PREVENTING
VIOLENCE AGAINST CHILDREN

A Critical Analysis of the Relevance and Feasibility of Evidence-Based Practice in South Africa

by

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DECLARATION

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ABSTRACT

Violence against children (VAC) is one of the worst epidemics on the globe, and more than one billion children are exposed to violence yearly. In South Africa, there have been problems translating policies into practice and finding good strategies to address VAC, and many children are victims of violence. A plethora of methods for addressing violence have been proposed, with the seven INSPIRE strategies of World Health Organization (WHO) for the prevention of VAC being the most prominent. The INSPIRE programme is resourced and promoted through the Pathfinding programme, of which South Africa is a member state, obliging the government to act against VAC. However, adopting an international evidence-based practice for VAC in South Africa might be problematic, as little is known about the extent to which such evidence-based practice is relevant and feasible to South Africa.

The thesis employs a qualitative approach, adopting an exploratory research design, due to the flexible and open-ended nature of the research questions. Moreover, the data that was collected was secondary in nature, namely data that already existed in the public domain. The thesis aims to undertake a critical desktop review of the relevance and feasibility of international evidence-based practice for the prevention of VAC in South Africa. It documents this by evaluating INSPIRE's seven strategies for violence prevention and the relevance of these strategies to South Africa. Available evidence suggests that South African children experience risk factors for violence at multiple levels. Findings from the critical analysis shows that an adaption of INSPIRE in South Africa seem impractical, considering the current climate of implementation challenges, corruption, entrenched social and cultural norms and values, poor law enforcement and the impact of COVID-19. The study findings however provide insight into promising areas for future research and for possible VAC prevention interventions, while at the same time revealing that INSPIRE proves useful in identifying VAC prevention gaps South Africa needs to address.

OPSOMMING

Geweld teen kinders (GTK) is een van die ergste epidemies wêreldwyd en meer as een biljoen kinders word jaarliks aan geweld blootgestel. In Suid-Afrika is daar probleme met die oordrag van beleid na die praktyk en word daar gesukkel om goeie strategieë vir die hantering van GTK te vind; baie kinders is dus die slagoffers van geweld. Talle metodes om geweld teen te werk, is reeds voorgestel, met die sewe 'INSPIRE' strategieë vir die voorkoming van GTK van die Wêreldgesondheidsorganisasie (WGO) die belangrikste. Die INSPIRE-program word deur die 'Pathfinding'-program, waarvan Suid-Afrika 'n lidstaat is, gefinansier en bevorder. Hierdie lidmaatskap verplig die regering om teen GTK op te tree. Dit kan egter problematies wees om 'n internasionale bewysgebaseerde praktyk vir GTK in Suid-Afrika toe te pas, aangesien min bekend is oor die mate waartoe sodanige bewysgebaseerde praktyke vir Suid-Afrika tersaaklik en haalbaar is.

Die tesis maak van 'n kwalitatiewe benadering en 'n verkennende navorsingsontwerp gebruik, weens die buigsame en oop aard van die navorsingsvrae. Die data was ingesamel is, was van sekondêre aard en het dus reeds in die openbare domein bestaan. Die tesis beoog om 'n kritiese lessenaaroorsig van die tersaaklikheid en haalbaarheid van internasionale bewysgebaseerde praktyke vir die voorkoming van GTK in Suid-Afrika te onderneem. Hierdie oorsig word gedokumenteer deur die evaluasie van INSPIRE se sewe strategieë vir geweldvoorkoming en die tersaaklikheid van hierdie strategieë vir Suid-Afrika.

Die beskikbare bewyse dui aan dat Suid-Afrikaanse kinders risikofaktore vir geweld op veelvuldige vlakke ervaar. Die bevindings van die kritiese ontleding toon dat 'n aanpassing van INSPIRE vir Suid-Afrika onprakties is, gegewe die huidige klimaat van implementeringshindernisse, korrupsie, gevestigde maatskaplike en kulturele norme en waardes, swak wetstoepassing en die impak van Covid-19. Die studiebevindings bied egter wel insig in belowende gebiede vir toekomstige navorsing en vir moontlike intervensies ter voorkoming van GTK en onthul ook dat INSPIRE nuttig is vir die identifisering van die gapings in die voorkoming van GTK waaraan Suid-Afrika moet werk.

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ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

CHANGE: Community Health Action for Norms and Gender Equity

CJCP: Centre for Justice and Crime Prevention

CDC: Centre for Disease Control and Prevention (United States of America)

CRC: Convention on the Rights of the Child

CSG: Child Support Grant

DBE: Department of Basic Education

DOH: Department of Health

DSD: Department of Social Development

DWCPD: Department of Women, Children and People with Disabilities

ECD: Early Childhood Development

EPWP: Expanded Public Works Programme

FCA: Firearms Control Act

FCS: Family Violence, Child Protection and Sexual Offences Investigation units

FGM: Female genital mutilation

GBV: Gender based violence

GDP: Gross Domestic Product

GSH: General Household Survey

HIC: High Income Country

HIV: Human Immunodeficiency Virus

INSPIRE: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; Education and life skills

IPV: Intimate partner violence

ISS: Institute for Security Studies

LMICs: Low- and middle-income countries

LO: Life Orientation

NACCW: National Association of Child Care Workers

NDP: National Development Plan

NSSF: The National School Safety Framework

NSVS: National School Violence Study

PAHO: Pan-American Health Organization

PEPFAR: President's Emergency Programme for AIDS Relief (United States of America)

PLH: Parenting for Lifelong Health

PTSD: Post-traumatic stress disorder

SACN: The South African Cities Network

SAPS: South African Police Service

SASSA: South African Social Security Agency

SC4: Soul City 4

SDG: Sustainable Development Goals

SOCA: Sexual Offences and Community Affairs

SOEs: State-owned Enterprises

STD: Sexually transmitted disease

UNCRC: United Nations Convention on the Rights of the Child

UN: United Nations

UNICEF: United Nations Children's Fund

UNODC: United Nations Office on Drugs and Crime

USAID: United States Agency for International Development

VAC: Violence against Children

VAW: Violence against Women

VAWC: Violence against Women and Children

WHO: World Health Organization

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CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1. Introduction

A child being exposed to violence, either as the direct victim themselves or witnessing violence can have major consequences for the child's health and well-being. VAC affects the lives of young boys and girls throughout the globe. Even though Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) states that every child is entitled to a life without, and should be protected from violence, many children are still subjected to harsh environments, which threaten their development (UN, 2016). Regardless of continent, culture, class, gender and income, children across the globe can become victims of violence (Fang, 2016). Moreover, VAC exists in numerous contexts. It can take place in schools, homes, public spaces, and even on the internet. Violence also manifests itself in numerous forms such as trafficking, sexual exploitation, bullying, cyberbullying, domestic violence or forced labour, to name but a few (UN, 2016).

The WHO (2020) and the United Nations (UN) (2019) estimate that yearly, around one billion children are exposed to violence in the form of sexual, psychological, and physical violence. That is equivalent to one out of two children. The United Nations Children's Fund (UNICEF) (2017a) reports that out of this, around 300 million children between the age of two to four years old have been victims of physical punishment or aggression at home. Furthermore, approximately 176 million children, about one in four children, five years and younger live with a mother who has been subjected to intimate partner violence (IPV) at home (UNICEF, 2017a). One in ten girls under the age of 18 years old are also to a high degree subjected to sexual abuse, making up around 110 million girls globally (Guedes et al., 2016). Violence can be perpetrated by many, either individuals such as a parent, intimate partner, caregiver, peers, or strangers, or it can be perpetrated by a group. All these factors make it immensely complicated phenomenon to measure (UNICEF, 2014a).

Mobilisation against VAC globally gained momentum when the UN presented research which demonstrated the scope and impact of violence on children (UN, 2016). A few years after the study was released, new commitments were made within the international community to end VAC. The 2030 Agenda for Sustainable Development released in 2015, presents a new plan based upon the well-being of the planet and its people. The agenda consists of 17 Sustainable Development Goals (SDGs) and 169 targets, all of which are to be implemented by the UN Member States (UN, 2015). One of the overarching goals on the 2030 Agenda for Sustainable

Development is to put an end to VAC in all its forms (The Global Partnership, 2016). This priority is most evident in the targets: 16.2: "end abuse, exploitation, trafficking and all forms of violence against and torture of children" (UNICEF, 2017a:15); 16.1. "Significantly reduce all forms of violence and related death rates everywhere"; and 5.2. "Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" (WHO, 2016:55). Kofi Annan, the seventh Secretary-General of the UN, declared that violence is inevitable, but if "its underlying causes are identified and addressed, violence against children is entirely preventable" (Pinheiro, 2006:xi).

There are several areas that the SDGs do not address sufficiently or clarify in a detailed manner with respect to ending violence. However, the WHO's INSPIRE strategy seeks to address many of these gaps. This strategy therefore forms an important part in achieving the SDGs, as it is promoted through the Global Partnership to End Violence Against Children, which "was established to coordinate efforts to reach the [Sustainable Development] goals" (Jamieson & Richter, 2017:37).

The WHO, through its collaboration as the Violence Prevention Alliance, with the Prevention Institute and the End Violence Partnership (2020) believe that multisectoral collaboration is the most appropriate approach in order to achieve the SDGs. Sectors such as criminal justice, public health and education sectors all play an important part in combatting violence for numerous reasons. First, to address risk factors (such as alcohol and drug abuse, poverty, high unemployment, and poor living conditions) and protective factors. Second is that "violence prevention strategies are active in places under the responsibility of multiple sectors" (Prevention Institute, Violence Prevention Alliance & End Violence Partnership, 2020:3). Third, actors that are involved with violence prevention, such as child protection and the prevention of gender-based violence (GBV), are often rooted in several sectors. Finally, one sector alone generally does not have enough skills and expertise to prevent violence and achieve the SDGs.

The UN (2019) suggests that VAC puts all the other SDGs at risk of not being achieved, such as ending famine, providing quality education for all, and poverty alleviation. Moreover, it undermines the goal "to foster peaceful, just and inclusive societies" (UN, 2015:4). Additionally, the target of ending all forms of VAC cannot be reached without a focus on the SDGs such as poverty alleviation, improving mental health, ending gender inequality and so

forth (Prevention Institute, Violence Prevention Alliance & End Violence Partnership, 2020). Therefore, a focus on children is crucial to foster development, secure the well-being of the people on the planet and to achieve the SDGs (Jamieson & Richter, 2017).

While VAC has gained prominent attention on the international arena, it has not gained the attention it deserves in South Africa. Despite one of the most progressive constitutions on the globe that centralises the idea of inclusive rights, a major focus on children's rights, and being a signatory to the Convention on the Rights of the Child (CRC), the country's violence prevention strategies have suffered malfunctions, struggling to translate policies into practice (Hsiao et al., 2018). Another arena where South Africa is "strong on policy, but weak on implementation" (Harrison, 2017:47), is the recognition of VAC as a human rights and health issue in the government's *National Strategic Plan on Gender-based Violence & Femicide 2020-2030: Human Dignity and Healing, Safety, Freedom & Equality in our life,* (which also focuses on children) (Republic of South Africa, 2020), yet the levels of VAC in South Africa remain at elevated levels.

