

Violence against children in South Africa: Developing a prevention agenda

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Violence against children is widespread, affecting the health, social and psychological well-being of large numbers of children in South Africa.¹ This impacts on children's ability to realise their full potential throughout their life course. It has far-reaching intergenerational consequences, with substantial economic and social costs, emphasising the need for prevention.

Violence violates children's rights to be protected from maltreatment, neglect, abuse or degradation as enshrined in the Constitution, the African Charter on the Rights and Welfare of the Child, and the United Nations Convention on the Rights of the Child (UNCRC).² These rights place a duty on the state to take proactive steps to prevent violence against children, and to prevent further harm when a child has experienced violence. Unfortunately, South Africa lacks both national empirical data on the exact magnitude of the problem, and a limited research base on the causes and effects of violence against children in the local context. The limited evidence restricts an understanding of the problem, the effective design and targeting of services, as well as an ability to use evidence-based strategies for prevention.

This essay reviews the latest research to address the following critical questions:

- How is violence against children best defined?
- What is known about the extent of violence against children in South Africa?
- What are the patterns of violence against children across the life course?
- What are the immediate and long-term effects of violence against children?
- What are the risk and protective factors?
- What are the recommendations?

It is not possible to write about violence against children without reflecting on South Africa's high levels of violence and crime. The underlying causes of violence are complex. It is thought to be rooted in the colonial past and the legacy of apartheid that normalised and created widespread social acceptance of violence.³ Widespread poverty, inequality and high levels of unemployment combined with a weak culture of law enforcement, rapid urbanisation, inadequate housing and poor education outcomes all contribute to social dynamics that fuel violence.⁴

In addition, apartheid has had a profound effect on family life. The migrant labour system created an environment where large numbers of fathers were largely absent in the lives of their children.⁵ Racial oppression and the grossly unequal power and economic opportunities accentuated gendered inequalities.⁶

Gender norms dictate child-rearing practices, which are widely perceived a women's domain.⁷ Men are predominantly viewed as providers and report being excluded from the lives of their children if they are unable to meet this expectation.⁸ Single-parent families are widespread and the associated stresses may result in harsh and inconsistent parenting practices.⁹

The medical, social welfare, criminal justice and lost productivity costs of violence against children have not been estimated for South Africa. Research from developed settings suggests that responding to violence costs governments billions of dollars yearly; yet it does not take into account the lifetime economic costs of lost productivity and negative human capital costs.¹⁰ The burden from violence is substantial; thus investing in prevention is imperative to break this vicious intergenerational cycle (see the next essay).

How is violence against children best defined?

Violence against children is a multi-faceted and complex problem. This has resulted in multiple definitions which make it particularly challenging to monitor the incidence of violence, analyse trends and guide actions for prevention and response. The *World Report on Violence and Health*¹¹ defines violence "as the intentional use of physical force or power, threatened or actual, that results or is likely to result in injury, death, psychological harm, mal-development or deprivation". The UNCRC recognises the complexities of violence against children, and defines violence against children as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse".¹² The World Health Organisation extends this definition to include "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity".¹³

The above definitions outline the core components of violence against children and highlight how violence extends beyond physical injuries to include emotional and psychological dimensions, and can occur across a range of settings and relationships. Violence against children can spread from the home to the community and vice versa. For the child this experience is multi-layered and inter-related. For example: a child witnesses his mother being abused by her partner. He is also exposed to harsh parenting, with corporal punishment used as a means of discipline. He seeks affirmation outside the home and gets lured into petty crime by the local gang, and drops out of school (see case 1).

The Children's Act¹⁴ provides definitions for abuse, exploitation and neglect and outlines specific measures for their prevention, early detection and response. Section 1 of the Act defines abuse as bullying, exploitation, physical, sexual, emotional or psychological harm. Section 1 also defines neglect as "a failure in the exercise of parental responsibilities to provide for the basic physical, intellectual, emotional or social needs" of the child.

The Act describes sexual abuse as sexual molestation, using a child for sexual gratification, deliberately exposing a child to sexual activity or pornography, or the commercial sexual exploitation of a child.¹⁵ However there are inconsistencies between the Children's Act and the Sexual Offences Act (SOA)¹⁶ with respect to age and the definition of rape and sexual assault. The Children's Act defines a child as anyone under the age of 18, therefore sexual activity between consenting 16- and 17-year-olds would constitute sexual abuse, as the Act does not define consensual sexual activity between children. In addition, the definition in the Children's Act does not cover rape, while the SOA also defines sexual assault.

