore occur at the secondary or tertiary levels. Some might consider crisis counselling, combined with longer term support of younger victims, as a form of primary prevention (interrupting the victim-to-perpetrator cycle).

These prevention and intervention measures, however, need to be supported by a progressive legal and/or policy framework that: (a) actively promotes violence prevention through the absolute proscription of all forms of violence and the creation of, or support for, early prevention programmes; (b) ensures the consistent provision of victim support services provided by the current laws on sexual offences, domestic violence and child maltreatment, amongst other laws promising care and support to victims; and (c) supports the *appropriate* use of offender-based programmes as a violence prevention measure.

Any attempt to develop a coordinated and effective South African strategy must work across all levels of prevention. This, in itself, constitutes an internationally recognised good practice [92].

With regard to tertiary prevention, this brief focuses on the legal and policy issues related to the provision of victim services.

1. General Characteristics of Good Violence Prevention Strategies

1.1. Multi-Level Strategies and Services

VAW prevention needs to work across various institutional and social levels. In this regard, two elements are significant:

- Government departments across the national, provincial and local levels must provide for strategic planning for VAW prevention in their annual national plans of action, VAW budgeting and integrated service meetings. Additionally, government and civil society stakeholders and service providers must coordinate efforts in order to make a substantial difference to the effectiveness of interventions and services. Intra- as well as inter-departmental and inter-sectoral strategic planning and coordination can ensure that programmes are not replicated unnecessarily, and that they include all relevant

elements. In turn, collaborative work will enhance the capacity of government and civil society and build new networks that can sustainably address VAW [93].

- The socio-ecological model is widely accepted as a best practice in violence prevention. To prevent and respond to VAW, the socio-ecological approach requires that stakeholders address violence at the individual, relationship, community and societal levels. For example, prevention at an individual level would include programmes that attempt to change individual attitudes and behaviours regarding VAW. Prevention of VAW at a relationship level includes strategies to influence interactions between a dating couple and the behaviour of boys and men in peer groups (see sections 2.2 and 2.4). Community prevention strategies comprise efforts to influence behaviour and attitudes at a wider community level or mobilise community action to fight VAW and support survivors (see box Best Practice 1). Prevention efforts at a societal level address structural issues such as economic inequality and poverty as well as inequitable gender norms (see section 2.3). To prevent and respond appropriately to violence, the socio-ecological approach suggests engagement with violence prevention activities at multiple levels, at the same time. Additionally, because VAW has many interconnected risk factors at multiple levels, VAW prevention must link with other social justice efforts including transforming gender attitudes, substance abuse, education, HIV/AIDS and access to psychosocial services for victims of child abuse [92].

BEST PRACTICE 1

Raising Voices developed the SASA! (Start, Awareness, Support, Action) Activist Kit

SASA!'s Activist Kit was designed using the ecological model to violence prevention in order to identify, train and mobilise community leaders and activists to address VAW and HIV in their own communities [94]. Local men and women are trained by SASA! to facilitate attitude and behaviour change, through various activities, in order to decrease the social acceptability of VAW, and hence VAW itself [95].

An evaluation of SASA! using a randomised control trial was performed in Uganda between 2007 and 2012. It was found that men and women

involved in SASA! were more likely to have attitudinal changes, including that the social acceptance of perpetration of IPV by a man was significantly lower among participants [96]. Additionally, participants widely accepted women's rights to refuse sex [96].

Involvement in SASA! also influenced participants' behaviour. Men in the intervention groups were significantly less likely to have reported multiple sexual partners. Women participants reported approximately 50% less physical IPV in the previous year, although there was no substantial difference between the control and intervention groups for sexual IPV [96].

In addition to the original 10 countries, following the positive results of the study, SASA has now been introduced in 15 additional countries [96].

1.2. Integration vs. Specialisation

There is ongoing discussion among policy-makers, scholars and service providers about the utility of an integrated approach as opposed to a specialised approach to VAW prevention. The United Nations Division for the Advancement of Women (UNDAW) identifies three aspects to this issue:

- Should efforts cover a range of forms of violence or focus on one?
- Should governments be encouraged to develop violence against women strategies and policies or should the issue be mainstreamed across all policy areas?
- Should services be specialised, e.g. dedicated police units and sexual violence courts [91]?

UNDAW [89] argues that this should not be an either/or strategy. UNDAW advocates for both a holistic approach to addressing all VAW as well as a specialised strategy to prevent and redress specific forms of violence against women. In other words, violence against women ought to be mainstreamed into policy agendas across the board, but where specialised services can improve the experiences of women and prevent violence, they should be implemented at a local level, in a way that recognises local needs, local contexts and local resources. The nature of services (or interventions) should therefore be adjusted to the social needs and structural realities of the population being served/treated/supported as well as consider the existence and service mandates of complementary primary, secondary or tertiary services being offered in the area. "Specialised services" should therefore principally fill an

existing gap in services or amplify existing service provision through the introduction of specialised skills.

2. Primary Prevention

Primary prevention is defined as decreasing the incidence of a problem. Primary prevention is aimed at addressing VAW before it occurs, in order to prevent initial perpetration or victimisation. Prevention efforts may also take the form of targeted action aimed at behavioural issues and risk producing environments [88]. Primary prevention needs to account for:

- Multiple social factors including norms, practices, beliefs about gender;
- Equality and women and men's roles and status in society;
- Complex risk factors for VAW, including various other socio-economic determinants;
- Individual, relationship, community and societal level (ecological model) engagement and participation; and
- The need to change social norms and values and shift the onus for combating VAW from groups of individuals and individual organisations to all people in South Africa [94].

Popular strategies in primary prevention of VAW tend to include parent and caretaker programmes, school-based programmes, sex and relationship education for children and youth, interventions for the economic empowerment of women and interventions that work specifically with men and boys. These are respectively addressed below.

2.1 Parenting and Caretaker Programmes

An alarming proportion of South African children have experienced, or will experience, violence, including gender-based violence [94]. Specifically, “child protection services estimate that more than 40 children are raped every day in South Africa and that one in three girls and one in five boys will suffer sexual exploitation in one form or another” [94]. Research shows that parenting courses can play a role in preventing VAW in children [90].

Children who have been victims of maltreatment and abuse are more likely to become victims of future abuse or perpetrators of further violence. Thus, it is critical to support prevention programmes that foster nurturing and non-violent caregiving among parents and safe environments for childhood development. Primary prevention activities such as parent programmes and education as well as social support networks encourage healthy and stable relationships between caregivers

and children [89]. Research from the World Health Organization has shown that these programmes can prevent child maltreatment, reduce childhood aggression and ultimately prevent a child's perpetration of violence later in life [89].

2.2. Comprehensive Youth Sex and Relationship Education

Research shows that South African youth are sexually active relatively early, and experience high levels of related gender-based violence, including dating and relationship violence. Studies report that the average age of sexual debut for boys and girls is between 13 and 14 years [95], [96] and estimate that half of learners will have had sex by the time they reach high school [97]. Further, evidence shows that there is generally no communication whatsoever about sex in boy-girl relationships and young women experience sexual encounters as being unexpected, and out of their control [98]. In such a context, the opportunities for negotiated consent and discussions about safer sex are limited, and young people are especially at risk for both VAW victimisation and perpetration.

However, evidence also shows that children who receive early, consistent and positive messaging about sex, gender and sexuality are more likely to be confident about themselves and their bodies, to treat others with respect, and to avoid (or identify) risky sexual practices, abuse or dating violence [96]. Further, studies have shown that age-appropriate education on these topics has the effect of delaying sexual debut and activity, reducing the number of sexual partners, increasing the use of contraception and/or reducing unplanned pregnancy and sexually transmitted infection (STI) rates, and decreasing exposure to dating violence [99]. The World Health Organization reviewed evaluations of 47 programmes in different countries [100]. In 15 studies, sex and HIV/AIDS education neither increased nor decreased sexual activity and rates of pregnancy and STI [100]. However, in 17 studies, HIV and/or sex education delayed sexual activity, reduced the number of sexual partners, increased the use of contraception and/or reduced unplanned pregnancy and STI rates [100].

Schools are the most effective locales for such programmes, as a vigorous school-based curriculum has the potential to have a wide and sustained reach. Gender-based violence frequently occurs in educational settings, with young girls especially being exposed to sexual harassment, intimidation, assault and rape, bullying, verbal and psychological abuse based on their gender at the hands of fellow (male) students, teachers and principals. This is particularly true in South Africa [101]. As such, school-based interventions are vital for changing inequitable gender norms and behaviours before they become engrained in children [89]. Additionally, primary prevention in schools can create a zero-tolerance environment for perpetrators, including for educators.

BEST PRACTICE 2:

Safe Dates

Safe Dates is an American school based primary prevention programme that includes girls and boys 13-15 years old. The programme utilises a variety of teaching tools including ten sessions of educational curriculum, a poster contest, theatre production, support services as well as training for service providers in communities aimed at changing attitudes and behaviours regarding VAW.

A randomised control trial of Safe Dates participants performed one month after its culmination, found reduced sexual violence perpetration, reduced psychological abuse, more equitable gender norms and increased knowledge of tertiary services for survivors of violence among participants compared to the control group [102]. Additionally, four years after the programme ended, participants in Safe Dates reported significantly less perpetration of sexual violence as well as physical violence compared to the control group [103].