According to the Department of Social Development (DSD), the Department of Women, Children and People with Disabilities (DWCPD) and UNICEF (2012:3), South Africa "has been described as having the highest prevalence of violence and violence-related injury in the world among countries where this is measured". It is estimated that the cost of VAC is R238 billion (Willman et al., 2019). In addition to this, the country's homicide rate for children is more than twice the amount of the worlds average – 5.5 per 100 000 compared to 2.4 per 100 000 (Hsiao et al., 2018). The forms of violence that children are subjected to the most are physical and sexual violence, and studies show that children are most likely to be victims of violence in the home and community (Mathews & Benvenuti, 2014). Artz et al. (2016) report that more than 784 967 children until the age of 17 have been victims of sexual abuse, and 351 214 of those cases take place between the age of 15 and 17. Yearly around 20 000 cases of child sexual abuse are reported to the police. Moreover, more than 12% of the respondents in the study reported being victims of neglect. Despite the numbers and how widespread it is, VAC in South Africa is grossly underreported (Mathews et al., 2013; Artz et al., 2016)

This in a context where the apartheid legacy has brought about extreme inequalities that can be felt in all spheres of life. Since South Africa's transition to democracy in 1994, the post-apartheid government has made important strides in the battle against a culture of violence

(DSD, DWCPD & UNICEF, 2012). The government has sought to focus on areas of human rights, equitable development as well as creating an inclusive, non-discriminatory society, where there is no prejudice because of gender. As part of this, there has also been a higher commitment to protecting children against violence, and children's rights (Richter & Dawes, 2008). Such commitments include the government's "overhaul of child protection and sexual offense legislation" (Artz et al., 2016:14). Corporal punishment has also been banned in schools (DSD, DWCPD & UNICEF, 2012). Moreover, there has been a focus on numerous policies within the field of criminal justice, health and social development that have been based on evidence-based prevention strategies and interventions (Artz et al., 2016). Already back in 1995 "South Africa ratified the Convention on the Rights of the Child and embodied it in the Children's Act and other national legislation" (Palm, 2020:37). Moreover, various laws and policies such as the Children's Act (38 of 2005), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (32 of 2007), the Integrated Social Crime Prevention Strategy (2011) and the National Development Plan (NDP) all address violence and crime against children (Richter & Dawes, 2008; Artz et al., 2016; Statistics South Africa, 2018).

While much of the discussions surrounding the legacy of apartheid and colonialism have been on gender and human rights, it is also important to mention the racial implications of apartheid. Black people have to a large degree been affected during and after colonialism and apartheid (Ward, van der Merwe & Matzopoulos, 2013). Breetzke (2012:299) has asserted that the racially discriminatory socio-spatial practices during apartheid "led to the concentrated disadvantage of the majority black population". For instance, black people were excluded from many aspects of the labour market and received a lower-quality education, also known as the Bantu education (The World Bank Group, 2018). In contemporary South Africa this can mostly be seen in the areas of poverty and inequality, including living conditions, livelihoods, and wellbeing. Statistics on child poverty show that 62.1% of children between 0-17 years are classified as poor, with there being higher rates of child poverty amongst black Africans, in which 68.3% are considered to multidimensional poor, compared to children of any other population group (Statistics South Africa, 2020d).

Moreover, the racial and spatial inequalities, which is a product of the segregationist policies during the apartheid-era, must be seen in light of the high levels of crime in post-apartheid South Africa (Breetzke, 2012). Crime data shows that there is an overrepresentation of black and poor people that are both victims and perpetrators of crime. However, this is a product of a

history marked by exploitation, marginalization, exclusion, and oppression and is not due to their racial classification (Ward, van der Merwe & Matzopoulos, 2013). Historically marginalised areas are poverty stricken, have high rates of crime and unemployment, high rates of collective violence and typically lack basic resources (Boonzaier & van Niekerk, 2019). Conditions of crime, poverty and inequality have made black children more disproportionately exposed to risk factors for violence perpetration. Poverty and inequality are identified as some of the key risk factors for violence (Mathews et al., 2016). Statistics on population estimates for South Africa, shows that black people make up 80.9% of the population (Statistics South Africa, 2021b). Consequently, more black children are affected by violence.

As part of its efforts to combat VAC, South Africa became a Pathfinding country in 2017 as part of the Global Partnership to End Violence against Children, which was created in 2016 by the UN Secretary-General (The End Violence Partnership, 2020). The INSPIRE strategies, the WHO's best practice guidelines to prevent VAC, are being assertively pushed and resourced through the Pathfinder Programme (WHO, 2016). South Africa has therefore made a commitment through its Pathfinder Programme to develop these strategies to end all forms of VAC. However, it remains to be seen whether these strategies are implementable and might prove successful within the South African context, which is very different to many of the countries where these strategies have been developed.

1.2. Problem statement

The WHO (2020) and the UN (2019) both estimate that around one billion children are affected and exposed to sexual, physical, and psychological violence yearly. UNICEF (2014a) illustrates the implications on child health in the domains of physical, mental, and social wellbeing, both in childhood and later in life. Children that are directly and indirectly exposed to violence are at greater risk of depression compared to their peers (Skeen et al., 2015), and they are also more likely to suffer other mental health issues such as post-traumatic stress disorder (PTSD) (UNICEF, 2014a). There is also evidence that suggests that violence can impair brain development and changes in brain architecture, which can impact the individuals' cognitive functions (Danese & McEwen, 2012; Mathews & Benvenuti, 2014).

Children in South Africa have been exposed to exceedingly high levels of violence, harmful traditional practices, as well as norms and cultural beliefs that promote the use of violence against children (such as corporal punishment). Furthermore, in South Africa, there have been

challenges relating to the translation of policies into practical interventions to address VAC. Thus, VAC remains a key problem in South Africa. VAC has been put on the Sustainable Development Agenda of 2030. Many methods for combatting violence have been proposed, and perhaps the most popular approach is the multisectoral approach. The WHO proposes the seven INSPIRE strategies for preventing VAC. In this regard, South Africa is part of the Pathfinder initiative, which actively promotes the implementation of INSPIRE. However, adopting this framework for South Africa might be problematic, especially since the seven VAC prevention strategies were developed in other contexts and may not be applicable in South Africa.

1.3. Rationale

The WHO (2018:4) asserts that "much of what we know about what works to prevent and respond to VAC is based on evidence from high-income countries," including INSPIRE. As South Africa participates in implementing INSPIRE, the feasibility of these measures in a highly unequal society with limited resources, as well as different cultural and social dynamics warrants further analysis.

For example, in a study in Gauteng only 1% of the children had not been exposed to violence. Moreover, about 40% of the children had been exposed to not only one type of violence, but victims of numerous forms during their lifetime (Richter et al., 2018). This is concerning, and if we want children to be able to thrive and reach their full potential, it is vital to explore the topic of violence prevention in South Africa.

The impact violence has on children bears many ramifications, both psychological and physical, but it also presents critical social and economic costs, for the society and individual that one needs to address to create a sustainable future. Research shows that violence is entirely preventable and identifying risk and protective factors for violence through the four levels in the socio-ecological framework is essential (WHO, 2016). Finding solutions to address violence and prevent it is therefore important, and INSPIRE, through a multi-sectoral approach proposes the most appropriate solutions to address violence, targeting the key risk factors of violence rather than its effects (WHO, 2016). By critically discussing the INSPIRE strategies in a country like South Africa can provide important insight to whether best practice guidelines that are proposed by the WHO prove to be feasible or not.

A UN report (2019) states that despite the global south accounting for the most violence and violent deaths in the world, only 10% of scientific research emerges from researchers in these regions. Thus, scientific knowledge emerging from the global north dominates, which creates an imbalance in research literature and perspectives. It also demonstrates that considerable resources are allocated to VAC prevention studies in the global north, instead of being allocated to the global south, which accounts for the most violence. The WHO (2018:4) concurs, asserting: "much of what we know about what works to prevent and respond to violence against children is based on evidence from high-income countries".

This global north bias provides a rationale for the focus of this research study, which is to contribute to the development of best practice evidence-based prevention strategies to combat VAC in the global south. The aim is to provide a critical discussion surrounding the thematic area of what works and what does not, and what recommendations for the future might be.

1.4. Aims, objectives and research questions

The thesis aims to undertake a critical analysis of the relevance and feasibility of international evidence-based practice for the prevention of VAC in South Africa. The INSPIRE technical package uses evidence-based research for responding to and preventing VAC, and the violence prevention strategies have proven to be feasible in resource-rich and high-income countries (HICs). However, as aforementioned, less is known about their feasibility in low- and middle-income countries (LMICs), with high levels of violence and child abuse. To give focus and narrow the research, the study seeks to evaluate the WHO's INSPIRE seven strategies for violence prevention for their relevance in a South African context.

The following research questions that developed from the research problem are:
a) How relevant and feasible are the INSPIRE strategies proposed by the WHO for the prevention of all forms of VAC in South Africa?
b) What are the prospects for success given the nature of the state and society in South Africa?

1.5. Outline of the study

This thesis is organised into seven chapters.

Chapter one will include the introduction and background of the study, problem statement, rationale, aims, objectives and research questions and an outline that indicates how the thesis is structured.

Chapter two is the methodology chapter. The aim is to provide details on the research design and research method that was utilised for this thesis. The chapter will provide information on how and where the data was collected, and the type of sources used.

Chapter three entails a literature review. This chapter provides background information on what VAC is as well as what the consequences of VAC. Moreover, it will present and discuss the main terms and concepts that can be found within the literature of VAC such as *children*, *violence, victim*, *VAC,* and the different types of violence. The literature review is split into different thematic areas, such as: the consequences of VAC (physical, psychological health for the individual, society, and economy on a broader scale); risk and protective factors; and how norms and values influence and justify violence. The chapter also introduces the reader to the current climate of VAC in South Africa. The chapter will explore what is known about the extent of violence in South Africa, and who bears the brunt of violence using South African studies. Moreover, the historical context of the current climate of violence is explored. Additionally, the chapter will explore social and cultural norms and values that may silently contribute to child abuse and may justify and normalise the use of violence.

Chapter four focuses on targeted solutions to address VAC. The chapter discusses the development of the seven strategies of INSPIRE in light of the SDGs of 2030. It explains how INSPIRE developed, what its role is, what it seeks to address, and how the collaboration works. Moreover, it discusses whether there has been any implementation of INSPIRE in other countries, and the relevance of INSPIRE to South Africa. The second part of the chapter analyses prevention and intervention programmes that have been undertaken in South Africa. This part seeks to provide a thorough critical analysis of interventions, looking at what factors have been successful and those that have not in preventing VAC. These interventions will be positioned under the seven evidence-based strategies of INSPIRE. The South African interventions will be examined and compared to these strategies, to critically examine whether the South African government might be able to implement the INSPIRE technical package. The aim is therefore to investigate what types of interventions research studies claim are effective.