The lack of common or shared definitions hinders intersectoral collaboration and the provision of services. Teenagers often get blamed by services for being raped because perpetrators are most likely known to them and for getting lured into situations where they are unable to protect themselves.¹⁷

Another key component of violence against children is child maltreatment. This term is widely used in international literature and is often used interchangeably with child abuse. The term refers to situations where the parent or caregiver either commits an act of violence or fails to provide care, resulting in harm, potential harm or threat of harm to the child.¹⁸

Maltreatment encompasses physical abuse, sexual abuse, psychological or emotional abuse, neglect and exploitation.¹⁹ The term "child maltreatment" is used in section 28(1)(c) of the Constitution but is not defined in the Children's Act. In this issue of the *South African Child Gauge* we use the term "child abuse" for consistency, while we use "violence against children" as an umbrella term for a range of physical, emotional and sexual abuse, neglect and negligent treatment, as well as the exploitation of children across a range of settings.

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

South Africa lacks systematic research on the extent and range of violence experienced by children. A national study on violence against children is currently in the field and this research will provide the first national prevalence estimates by 2015.¹ However, population-based prevalence studies have shown that the most common forms of violence against children reported in South Africa are physical and sexual violence in the home and community.²⁰ Dedicated school-based and youth victimisation surveys provide important insights but are generally weak at measuring experiences of a sensitive nature and tend to under-report sexual violence and physical violence in the home or in intimate relationships.²¹

Crime statistics also indicate the extent of violence against children in South Africa. But a limitation is the lack of routinely disaggregated data by age, and that some categories such as neglect and ill treatment have not been reported since 2009/2010. Furthermore, although certain categories such as homicide and sexual assault are routinely reported, sexual assault was not disaggregated for children in 2012/2013. These figures are likely to underestimate the scale of the problem because under-reporting is widespread. Despite these limitations, crime statistics are a useful surveillance tool to monitor violence against children; therefore efforts to provide a child-centred analysis need to be strengthened. The National Child Protection Register, maintained by the Department of Social Development, also has the potential to fulfil an important surveillance function, but needs to be well maintained and routinely analysed.

Sexual violence

The 2011/2012 crime statistics report nearly 26,000 child victims, which account for 40% of all sexual offences.²² These figures are likely to be an underestimate, as only one in nine cases of sexual assault is reported to the police.²³ A community-based survey in the Eastern Cape, which questioned young adults about their experience of sexual violence before the age of 18, found that 38% of women and 17% of young men reported sexual abuse.²⁴ These rates are similar to those reported by a national Tanzanian study²⁵ (which found 30% of girls and 13.4% of boys reported sexual abuse), and by a Zimbabwean national study²⁶ (which found 33% of the girls, and 9% of boys, reported sexual violence before 18 years). Rape homicide, the most extreme form and consequence

Case 1: Adverse family environments in the shaping of violent behaviour

Themba (not his real name) was raised by his father after his parents separated when he was 18-months old. The family lived in a peri-urban town in the Western Cape, where his father was a community leader. His mother, although living in the same community, did not have regular contact with him during his early years. He was raised by his older siblings from his father's first marriage. His father, being a very traditional man, was a harsh disciplinarian and Themba reported regular beatings.

When Themba started high school, his father felt he was mixing with the wrong friends, so he was sent to live with an older sibling who regularly gave him beatings. Soon after his move his father died and Themba returned to live with his mother. He continued to get involved in fights at school and started to get drawn into petty crime and gangs. At the age of 17 he was convicted for killing a peer in an argument and was sentenced to a secure care facility, where he twice attempted suicide.