An adaptation of Safe Dates is now being evaluated for school based settings in South Africa.

Research on the impact of school-based programmes is beginning to show a promising impact on reducing levels of VAW. However, these studies have been primarily performed in developed countries and contexts, such as North America and Northern Europe. Additionally, empirical studies have mostly focused on the short term outcomes of school-based programmes, ignoring their long-term impact [89].

While there is an abundance of school-based activities that purport to be violence prevention programmes, these are often operated ad hoc, at the discretion of schools and governing bodies, who often do not view gender-based violence and VAW as a major developmental issue. This results in discretionary, uneven, poor or absent “programming”. Further, there is little evaluative research in South Africa to indicate what pedagogies and format of programmes are effective. According to UNESCO:

“...The role of governments through ministries of education, schools and teachers is to support and complement the role of parents by providing a safe and supportive learning environment and the tools and materials to deliver good quality sexuality education” [96].

In this regard, the announcement of the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (NASRHRFS) in February 2015 is a positive and necessary step. This strategy seeks to align and guide the efforts of a multitude of stakeholders from government and civil society in five, evidence-based, priority areas: “Priority 1: Increased coordination, collaboration, information and knowledge sharing on adolescent sexual and reproductive health and rights activities amongst stakeholders. Priority 2: Developing innovative approaches to comprehensive SRHR information, education and counselling for adolescents. Priority 3: Strengthening ASRHR service delivery and support on various health concerns. Priority 4: Creating effective community supportive networks for adolescents. And Priority 5: Formulating evidence based revisions of legislation, policies, strategies and guidelines on ASRH&R” (p. 29) [102]. These are meant to provide a path for multiple sectors of government, civil society, communities, schools, parents and families, to coordinate their efforts in enhancing service provision related to ASRH&R including programmes in regards to health, counselling and education. The National ASRH&R Framework Strategy also emphasises the need for the inclusion of underserved groups such as adolescents with disabilities and LGBTI adolescents. Such a framework has the potential to initiate a unified strategy for school-based SRHR and GBV education in the future.

2.3. Economic Interventions for Women

In South Africa, 61% of women live in poverty [103] and unemployment among women is significantly higher than among men (in part, because employment is dependent on costly child-care) and they earn substantially less [104]. As a result, women may be more inclined to enter into and continue relationships with abusive men, or to engage in transactional sex and sex work – known risk factors for VAW victimisation – in order to garner material benefits to survive. It has been noted that:

“[A]side from fear, economic dependence is the single most common reason why women remain with or return to their abusers...” [105].

Hence, women’s economic empowerment is central to reducing their vulnerability to violence, and is a powerful primary prevention strategy. One programme (that has been evaluated for impact) shows that interventions that provide sustained economic empowerment training and gender programming for women and their partners has reduced IPV [106]. The identification of factors that seem to enable abusive environments combined with the dual approach of working with vulnerable women and their partners appears to have a notable preventive effect on potential future violence. In addition, research [107], [108] shows that female victims of gender-based violence in South Africa invariably lack access to housing, and that

their ability to access and keep secure housing is inevitably shaped by their (lack of) access to economic resources as well as IPV-sensitive, responsive State housing policies. Under such circumstances, economic interventions aimed at women can also be effective secondary prevention, allowing women to exit dangerous situations, or violence when it first occurs, and also to prevent re-victimisation.

It is surprising, then, that policy and interventions addressing the economic determinants of VAW are limited in South Africa [109]. However, evidence suggests that economic interventions such as microfinance and economic empowerment, along with the provision of long-term housing, would significantly assist abused women, and increase their resilience against re-victimisation [109], and this is an important area for future policy development. Microfinance and economic empowerment intervention programmes have been introduced in a variety of settings in South Africa and across the continent. While these programmes have received significant attention, their efficacy in reducing VAW and achieving other outcomes remain unclear, but promising [106]. Emerging evidence [93], [106] indicates that combining economic empowerment/microfinance with gender programming results in more reductions of IPV and VAW than economic programming alone.

2.4. Working with Men and Boys

BEST PRACTICE 3

Microfinance for AIDS and Gender Equity (IMAGE)

IMAGE, initiated in rural South Africa, provides economically disadvantaged women with microfinance and training on gender, poverty and HIV. Empirical evaluations testing the efficacy of IMAGE have shown that IPV among participants in the programme was reduced by 55% in two years [110]. By comparison, women who received microfinance without gender and HIV training did not see a reduction in IPV. Moreover, younger IMAGE participants increased their use of voluntary HIV testing services and counselling. The evaluation of IMAGE has suggested that intervention strategies that simultaneously address factors that facilitate VAW such as poverty, HIV and gender imbalances can alter behaviours and reduce violence [106]. Consequently, IMAGE has both been scaled up at a relatively low cost throughout South Africa and been introduced in other countries [110].

Engaging men and boys is a relatively new field in VAW prevention that has received significant attention in recent years. Due to the emerging nature of this work, and the limited evaluations in the field, it is difficult to speak definitively about best practices in working with men and boys in preventing VAW. Research suggests that there is substantial evidence of effectiveness of interventions to improve boys' and young men's attitudes about gender norms, and VAW, but the evidence of effectiveness related to behaviours is less straightforward. In a systematic review of evaluated interventions, only one out of eight studies demonstrated a significant impact on behaviour [110]. Sixteen studies measured outcomes related to non-sexual forms of violence, or both sexual and non-sexual violence, but only nine of these studies were classified as methodologically strong or moderate, with only seven that were significant [110].

From the evidence available, the following principles for interventions with men and boys appear successful:

- Linking boys and men's programmes to women's empowerment and the prevention of VAW.
- Targeting intervention with boys and men at risk of becoming perpetrators of VAW.
- Acknowledging and responding to the pervasive issues (poverty and unemployment, frustration and substance abuse) that boys and men experience [111]–[113].

In attempting to engage men and boys in preventing VAW, research shows that it is critical to address their own experiences and exposures to violence. Engaging boys

BEST PRACTICE 4

Sonke's One Man Can Campaign

One Man Can discusses the large issue of men's violence against women, while also reinforcing what men can do to prevent violence against women from occurring. One Man Can is currently being implemented in South Africa and several countries throughout the continent. Sonke's One Man Can programme seeks to promote gender equality, end violence against women and respond to the HIV/AIDS crisis [113]. The campaign has effectively built and strengthened networks between the UN, the South African Government, faith-based organisations and other local NGOs [111]. An impact evaluation has found that participants of Sonke's One Man Can project have reported "positive behavioural changes in terms of HIV testing, awareness and reporting of violence, and condom use" [111].

and men about their experiences of violence should have an effect of reducing the risk that they will perpetrate violence, since boys who have experienced violence are more likely to commit violence themselves. One meta-analysis reviewed 21 programmes that provided psychological interventions for child and adolescent survivors of child maltreatment [89]. The results of the analysis suggest that psychological treatment for survivors resulted in improvements in 71% of the children in treatment, compared to the control group. In a randomised trial of one of the 21 programmes, researchers found a reduction in both victimisation and perpetration of physical and emotional abuse [89].

Discussing violence prevention and men's violence against women with men and boys can be challenging. Men and boys who have not engaged in violent behaviour may feel unfairly targeted and can become antagonistic to violence prevention strategies that they view as accusatory. Therefore, it is essential that primary prevention strategies find ways to engage men and boys in a way that enables them to become active participants in preventing VAW. One way to do so is to illustrate how women's empowerment and gender equality will benefit both men and women. This can be done by utilising men's role models and general sense of "justice, fairness and equality" (amongst men) [114]. At the same time, it is essential that programmes engaging men and boys involve women as teachers and community mobilisers, in order to shift gender norms and normalise women's empowerment. Displaying female leadership is paramount in changing the attitudes that enable VAW.

3. Secondary Prevention

Secondary prevention is defined as lowering the prevalence of a problem in the population [88]. It usually refers to either *prevention in high risk situations where violence has not yet occurred, but seems imminent, or interventions that happen immediately after the violence has occurred* to deal with the short term consequences, e.g. treatment or counselling, or both.

Good practices in secondary prevention should:

- Be victim centred and speak to the best interests of victims [91].
- Be inter-sectoral and address the multi-dimensional consequences of violence and resultant needs [91].
- Empower victims of violence to rebuild their lives [91].
- Allow victims to make decisions on their own behalf and respect their choices [92].
- Be cognisant of, and address the needs of vulnerable and high risk groups. Women with certain risk factors are potentially more at risk of experiencing violence. Women who: abuse substances; have been exposed

to or experienced violence; fall within a lower socio-economic bracket; are immigrants; have little education or legal literacy; hold progressive views towards gender roles; have an alternative gender identity and sexual orientation; or have a disability or chronic illness may be at a higher risk of being victimised by gender based violence. Therefore it is critical for policy-makers and practitioners to pay special attention to women who fall within these high-risk groups when planning and implementing secondary prevention efforts.