Chapter five uses the INSPIRE strategies as a conceptual template to discuss both promising and less promising interventions. The aim is to identify what areas show promise for being

scaled-up, identifying gaps and an assessment of how feasible and relevant the seven strategies are in South Africa.

Chapter six presents the concluding remarks of the study. The aim is to bring forth the main arguments drawn from the study and to evaluate whether the seven INSPIRE strategies would be implementable in the South African context or not. Following this, a call for action will be presented, in which recommendations for future research will be proposed and limitations of the study will be discussed.

CHAPTER 2: METHODOLOGY

2.1. Introduction

The methodology is a significant part of any research project. The aim of this brief chapter is to examine the research design and research method that was utilised for this thesis on VAC in South Africa. The chapter begins by stating the purpose of the study and a restatement of the research questions. After that, an overview of the research design and research methods that is best suited to address the research problem and research questions of the thesis is provided. An exploratory design has been selected to address the research questions. Thereafter, a description of where and how the data was collected is discussed.

2.2. Purpose of the thesis

The purpose of this study is to undertake a critical analysis of the relevance and feasibility of international evidence-based practice for the prevention of VAC in South Africa. The following research questions guides the study:

1. How relevant and feasible are the INSPIRE strategies proposed by the WHO for the prevention of all forms of VAC in South Africa?
2. What are the prospects for success given the nature of the state and society in South Africa?

2.3. Overview of the research design and research method

Research design is a type of 'roadmap' that the researcher follows with the aim of answering the research question. There are several types of research design the researcher can follow, all depending on the type of research one conducts and the aim of the research (Bryman, 2012). Given the research questions, and its questions of *how* and *what,* the thesis follows a qualitative approach, as it to a significant degree handles information, ideas, and meanings, instead of statistics and quantitative forms of data. It is an interpretative approach, also known as exploratory research, which seeks to understand concepts, experiences and it often generates new ideas (Bryman, 2012). The design is chosen due to the flexible and open-ended nature of the research questions, as there is limited pre-existing knowledge on the topic of the applicability of international evidence-based practice for the prevention of VAC in South Africa. Thus, exploratory research design as this thesis entails an exploration of an under-researched topic.

Secondary data was predominantly collected and analysed. Nonetheless, this study also made use of quantitative data from sources such as The Global Peace Index, Transparency International, Statistics South Africa (Stats SA) and the South African Police Service (SAPS). This allows the thesis to explore the suitability of evidence-based practice for prevention of violence in South Africa. In terms of the research method, a critical desktop review was adopted to assess the relevance and feasibility of the INSPIRE framework and strategies for the South African context. The INSPIRE strategies was used as an analytical framework in combination with data on the nature of the state and society in South Africa in order to determine the relevance and feasibility as well as the prospects for success.

A total of 235 publications were sourced for this thesis, which included peer reviewed articles and books, as well as publications from grey literature such as working papers, reports, and government documents. Grey literature is "a range of documents not controlled by commercial publishing organisations" (Adams et al., 2016:1). In other words, peer reviewed articles are seen as formally published and can be found in books and published journals, while grey literature is not formally published in scholarly channels, and documents are often retrieved from channels like government sites or organisational webpages. The material has been sourced from online data, government and non-governmental organisations and libraries. One of the key data sources was the Children's Institute in South Africa, which publishes the annual Child Gauge, which reports on the state of children in South Africa. Publications of the Institute for Security Studies were also extensively used.

The data collected for this thesis is from the period between the early 1990s until 2022. The older publications demonstrate that the effects of violence on children are not a recent phenomenon. Though the focus was on studies and published work from South Africa, studies from outside the country were included where they illuminated relevant themes, and provided important insights, for example global statistics on VAC help to elucidate the issue at hand, while at the same time illustrating how severe it is in South Africa.

2.4. Conclusion

This chapter has described the methodological approach for the thesis, including the research design and the data collection methods. The purpose of the research and the research questions were briefly mentioned, and it was proposed that an exploratory research design was the most appropriate due to the open-ended and flexible research of the thesis. Moreover, a critical

desktop review, which analyses pre-existing data found in the public domain, was selected as the research method. The following chapter includes literature review, which will discuss VAC and the current characteristics and dynamics of VAC in South Africa.

CHAPTER 3: LITERATURE REVIEW

3.1. Unpacking VAC

The following section will discuss and analyse the relevant terms and concepts that are commonly used in the VAC literature. Moreover, the chapter will provide information on the different types of violence, consequences of violence, protective and risk factors for violence, and social and cultural norms that typically condone violence in South Africa. This relates to part a) of the research question, "*how relevant and feasible are the INSPIRE strategies proposed by the WHO for the prevention of all forms of VAC in South Africa?*".

This chapter will also explore what is known about the extent of violence in South Africa and the historical influences, such as colonisation and apartheid. This part of the chapter helps to elucidate the second research question, b) "*what are the prospects for success given the nature of the state and society in South Africa?*". Furthermore, this chapter will demonstrate how violence has been manifested and perpetuated in South Africa, which has implications for determining the prospects for success for the implementation of INSPIRE. The terms maltreatment, violence, and abuse will all be used equivocally throughout this thesis.

3.1.1. Constitutional understandings of who is a child

It is important to clarify what is meant by 'children', as different forms of violence affect individuals of all age groups, and what is considered a child might differ around the world. According to the UNCRC, a child is "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier" (UNICEF, 2007:1). The WHO's definition is similar, where 'children' in legal terms constitute all individuals from infancy up until 18 years old (WHO, 2018). In South Africa both Article 28(3) in the Constitution of the Republic of South Africa (1996a) and The Children's Act 38 of 2005 defines 'child' as any individual under the age of 18 years.

However, while a child is thought to be an individual under the age of 18, research tends to classify girls from 15 years and older as women, especially in research that focuses upon IPV (Guedes et al., 2016). This is problematic in terms of the legal definition of what constitutes a child, as in one regard girls are considered children, but other times they are viewed as adult women. This study will therefore draw upon the legal and international definitions of a child, which is any individual under the age of 18 years old.

3.1.2. VAC operationalised

Violence was announced as a worldwide public health problem in 1996 at the Forty-Ninth World Health Assembly (Rutherford et al., 2007). VAC is a form of violence which constitutes an intricate and multidimensional problem around the globe. However, there is a lack of a common understanding and definition. According to Mathews and Benvenuti (2014) this lack of a common definition is problematic, as it is causing a wide array of challenges in terms of how one should measure, observe, and respond. Thus, one might argue that the multiple definitions of VAC that exist create an arena for a fundamental conversation encompassing how researchers can come together to develop and evolve a contested concept.

First and foremost, it is important to define what is meant by violence. Dahlberg & Krug (2002:5) present the WHO definition of 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 injury, death, phycological harm, maldevelopment or deprivation". In relation to children, VAC is defined by the UN Secretary General as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" (Pinheiro, 2006:5). The WHO defines VAC as "the intentional use of physical force against a child that results in - or has a high likelihood of resulting in - harm for the child's health, survival, development or dignity" (Butchart et al., 2006:10). Rutherford et al. (2007) argue that such a definition classifies violence as an intended act by those who enact force or power upon the receiving person. Thus, violence is only considered to be violence when it is intended, compared to harm or injury that comes as a result of unintentional actions. Moreover, the definition by the WHO also places emphasis on the actual - or the threat of inflicting power or force on the child that might cause actual or potential harm on the child. This definition is inclusive of physical, mental, and emotional impact, as well as encompassing those who witness forms of violence. According to Dahlberg & Krug (2002) neglect as well sexual, physical, and psychological abuse should also be classified as violent abuse of a child.

Dahlberg & Krug (2002) further argue that violence can cause social, mental, or physical issues. The effects of violence can therefore be hidden and only manifest themselves later or they might be instant. Additionally, the effects can last for a few years or a lifetime. Thus, violence must be analysed at every layer in context of individuals and society. If an understanding of violence is limited to deaths or injuries, you limit the understanding of the effects it has (Dahlberg & Krug, 2002).

To extend the forms of violence Dahlberg & Krug (2002:13) raise the notion of cultural violence, which they group under '*societal factors*' which "influence rates of violence". Galtung (1990:291) defines cultural violence as "those aspects of culture, the symbolic sphere of our existence – exemplified by religion and ideology, language and art, empirical science and formal science (logic, mathematics) - that can be used to justify or legitimize direct or structural violence". What Galtung (1990) argues is that violence might under some circumstances be seen as justifiable, either through a cultural or religious point of view (Dahlberg & Krug, 2002; Akbary, Ariyo & Jiang, 2020). These cultural justifications for violence could be argued to be norms, which in certain patriarchal societies contend the man holds the primary power, the power of punishment of women, and that women and children are seen as less important than men. This could contribute to cultural or religious justifications for violence against women and children.

This type of violence manifests in different forms, and this thesis uses a definition of VAC that encompasses all of these contributors, and types of violence.

3.1.3. Types of violence

Broadly defined, child-maltreatment is when there is decision or failure to act by a child's primary caregiver, a parent, or someone who is responsible for the child that leads to harm or potential harm to a child. Maltreatment is an umbrella term which includes emotional abuse, physical abuse, sexual abuse, and neglect (Butchart et al., 2006; Cunningham & Baker, 2007; Gilbert et al., 2009; WHO, 2016). Maltreatment can happen in any setting; however, it is most likely to happen in the home. Other common settings include schools and orphanages (Butchart et al., 2006; WHO, 2016). Violence can further be divided into three categories according to who has committed the violence:

- **Self-directed violence** is where the victim and the person who is executing the violence is one and the same. The person who is experiencing harm, is doing harm to themselves. This is typically classified as self-harm or intention to commit suicide (Dahlberg & Krug, 2002; Butchart et al., 2006; WHO, 2016).

- **Interpersonal violence** is violence that is executed by a person or a group against an individual. This includes types of violence such as community violence, IPV and by the family (Dahlberg & Krug, 2002; Butchart et al., 2006).

- **Collective violence** has to do with violence that is perpetrated by a larger number of people. Examples of this are terrorism and war (Dahlberg & Krug, 2002; WHO, 2016).

Additionally, the *World Report on Violence and Health* (in Dahlberg & Krug, 2002) divides violence (or maltreatment) into four different categories of abuse: physical abuse, sexual abuse, emotional and psychological abuse, and neglect. More recently, the effects of witnessing violence have been highlighted, and are now also be classified as child maltreatment (Gilbert et al., 2009). The WHO expands definitions in relation to VAC, arguing that there are six types of interpersonal violence that affect children the most: maltreatment, bullying (including cyber-bullying), youth violence, IPV (or domestic violence), sexual violence and emotional or psychological violence, and witnessing violence (WHO, 2016). Many of these types of violence happen at different stages during childhood. There can also be argued to be a seventh category, namely that of GBV, when the act of violence is targeted at someone specifically because of the gender one identifies with or the biological sex one is born with (WHO, 2016).