¹ A national prevalence study on child and adolescent safety in South Africa is being conducted by the Centre for Justice and Crime Prevention and the University of Cape Town's Department of Psychology and its Gender, Health and Justice Research Unit.

of sexual violence, is a relatively rare event in other countries, but was linked to 102 child murders in South Africa in 2009, and almost exclusively affects girls.²⁷

Physical abuse, corporal punishment and neglect

No national data exist for physical abuse, but high levels of physical abuse and physical punishment have been reported in a population-based study in the Eastern Cape.²⁸ Similarly, a community-based study in Mpumalanga and the Western Cape found that over half of children (55%) report lifetime physical abuse by caregivers, teachers or relatives with no significant difference between boys and girls.²⁹ These rates are similar to reported rates from regional national studies of violence against children. Zimbabwe reported rates of physical violence of 48% for women and 61% for men.³⁰ Higher rates of physical violence were reported in Tanzania, for both girls (72%) and boys (71%).³¹

Although corporal and humiliating punishment is prohibited in public spheres, including schools, it has yet to be banned in the home. Physical punishment in the home is widespread: 58% of parents report smacking their children at some point and 33% report using a belt or object.³² This was confirmed in an Eastern Cape study where more than a quarter of youth reported physical punishment as children that resulted in injury, and recalled daily or weekly punishment with objects such as a belt, stick or a whip.³³ Corporal punishment, although contested, continues to be widely accepted as a form of discipline. This is confirmed by the persistence of corporal punishment in schools. Fifty percent of school children still report experiencing physical punishment at school, despite this being prohibited for nearly two decades.³⁴ Most of these cases go unreported and schools fail to enforce the ban on corporal punishment adequately, and to take steps against educators who violate the ban.³⁵ (See the essay on pp. 58 – 64 for more on corporal punishment.)

Very little is known about the impact of violence on children with disabilities in South Africa, although studies from high-income settings have identified this group of children as being at an increased risk. A small-scale study in Gauteng confirmed an increased prevalence of sexual abuse and neglect among children with disabilities, but this requires further investigation.³⁶

Violence also kills and is the leading cause of mortality and injury for male teenagers.³⁷ In 2009, 1,018 children were murdered and 45% of these murders occurred in the context of child abuse.³⁸ Children under the age of five are more likely to be killed in the context of child abuse and the perpetrator is usually someone close to the child, in particular the caregiver. Conversely, most murders amongst male teenagers occur in the context of interpersonal, male-on-male violence outside the home.

Fifteen percent of children report being neglected by drunken parents, which supports the notion that children's exposure to emotional violence and neglect is commonplace in South Africa.³⁹ Other studies reveal that between 35 – 45% of children have witnessed violence against their mothers,⁴⁰ which is associated with negative mental health effects for children.

Very little is known about emotional abuse within the South African context. A two-province study reported 35.5% of children experience emotional abuse, most commonly by caregivers⁴¹ – this finding was similar to a regional study⁴² on violence against children. The South African study also highlights multiple forms of violence experienced by children, and their overlap. For example: an 60-year-old man incarcerated for killing an intimate partner describes a sadistic beating by his father who had caught him smoking, and the impact on his self-esteem:

I saw him with the strap, I realised there is major trouble. I do not remember him saying anything.... He took me by the one arm, he beat me with his left hand, that's right, he was left handed. He beat me over my neck over my back until I was lying on the floor and his words to me was "I will beat you to death you're too bad to be alive". This had a huge impact on me, after this in a way I developed an inferiority complex.⁴³

Service organisations report seeing large numbers of cases of emotional abuse,⁴⁴ but this form of violence is rarely captured in official statistics, despite its profound long-term effects.

Cultural and traditional practices

Tradition has been defined as the customs, beliefs and values of a community which govern and influence members' behaviour.⁴⁵ While many cultural practices can be beneficial, some can undermine the dignity of mainly women and girls.⁴⁶ In South Africa these practices include virginity testing, forced marriage (*ukuthwala*) and male circumcision. No data exist on the prevalence of these practices, and the psycho-social impact on victims and those closest to them are unexplored. Although the Children's Act prohibits virginity testing and forced early marriage, these practices continue. For females, practices such as virginity testing and *ukuthwala* may further silence and subordinate girls in an attempt to control their sexuality. Male circumcision as a rite of passage for young men can lead to negative consequences due to the limited control by government over circumcision practices and with large numbers of boys dying every year.⁴⁷

What are the patterns of violence against children across the life course?

Different forms of violence are more prevalent at different stages of a child's life, and it is important to understand how violence impacts on children's psycho-social functioning at different developmental stages and across the life course.⁴⁸ This life-course perspective also highlights how early experiences of violence may increase the risk of children becoming victims or perpetrators later in life, and how the cumulative effect of violence has negative outcomes for the child in later life (see figure 1).