- Reduce the stigma associated with experiencing violence [111]. Conservative gender norms and taboos about female sexuality and the normalisation of VAW have contributed to widespread stigma, guilt and anxiety among victims of violence. The result is that many women do not report violence or access services. This is compounded by the prejudice and mismanagement of police, judiciary, health care workers and social service providers [91]. Hence, it is crucial to have well-trained and sensitive staff engaging with victims [109].
- Identify individuals most at risk for perpetrating violence so as to intervene in high risk situations, and/or limit violence early on [111]. Individuals who: have had a traumatic or violent childhood; abuse substances; are involved in other forms of criminal behaviour; exhibit psychopathic traits and/or anti-social behaviour; age; have a low educational attainment or socio-economic status; or hold gender inequitable attitudes are at greater risk for committing violence. Thus, prevention efforts must identify individuals and sub-groups who are most likely to perpetrate violence.
- Train women as professional and support staff to enable same-sex services where this is the victims' preference [111].

3.1 Domestic Violence Screening in Health Care Settings

In South Africa, domestic violence (DV) victims seek treatment for injuries at health care facilities before they seek help anywhere else, putting health care practitioners in a unique position to screen for and manage DV [115]. For instance, it has been found that between 62.5% and 91% of DV victims seek treatment at a health care facility, and that between 71.4% and 93.3% disclosed the abuser's identity to a health care professional, while only 15% to 20.4% reported to the SAPS [116]. In rural areas, health care facilities may be the most accessible place to report abuse or seek help. These findings not only demonstrate that the health sector is the preferred avenue of help-seeking for DV victims, but highlight the urgency of including health-related responses in the DVA.

In addition to the obvious need to provide health care to victims of DV, screening in the health care sector is also vital to the effective handling of DV by the justice sector.

Should a victim want to obtain a protection order or lay criminal charges against a perpetrator, or should child custody become an issue, health care professionals' medico-legal documentation of DV and expert testimony can be vital evidence for the prosecution [117]. If properly (but anonymously) documented, screening will also provide a better picture of the actual prevalence of DV in the country and victims' health needs, providing a sound base for policy-makers to work from.

The World Health Organization and the Federation for International Gynecologists and Obstetricians' frameworks for positive interventions, recommends that health care staff universally screen (all female patients, in all settings) for DV and provide treatment and referrals [118]. In England, the Department of Health now advises "routine enquiry" about DV of some or all women patients, which is congruent with Canadian and United States policies [119]. Due to the proactive approach taken in these countries, stigma and fear seems to have been reduced, with patients being increasingly open to dealing with DV [120].

3.2. Bystander Interventions

BEST PRACTICE 5

The Mentors in Violence Prevention Project

The Mentors in Violence Prevention Project trains male American athletes and other student leaders in campus settings to interrupt sexist behaviour that they may notice among their peers [112]. Athletes are identified to intervene both due to their perceived leadership roles, as well as their disproportionate involvement in sexual violence on campus [121]. Bystanders are taught intervention techniques such as turning lights on at a party, turning off music, pulling potential perpetrators away from women and other innovative techniques. Research has shown that following bystander intervention training, 38% of male participants have intervened in a sexual assault compared to the 12 percent of the research group that had not been involved in the campaign [121]. When trained, bystanders intervene in potential sexual assaults and sexist behaviour, they contribute to building a male peer culture that is more gender equitable and less violent [112].

Scholars and practitioners have identified bystander intervention as a best secondary violence prevention practice. As most people are unlikely to help others in certain situations, including VAW situations, bystander interventions aim to equip individuals to intervene when appropriate. A bystander is anyone who observes a situation that looks like someone could use some help. They must then decide if they are comfortable intervening. Bystander intervention programmes teach men and women to overcome the tendency to passively observe and instead offer help and immediate assistance to someone who may be in danger. Bystander intervention programmes have been found to be effective on university and college campuses [121]. They can be an effective technique for discouraging and preventing imminent violence, and for reducing the social acceptability of violence and changing wider social norms around gender.

While bystander intervention has been noted as a promising practice in violence prevention, the diffusion of responsibility, ambiguous situations, victim blaming and the possibility of being embarrassed by intervening remain fundamental obstacles to bystander intervention [121]. These variables play out differently in different contexts dependent on prevailing social and gendered norms. For this reason more empirical testing of intervention strategies is needed in different contexts [122].

3.3. Specialised Services for Victims of VAW

Because many women are hesitant to seek help, it is critical that services are offered in an accessible, sensitive and effective way. Specialised services include one-stop centres for victims reporting and treatment, specialised investigative units and specialised courts for addressing VAW. They provide a range of services to rape victims, including acute or emergency medical care, medico-legal (or “forensic”) examinations of victims, the provision of post-exposure prophylaxis (or “PEP”) for the prevention of HIV, pregnancy and other sexually transmitted infections, crisis and longer terms counselling and, in some part, support and preparation of rape victims if their cases proceed to trial. Specialised victims services, including one-stop centres, may be able to increase reporting of violence, because of increased confidence in the system and the services available. Increased reporting of VAW should be interpreted as indicating the efficacy of the service and service provider, and not as an indictment of policing - as increased crime reporting has traditionally been viewed. Specialised victim services are often underfunded, which places the value of their work at risk [122]. Services that provide women and girls with support – to disclose sexual violence or leave violent and abusive relationships, navigate the criminal justice system and to recover and rebuild their lives – receive relatively little funding, especially in relation to the number of women affected by VAW, and its cost to victims and wider society [123].

BEST PRACTICE 6

Thuthuzela Care Centres

*South Africa has followed international best practices in establishing one-stop centres for post-violence exposure service provision [111]. **Thuthuzela Care Centres (TCCs)**, located in just over 50 areas throughout South Africa where reports of rape are extraordinarily high, have integrated victim-oriented services in one-stop centres for survivors of sexual violence in South Africa. These services include a medical and forensic examination, an opportunity to bathe, crisis counselling, an option to provide a statement to an investigating officer and a safe ride home. By integrating criminal justice systems, health, and psychosocial service provisions, Thuthuzelas have increased the quality and efficacy of care for survivors of sexual violence in South Africa. By providing victim-centred services and reducing the administrative burden, Thuthuzela Care Centres reduce secondary trauma [93], [111].*

While TCCs are doing great work in selected locations throughout South Africa, there are simply not enough TCCs in the country. With the pandemic of sexual violence in the country, just over 50 care centres cannot adequately reach enough survivors of sexual assaults. Moreover, many of these care centres are not fully functional and adequately staffed with specialised forensic nurses, counsellors or legal representatives. Although the one-stop centre model can work extremely well in some contexts, its implementation has proven problematic in rural settings. In order to justify a dedicated centre, the centre needs to serve a considerable population, and see a large volume of victims. However, in rural areas where populations are more diffuse, this can mean travelling long distances to TCCs.

Whilst TCCs address the immediate and complex needs of victims of sexual assault, there is currently no national one-stop service for victims of domestic violence. At present the Department of Social Development (DSD) is piloting such a model in the Western Cape, a Khuseleka One-Stop Centre for all victims of gender-based violence, which would house the multiple services that a victim of domestic violence may need. Among these would be trauma counselling, health care, psychosocial support, shelter services, SAPS and legal services [124].

In South Africa and in other contexts, victims of VAW do not always seek help from specialised services, and it is vital that all first responders in all settings are sensitive and survivor-friendly, as these agencies serve as gateways to specialised victim

services and to the health care and criminal justice systems in general. So while specialisation is important to ensure victims receive the most appropriate services efficiently, it is also important to emphasise and integrate a victim-focused, gender-sensitive ethic throughout relevant public systems.

3.4. The Role of SAPS

In the attempt to access support and protection, survivors of violence often first report to the South African Police Service (SAPS). As the SAPS are vital first responders and gatekeepers to others services for victims of violence, it is essential that they provide effective and consistent services. However, SAPS officials, part of a wider patriarchal social context, sometimes possess attitudes that form barriers to serving victims of VAW with sensitivity [109]. As first responders, their knowledge, competence, sensitivity and efficiency are paramount to secondary, as well as tertiary intervention. Monitoring SAPS service provision to victims of VAW, however, is challenging.

Oversight of services provided by SAPS in relation to VAW is performed by various departments within SAPS as well as structures outside of the organisation, often leading to a lack of consistency in the lodging of complaints as well as their resolution. For example, the Independent Police Investigative Directorate (IPID) investigates only criminal offences committed by members of SAPS, including VAW. For complaints regarding service delivery (failure to investigate and other forms of professional misconduct), complainants must go to the Police Inspectorate of SAPS Provincial Commissioners [125]. For Domestic Violence Act non-compliance – victims must lodge their complaint with the Civilian Secretariat of Police (CSP), a role previously held by the Independent Complaints Directorate (ICD) [109]. Bringing this oversight function “in-house” has been problematic. For example, in the first year of its new role the CSP received only 22 complaints from three provinces, a 77% decline in the number (94) recorded by the ICD in its final 12-month reporting period [109]. In response to the jurisdictional challenges of addressing complainants, not to mention questionable accountability measures, the CSP has recently drafted an instrument to be used for monitoring SAPS compliance and implementation of the Domestic Violence Act (currently in draft form, not for public dissemination). It is a small but encouraging step. However, restructuring the oversight mechanisms, including functions currently held by the Police Inspectorate and CSP, to strengthen IPID may be a vital next step. Further, the introduction of a Public Complaint Director to liaise with the public and improve transparency and cooperation between the public, police and IPID should also be considered.