3.1.3.1. Physical abuse

Physical abuse indicates any form of corporal punishment or physical abuse, in which a parent or caretaker, or any other person responsible for the child exerts physical force to punish the child. Physical abuse is moreover described as 'light' punishment, and the aim of it is to inflict discomfort for the child (UNICEF, 2014a). Common methods of physical punishment are amongst some, hitting or spanking the child with a hand or an object, such as a belt or stick, biting, kicking or forcefully shaking the child, strangling or it can be quite severe like burning the child or force the child to eat unwanted food (Butchart et al., 2006; UNICEF, 2014a, 2017a). According to data, there is also no difference between poor and wealthier households when it comes to corporal (or physical) punishment (UNICEF, 2017a).

3.1.3.2. Sexual violence

Sexual violence refers to sexual victimisation, which is any attempt to engage in any unwanted, non-consensual sexual activity with an individual, such as sexual exploitation, sexual

trafficking, intercourse or other sexual acts and harassment. This act can be unwanted, forced, pressured, tricked, include refusal to use contraception, not able to give consent or unlawful (Butchart et al., 2006; WHO, 2018; UN, 2019). This type of abuse and violence is one that can take place in all kinds of settings, such as in workplaces and schools. Sexual violence against children is more prevalent within the home environment, and for most of the part perpetrated by someone the victim knows or someone that is familiar to the family (Gilbert et al., 2009). Looking at the gendered aspect of sexual violence and abuse, girls are more likely to become victims of sexual abuse, which is often related to the power dynamics of society (Pinheiro, 2006). Statistics show that 25% of girls in countries around the world have had unwanted or forced sexual intercourse before the age of 18 (UN, 2019).

3.1.3.3. Emotional or psychological violence and witnessing violence

Within the academic literature there seems to be an absence of an agreed upon definition of what emotional or psychological violence are, despite their well-documented impact on an individual's mental health and cognitive development (Dokkedahl et al., 2019). Butchart et al. (2006:10) define emotional and psychological abuse as "a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment". This can be understood as when a primary caregiver fails to act or displays a lack of attention towards the child's developmental needs and fails to provide a supportive and stimulating home.

Psychological or emotional violence can often begin with what is coined as psychological aggression, often characterised by maligning someone, making them feel undervalued, yelling, insulting, and using offensive and derogatory words. This can at many times intensify and turn into what is classified as coercion, which is a more severe form of abuse, such as threatening, rejecting, ignoring, or isolating someone (Pinheiro, 2006; Dokkedahl et al., 2019). This form of violence is often either a consequence of someone's uncontrollable anger and frustration, or it might be comparable to that of corporal punishment, in which the keyword is to control, having a desire to alter or frighten the child into changing what is seen as unpleasant behaviour (Pinheiro, 2006). Butchart et al. (2006) argue that the odds of developing mental health issues and damage to social development is very high for victims of this kind of abuse. Witnessing violence is also seen as psychological maltreatment (UNICEF, 2014a).

3.1.3.4. Neglect

Neglect, in the same manner as psychological and emotional abuse, is also associated with a primary caregiver, parent, authority figure or even other family members who fail to "provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas: health; education; emotional development; nutrition, shelter and safe living conditions" (Butchart et al., 2006:10). Examples of this can be failure to provide dental care, proper food, accommodation, and clothes (Gilbert et al., 2009).

3.1.3.5. IPV or domestic violence

IPV is violence that is executed by an intimate partner, former partner, or family member (Gilbert et al., 2009). Dokkedahl et al. (2019:2) define IPV as "a global health problem characterized as any behaviour within an intimate relationship that causes physical, psychological or sexual harm". IPV includes emotional abuse such as hurtful language and physically abuse like hitting, or forcing sexual interaction (Gilbert et al., 2009). IPV causes trauma for the victim, and newer research shows that PTSD is experienced by 31-84% of women who are victims of IPV (Dokkedahl et al., 2019).

3.1.3.6. Bullying (including cyber-bullying)

Bullying is malicious behaviour by one individual or a group towards another individual where the aim is to harass, hurt, tease, try to dominate, intimidate the receiver. The behaviour is often known to be repeated and is most likely to occur in school. One can differentiate between in-person bullying and cyberbullying, which is bullying that takes place online. Bullying includes acts such as hitting, teasing, or purposely leave someone out, or digitally like sending hurtful texts and pictures on social media or other channels (UNICEF, 2018).

3.1.3.7. Youth violence

This form of violence is characterised by young individuals who hurt other young people. They often hurt those they do not know well or people who might be completely unrelated to the person exerting violence. This typically ranges from the age of 10-24, and common forms of violence are bullying, threatening others, starting fights or even gang-violence. Additionally, it can be more severe such as homicide or sexual abuse. Youth violence is often related to other forms of violence, such as child maltreatment (David-Ferdon et al., 2016).

3.2. Consequences of VAC

Numerous studies have been conducted within the field of violence and security, and VAC has been widely recognised by scholars as grossly violating human rights and posing a global public health concern (Guedes et al., 2016). VAC exists in both wealthier countries from the developed world, as well as developing countries (Altafim & Linhares, 2016). VAC was first recognized globally by the UNCRC in 1989. Hillis et al. (2016:2) argue that "after years of research addressing magnitude, risk factors, and consequences of violence against children, a consensus is emerging on how to reliably measure its prevalence".

A common conceptual framework that can be found in the literature, is the public health socio-ecological analytical framework. It is a framework that has been developed for violence prevention, which analyses prevention and risk factors at four different levels (WHO, 2016). Within the literature of violence and violence prevention there is growing support of this framework, and the model has been widely recognised and applied by several well-known and leading agencies. For instance, the framework was already used in the 2002 *World report on violence and health* by the WHO (Dahlberg & Krug, 2002), and more recently also by UNICEF (2017b) and the WHO (2016). There is an agreement in the literature that the causes of violence are numerous and the result of complex and deeply intertwined factors that influence and relate to each other. Being a victim or perpetrator of violence is a part of these variables (Dahlberg & Krug, 2002; Mathews et al., 2016a).

Mathews et al. (2016a) assert that the idea of the framework is that one can try to prevent violence from happening by addressing the risk factors that increase the chance of violence happening. By addressing these factors and aiming for a risk reduction, "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" (Mathews et al., 2016a:21). The WHO (2016) states that not only do the different levels of the framework present an opportunity for prevention of violence, but they also consider the risk of violence occurring. The four levels identified within the framework are individual; relationship; community and societal (Mathews, Govender, et al., 2016; WHO, 2016). The literature therefore seems to agree that it is essential to implement programmes that address those risk factors, which are fundamentally the root causes of violence. When all four levels of the socio-ecological framework are addressed, it is more likely

to reduce more than one form of violence (Dahlberg & Krug, 2002; Mathews, Govender et al., 2016; WHO, 2016; UNICEF, 2017b).

3.2.1. Risk factors

UNICEF (2014a) states that whilst all children are to some degree vulnerable to being physically abused, there are certain risk factors that make them more vulnerable. For instance, a young child might suffer more damage and serious injury from violence, than that of an older child. In certain contexts, girls are at higher risk of sexual abuse than boys, and boys are more likely to experience physical abuse than girls (UNICEF 2014a).

According to the WHO (2016), the causes of violence are numerous, and they identify risk factors at four levels: the individual-level, close-relationship level, community-level, and society-level. Common risk factors on the individual-level are biological factors such as the individuals' sex and age; the caretaker's level of education (lower levels of education indicating higher likelihood of abuse), income-level, alcohol and drug abuse, mental health issues and disabilities, and history of abuse. On the close-relationship level, common risk factors are families marked by dysfunction and conflict, children who are witnessing domestic violence, poor parenting practices, as well as forced marriage, poor emotional bonding between the caretaker and child, and children who are socialising with criminal and troublesome peers.

Wong et al. (2009) concur with the WHO on individual risk factors. Their research illustrates that parents view on child rearing methods are also a risk factor for child abuse, especially parent's stance on corporal punishment. Moreover, they found that cultural and social norms have an impact on parenting practices and corporal punishment, as well as whether a practice is deeply ingrained within social networks or not. Social and cultural norms are also identified by the WHO at the society-level, arguing that social and cultural norms can not only influence parenting practices, but they can support or even justify the use of violence (WHO, 2016).

At the community level, risk factors that can be identified "include how the characteristics of settings such as schools, workplaces and neighbourhoods increase the risk of violence" (WHO, 2016:18). Such characteristics are amongst others "poverty, high population density, transient populations, low social cohesion, unsafe physical environments, high crime rates and the existence of a local drug trade" (WHO, 2016:18). The WHO also finds other minor risk factors at the society-level include laws such as, "health, economic, educational and social policies that

maintain economic, gender or social inequalities; absent or inadequate social protection; social fragility owing to conflict, post-conflict or natural disaster; weak governance and poor law enforcement" (WHO, 2016:18).

In South Africa, recent research has supported global findings regarding the risk and protective factors related to VAC. Dawes et al. (2016:16-17) discovered that children were at a higher risk being exposed to or subjected to violence in households with financial struggles, where both parents were absent and where children were "exposed to drugs/alcohol and crime" and family conflict. Moreover, the risk of violence was increased when children were witnessing drugs and substance abuse within their community. Several scholars have also managed to identify how prevention of VAC can result in a dramatic reduction in what is considered risk behaviour, such as teenage pregnancy, drug use and alcohol consumption (Fry & Blight, 2016). Hsiao et al. (2018) report that preventing VAC can also improve health with regards to mental illness, self-harm, and anxiety.

Despite having identified the risk factors in South Africa and knowing that prevention strategies can lead to a decrease in risk behaviour, there seems to be little literature available detailing how to best address these issues, and how to find conducive methods for prevention. Hsiao et al. (2018) report that research available has attempted to illuminate the issue, but despite these efforts, the problem remains, and prevention strategies have been unsuccessful.

3.2.2. *Protective factors*

While the literature has identified risk factors, there are also protective factors that are identified at the four-levels of the socio-ecological framework. While risk factors represent a higher likelihood of violence taking place, protective factors reflect a lower likelihood of violence, or reduce the risk factors for violence (Raman et al., 2017). Moreover, the "protective factors in one setting may compensate for risk in another setting" (DSD, DWCPD & UNICEF, 2012:5).

Harrison (2017:45) argues that "a thriving child is capable, motivated and connected, and able to act on a sense of real and imminent possibility". A key factor for a thriving child is the existence of healthy relationships, such as loving and caring parents (Artz et al., 2016; Meinck et al., 2013). Strong emotional bonds, a stable family free of conflict, good communication in the home and support from the family represent strong protective factors for the child (DSD, DWCPD & UNICEF, 2012). The health of a caregiver also has an impact, a caregiver with a

disability is a risk factor, and a healthy caregiver represents a protective factor (Meinck et al., 2013). Positive parenting presents a protective factor for the child, whereas harsh parenting practices and family conflict presents itself as risk factor. Parent and family characteristics must therefore be considered key in assessing risk and protective factors for VAC. UNICEF (2017b) therefore point out the importance that attitudes, knowledge and skills play, and the effect they have when they seek to foster and stimulate good parenting practices.