Infanticide, abandonment, neglect and physical abuse are the most common forms of violence affecting young children aged 0 – 4-years-old.⁴⁹ Much of this violence remains hidden within the home, as young children lack the capacity to report and are solely dependent on their caregivers to provide nurturing and care.⁵⁰

As children become more independent and start venturing beyond the family home to attend school or pre-school, corporal punishment in schools, sexual violence and bullying become common experiences. It is important to note that physical, psychological and sexual violence, including sexual harassment, occur across different settings – including the home, school and in the community. School-age children (5 – 12-years-old) are therefore at greater risk of sexual violence although it is not limited to this age group (see the essay on pp. 65 – 72). Sexual violence affects both girls and boys, but it is more prevalent amongst girl children.⁵¹

The pattern shifts as children get older, with teenage boys (15 and older) more likely to be victims of homicide and violence in community settings, particularly due to the common use of weapons and violent masculinities.⁵² Conversely, teenage girls experience early forms of intimate partner violence in dating relationships. Large numbers of South Africa’s girls report that their first sexual experience was forced or coerced, yet many girls and boys do not consider this as sexual violence as they view it as a norm in intimate relationships.⁵³ More on adolescents in the essay on pp. 73 – 79.

Social acceptance or tolerance of various forms of violence (such as intimate partner violence and corporal punishment) is a major factor in the continued perpetuation of violence. These social norms are carried forward from one generation to the next as men are viewed to have authority over women and children in the family and the community. The patriarchal (male-centred) South African society legitimises violence against women and children as a means of maintaining men in a position of power and control. In addition, widespread violence in communities desensitises children and normalises the use of violence.⁵⁴

What are the immediate and long-term effects of violence against children?

Violence against children has major psycho-social and health consequences. The impact of violence goes beyond the physical injuries and visible scars, and evidence has shown lasting emotional and social consequences. Abuse and neglect in early childhood affect brain development and impact on cognitive and psycho-social adjustment, resulting in an increased risk of violent and anti-social behaviour.⁵⁵

Exposure to childhood violence, including witnessing violence in the home, is consistently found to be associated with aggressive behaviour later in life, particularly rape and intimate partner violence.⁵⁶ Attachment theory highlights how poor parenting in early childhood impacts negatively on children’s ability to control their emotions and interpret the emotions of others. This has important implications for later interpersonal relationships and personality development.⁵⁷ In contrast, secure attachment and social support can enhance children’s resilience and ability to cope with adverse traumatic experiences.⁵⁸

Psychological consequences such as depression, anxiety disorders, substance abuse, suicide as well as unwanted pregnancy and HIV are more common for girls who experienced physical and sexual abuse.⁵⁹ Boys’ exposure to adverse childhood experiences such as neglect, physical and sexual abuse, and harsh parenting is an important factor in shaping violent behaviour,⁶⁰ including risk-taking such as truanting, gang involvement and crime later in childhood.⁶¹

Violence is intergenerational, as children who were exposed to violence in their early years are at increased risk of revictimisation

Figure 1: Forms of violence through the life course of a child



Case 2: The intergenerational cycle of abuse

Candice (not her real name) is a 16-year-old who disclosed rape by a 30-year-old male friend after months of feeling it was her fault. Prior to this disclosure, she lost interest in school, started using drugs and changed her circle of friends. She also suffered from stomach and headaches, was depressed and had suicidal thoughts.

Her mother noticed changes in her behaviour but was going through a difficult divorce after a very violent marriage and thought the changes in her daughter's behaviour were due to the divorce. Candice eventually told an aunt when the burden became unbearable. After Candice started to receive counselling, her mother disclosed her own experience of rape as a teenager to her daughter's counsellor. Candice's mother started reliving her own experiences of abuse as a teenager, leading to a severe depression and an inability to respond to her daughter's emotional needs. Candice stopped counselling after a few sessions as she felt it was not helping her "forget", and dropped out of school soon thereafter.

or perpetration as they get older (see case 2). Girls in particular are at risk of sexual assault and intimate partner violence; and these forms of violence also impact on their emotional availability as parents.⁶² Research has shown that boys who experience violence are at increased risk of perpetrating rape and intimate partner violence, and of engaging in risky behaviour within the community context.⁶³