3.5 Access to Services for Vulnerable Groups

VAW prevention and services must be accessible for all women, including minority and vulnerable groups. Women who abuse substances; are migrants; engage in sex work and transactional sex; have a non-normative gender identity and/or sexual orientation; or have a disability are at an increased risk for being victimised by violence. Given that certain risk factors increase a woman's likelihood of being a victim of violence, there is a need for VAW prevention and service provision for these at-risk individuals. The effort to make existing services inclusive requires the identification of the barriers faced by the various groups of vulnerable and underserved individuals.

Some examples of barriers for vulnerable groups include:

- Inaccessible or delayed services due to language barriers. Because language needs vary, there must be accommodation provided for in victim services. Examples of accommodations are: language modification or simplification in the case of people with intellectual disabilities; sign language interpretation for clients who are deaf; or foreign language interpretation and translation for clients who are immigrants, refugees, asylum seekers and human trafficking victims. Indeed, language barriers also prevent the effective dissemination of knowledge about the existence of services for victims of violence. Therefore users of diverse languages and individuals needing communication-centred accommodation should be targeted for both services and awareness-raising [126], [127].
- Immigrant, asylum seekers and refugee women are also less likely to report violence due to language barriers and fear of deportation and further abuse [128]. These women must be recognised through legislation and protected through South Africa's legal code. No woman, neither citizen nor undocumented migrant, in South Africa should be refused legal justice or victim services.
- A recent evaluation of the Western Cape victim empowerment services highlighted the fact that there are very few shelters that can accommodate transgender victims or are even known to be LGBTI-friendly. Although such shelters may exist, these shelters do not have a prominent public profile, and it is thus unclear how accessible they are to potential residents [124].
- This evaluation also identified a need for combined shelter and rehabilitation facilities for drug users. Women struggling with substance abuse issues are excluded from shelters, yet evidence demonstrates that VAW and substance use are often concurrent [124].

BEST PRACTICE 7

The Sexual Abuse Victim Empowerment (SAVE) Programme*

SAVE is a psycho-legal programme run by Cape Mental Health aimed at people (mostly women and children) with intellectual disabilities who are complainants in sexual violence cases [129].

The programme, which was introduced in Cape Town in 1991, provides clients with counselling, assessment and court preparation services (if the case goes to trial). Follow-up services are also provided to victims and their families. In addition to working with a social worker, clients also see a psychologist as part of the SAVE programme. The psychologist will compile a psycho-legal report, which is of particular importance to the prosecution.

The SAVE programme has demonstrated its success in facilitating access to justice for complainants with intellectual disabilities by assisting to find safe accommodation as well as alerting service providers to their needs [129].

**Please note that SAVE has proven effective in the local, South African context, and is therefore considered a "best practice" for the purposes of illustrating successful inclusive victim empowerment. It is not, however, an international standard best practice.*

4. Tertiary Prevention

Tertiary prevention focuses on long-term interventions after the initial violence has occurred. It is defined as decreasing the negative effects associated with, and preventing the recurrence of, VAW. These include various individual interventions such as counselling and criminal justice services, as well as legal and policy reform. Tertiary prevention also includes interventions with sex offenders, such as sex offender treatment programmes, although these are not within the ambit of this brief. In the past, most efforts to prevent VAW were limited to this area. This section will focus on tertiary prevention in terms of victim services and legal and policy reform.

4.1. Strengthening the Legal and Policy Framework

The South African government has made significant commitments to protecting victims of violence through the development of progressive national laws. Some have argued [129] that the area of violence against women, in particular, has witnessed profound legislative and policy changes in recent years and these changes have to some extent improved the provision of state services to victims of crime. While having a strong legal framework for VAW is considered a best practice, this has not, however, resulted in rigorous implementation of these laws, or the provision of comprehensive and consistent quality of victim services and criminal justice processes. Key legislation regarding VAW includes:

- Domestic Violence Act 116 of 1998 provides for clarification in granting a protection order in cases of domestic abuse. Section 2 states that:

“...Any member of the South African Police Service must, at the scene of an incident of domestic violence or as soon thereafter as is reasonably possible or when the incident of domestic violence is reported; render such assistance to the complainant as may be required in the circumstances, including assisting or making arrangements for the complainant to find a suitable shelter and to obtain medical treatment.”

- The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (hereafter referred to as the SOA) expanded the number of sexual offences and gives clarity to many definitions. The SOA repealed the common law offence of rape and substituted it with a new extended statutory offence of rape, applicable to all forms of sexual penetration without consent, regardless of gender. The SOA also created new offences, such as sexual assault, certain compelled acts of penetration or violation, the exposure or display of child pornography and the engaging of sexual services of an adult and new sexual offences against children and persons who are mentally disabled. It also:
 - Establishes a duty to report sexual offences committed with or against children or persons who are mentally disabled;
 - Provides SAPS with new investigative tools when investigating sexual offences or other offences involving the HIV status of the perpetrator;
 - Provides the courts with extra-territorial jurisdiction when hearing matters relating to sexual offences;
 - Provides certain services to certain victims of sexual offences to minimise secondary traumatisation (PEP and the right to have an accused tested for HIV);

- Creates a National Register for Sex Offenders;
 - Makes provision (in Section 62) for a national policy framework to guide the implementation of the legislation that must be created within one year. Gazetted in 2012, the final NPF is disappointing in its lack of attention to detail in relation to the operationalisation of process or procedure according to the SOA. As the implementation framework of the SOA, the NPF has promising “implementation ideas” but does little to articulate the methods in which these ideas ought to be implemented, *in practice*.
- Protection from Harassment Act 17 of 2011 provides protection from all forms of harassment (including online) and enables victims to apply for protection orders.
 - Children’s Act 38 of 2005 as amended by Act 41 of 2007, creates the standard of the “best interest of the child” and provides cohesion of matters related to the rights of children including: care and protection of children; parental rights and responsibilities; foster care; and other alternative care measures. It also led to the establishment of the National Child Protection Register and the creation of new offences relating to children.
 - Child Justice Act 75 of 2008 provides a mechanism for children who are, or are accused of being, in conflict with the law and therefore must navigate the criminal justice system. It deals with issues such as criminal capacity, assessments of children, use of child justice courts, and restorative justice for convicted children.
 - Prevention and Combating of Trafficking in Persons Act 7 of 2013 makes trafficking in persons and other related crimes an offence. Additionally, the legislation provides for penalties that may be imposed and provides measures to protect and assist victims of trafficking in South Africa.

Other Relevant Legislation and Policies

- Older Persons Act 13 of 2006
- Maintenance Act 99 of 1998
- Social Service Professions Act 100 of 1978
- National Health Act 61 of 2003
- Mental Health Care Act 17 of 2002
- Choice of Termination of Pregnancy Act 1 of 2008
- Prevention and Treatment for Substance Abuse Act 70 of 2008
- Prevention and Combating of Trafficking in Persons Act 7 of 2013

- **Domestic Violence Act 116 of 1998**
- **Service Charter for Victims of Crime in South Africa (DoJCD, 2004)**
- **Minimum Standard for Service Delivery in Victim Empowerment (DSD, 2008)**
- **Constitution of South Africa Act 108 of 1996**

It must be noted that criminal justice as a tertiary prevention strategy has some fundamental limitations. All too often, criminal justice is perpetrator centred, focusing on punishing and prosecuting offenders. While prosecution is indeed necessary, this process can be traumatic for victims of violence and is all too often unsuccessful [92]. Hence, it is vital that these laws also facilitate a safe and accessible environment wherein victims can report, and receive good quality and timeous services, allowing them to participate in criminal justice processes, and continue with their lives as productive citizens. Therefore, for tertiary prevention to be most effective, it must work in concert with the health sector, social services and the housing sector to provide an empowering and rehabilitating environment for victims of violence.

Further, legislation is often vague about the actual details of victim services. Research has identified that where legislation does not clearly delineate how departments are supposed to coordinate or render services, the result is inaction, or poor delivery of services to victims [130]. The lack of a legal and policy framework to guide and coordinate victim services is a critical shortcoming that creates confusion and inadequate service provision [124]. There is a need for clear instructions and regulations, and policy to ensure that VAW services are rendered in the manner that they were intended by the legislation. It is also important to note, though, that legal frameworks alone are not enough to enable service providers to meet the needs of victims; these must be backed up with sufficient resources and capacity to allow for full implementation.

4.2 Long-Term Victim Services

Whilst the SOA mandates immediate health care interventions for victims of sexual assault, it does not address the longer-term needs of victims, including long-term counselling. In fact, counselling is not legislated in South Africa at all, and there are no existing policy guidelines for the kinds of counselling required. Additionally, legislation does not guide the length of counselling that victims should receive. As a result, counselling varies among and between NGO and Department of Social Development service providers, with victims receiving variable and often inadequate counselling.

For example, an evaluation of the Western Cape's Victim Empowerment Programme highlighted the lack of long-term counselling services as a serious impediment to victim-healing [124]. Indeed, in an international study, 75% of victims of assault,

robbery and rape who were interviewed two-and-a-half years after the incident reported that they continued to be affected by the crime [130]. Victims of sexual offences in particular experience distress for months, or even years, after the incident, and are at increased risk of long-term psychological problems, including depression, anxiety, dissociation and Post-Traumatic Stress Disorder (PTSD) [131], [132].