Research also identifies other protective factors that can help a child to thrive, even if the child has difficult life circumstances. Harrison (2017) finds that the community in the form of supportive networks, effective schools, positive bonding and socialisation with friends and other adults that are good role models plays an important role in protecting the child. Moreover, an environment that disapproves of being vindictive and violent to resolve conflict, as well as a non-criminal environment with non-delinquent peers are identified as protective factors that reduce or prevent a child from experiencing abuse (Mathews et al., 2016).

The WHO (2018) raises the impact of economic stability within a family on violence prevention. Their research shows that it can both increase protective and decrease risk factors at the same time. They argue that raising economic security of a family can contribute to the child's future, such as through investing in education, taking care of their health, and reducing the family's financial distress, and resultant stress and potential conflict. Moreover, "when paired with gender-equity training, income-strengthening efforts may reduce risk factors for child maltreatment, witnessing IPV, exploitation, child labour and early marriage" (WHO, 2018:162). Knowing the risk and protective factors for VAC, it is therefore important to focus on and create interventions that address those risks and protective factors at the four-levels that can be identified in the public health socio-ecological framework.

3.2.3. Physical and psychological

What appears as quite common in the literature is a widespread agreement between scholars, that VAC has a serious impact, both long and short term. Many studies document that childhood abuse is linked to psychological and physical health problems. A 1998 study saw the connection between childhood exposure to violence and higher risk factors resulting in mortality in adulthood (Felitti et al., 1998). Danese and McEwen (2012) found that being subjected to violence in childhood can also cause biological changes in the child, which might turn into negative long-term effects in health. Violence, and the resultant stress, can affect the immune

system, cause cardiovascular disease, impair brain development, change brain architecture, and can increase inflammation levels (Danese & McEwen, 2012, UNICEF, 2014a). Fry and Blight (2016) confirm these findings, arguing that neuroscientific research clearly illuminates the dangers of toxic stress that the child is suffering when being exposed to violence, which in turn might impact brain development. The toxic stress can also cause heart disease (Hsiao et al., 2018).

Studies confirm that changes in brain architecture can impact an individual's cognitive capacity as well their capacity to adapt to their surroundings (Mathews & Benvenuti, 2014). Currie and Widom (2010) demonstrate the impact in schools, providing evidence that in comparison to their peers, abused children perform worse at school, show poorer intellectual performance, are more likely to be absent at school, repeat grades, and are more likely to be expelled. Other impacts of these changes include mental health disorders like depression and PTSD, cause drug and alcohol abuse, and higher levels of risky behaviours which sometimes result in high levels of substance abuse, and when in the realm of sex, may result in unwanted pregnancy and STDs (Thielen et al., 2016; Fry & Blight, 2016; Hsiao et al., 2018; Anda et al. 2019).

Much of the literature has an overall focus on how VAC has long-term consequences for adulthood. However, some research also investigates how abuse can cause direct consequences in children. One example of this is the shaken baby syndrome, which is a form of abuse where the baby is shaken so badly that it can lead to loss of hearing, damage to the brain, spinal cord injuries, and potentially death (Lamont, 2010).

3.2.4. Re-victimisation

While many studies document childhood exposure to violence and the devastating effects it has on the individual's health and development, research also shows the devastating effects VAC has on society, for example the economic consequences. These include, but are not limited to, the cost of welfare services, medical care, child protection services and foster care (Pinheiro, 2006; Thielen et al., 2016). The cost of health-related issues as a consequence of violence, such as injuries from rape, STDs, and mental health disorders are high, and potentially lifelong.

Not only are there economic losses for the individual, but also for the state. A study from South Africa documents the negative impact VAC has on the country's economy. In South Africa in 2016 the costs associated with VAC made up a total of around 5% of the country's gross

domestic product (GDP) - US$15.81 billion (Hsiao et al., 2018). A different study from Asia and the Pacific shows the effects of VAC in the region is responsible for an annual 2% loss of their GDP (Fry & Blight, 2016). While the economic costs differ from country to country, "the Copenhagen Consensus has estimated the global cost to be US$9.5. trillion, or 11 per cent of global gross domestic product" (UN, 2019:68).

There are however not only direct costs that affects society, but there are also indirect costs that might not be as visible. Hsiao et al. (2018) report that VAC can lead to future damage in cognitive skills of children, which can potentially reduce one's chances of acquiring work and contributing to a country's economy. Hsiao et al.'s (2018) research corresponds with a longitudinal study in the United States (Currie & Widom, 2010) that looked at economic productivity. The study documented that childhood exposure to violence results in lower education levels, lower levels of intelligence, smaller chances of becoming a skilled worker, and less likely to even have a job. Moreover, adults that were victims of violence in their childhood had smaller income than the average (with an average of close to US$8000 less annually), a lower probability of owning a home, or even a motorised vehicle.

This high cost of childhood exposure to violence on a personal and economic level is felt both by the state and the individual. The European Union argues that preventing violence is much less costly than the costs of violence itself. They estimate that for each €1 that goes towards prevention of violence will result in a cut back of €87 "on the total cost of domestic violence" (UN, 2019:78).

3.2.5. Further victimisation

Evidence from the literature shows that childhood abuse is also linked to re-victimisation (Pinheiro, 2006; Thielen et al., 2016). Another study shows that being exposed to violence as a child increases the likelihood of becoming a perpetrator later in life to their own spouses and children (UN, 2019). It can therefore be argued that it can lead to "an accumulation of violent experiences" (Pinheiro, 2006:65). In other words, evidence clearly shows that being a victim of violence does not necessarily mean there is an end to it. Violence can and often turn into a vicious cycle, where violence results in more violence, from one generation to another (UN, 2019).

3.2.6. Social and cultural norms

Research has also been done that looks at the factors of how social and cultural norms may in many instances condone and even justify violence. Guedes et al. (2016) studied the evidence on intersections of VAC and violence against women (VAW), in which one of the intersections is that of social norms and violence. Guedes et al. (2016:5) argue that "worldwide, social norms that condone violence and support gender inequality merit attention, both as risk factors and as barriers for help-seeking. VAW is often justified, blamed on victims, or considered less important than reputations of perpetrators, families or institutions".

An example of a social norm that condones and supports the use of violence and contributes to VAC is female genital mutilation (FGM). The cultural practice occurs in numerous countries around the world, and is especially common throughout the Middle East, Asia, and Africa (Barrett et al., 2020). The practice affects young girls, and the age varies from country to country. For instance, it affects girls from seven days after birth in Ethiopia and between six and seven in Somalia. For some it symbolises a girl's transition into womanhood (Mswela, 2009). For others the practice will ensure the virginity of a girl until they find a husband, demonstrating they are pure, untouched, and faithful. According to Wadesango, Rembe & Chabaya (2011) it seeks to suppress a woman's sexual needs and control a girl's sexuality and chastity. However, it can cause serious health risks and physically impair women, in some cases including the ability to experience sexual pleasure (Mswela, 2009), and urine retention and haemorrhage (Wadesango et al., 2011). Thus, the practice is directly harmful towards children, and discriminatory as it affects girls.

Such a practice uncovers some of the most common norms and values that drive VAC from around the world, such as ownership and the right to control someone. Phyfer and Wakefield (2015) argue that VAC typically persists globally, due to the popular belief that parents own their children, and have the right to control their children, instead of children being viewed as "individuals with agency and rights of their own" (Phyfer & Wakefield, 2015:26). Röhrs (2017) adds that these social norms are one of the main causes why corporal punishment is common. Findings worldwide show that 3 to 82% of primary caretakers or adults responsible believe that physical punishment of a child is considered vital when raising children (Guedes et al., 2016). Estimates show that out of the 1.7 billion who are exposed to violence worldwide, close to 80% of them are victims of corporal punishment (Mezmur, 2018).

Lansford et al. (2014) conducted a study in 25 countries on attitudes on physical punishment, revealing that 23% of the female participants found physical punishment of children necessary when raising a child. Moreover, in 16 of the countries, there was a correlation between corporal punishment of children and women who justified wife-beating. Women who supported wife-beating were four times more likely to support the use of physical punishment, than those who did not support wife-beating. It was also discovered that women who support wife-beating and the use of corporal punishment, "were up to eight times more likely to report that their children had experienced psychological aggression, physical violence, and severe violence" (Lansford et al., 2014:5). Röhrs (2017) explains that the study shows that in countries which legitimise the use of domestic violence and physical punishment, children are at an increased risk of harsh parenting practices. Lansford et al. (2014) assert that these countries legitimisation of violence might not necessarily be related to the parents chosen parenting method, but rather as a standard response "less guided by individual choices regarding discipline strategies than by adoption of common social practices" (Lansford et al., 2014:5). There is also a common conception that exists globally, that parents continue the use corporal punishment due to modelling, arguing that they were parented that way as children (Vaughan-Eden, Holden & LeBlanc, 2019).

Phyfer and Wakefield (2015) argue that societies that regard children as less important contribute to children being vulnerable to violence. In addition, as pointed out by Guedes et al. (2016), where caregivers attitudes can be correlated to ownership and control, the victims are often blamed, for example for rape, as many in a patriarchal world believe that men are entitled to sexual acts and control of women. Moreover, violence is often hidden as it is seen as a private family affair and should not be disclosed, and many believe that one should not interfere with family matters (Guedes et al., 2016).

The evidence from Guedes et al. (2016) is confirmed by several studies. Research from Artz et al. (2016) found that a minimum of 784 967 children in South Africa had suffered sexual abuse before turning 17 years old. Breetzke (2012) argues that domestic violence in South Africa has gotten so normalised, that both men and women view it as a part of everyday life. Moreover, over half of the girls and women surveyed were under the belief that one should obey their husband or man. Seeing that many girls and women accept being controlled by men, one can argue that violence then continues to build up and develop into a norm of the society. Moreover, due to its repetitive nature, violence to a higher degree becomes tolerated or even justified (Breetzke, 2012).

The belief that men has the right to control women, and therefore women should obey men, is however not only a South African phenomenon. The point of using the examples of FGM, and corporal punishment, is to illustrate how patriarchy influences social and cultural norms to a large degree, and has an impact on levels of violence, and levels of VAC. Heise & Garcia-Moreno (2002:95) assert that "cultural justifications for violence usually follow from traditional notions of the proper roles of men and women". These traditional roles find expression in expectations around household roles and sexual behaviour, with men using abuse as a form of power and control (Heise & Garcia-Moreno, 2002).