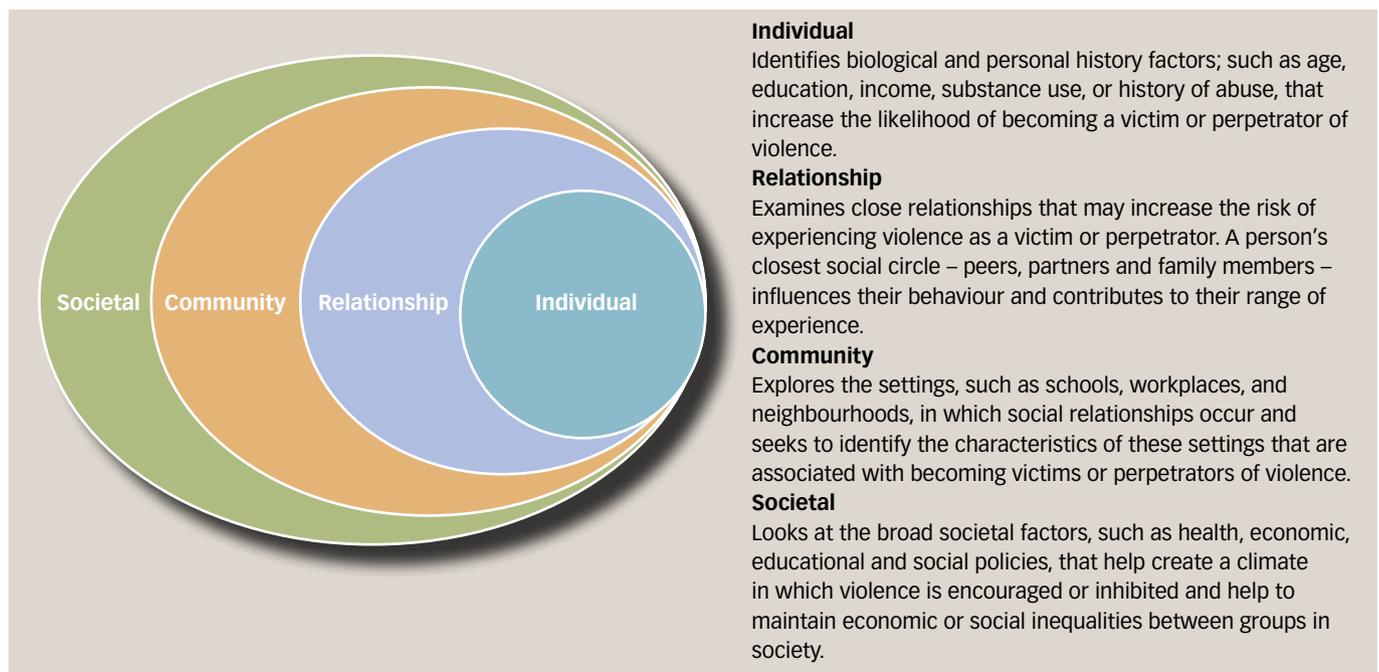
What are the risk and protective factors?

It is clear that violence is complex, and no single factor can explain why some children experience violence, but it can best be understood as the complex interaction of a number of factors. Bronfenbrenner's ecological systems theory⁶⁴ allows a better understanding of the dynamic interplay between the child and the social context such as how the family, school and community influence the child's development and long-term outcomes.

Drawing on this theory, the Centres for Disease Control in the United States of America and the World Health Organisation have proposed a social-ecological model (see figure 2) to understand violence and violence prevention.⁶⁵ It provides a useful framework for understanding how violence against children is shaped by a complex interplay of risk factors at different levels or settings of this nested and interconnected system.⁶⁶ This model identifies risk and protective factors at four levels, starting with individual characteristics and behaviours, and moving outwards to consider the impact of close relationships, the community, and wider society.

The different levels or settings in the social-ecological model highlight how the occurrence and co-occurrence of violence across different settings, from individual to societal influence children's experience of violence and long-term outcomes. The goal of this model is to stop violence before it occurs. It therefore requires an understanding of the risk and protective factors that lead to a child's vulnerability or protection from violence, and a consideration for the complex interplay between the various levels in the model. It provides an intriguing web of causes and creates a rich context for prevention strategies that should include a continuum of activities that address multiple levels of the model over time (for a more detailed discussion, see the next essay on pp. 35 – 42).