Currently, a shortcoming in victim services is that there are a limited number of places of safety and emergency shelters available for victims of VAW. Moreover, there is limited long-term housing for victims who cannot return to their former residences and cannot rely on family members. Because of economic dependence on abusive partners, women exiting an emergency shelter may have to return to cohabitating with the perpetrator or live on the streets. Transitional housing has proven extremely useful in tiding women over until they have found work, are financially independent and are able to pay rent at market prices [124]. However, such transitional housing is extremely scarce, and remains an important potential area of cooperation between DSD and the housing sector [124].

Given that VAW impacts millions of women living in South Africa, it is critically important to provide long-term services to victims of violence in order to prevent future violence from recurring and to promote justice, rehabilitation and healing for victims and their families.

4.3 Coordinated Service Provision and Information Management

Information management is one of the most basic but most effective ways of improving services. Effective information management prevents cases from “falling between the cracks”, keeps victims and perpetrators informed of legal processes (which they are legally entitled to), allows tracking of delays in services or systems of justice and provides a means of tracking victims and offenders as they cascade through the health, social development and criminal justice systems. The potential of systematic information collection and management could have a profound impact on how all-level prevention programmes are designed and how they are measured.

Currently there is no way for service providers or victims to track cases across government departments. Given the number of role-players involved in providing services to VAW victims, including health care, police and investigation services, counselling and court preparation (which spans state and NGO agencies) and court services, this has serious consequences for the flow of information to service providers, as well as to victims.

From the perspectives of service providers, the burden falls on individual social workers, investigating officers and others to make the necessary calls, and take

the necessary steps to determine whether a victim has received the necessary information on services. In order to identify problems and render required follow-up services, social workers need to be able to track cases through the system once a client has left their office [124].

On the other hand, it is not surprising that there is a tremendous fall-out in information for victims of VAW, specifically in regard to criminal justice processes, court dates and medical treatment. This means that victims sometimes are unaware of the next steps in the process, do not know where to seek services, do not follow criminal justice procedures timeously and ultimately “drop out” of the system [133]. In this regard, a system or procedure for tracking a case/victim through the system is vital to delivering adequate victim services.

4.4 Funding

While the effective implementation of laws requires carefully considered and detailed regulations, instructions and policies, it also requires the adequate allocation of human and financial resources. However, research has shown that budgeting for VAW in South Africa has been generally inadequate and has not been informed by comprehensive needs assessments. Moreover, the limited funds available for VAW prevention has not been budgeted transparently [123]. For example, while we previously identified one-stop centres as a good practice in secondary prevention, their implementation is not without issue. In the case of TCCs, it has been noted that government has not allocated sufficient resources to such centres to ensure adequate functioning [123].

VAW will not decrease until the government allocates resources adequately to the various programmes. If funding for VAW prevention efforts becomes a priority, this will hugely impact the effective prevention and management of VAW in South Africa. Where resources remain limited and government has many commitments, increased funding for preventing VAW and providing services to victims could come from taxation, fines and asset recovery of abusers, and taxation on marriage licences [91].

KEY RECOMMENDATIONS FOR ADDRESSING VIOLENCE AGAINST WOMEN

Recommendations for the Government of South Africa

- Government must partner with civil society to develop comprehensive sex education for children, from Grade 0 to Grade 12. Comprehensive sex education must challenge gender inequalities and the normalisation of VAW. In this regard, we laud the development of the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (NASRHRFS), and eagerly anticipate its implementation.
- Strengthen and develop partnerships between and among government departments, namely the Department of Social Development, Justice, Health, Women, Children and Persons with Disabilities, SAPS, and Constitutional Development. This will provide for better and more efficient planning and better service delivery [123]. Additionally, better communication and streamlining among agencies may be able to identify and convict repeat offenders.
- Strengthen and develop co-operative networks with Government stakeholders and NGOs in order to provide better victim-oriented services and referral systems.
- Create legislation that directly addresses the needs of victims. The proposed Victim Empowerment Bill would address this.
- Adequately fund and develop sexual offences courts throughout the country.
- Increase funding and the development of more Thuthuzela Care Centres throughout the country.
- Pass legislation that directly mandates victim services, including long-term services.
- Fund and develop intervention programmes that target both victimisation and perpetration risk factors for VAW.
- Fund and develop intervention programmes that have been shown to produce attitude and behaviour change with regard to social norms, gender and violence, including gender-based violence education, and bystander interventions.
- Ensure that existing services are accessible to vulnerable groups and, where necessary, improve access and supplement with specific services. These

should include developing protocols on accommodating vulnerable groups in victim services, such as including transgender clients and women currently abusing substances in shelters and places of safety.

- Create the means for better information-sharing and data-management in victim services, such that both service providers and clients can track cases and monitor services.
- Create an evidence-base on VAW, by: (a) expanding national, regional and global indicators to track VAW, services available, services utilised, and gaps, disaggregating this data by age and geographical location; and (b) funding quantitative and qualitative studies on the different forms of VAW; on the multiple intersections between VAW and other forms of oppression and marginalisation; and on the types of interventions that are feasible and effective in a variety of South African settings.
- The state should lead by example with regard to diminishing the norms and attitudes that allow VAW to continue.
 - Political leadership could set an example that social norms are shifting and that VAW will not be tolerated.
 - Tie performance bonuses directly to the quality of VAW services for relevant departments.
 - The state should ensure that all state service providers, including health staff, police, social workers, magistrates, judges, court clerks and prison staff, receive pre- and in-service training to ensure that the safety and security of women in their care is paramount at all times as a minimum standard of service delivery. Training opportunities should critically analyse cultural “justifications” of VAW and address personal beliefs.
 - A national violence prevention strategy that outlines a unified, coordinated and scientifically informed response would go a long way toward achieving the above. It should be directed across all clusters and government departments and civil society, and this requires that it is led from the highest level of government. In essence, such a strategy must be a national commitment to achieving a systematic reduction in levels of all forms of violence and a system for monitoring its achievement [134].

Recommendations for the South African Police Service

- As part of their introduction to the police services, all members of SAPS must be adequately trained in engaging with survivors of VAW.

- Provide regular in-service training for SAPS members, particularly those who interact with victims of VAW and sexual violence in particular to reduce secondary traumatisation and provide well-informed referral services and care.
- Provide counselling and debriefing services for SAPS members who interact with victims of VAW and cases pertaining to sexual violence.
- Develop alternative monitoring and evaluation systems for SAPS that are not focused on decreasing reporting. These might include audits of police stations and evaluations by victims on the services they receive from SAPS.
- Strengthen the coordination of the oversight of SAPS.
- Reconsider the internal oversight of SAPS, strengthen existing external oversight mechanisms and increase external accountability measures of all police services.

Recommendations for the Health Sector

- Train health care providers to screen for DV and implement DV screening throughout the health sector.
- Train and develop more forensic nurses and doctors to improve the care of victims of violence.
- Train health care professionals to give effective testimony in criminal trials (coordinated by NPA and DoH).
- Encourage medical students and young doctors and nurses to join forensic medicine through targeted recruitment and training in health sciences faculties.

Recommendations for Scholars, Researchers and “Reformers”

- Undertake research to assess the impact of intervention programmes, with special attention to economic programmes, those engaging men and boys and bystander intervention.
- Assess which types of intervention models work in rural vs. urban settings.
- Evaluate research programmes that seek to change attitudes to assess whether or not changed attitudes impact behaviour in regards to VAW.
- In addition to the production of more robust evaluative research on violence prevention, research into the following areas also require urgent attention:

- The challenges in creating meaningful inter- and intra-departmental, gender-responsive budgets, resource allocation and expenditure for addressing VAW (including in respect of all current laws aimed at addressing gender-based violence).
- The reasons for the failure to finalise and/or implement various protocols, guidelines and national action plans, including the seemingly stagnant National Strategic Plan to Address Gender and Sexual Violence, among other long-standing violence prevention policies.
- The mapping and scope of psycho-social services, health care and legal remedies provided by the non-governmental sector.
- An evidence-base regarding violence against women based on (perceived) sexual orientation or gender identity, or on the basis of mental or physical disabilities.
- Addressing the complex vulnerability of women and girls who engage in transactional sex, including popular education, harm reduction and economic interventions (as well as to ensure meaningful health care and justice sector service delivery).
- Addressing the complex vulnerability of asylum seeking, refugee, undocumented and (im)migrant women within the South African context.