Another implication of social norms that "accept and condone patriarchy and violent expressions of masculinity" (Dawes et al., 2016:16) is the under-reporting of violence. Bendall (2010) argues that violence often becomes under-reported due to fear of revenge, and that many victims choose to remain silent to portray a happy family, and 'accept' victimhood due to frequency of violence in society. While it is argued that under-reporting often comes because of social norms and that family affairs are private, both authors also acknowledge Guedes et al.'s (2016) argument where victims are being blamed for why the violence is happening is due to patriarchy. All the factors of social norms and victim blaming make it tremendously difficult to report instances of abuse, when research shows clear findings of how accepted and tolerated violence becomes. As Guedes et al. (2016) explain in their study, social norms therefore turn into a barrier for seeking help.

Studies also suggest that colonisation has influenced contemporary societies and the normalisation of violence. Robertson and Oulton (2008) argue that colonisation has had an impact on the perpetration of sexual violence, specifically in the ways in which indigenous women have been constructed as objects, dirty, obscene, and 'rapable', and they suggest this might have contributed to elevated levels of violence and VAC and women.

Mannell et al. (2021) in their study on violence prevention in LMICs argue that a common view within the postcolonial field is that "the violence of colonialism is intimately connected to the high rates of VAWG currently experienced in many LMICs and in aboriginal communities globally" (Mannell et al., 2021:2). They add to the discussion that the factors that contribute to elevated levels of violence in society, especially violence directed at women and girls, as well as inequality and poverty "are often magnified for communities with a legacy of colonialism"

(Mannell et al., 2021:2). Rose (2012) argues that while it is difficult to evaluate where those societies would have been now without colonisation, it is however obvious that colonisation brought about numerous forms of violence such as warfare and killings. Robertson and Oulton (2008) argue that colonisation changed the dynamic of many societies, undermining traditional practices and values held on violence. Rose (2012) agrees, explaining that colonisation had a huge impact on shifting the gender roles, negatively impacting many spaces in which women were previously respected.

3.2.7. Victim

According to the Department of Justice and Constitutional Development (2006:11) a victim is "a person who has suffered harm, including physical or mental injury, emotional suffering; economic loss; or substantial impairment of his or her fundamental rights, through acts or omissions that are in violation of our criminal law". This definition of a victim is also inclusive of those who witness violence. Therefore, children who witness violence as well as those who are subjected to violence are considered victims in this research.

3.3. VAC in South Africa

Violence is a major problem in South Africa, and there have been many discussions surrounding how to best manage the problem. South Africa "has been described as having the highest prevalence and violence-related injury in the world among countries where this is measured" (DSD, DWCPD & UNICEF, 2012:3). This is confirmed by the 2021 Global Peace Index, which ranks South Africa 123rd out of 163 countries. In the past two years, 57.9% of South Africa's population has experienced some form of violence, with more than 50% reporting that violence is the biggest threat to safety (Institute for Economics & Peace, 2021). Moreover, South Africa is marked by extreme inequality, with the highest Gini coefficient in the world. The cause of violence in South Africa can be attributed to the country's socioeconomic issues such as high unemployment rates and lack of education, extreme inequality, its colonial past and apartheid and social and cultural norms that support violence and undermine children and women (DSD, 2014).

Murder rates keep on increasing, reaching their highest in a decade. From 2011/2012 to 2018/2019 homicides have increased by 22%, with a murder rate of 36 per 100 000 (SACN, 2020). In a 12-month period from 2019 to 2020, SAPS recorded 21 325 murders (SAPS, 2020), equivalent to an average of 58 people being murdered per day. While the numbers clearly show

that South Africa ranks as one of the most violent countries in the world, there is also a gendered aspect to violence. According to the World Bank Group (2018), men have a higher probability of being murdered, but women and children are those who suffer most of other types of abuse. In South Africa, men are more than three times more likely to be victims of homicides compared to women, whereas women and girls are much more likely to suffer sexual offences. Statistics show that 120 out of every 100 000 men are victims of sexual offences, which stands in stark contrast to women where 250 out of 100 000 are victims of sexual offences (Statistics South Africa, 2018). According to Willman et al. (2019:7) "the physical and sexual abuse of women is among the most prevalent manifestations of violence in South Africa".

Calculating rates of sexual offences is a complex and problematic endeavour in South Africa, as the statistics from SAPS do not show the actual extent of how bad it is (SACN, 2020). However, according to the 2019/20 *Victims of Crime Survey*, there has been a 17,9% increase in sexual offences between 2018/19 and 2019/20 (Statistics South Africa, 2020a). Statistics South Africa (2018) have been able to calculate an estimate on how many women are raped in South Africa using statistics from SAPS, in which 80% of sexual offenses that are reported are rape and combining this with their own research that shows that majority of sexual offences victims are women (68,5%), leading to a figure of 138 per 100 000 (Statistics South Africa, 2018).

The high numbers of women that are raped in South Africa, have caused the country to be described as the 'rape capital of the world' (Artz et al., 2016; Statistics South Africa, 2018). However, many of the rape cases in South Africa are unfortunately against children. One study in South Africa from 2016 found that a minimum of 784 967 children had suffered sexual abuse before turning 17 years old (Artz et al., 2016). That children to a large degree are affected by violence, and not only by sexual abuse is evident in the literature. Much of the research that has been conducted over the years, with data showing how extensive and prevalent violence in South Africa is, shows that children are a very vulnerable group.

The *South African Child Gauge* (Hall, 2019) reports that there are about 19.5 million children who live in South Africa, approximately 34% of the population. Research shows that the most common forms of violence that children in South Africa are subjected to is sexual and physical violence (Mathews & Benvenuti, 2014). Moreover, they are at the highest risk of being exposed to violence in the home or community, especially in lower-income households, where parents

are absent and they are surrounded by crime, drugs, and alcohol (Mathews & Benvenuti, 2014; Hsiao et al., 2018). Artz et al. (2016) report that there are between 18 000 and 20 000 cases of sexual VAC reported to the police yearly. Richter et al. (2018) report that out of all the sexual offences that are reported to the police, 44% of the victims are children. Moreover, children between the age of three to four are most affected by physical punishment, and close to 60% of caretakers or parents admit exerting physical abuse on their children (Richter et al., 2018). Artz et al. (2016) report that 18% of children in their survey on physical punishment have experienced physical abuse one or more times during their life.

The *Child Death Reviews Study* (Mathews, Abrahams & Martin, 2013) show how common child homicide is in South Africa. In 2009 about 44% of the children that were murdered, were murdered because of mistreatment and neglect. 74% of this extreme abuse was in the age group between infancy and four years old, with the majority of homicides taking place in the home environment. A more recent study of the *Child Death Review* (2015) discovered that teenage boys from 15–17 years old stand a higher chance of getting murdered, and in community contexts such as those with high levels of gang violence. Young children were more likely to get murdered from child abuse, with a 60% chance that the father, stepfather, or partner of the mother were responsible for the murder. In contrast, mothers were 86.5% more likely to be held accountable for the murder of infants (Mathews et al., 2015). This was again confirmed in 2016, that children five years and younger who were murdered was often because of abuse and neglect (Mathews, Martin, et al., 2016).

A more recent longitudinal study, the *Birth to Twenty Plus* (Bt20+) study in Gauteng followed up to 2000 children and families and sought to "give an overview of exposure to and experience of violence, as well as perpetration of violence, across childhood" (Richter et al., 2018:181). The findings show that children were exposed to high levels of violence in many settings throughout their childhood. Only 1% of the children in the study had not been exposed to violence. Reports of violence seemed to increase with the age of the children. As much as 40% of the children had been exposed to or been a victim to four or five of the violence categories studied, which were: exposure to violence in the community; in the home; at school; peer violence; personal experience of violence, and personal experience of sexual violence (Richter et al., 2018). This clearly illustrates the magnitude and how severe violence in South Africa is.

What is concerning about the numbers is that a majority of those affected, especially with regards to sexual abuse, are children. According to SACN (2020:13) "most victims and survivors of this crime do not report the offence because of a lack of trust in the police, or concerns of stigmatisation of themselves or their families". Therefore, it is expected that the numbers are even higher than those displayed. Shielding children from violence that is so deeply entrenched in the society takes a lot of effort, especially when many only know how to solve problems with violence. The statistics shows that a high proportion of caretakers and parents use corporal punishment when raising their children, but what is the reason for this? Or why is it that sexual abuse of children is so widespread, especially young children? What about child homicide? The next parts of this chapter will seek to discover and critically analyse some of the roots of the problem.

3.4. Violence in South Africa through a historical lens

3.4.1. Colonisation and apartheid

The high levels of violence that are reported in South Africa, and statistics throughout the years illustrating how widespread it is, must be analysed and understood through an historical lens. There are various reasons for why violence is deeply embedded in South African culture, and one of the most prominent explanations for this is its colonial and apartheid past (Richter & Dawes, 2008; DSD, DWCPD & UNICEF, 2012; The World Bank Group, 2012; Mathews & Benvenuti, 2014). According to Ward, Dawes and Matzapoulos (2013:4), violence is not something new for the youth in South Africa. The periods of "colonisation, slavery, and apartheid, to the period of resistance and liberation" are all marked by exposure to high levels of violence for young people. Dating back to the 1652 arrival of the Dutch East India Company's representatives in what is now known as Cape Town, South Africa has gone through many struggles marked by high levels of violence including genocide, slavery, and legal disenfranchisement of the majority of the population, generally characterised by discriminatory laws and "racial domination by the white minority" (Morrell, Jewkes & Lindegger, 2012:14) during colonial and apartheid periods lasting until 1994.

There seems to be an agreement in the literature, that all these periods of colonisation and conflict, and especially the legacy of apartheid continue to shape South Africa's society in the wake of its transition to democracy (Richter & Dawes, 2008; The World Bank Group, 2018). The apartheid regime, which was highly influenced by Afrikaner nationalism, segregated white people and people of colour in several arenas, such as the labour market, education, and

government (Mhlauli, Salani & Mokotedi, 2015). The laws that were put in place were highly discriminatory and led to a system of structural violence. The Group Areas Act of 1950 assigned racial groups to different residential areas, often forcibly removing people of colour from their homes and dumping them in remote locations which came to be known as townships. The most developed areas were reserved for the white population (The World Bank Group, 2018).

3.4.2. High levels of inequality

Richter and Daves (2008:79) stipulate that apartheid is one of the root causes for why South Africa is marked by extremely high levels of inequality, and that it led to "marginalisation and impoverishment of the majority of African people". Research shows that social and economic inequality is one of the main drivers of violence, and areas that are marked by high levels of socioeconomic inequality often see elevated rates of crime and violence (Brankovic, 2019; The World Bank Group, 2018). According to Brankovic (2019), socioeconomic inequality has increased in the aftermath of apartheid. Harrison (2017:43) reports that "10% of the populations owns 90 – 95% of all wealth, while the poorest half of the population owns no measurable wealth at all". Of those 10%, the majority are white, and in the words of Brankovic (2019:3) South Africa "still follows racial lines".

Poverty is quite evident in many of the townships, and there are often high levels of violence (The World Bank Group, 2018). This violent legacy of spatial and racial inequality is evident in one of the apartheid 'dumping grounds' – the Cape Flats, which is known to be one of the most poverty-stricken areas and one which is the hardest struck by violence, especially VAC (Weber & Bowers-Dutoit, 2018).