Figure 2: The social-ecological model



Source: Centres for Disease Control and Prevention (no date) *The Social-Ecological Model: A Framework for Violence Prevention*. Atlanta, GA: CDC.

Prevention efforts should therefore be developmentally appropriate, conducted across the lifespan, and multidimensional. The approach taken in this book is to use the lens of a child's life course to highlight the most common forms of violence that children experience within these different developmental phases, and how best violence can be prevented within each phase.

Table 1 provides an overview of risk and protective factors at the different levels. A risk factor is considered to be an event or situation that increases the possibility of a negative outcome for the child. A protective factor interacts with the risk and acts as a buffer to prevent an adverse outcome and increase the chance of a child's positive adjustment.

Individual

This level identifies individual characteristics and biological and behavioural factors. Age has consistently been found to be a risk factor – with younger children unable to protect themselves and at increased risk for physical violence within the home.⁶⁷ Sex is also important – girls are more likely to be victims of sexual violence and harmful traditional practices both within the home and the community.⁶⁸ Teenage boys are more likely to be victims of physical violence due to fights with peers and gang violence in the community.⁶⁹ Substance abuse increases these vulnerabilities, while alcohol and drug abuse by parents and caregivers also impacts on their ability to care adequately for their children.⁷⁰

Table 1: Risk and protective factors for violence against children

Level	Risk factors	Protective factors
Individual	Biological and personal history factors such as: <ul style="list-style-type: none"> • gender, age, education level; • income; • substance abuse; • personal history of violence of parent(s); • unwanted pregnancy; etc. 	<ul style="list-style-type: none"> • Strong attachment bonds; • available child focused support services; • increased knowledge of protection against abuse; etc.
Relationship (family)	Dynamics in close relationships including: <ul style="list-style-type: none"> • domestic violence; • substance abuse; • delinquency; • scarce bonding between parent(s) and child; • psychological problems of parent(s); etc. 	<ul style="list-style-type: none"> • A cohesive and stable family unit; • adequate, accessible support for families; • healthy communication between parent and child; etc.
Community	Settings in which relationships occur (schools, work places, neighbourhoods) and characteristics of those settings including: <ul style="list-style-type: none"> • high level of crime in communities; • poor and/or inadequate social services; • high level of substance abuse, etc. 	<ul style="list-style-type: none"> • Accessible health and social services to support families; • social protection programmes to mitigate impact of poverty and unemployment; • cohesive communities with accountable community leadership and structures to support responsive policing and functional criminal justice system; • adequate child care facilities as well as a supportive school environment with an inclusive teaching approach; etc.
Societal	Broader social factors including: <ul style="list-style-type: none"> • high unemployment rates; • high inequality and social exclusion; • availability of firearms; • weak legal, policy and regulatory framework; • gender inequality and discrimination; • social and cultural norms that justify violence; • weak law enforcement; etc. 	<ul style="list-style-type: none"> • Legal and policy frameworks to create an enabling environment to support victims of violence; • enforced criminal justice sanctions for perpetrators of violence; • policies to regulate gun ownership and alcohol use; • gender equity promoted at highest level; • job creation programmes; • social norms challenged through media campaigns; etc.



Safe space: A mural transforms the inner courtyard of Parklands Primary where children shelter from gang violence

The family

Families have the potential to protect children from harm and take care of their physical and emotional needs.⁷¹ The family is also the most influential socialising environment for children to learn values and norms and what is expected of them in society.⁷² Warm relationships and consistent parenting practices increase the chances for a child to be well adjusted and resilient when faced with adversity.⁷³ However family structures have changed and fragmented due to migrant labour and the impact of HIV/AIDS in South Africa, which has resulted in large numbers of children (39%) being raised in female-headed households or with neither parent (23%).⁷⁴ The financial stress and burden of lone parenting may limit single-parents' availability to children and the consistency of their parenting practices.⁷⁵ In addition, the HIV pandemic has had a devastating impact on families with high levels of orphaning, increasing children's vulnerability to abuse and neglect.⁷⁶ Domestic violence also has a significantly negative impact on children's long-term mental health and can perpetuate the use of violence to resolve conflict.⁷⁷