REFERENCES

- [1] T.E. Senn and M.P. Carey, "Child Maltreatment and Women's Adult Sexual Risk Behavior: Childhood Sexual Abuse as a Unique Risk Factor," *Child Maltreat.*, vol. 15, no. 4, pp. 324–35, 2010.
- [2] C. Arata, "Child Sexual Abuse and Sexual Revictimization," *Clin. Psychol. Sci. Pract.*, vol. 9, no. 2, 2006.
- [3] S. Corrigan, "'Caught in the Middle' Exploring Children and Young People's Experience of Domestic Violence," *Child Care Pract.*, vol. 5, no. 1, pp. 11–22, 1999.
- [4] D. Glaser, "Child Abuse and Neglect and the Brain-A Review," *J. Child Psychol. Psychiatry*, vol. 41, no. 1, pp. 97–116, 2000.
- [5] S. L. A. Straussner and A. J. Calnan, "Trauma Through the Life Cycle: A Review of Current Literature," *Clin Soc Work J Clin. Soc. Work J.*, vol. 42, no. 4, pp. 323–335, 2014.
- [6] H. Bacon and S. Richardson, "Attachment Theory and Child Abuse: An Overview of the Literature for Practitioners," *CAR Child Abuse Rev.*, vol. 10, no. 6, pp. 377–397, 2001.
- [7] F. Meinck, L. D. Cluver, M. E. Boyes, and L. D. Ndhlovu, "Risk and Protective Factors for Physical and Emotional Abuse Victimization amongst Vulnerable Children in South Africa," *Child Abuse Rev.*, 2013.
- [8] K. L. Dunkle, R. K. Jewkes, H. C. Brown, M. Yoshihama, G. E. Gray, J. A. McIntyre, and S. D. Harlow, "Prevalence and Patterns of Gender-based Violence and Revictimization Among Women Attending Antenatal Clinics in Soweto, South Africa," *Am. J. Epidemiol.*, vol. 160, no. 3, pp. 230–9, 2004.
- [9] H. Meintjes and S. Giese, "Spinning the Epidemic: The Making of Mythologies of Orphanhood in the Context of AIDS," *Child. Glob. J. Child Res.*, vol. 13, no. 3, pp. 407–430, 2006.
- [10] K. L. Dunkle, R. Jewkes, H. C. Brown, G. E. Gray, J. A. McIntyre, and S. D. Harlow, "Transactional Sex Among Women in Soweto, South Africa: Prevalence, Risk Factors and Association with HIV Infection," *Soc. Sci. Med.*, vol. 59, no. 8, pp. 1581–1592, 2004.
- [11] R. Paschke, H. Sherwin, University of Cape Town, and Institute of Criminology, Quantitative Research Report on Sentencing. Cape Town: Institute of Criminology, University of Cape Town, 2000.
- [12] L. Townsend, S. Waterhouse, and C. Nomdo, "Is a Child Rights Based Approach Being Implemented in The Criminal Justice System for Child Victims of Sexual Abuse? Perspectives from Court Support Workers." *RAPCAN*, 2014.
- [13] C. Nomdo, B. Rezant, L. Townsend, and S. Waterhouse, "RAPCAN's Child Witness Project: Advocating for a Child Rights Based Approach in the Criminal Justice System for Child Victims of Sexual Abuse," *Art40*, vol. 16, no. 2, pp. 5–9, 2014.
- [14] Child Welfare Information Gateway, "Trauma-Focused Cognitive Behaviour Therapy for Children affected by Sexual Abuse or Trauma," *Child Welfare Information Gateway*, 2012. [Online]. Available: <http://www.childwelfare.gov/pubs/trauma>. [Accessed: 23-Apr-2015].
- [15] J. A. Cohen, A. P. Mannarino, M. Kliethermes, and L. A. Murray, "Trauma-focused CBT for Youth with Complex Trauma," *Child Abuse Negl.*, vol. 36, no. 6, 2012.

- [16] E. Deblinger and E. Pollio, "Implementing Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) in a Group Format," CARES Institute, School of Osteopathic Medicine, Rowan University.
- [17] S. Makhubela, "Evaluation of the CL SA Therapeutic Programme," Commissioned by USAID, Unpublished Study, 2013.
- [18] A. Van Der Merwe, U. Meyes, and S. Waterhouse, "Youthful Sexual Offending: The South African Context, Risks and Effective Management," in In Ward, C., van der Merwe, A, & Dawes, A. (Eds.), *Youth violence in South Africa. Sources and Solutions*, Cape Town: UCT Press, 2012, pp. 275–319.
- [19] J. Redpath, "Children and Sexual Offences," Report prepared for the South African Young Offender's Programme (SAYSTOP), Children's Rights Project, Community Law Centre University of the Western Cape Bellville, 2004.
- [20] A. Bentovim, "Preventing Sexually Abused Young People from Becoming Abusers, and Treating the Victimization Experiences of Young People who Offend Sexually," *Child Abuse Negl. Child Abuse Negl.*, vol. 26, no. 6–7, pp. 661–678, 2002.
- [21] Open Society Foundation for South Africa, "Managing and Treating Young Sex Offenders: What Action for Government & Civil Society?," in Conference proceedings of the Open Society Foundation for South Africa conference, Cape Town, 2003.
- [22] S. Omar, "Children Who Molest Other Children," Unpublished Doctoral Dissertation, University of Johannesburg, 2009.
- [23] G. G. Abel, J. V. Becker, J. Cunningham-Rathner, M. S. Mittelman, and J. L. Rouleau, "Multiple Paraphilic Diagnoses among Sex Offenders," *Bull. Am. Acad. Psychiatry Law*, vol. 16, pp. 153–168, 1998.
- [24] A. Delany, "Child Sexual Abuse and Exploitation in South Africa," The Community Agency for Social Enquiry (CASE), Johannesburg, Researched for Save the Children Sweden, 2005.
- [25] D. Jeffthas and L. Artz, "Youth Violence: A Gendered Perspective," in *Someone Stole my Smile: An exploration into the Causes of Youth Violence in South Africa*, Cape Town, South Africa, 2007.
- [26] J. Rangasami, M. Stewart, and S. Maharaj, "An Impact Evaluation of the Teddy Bear Clinic's Support Programme For Reactive Children (Sparc)," Impact Consulting, Cape Town, 2013.
- [27] J. Hunter, "Understanding Juvenile Sex Offenders: Research Findings and Guidelines for effective Treatment and Management," Department of Criminal Justice Services, Virginia, USA, 2000.
- [28] M. Colbourne, "Medical Management of Pediatric Sexual Abuse," *BCM J*, vol. 46, no. 3, pp. 123–127, Apr. 2004.
- [29] South African Human Rights Commission and UNICEF, "South Africa's Children – A Review of Equity and Child Rights," 2011.
- [30] P. Burton, "Merchants, Skollies and Stones: Experiences of school violence in South Africa," Centre for Justice and Crime Prevention, Cape Town, South Africa, 2008.
- [31] "Desktop Study on Violence Against Children in South Africa," 2012.
- [32] Department of Basic Education, "Safety in Schools."
- [33] C. C. WANG, "Photovoice: A Participatory Action Research Strategy Applied to Women's Health," *J. Womens Health J. Womens Health*, vol. 8, no. 2, pp. 185–192, 1999.

- [34] "Towards a Safer Khayelitsha," 2014.
- [35] Centre for Justice and Crime Prevention, "National School Safety Framework," Department of Basic Education.
- [36] A. Butchart, A. P. Harvey, M. Mian, and T. Färniss, "Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence," World Health Organization and International Society for Prevention of Child Abuse and Neglect, Geneva, Switzerland, 2006.
- [37] UBS Optimus Foundation, "Research Bulletin: Optimus Study on Child Abuse, Neglect and Violence in South Africa," 2015.
- [38] SAPS Strategic Management, "An Analysis of the National Crime Statistics: Addendum to the Annual Report 2013/14," .
- [39] R. Jewkes and N. Abrahams, "The Epidemiology of Rape and Sexual Coercion in South Africa: An Overview," *Soc. Sci. Med.*, vol. 55, no. 7, pp. 1231–1244, 2002.
- [40] L. Vetten, R. Jewkes, R. Sigsworth, N. Christofides, L. Loots, and O. Dunseith, "Tracking Justice : The Attrition of Rape Cases through the Criminal Justice System in Gauteng," Tshwanaragang Legal Advocacy Centre to End Violence Against Women, Medical Research Council & Centre for the Study of Violence and Reconciliation, 2008.
- [41] L. Leoschut, "Running Nowhere Fast: Results of the 2008 National Youth Lifestyle Study," Centre for Justice and Crime Prevention, Cape Town, South Africa, 2009.
- [42] N. Andersson, S. Paredes-Solis, D. Milne, K. Omer, N. Marokoane, D. Laetsang, and A. Cockcroft, "Prevalence and Risk Factors for Forced or Coerced Sex Among School-Going Youth: National Cross-Sectional Studies in 10 Southern African Countries in 2003 and 2007.," *BMJ Open*, vol. 2, no. 2, 2012.
- [43] Canadian Academy of Child and Adolescent Psychiatry, "Corporal Punishment." [Online]. Available: <http://www.cacap-acpea.org/uploads/documents/67/CorporalPunishment.pdf>. [Accessed: 27-Jan-2016].
- [44] A. Dawes, Z. De Sas Kropiwnicki, Z. Kafaar, and L. Richter, "Corporal Punishment," *Artic.* 19, vol. 1, no. 2, pp. 1–3, 2005.
- [45] S. Mathews and P. Benvenuti, "Violence Against Children in South Africa: Developing a Prevention Agenda," in Mathews, S, Jamieson L Lake, L & Smith, S., *South African Child Gauge 2014*, Cape Town, South Africa: University of Cape Town Children's Institute, 2014, pp. 26–34.
- [46] R. Morrell, R. Jewkes, and G. Lindegger, "Hegemonic Masculinity/Masculinities in South Africa: Culture, Power, and Gender Politics," *Men Masculinities*, vol. 15, no. 1, pp. 11–30, Mar. 2012.
- [47] J. L. Crouch, J. J. Skowronski, J. S. Milner, and B. Harris, "Parental Responses to Infant Crying: The Influence of Child Physical Abuse Risk and Hostile Priming," *Child Abuse Negl. Child Abuse Negl.*, vol. 32, no. 7, pp. 702–710, 2008.
- [48] A. Kleijn, "The Demographic Profile and Psychosocial History of a Group of Convicted Perpetrators of the Rape of Children under the Age of Three Years," PhD Thesis, University of the Witwatersrand, 2010.
- [49] L. Richter and A. Dawes, "Child Abuse in South Africa: Rights and Wrongs," *Child Abuse Rev.*, vol. 17, no. 2, pp. 79–93, 2008.