Inequality and the breakdown of social structures that contribute to current levels of violence have their roots in the Pass laws, the Group Areas Act, and the migrant labour system, all of which contributed to the separation of families (Mathews & Benvenuti, 2014). The migrant labour system particularly led to many broken families characterised by a vast majority of absent fathers (Mathews & Benvenuti, 2014; Republic of South Africa, 2020). It is therefore argued that South Africa's high rate of single-headed households and family disruption is a result of apartheid policies, which research finds is a risk factor for perpetration of violence or being victimised (Coovadia et al., 2009). That men and fathers historically were forced to work away from home and be the breadwinners of the family is apparent in present-day South Africa,

where disruption in family life is still common. In 2014, it was reported that more than 60% of children had an absent father (Jamieson & Richter, 2017).

Violence exerted by the military was seen as legitimate and even inevitable during apartheid, and when this kind of violence was being justified, and moreover accepted as a strategic move by political parties, it is without no doubt clear how violence also manifested itself in the community and took root in people's minds (Pandey, 2012). Graham, Bruce and Perold (2010:93) assert that "Apartheid South Africa is a case in point where state violence was defined as legitimate while acts of resistance were defined as terror attacks". Moreover, apartheid made it very visible who had power and not, and power often came with violence. This has influenced society, and how many use violence to reach their goals (Edberg et al., 2015). Hamber (2000) also points out that the apartheid regime created not only a culture of violence, but also a mistrust in the state, the society, and its citizens. The use of the police to enforce apartheid with violence has also led to a population with little trust in authority and the rule of law.

The youth were also badly affected by the discriminatory laws and inequality apartheid brought about. Many turned into political activists and were in the front line of the struggle, and a large group of the youth even quit their education. The criminalisation of anti-apartheid political activity meant many were treated as criminals, while some turned to criminality directly (Pandey, 2012). During apartheid, the state confined youth activists and criminals to "prisons, reformatories and schools of industry" (Ward, Dawes & Matzapoulos, 2013:4). Reintegration of the youth into society after becoming political activists and criminals became a rather slow and difficult process (Pandey, 2012). At a later stage, it is in fact argued that the state's response, sending them to these institutions during apartheid, has been one of the main reasons for why the youth have become involved with gangs in the Western Cape (Ward, Dawes & Matzapoulos, 2013). As we know, there is usually a lot of violence associated with gangs.

What can be seen from this analysis, is that the literature clearly pinpoints that apartheid is one of the main causes for violence in contemporary South Africa. Sadan and Mathews (2014), argue that much of South Africa's past is to blame for the widespread and yet often tolerated violence, and that in many cases a failure to punish perpetrators of violence. It is therefore argued that the political violence and the state's response during apartheid, combined with criminal activity have led to a society with elevated levels of violence, and in the aftermath "for many people in the country, violence was – and continues to be – a primary strategy for conflict

resolution" (DSD, DWCPD & UNICEF, 2012:8). Moreover, it is argued that the highly unequal society that is marked by severe poverty, unemployment and low levels of income, with the addition of "patriarchal notions of masculinity that support the use of violence and risk-taking – all which contribute to the extraordinary high levels of violence in South Africa" (Sadan & Mathews, 2014:80). The idea of masculinity and the social and cultural norms that continues the vicious cycle of violence in South Africa is something that this paper will dig deeper into in this next part of the chapter.

3.5. Social and cultural norms and values in South Africa

As discovered in the literature review, social and cultural norms can often justify and even condone the use of violence, such as the belief that it is impossible to raise a child without physical punishment. Social and cultural norms can be described as "the rules of expectations of behavior and thoughts based on shared beliefs within a specific cultural or social group" (National Academies of Sciences, Engineering, and Medicine, 2018:1). Social and cultural norms often lay the foundation for what people or society deem right and wrong, and they can be seen as unwritten rules of a community, culture, or society. In other words, they govern and provide a standard for action (WHO, 2009; National Academies of Sciences, Engineering, and Medicine, 2018). As such, cultural and social norms can both justify and encourage the use of violence, but also protect against it. Thus, one is likely not to ignore and break those norms, in fear of punishment or disapproval (WHO, 2009).

Neville (2015) argues that social norms are also associated with a form of pressure. For instance, to fit into a group, there is a certain criterion for how it is expected that you act. Groups or even society as previously mentioned, are therefore able to influence an individual's behaviour. Likewise, those who legitimise the use of violence continue to reinforce that norm. WHO (2009:4) assert that "different cultural and social norms support different types of violence". Traditional beliefs also form part of what is deemed right and wrong (WHO, 2009), and some traditions, for example, might view women as subordinate of men in which wife-beating might be justified (Mathews & Benvenuti, 2014). Tradition is "the customs, beliefs and values of a community which govern and influence members´ behaviour" (Mathews & Benvenuti, 2014:28).

Social and cultural norms dictate our lives, and in turn, they also provide the basis for how we react to certain actions, such as violence. Social and cultural norms exist everywhere, including

South Africa. Hsiao et al. (2017) argue that since violence is so deeply entrenched in South Africa, it has become difficult to tackle it or find good solutions to prevent it. One reason for this is that "the use of violence is often supported by norms that value violence as a way to solve problems" (Hsiao et al., 2017:6). That violence in South Africa is seen as a quick fix for solving problems became evident from the analysis. Seen from an historical perspective, the apartheid era has instilled many social norms into society, such as a culture of violence. This insight gives clues to understand the prevalence of violence, and suggest interventions that may prevent VAC.

3.5.1. How patriarchy and gender norms shapes society and influences violence

One of the clearest indicators of violence globally and in South Africa as evidenced throughout this paper, is how patriarchy shapes society and influences violence. The literature review shows that patriarchy, the notions of what masculinity is, and what constitutes the ideal man, are some of the main drivers of violence on the globe. This patriarchy is deeply entrenched in South Africa, and not only impacts women but children too (Hamber 2000; Richter & Dawes, 2008), and contributes to a normalisation of violence, one which to a high degree justifies violence by men against women and children (Mathews & Benvenuti, 2014). Newer research also identifies patriarchy and frustrated masculinity as one of the main causes for the high levels of violence in South Africa (Brankovic, 2019).

Edberg et al. (2015:16) argue that "it is important to address the role that cultural models of masculinity play in South Africa, as these relate to physical, sexual and emotional violence against children". Bhana (2012:356) states that "age, gender and cultural context have created gender hierarchies and a construction of masculinity premised on sexual entitlement". A vast majority of South African girls report that their first sexual encounter was not on their own free will, either being coerced or forced into it (Mathews & Benvenuti, 2014). The sexual entitlement is, according to Bhana (2012), due to the power relations, constructions of masculinity and support of a gendered environment in South Africa which secures men exemption from punishment or any consequences of their actions. This raises a valid fear of rape among girls and women. Additionally, the social norm that sexual and intimate partner violence is a private affair, lets VAC silently continue (Shai & Sikweyiya, 2015).

Mathews & Benvenuti (2014) state that both girls and boys alike do not see the forced or coerced sex as abuse, but rather as a norm in any intimate relationship. This is supported by

Weber and Bowers-Dutoit (2018), who found in their study that 40% of victims of IPV did not perceive it as a violation, rather it was expected. This can be seen in van Niekerk and Boonzaiers' (2019) study on IPV in South Africa, which finds that IPV were often concealed and described as a fight or 'lover's quarrel'. Labels such as victim and perpetrator were disregarded, and the aftermath was romanticized due to the narrative of 'kiss and make up'. Such a narrative downplays the severity of IPV and puts the focus on the aftermath rather than the actual violence taking place.

Nevertheless, forced sex does instil fear and vulnerability in the girls, despite the expectations of coerced sex. So, on one hand, such toxic masculinity of sexual entitlement is despised, while at the same time being largely accepted by both genders (Bhana, 2012). Röhrs (2017) notes that households where women deem wife-beating as normal in a relationship, children are more likely to be victims of physical abuse. Many men also seem to justify sexual abuse through their so-called biologically high sex drive (Richter & Dawes, 2008). It is therefore argued that the high numbers of children who are murdered in the context of sexual abuse in South Africa, is related to a hegemonic masculinity in which men see women and children as inferior, believing they are entitled to power and therefore are able control them (Mathews et al., 2013).

3.5.1.1. Society's ideal

This notion of entitlement must however be seen in relation to society's idea of what a man should be. For example, masculinity during the apartheid era was characterised by the white male Afrikaner who showed authority and leadership, who were dominant over all other masculinities and femininities (Swart, 2001). Gqola (2016) identifies two forms of post-apartheid masculinity that is linked to South African nationalism. The first is named 'heroic nationalism'. This form of masculinity is heroic in nature and is built upon activism and just political action. This form has however been criticized for normalising violence and cancelling women's activism, and not serving the best interest of women. The second form is named 'aspirational nationalism', which is aspirational masculinity aiming to rebuild the nation (Gqola, 2016).

Phyfer and Wakefield (2015) explain how contemporary South Africa celebrates a masculinity that is characterised by aggressive and violent behaviour. Coovadia et al. (2009) assert that masculinity in South Africa today is related to a history of war and violence, which very much favoured hierarchical authority and asserting power through physical strength. Traditionally

society view men as brave, aggressive, and tough, and in South Africa the only addition to this hegemonic masculinity is the perception that men must be in control, and are superior (DSD, DWCPD & UNICEF, 2012; Phyfer & Wakefield, 2015). Moreover, according to van Niekerk & Mathews (2019), masculinity in South Africa is to a high degree marked by competition between men, drinking alcohol, as well as the use of violence to get respect. Foster (2013:43) asserts that "an extremely toxic form of masculinity operates in nearly a third of young South African men", which is marked by violent behaviour towards their partner, rape, and serial rapists. Coovadia et al. (2009) explain how the idea of sexual entitlement is not something new, but gang culture and urbanisation has led to elevated levels of VAW.

These masculine traits are often demonstrated through violent and aggressive behaviour, a way to show society they are conforming with the ideal of manhood (DSD, DWCPD & UNICEF, 2012; Phyfer & Wakefield, 2015). In other words, violence is society's expected norm on how boys and men should behave. Often this aggressive behaviour is justified, and that due to the gendered expectations society holds, in which men strive to conform to the expected ideal (Morrell, Jewkes & Lindegger, 2012). The outcome of this, is that on one hand it makes children incredibly vulnerable as it exposes them to violence, and on the other hand, boys are taught from a young age that to become a man, one must conform to certain ideals that society expect of you, like being aggressive and physically strong (Phyfer & Wakefield, 2015). Edberg et al. (2015:16) add that "male cultural models supporting violence would not persist if there was not a concomitant social process of legitimization – that is, where the violent behaviors result in gain, and possibly respect, approval, acceptance or even admiration". Phyfer and Wakefield (2015) therefore argue that it is vital to change the norms surrounding gender, as these norms influence how both men and women define the personal conception of themselves. Thus, a change in the norms can contribute to preventing violence and even to a high degree decrease it (Phyfer & Wakefield, 2015).