Community

Many South African townships are deprived and poverty stricken, plagued by social disorganisation caused by apartheid policies, such as forced removals, which contributed to family breakdown and the formation of street gangs.⁷⁸ High levels of violence and crime is experienced by children in the communities they live in – nearly 50% of learners report that they have witnessed violence in their community.⁷⁹

Exposure to gang violence is particularly rife in the Western Cape, where the illegal drug and alcohol economy has flourished and systematically increased the power of gangs.⁸⁰ Dysfunctional families and limited employment opportunities for youth in many townships draw young men into crime, violence and gangs which provide them with a sense of power and respect that they are otherwise denied.⁸¹ Children are caught up in gang violence either as perpetrators, or innocent victims.⁸² Community violence, including gang fights, have been shown to result in significant psychological distress as many children report witnessing such violence.

Societal

Despite the transition to democracy, the legacy of apartheid continues to have a negative, long-lasting impact on the socio-economic status of specific population groups, and disadvantages children. The breakdown of community and family structures due to apartheid policies such as the Group Areas Act and migrant labour system; the HIV/AIDS pandemic; gender inequality; unequal access to essential services; poverty and social exclusion; high rates of unemployment and substance abuse; migratory patterns; and a high incidence of violent crime all contribute to children's experiences of violence.

Poverty affects large numbers of children. It is estimated that 60% of the R18.5 million children in South Africa are poor (see the data section on income poverty, unemployment and social grants on pp. 94 – 98). There is consensus that high levels of poverty and inequality are key drivers of violence.⁸³ High levels of poverty and

unemployment compromise parents' ability to fulfil children's rights and to support their optimal development. Poverty increases adolescent involvement in risk-taking behaviour, delinquency, crime, violent peer-group activities and gangs.⁸⁴ A study with men in the Eastern Cape and KwaZulu-Natal has shown that that 25% of rape could have been prevented if men were gainfully employed or not left just "hanging out" in their communities.⁸⁵

Violence is socially constructed and a learned behaviour, and cultural and social norms are highly influential in shaping individual behaviour, including the use of violence.⁸⁶ Norms therefore influence how individuals react, for example, a culture of violence in certain settings legitimises the use of violence to resolve conflict or disputes within the home, between peers and in the community.⁸⁷ The widespread social acceptance of violence increases the child's risk to become violent or complacent.⁸⁸ This is compounded by beliefs that men have the right to exercise power and control over women and children, making women and girls particularly vulnerable to psychological, physical and sexual violence.

Similarly, social norms that consider children as the "property" of their parents and not as rights holders can place children at risk of physical violence and promote a culture of silence that hinders reporting. The low status of children, evidenced by the widespread belief that children should not question the authority of their elders, disempowers children and leaves them vulnerable to abuse and neglect.⁸⁹ This powerlessness of children, combined with the gender hierarchy, fuel the high levels of violence against children.

What are the recommendations?

Despite having ratified the UNCRC and having developed a legislative framework aimed at preventing violence, children's daily experiences of violence and the life-long social and psychological adverse effects thereof necessitate a response backed by the

highest leadership. There is no easy solution to this very complex problem that has taken centuries to embed itself in the fabric of South African society. The multifaceted nature of violence requires a multipronged approach that addresses the complex interplay of underlying risk factors.

An intersectoral approach to stop the intergenerational cycle of violence by focusing on protective factors is required to shift the daily experiences of children. Changing social norms and attitudes that support the use of violence is imperative to alter current practices in order to prevent violence. This entails not only commitment from government but partnerships between the government, businesses, donors, the media, civil society organisations and citizens: preventing violence against children is everyone's business.

A key challenge facing South Africa is the need to develop a strong evidence base to inform the design of prevention programmes. This includes strengthening existing data systems, as well as qualitative research to understand the nature of the problem, and longitudinal follow-up studies to develop a better understanding of the underlying causes of violence and its outcomes within the local context. This evidence will allow for improved planning and targeting of services and help inform the design of effective prevention programmes. What is needed is investment in a strong evidence base as an essential first step in ensuring the best possible outcomes for children, and in building a society free from violence.

The essays that follow reflect on elements critical to this goal: a common understanding of a prevention model, strengthening the systems response and relevant resources, and appropriate responses across different developmental stages of the child's life cycle.

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