- [50] R. Jewkes, L. Martin, and L. Penn-Kekana, "The Virgin Cleansing Myth: Cases of Child Rape are Not Exotic," *Lancet Lond. Engl.*, vol. 359, no. 9307, 2002.
- [51] R. Jewkes, Y. Sikweyiya, R. Morrell, and K. Dunkle, "Gender Inequitable Masculinity and Sexual Entitlement in Rape Perpetration in South Africa: Findings of a Cross-Sectional Study," *PloS One*, vol. 6, no. 12, p. e29590, 2011.
- [52] K. Wood, H. Lambert, and R. Jewkes, "'Injuries are Beyond Love': Young South Africans' Understandings of Limit and Legitimacy in Relation to Physical Violence in their Sexual Relationships," *Med. Anthropol. Cross-Cult. Stud. Health Illn.*, vol. 27, no. 1, pp. 43–69, 2008.
- [53] H. L. MacMillan and C. N. Wathen, "Research Brief: Interventions to Prevent Child Maltreatment," *PreVAil: Preventing Violence Across the Lifespan Research Network*, London, 2014.
- [54] "Cape Area Panel Study (CAPS)."
- [55] N. Andersson, A. Ho-Foster, J. Matthis, N. Marokoane, V. Mashiane, S. Mhatre, S. Mitchell, T. Mokoena, L. Monasta, N. Ngxowa, M.P. Salcedo, and h. Sonnekus, "National Cross Sectional Study of Views on Sexual Violence and Risk of HIV Infection and AIDS among South African School Pupils," *BMJ*, vol. 329, no. 7472, 2004.
- [56] P. S. Corso and A. R. Fertig, "The Economic Impact of Child Maltreatment in the United States: Are the Estimates Credible?," *CHIABU Child Abuse Negl.*, vol. 34, no. 5, pp. 296–304, 2010.
- [57] J. Van Niekerk, "The Prevention of Violence Against Children: Creating a Common Understanding," in Mathews, S, Jamieson, L, Lake, L & Smith, S, *South African Child Gauge 2014*, Cape Town: University of Cape Town Children's Institute, 2014, pp. 35–42.
- [58] D. Finkelhor, "The Prevention of Childhood Sexual Abuse," *Future Child.*, vol. 19, no. 2, pp. 169–194, 2009.
- [59] M. Tomlinson, A. Dawes, and A. J. Flisher, "Preventing the Development of Youth Violence in the Early Years - Implications for South African Practice," in Ward C, Van der Merwe A, & Dawes A (Eds.), *Youth Violence: Sources and Solutions in South Africa*, Cape Town: UCT Press, 2012, pp. 141–174.
- [60] C. M. Sullivan and D. I. Bybee, "Reducing Violence Using Community-Based Advocacy for Women with Abusive Partners," *J. Consult. Clin. Psychol.*, vol. 67, no. 1, 1999.
- [61] D. Bybee and C. M. Sullivan, "Predicting Re-Victimization of Battered Women 3 Years After Exiting a Shelter Program," *AJCP Am. J. Community Psychol.*, vol. 36, no. 1–2, pp. 85–96, 2005.
- [62] J. Langhinrichsen-Rohling and L. A. Turner, "The Efficacy of an Intimate Partner Violence Prevention Program with High-Risk Adolescent Girls: A Preliminary Test," *Prev Sci Prev. Sci.*, vol. 13, no. 4, pp. 384–394, 2012.
- [63] L. Jamieson, L. Wakefield, and M. Briede, "Toward Effective Child Protection: Ensuring Adequate Financial and Human Resources," in Mathews S, Jamieson L, Lake L & Smith S, *South African Child Gauge 2014*, Cape Town: University of Cape Town Children's Institute, 2014, pp. 51–57.
- [64] E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, and R. Lozano, "World Report on Violence and Health," World Health Organization, Geneva, Switzerland, 2002.
- [65] C. L. Ward, E. Martin, C. Theron, and G. B. Distiller, "Factors Affecting Resilience in Children Exposed to Violence," *South Afr. J. Psychol.*, vol. 37, no. 1, pp. 165–187, 2007.

- [66] S. L. Wood and M. S. Sommers, "Consequences of Intimate Partner Violence on Child Witnesses: A Systematic Review of the Literature," *JCAP J. Child Adolesc. Psychiatr. Nurs.*, vol. 24, no. 4, pp. 223–236, 2011.
- [67] A. Van der Merwe and A. Dawes, "Prosocial and Antisocial Tendencies in Children Exposed to Community Violence," *South. Afr. J. Child Adolesc. Ment. Health*, vol. 12, no. 1, pp. 19–37, 2000.
- [68] J. Richters and P. Martinez, "The NIMH Community Violence Project: Children as Victims and Witnesses to Violence," in In Reiss D, Richters J, Radke-Yarrow M & Scharf D. (Eds). *Children and Violence*, New York: The Guilford Press, 1994.
- [69] Centers for Disease Control and Prevention, "Understanding School Violence: Fact Sheet." 2015.
- [70] D. P. Farrington and M. M. Ttofi, "School-Based Programs to Reduce Bullying and Victimization," *Campbell Syst. Rev.*, vol. 5, no. 6, 2009.
- [71] Centre for Justice and Crime Prevention and UNICEF, "Connected Dot Com - Young People's Navigation of Online Risks – Social Media, ICTs and Online Safety," 2013.
- [72] P. Burton and L. Leoschut, "School Violence in South Africa: Results of the 2012 National School Violence Study," Centre for Justice and Crime Prevention, Cape Town, South Africa, 2013.
- [73] Institute of Health Metrics and Evaluation, "Global Burden of Disease study 2010. Compare. 2013."
- [74] J. Stadler, "Screen Media Violence and the Socialisation of Young Viewers," in In C. Ward, A. van der Merwe, & A. Dawes (Eds.), *Youth Violence: Sources and Solutions in South Africa*, Cape Town: UCT Press, 2012, pp. 321–347.
- [75] L. R. Huesmann, J. Moise-Titus, C. L. Podolski, and L. D. Eron, "Longitudinal Relations Between Children's Exposure to TV Violence and their Aggressive and Violent Behavior in Young Adulthood: 1997-1992," *Dev. Psychol.*, vol. 39, no. 2, pp. 201–221, 2003.
- [76] K.A. Dodge, "Translational Science in Action: Hostile Attributional Style and the Development of Aggressive Behavior Problems.," *Dev. Psychopathol.*, vol. 18, no. 3, pp. 791–814, 2006.
- [77] A. Van Der Merwe, A. Dawes, and C. L. Ward, "The Development of Youth Violence: An Ecological Understanding," in *Youth Violence: Sources and Solutions in South Africa*, Cape Town, South Africa: UCT Press, 2012.
- [78] N. Shields, K. Nadasen, and L. Pierce, "The Effects of Community Violence on Children in Cape Town, South Africa," *Child Abuse Negl.*, vol. 32, no. 5, pp. 589–601, May 2008.
- [79] M. Shaw, "Addressing youth violence in cities and neighbourhoods," in C Ward, A van der Merwe, & A Dawes (Eds.), *Youth Violence Sources and Solutions in South Africa*, Cape Town: UCT Press, 2012, pp. 373–399.
- [80] Western Cape Government, "Violence Prevention through Urban Upgrading Project," City of Cape Town, 2014. .
- [81] B. Holtmann, "Local Safety Toolkit: Enabling Safe Communities of Opportunity," presented at the CSIR Science Real and Relevant Conference 2010, 2010.
- [82] C. L. Ward, "It Feels like it's the End of the World': Cape Town's Young People Talk about Gangs and Community Violence," Human Sciences Research Council, Cape Town, Report to the Institute for Security Studies on the Child Participation Study in support of the COAV Cities Project, 2006.

- [83] A. Gevers and A. J. Flisher, "School-Based Violence Prevention Interventions," in C. Ward, A. van der Merwe, & A. Dawes (Eds.), *Youth Violence: Sources and Solutions in South Africa*, Cape Town, South Africa: UCT Press, pp. 175–212.
- [84] D. A. O'Donnell, M. E. Schwab–Stone, and A. Z. Mueeed, "Multidimensional Resilience in Urban Children Exposed to Community Violence," *Child Dev.*, vol. 73, no. 4, pp. 1265–1282, 2002.
- [85] P. Burton, "Dealing with School Violence in South Africa," Centre for Justice and Crime Prevention, Cape Town, Issue Paper 4, 2008.
- [86] R. A. Griggs, "Preventing Crime and Violence in South African Schools. A Review of Learning and Good Practice from Eight Interventions.," Criminal Justice Initiative, Open Society Foundation for South Africa Open Society, 2002.
- [87] Department of Basic Education, "Programmes: Safety in Education." [Online]. Available: <http://www.education.gov.za/Programmes/SafetyinEducation/tabid/1048/Default.aspx>.
- [88] J. Meyer, "Perspectives on Sexual Violence Prevention." 22-Nov-2000.
- [89] World Health Organization and Liverpool and JMU: Centre for Public Health, "Violence Prevention: The Evidence," World Health Organization, Geneva, Switzerland, 2010.
- [90] World Health Organization and London School of Hygiene and Tropical Medicine, "Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence," World Health Organization, Geneva, Switzerland, 2010.
- [91] The United Nations Division for the Advancement of Women (UNDAW), "Good Practices in Combating and Eliminating Violence Against Women," presented at the Expert Group Meeting, Vienna, Austria, 2005.
- [92] S. Bott, A. Morrison, and M. Ellsberg, "Preventing and Responding to Gender-Based Violence in Middle and Low-Income Countries: A Global Review and Analysis," World Bank, 3618, Jun. 2005.
- [93] European Parliament Policy Department, *Overview of the Worldwide Best Practices for Rape Prevention and for Assisting Women Victims of Rape*. Geneva, Switzerland: Directorate General for Internal Policies, 2013.
- [94] Gender Links, "South Africa Violence Prevention Model and Action Plan," The National Prosecution Authority and UNICEF, South Africa, 2008.
- [95] HSRC, "Let's Talk about Sex: Giving Children Knowledge is Giving Them Power; The Power to Make Better Decisions about Sex," HSRC, 2011. [Online]. Available: <http://www.hsrc.ac.za/en/review/November-2011/talk-about-sex#sthash.i5iam2Fx.dpuf>. [Accessed: 03-Mar-2015].
- [96] LoveLife, "The 2001 National Survey of South African Youth," LoveLife, Johannesburg, South Africa, 2002.
- [97] M. Taylor, S. B. Dlamini, H. Kagoro, C. C. Jinabhai, and H. De Vries, "Understanding High School Students' Risk Behaviors to Help Reduce the HIV/AIDS Epidemic in Kwazulu-Natal, South Africa," *J. Sch. Health*, vol. 73, pp. 97–100, 2003.
- [98] C. Campbell and C. MacPhail, "Peer Education, Gender and the Development of Critical Consciousness: Participatory HIV Prevention by South African Youth," *Soc. Sci. Med.*, vol. 55, no. 2, pp. 331–345, 2002.

- [99] United Nations Educational, Scientific and Cultural Organization (UNESCO), "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators," UNESCO, 2009.
- [100] M. Baldo, "Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?," presented at the World Health Organization Ninth International Conference on AIDS, Berlin, Germany, 06-Jun-1993.
- [101] Human Rights Watch, "Scared at School: Sexual Violence Against Girls in South African Schools," Human Rights Watch, New York, 2001.
- [102] Department of Social Development, "National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014-2019," South Africa, Feb. 2015.
- [103] H. Bhorat, M. Oosthuizen, and C. Van Der Westhuizen, "Estimating a Poverty Line: An Application to Free Basic Municipal Services in South Africa," Development Policy Research Unit, University of Cape Town, Cape Town, South Africa, Working Paper 11142, 2011.
- [104] Statistics South Africa, "Gender statistics in South Africa 2011," Statistics South Africa, 03-10-052011, 2013.
- [105] South African Law Commission, "South African Law Commission Research Paper on Domestic Violence," South African Law Commission, Apr. 1999.
- [106] J. Gupta, K. L. Falb, H. Lehmann, D. Kpebo, Z. Xuan, M. Hossain, C. Zimmerman, C. Watts, and J. Annan, "Gender Norms and Economic Empowerment Intervention to Reduce Intimate Partner Violence Against Women in Rural Côte d'Ivoire: A Randomized Controlled Pilot Study," *BMC Int. Health Hum. Rights*, vol. 13, no. 46, 2013.
- [107] H. Combrinck, "Access to Housing for Women who are Victims of Gender-Based Violence," *ESR Rev.*, vol. 10, no. 2, pp. 1–6, 2009.
- [108] H. Combrinck, "Living in Security, Peace and Dignity: The Right to Have Access to Housing for Women who are Victims of Domestic Violence," Socio-Economic Rights Project, Community Law Centre, University of the Western Cape, Cape Town, South Africa, 2009.
- [109] L. Vetten, "Policy brief 72: Rape and Other Forms of Sexual Violence in South Africa," Institute for Security Studies, Pretoria, South Africa, 2014.
- [110] C. Ricardo, M. Eads, and G. Barker, "Engaging Boys and Men in the Prevention of Sexual Violence: A Systematic and Global Review of Evaluated Interventions," Sexual Violence Research Initiative and Promundo, Pretoria, South Africa.
- [111] The Global Coalition on Women and AIDS, "Issue Brief: Stopping Violence against Women and Girls for Effective HIV Responses," The Global Coalition on Women and AIDS, Geneva, 2011.
- [112] M. Flood, "Changing Men: Best Practice in Violence Prevention Work with Men," presented at the Home Truths Conference: Stop Sexual Assault and Domestic Violence: A National Challenge, Melbourne, 15-Sep-2004.
- [113] Sonke Gender Justice, "One Man Can," Sonke Gender Justice, South Africa, 2015.
- [114] T. Shand, M. Herstad, P. Pawlak, T. Paine, J. Nkurunziza, N. Khanyile, and S. Tall, "Good Practice Brief on Male Involvement in GBV Prevention and Response in Conflict, Post-Conflict and Humanitarian Crisis Settings in Sub-Saharan Africa," Sonke Gender Justice Network, Cape Town, South Africa, 2013.

- [115] S. Bollen, L. Artz, L. Vetten, and A. Louw, "Experience with Service Providers in Violence Against Women in Metropolitan South Africa: A Study on Impact and Service Delivery," Institute for Security Studies, Monograph 41, Sep. 1999.
- [116] R. Jewkes, L. Penn-Kekana, J. Levin, M. Ratsaka, and M. Schrieber, "'He Must Give Me Money, He Mustn't Beat Me': Violence Against Women in Three South African Provinces," Pretoria, Aug. 1999.
- [117] K. Doolan, "The Missing Piece in the Puzzle. The Health Sector's Role in Implementing the DVA in SA," *Crime Q.*, vol. 12, pp. 9–12, 2005.
- [118] A. Boyle, S. Robinson, and P. Atkinson, "Domestic Violence in Emergency Medicine Patients," *Emerg. Med. J.*, vol. 21, pp. 9–13, 2004.
- [119] K. Joyner, "Health Care for Intimate Partner Violence: Current Standard of Care and Development of Protocol Management," PhD Thesis, University of Stellenbosch, 2009.
- [120] S. Mathews and N. Abrahams, "Combining stories and numbers: An Analysis of the Impact of the Domestic Violence Act (No. 116 of 1998) on Women," The Gender Advocacy Programme, The Medical Research Council Gender, Health Research Group, Tygerberg, 2001.
- [121] Office of Sexual Assault Prevention & Response, "What is Bystander Intervention?," Harvard University, Mar. 2015.
- [122] V. Banyard, "Measurement and Correlates of Prosocial Bystander Behaviour: The Case of Interpersonal Violence," *Violence Vict.*, vol. 23, pp. 83–97, 2008.
- [123] J. Watson, "The Cost of Justice in South Africa – Tracking Expenditure on Gender Based Violence in the Department of Justice and Constitutional Development," Research Unit, Parliament of the Republic of South Africa, 2014.
- [124] Gender, Health and Justice Research Unit (GHJRU), "An Evaluation of the Victim Empowerment Programme," Western Cape Department of Social Development, 2014.
- [125] Independent Police Investigative Directorate, "Lodging a Complaint," IPID, 2015.
- [126] P. Naicker and R. Nair, "To Be a Refugee in South Africa," *Track Two*, vol. 9, no. 3, Nov. 2000.
- [127] H. Combrinck and T. Meer, "Violence Against Women with Intellectual and Psychosocial Disabilities," Center for Disability, Law and Policy & The Gender, Health and Justice Research Unit, Cape Town, South Africa, 2014.
- [128] M. Winery, "Stepping Up to Stop Sexual Assault," *The New York Times*, 07-Feb-2014.
- [129] Cape Mental Health Society (CMHS), "Sexual Abuse Victim Empowerment (SAVE) Programme," CMHS, 2015.
- [130] K. Dey, J. Thorpe, A. Tilley, and J. Williams, "The Road to Justice: Victim Empowerment Legislation in South Africa: Road Map Report," Rape Crisis Cape Town Trust, Open Democracy Advice Centre, Women's Legal Centre, Cape Town, Aug. 2011.
- [131] S. M. Hyman, S. N. Gold, and M. A. Cott, "Forms of Social Support that Moderate PTSD in Childhood Sexual Abuse Survivors," *J. Fam. Violence*, vol. 18 (5), pp. 295–300, 2003.
- [132] R. Maniglio, "Severe Mental Illness and Criminal Victimization: A Systematic Review," *Acta Psychiatrica Scandinavica*, vol. 119, no. 3, pp. 180–191, 2009.

- [133] Gender Health & Justice Research Unit, RAPCAN, "Monitoring the Implementation of the Sexual Offences Act," University of the Western Cape, May 2010.
- [134] R. Jewkes, N. Abrahams, S. Mathews, M. Seedat, A. Van Niekerk, S. Suffla, and K. Ratele, "Preventing Rape and Violence in South Africa: Call for Leadership in a New Agenda for Action," MRC Gender and Health Research Unit and MRC Crime Violence & Injury Lead Programme, Pretoria, South Africa, MRC Policy Brief, Nov. 2009.