3.5.1.2. Legitimising violent behaviour

The social process of legitimising violent behaviour that might lead to a sense of belonging, respect or some sort of gain is evident within two areas for male boys. First is through male role models. As previously mentioned, men were assigned the role of providing the financial support to their families during apartheid, and many were forced to work away from home (Jamieson & Richter, 2017). Apartheid's family separation has continued into contemporary South Africa, in which many childhoods are marked by absent fathers, living in single-headed

households led by mothers. Mathews et al. (2013) argue that growing up with an absent father can contribute to the hegemonic masculinity in South Africa. This leads to situations where boys must look towards their community for male role models. Socialisation in the community, especially poverty-stricken and high crime communities can lead to exposure to violence and gangs (Mathews, Jewkes & Abrahams, 2011). Thus, being exposed to men in their community who exert violence can lead to violence becoming normalised. Boys therefore start to internalise this behaviour, and later start perpetrating it (Edberg et al., 2015).

The second area where the social process of legitimising violent behaviour is evident, is within the gang community, with predominantly violent masculinities. As mentioned, the lack of male role-models at home creates an arena in which boys seek socialisation, a sense of belonging, respect, and male affirmations from their community (Mathews, Jewkes & Abrahams, 2011). A large number of South African men and boys get involved with gangs. One explanation for this is "that apartheid rendered so many traditional aspects of adult manhood unattainable, including a family and fulfilment of a provider role" (Coovadia et al., 2009:822), and this dynamic continues to the present day. The notions of manhood were therefore assigned to other roles, such as partaking in gangs that led to male bonding, which often result in becoming involved in crime to make an income (Coovadia et al., 2009). Being a gang member is for many boys and men associated with reaching ultimate manhood.

3.5.1.3. *Gender transformation and equality*

Ratele (2014) brings a different, yet important outlook to the debate on gender norms. One of his arguments is that much of the South African government efforts have been directed towards the empowerment of women and girls and gender equality, whereas boys and men have not been regarded as vital when confronting gender transformation. This despite boys and men also being very much affected by patriarchal norms (Lorentzen, 2011; Ratele, 2014, 2015). Men are consistently viewed as the perpetrators of violence, and statistics show that they are overrepresented in almost all forms of violence. However, van Niekerk et al. (2015) argue that boys and men to a high degree are vulnerable to different forms of violence and health problems, yet governments efforts seem to ignore that boys and men can also be the victims of violence. They point towards the White Paper on Safety and Security, in which they argue that it does not include men as possible victims of violence. Ratele (2015) and van Niekerk et al. (2015) therefore argue that South Africa must seek to change their legislative approach and

include boys and men in policies on violence prevention, not only as the perpetrators of violence, but also as the victims of violence.

Ratele (2014) asserts that to achieve gender transformation and equality, one must also recognise boys and men as gendered, otherwise it will be impossible to challenge the concepts of masculinity. Therefore, boys and men must be engaged to get a deeper understanding of the gendered relations and norms, while also being regarded as a target for gender transformation, as gender transformation cannot happen without men's engagement.

3.5.2. A culture of violence

There is no doubt that as previously explained apartheid has contributed to high levels of violence in contemporary South Africa. Hamber (2000) stipulates that South Africa's history created a culture of violence, one in which political parties justified the use of violence to reach their political goals. Van der Merwe, Dawes & Ward (2013) agree with this notion, explaining that the youth was taken advantage of by the apartheid state, used to continue the anti-democratic, harsh, and authoritarian policies, both as victims and perpetrators of violence. In post-apartheid South Africa this have led to "legitimisation of violence provides the role models as well as an implicit standard that the use of violence is acceptable and, perhaps even more, necessary and laudable. In the absence of clear anti-violence standards and norms, it is almost inevitable that children learn violent behaviours" (van der Merwe, Dawes & Ward, 2013:79).

Pandey (2012) argues that the justified and tolerated violence during apartheid exerted by military and political parties, has led to a perception in society in which violence is seen as an effective and even suitable response to deal with conflict. In post-apartheid South Africa, this notion has extended and led to a normalisation of violence, one that people see as a valid response to their dissatisfaction or anger (Pandey, 2012). This behaviour is therefore one that is taught from an early age, not necessarily direct, but children indirectly learn such a behaviour from seeing their role models in society. Graham, Bruce and Perold (2010) agree with this, arguing that those who were recruited during apartheid, either as the resistance to apartheid or to serve apartheid were trained how to fight or even kill: "Many of these young people are now parents of children, and some may pass this legacy of violence to their children through domestic violence, or simply acceptance of violence as a solution to conflict" (Graham, Bruce & Perold, 2010:98). The normalisation of violence can almost be described as a language,

according to Edberg et al. (2015), explaining that children learn violence before they are able to speak.

Another point the literature identifies that legitimises a culture of violence, is what Hamber (2000) refers to as an ineffective criminal justice system, which legitimises violence by creating the impression that criminals will not be held accountable for their crimes. Mahlangu, Gevers and De Lannoy (2014) concur, they point towards the finding of a study on rapists, which shows that few perpetrators are arrested, and that no more than half of the 21.2% arrested were imprisoned. Moreover, estimations from 2015/2016 shows that only 4% of sexual abuse perpetrators are arrested, and 24% murderers (Willman et al., 2019). This also leads to a society with little trust in the police (Pandey, 2012). While domestic violence often goes unreported due to the belief that it is a private matter, little trust in the police is also a factor that contributes to under-reporting (DSD, DWCPD & UNICEF, 2012).

Mistrust in the police must also be seen in relation to South Africa's apartheid past, where police were the enforcers of apartheid laws, and often violence and murder (Zondi & Ukpere, 2014). It is also reported that after the end of apartheid, there have been human rights violations by the police. Between 1997 and 1998, statistics show that 1081 people lost their life while in police custody, or as the result of abuse by the police (Hamber, 2000). Newer research shows that police violence is very much prevalent. Between 2012 and 2019 there have been over 800 reports of sexual abuse and rape by the police, over 1000 reports relating to torture and more than 26 000 complaints of assault. Between 1997 and 2012 alone the police were responsible for 6849 deaths (Bruce, 2020). Pandey (2012) argues that with the police modelling violence, violence then becomes identified as a justifiable solution in the context of domestic, social, and even political problems. Considering the small number of perpetrators who are sentenced and jailed for their crime and police modelling violent behaviour, it is clear why few decide to report abuse or trust that the police will act.

3.5.3. Parenting practices

Another factor that is part of normalising the use of violence is traditional parenting practices, as previously discussed. Corporal punishment is a very common parenting practice in South Africa, and the statistics on the nature of violence in South Africa illustrate that more than 60% of parents admit to the use of physical punishment. Mathews et al. (2013) state that many parents exert physical violence on their children, but conceal it under the term discipline, which

overall is classified as an accepted parenting practice. This is also acknowledged by Grobbelaar and Jones (2020:67), who assert that in South Africa, "the distinctions between discipline and punishment have been blurred for decades".

Corporal punishment is also used in schools, and the Department of Basic Education (DBE) offers this useful definition:

> Any deliberate act against a child that inflicts pain or physical discomfort to punish or contain him/her. This includes, but is not limited to, spanking, slapping, pinching, paddling or hitting a child with a hand or with an object; denying or restricting a child's use of the toilet; denying meals, drink, heat and shelter, pushing or pulling a child with force, forcing the child to do exercise. (DBE, 2000:6)

As part of South Africa's commitment to protect children from violence through its official agreements with the African Charter on the Rights and Welfare of the Child and UNCRC, corporal punishment was banned in South African schools in 1996 (DBE, 2017). The South African Schools Act (Act 84 of 1996) stipulates in Section 10(1) that: "(1) No person may administer corporal punishment at a school to a learner; (2) Any person who contravenes subsection (1) is guilty of an offence and liable on conviction to a sentence which could be imposed for assault" (Republic of South Africa, 1996b:10). Prior to this, corporal punishment was not only used as the primary tool for disciplining children in schools, but also formed part of the justice system (Richter & Dawes, 2008).

However, evidence suggests that corporal punishment continues to be used as a form of disciplining in schools. The National School Violence Study (NSVS) of 2012, which was undertaken by the Centre for Justice and Crime Prevention (CJCP), shows that 49.8% of the pupils reported being subjected to corporal punishment by a teacher, up from 47.5% in 2008 (Burton & Leoschut, 2013). A second study from the Western Cape in 2015 found that 83% of the schools in the sample had made use of corporal punishment, pupils reported that there were daily instances of physical punishment in 37% per cent of the schools, and once or several times a week in 59% of the schools (End Corporal Punishment, 2019). Moreover, Equal Education (2016) reports that while corporal punishment is illegal, the Employment of Educators Act only classifies corporal punishment as a serious offence when it leads to 'grievous bodily harm'. Thus, teachers will often get a written warning, which is only valid for six months giving serial

offenders and easy way out of long-term consequences. This shows that despite laws being put in place that are supposed to protect the children, substantially fail.

3.5.3.1. Why prohibition of corporal punishment fails

The literature suggests that prohibiting corporal punishment fails due to numerous reasons. First, according to the DBE (2000), corporal punishment was seen as a fundamental part of the school system during apartheid. During that time teachers used it as a tool to remain in authority, turning the children into passive citizens. It was all about who had the control, and those who were behaving unruly were punished with the cane. Morrell (2001) asserts that many teachers believe that it is impossible to discipline a child without it, and that many parents and teachers believe that "corporal punishment administered justly ('with love') is necessary and right" (Morrell, 2001:293). Marumo and Zulu (2019) argue that many teachers still believe in the principles from apartheid, in which the teacher should have complete authority and instil fear in the children, and the philosophy of 'spare the rod and spoil the child'. This must also be seen in relation to the introductory point, that the lines between discipline and punishment for many are blurred. Thus, children/pupils might get punished rather than disciplined (Marumo & Zulu, 2019).

The second is related to power. The literature suggest that the ban of corporal punishment makes teachers feel helpless and powerless (Department of Education, 2000). They are under the impression that by using alternative forms of discipline, they will not be in control anymore. In a study conducted by Maphosa and Shumba (2010), teachers reveal that using corporal punishment makes it easy to remain in control. They argue that it is effective because the children fear the pain. Not being allowed to use corporal punishment makes them feel weak. Thus, teachers fear losing their authority (Edberg et al., 2017). Additionally, some are of the perception that the prohibition on corporal punishment have led to careless and unruly pupils that do not respect and listen to their teachers (Makhasane & Chikoko, 2016). DBE (2000) explains that educators believe beating a child leads to respectful and disciplined children, prevents young people from being violent troublemakers.

Third, it seems as even if teachers are aware of the ban, many do not want to use alternative forms to corporal punishment because they prefer corporal punishment and are of the opinion that corporal punishment is quick and effective, easy to use, and it does not take a lot of time and effort (Department of Education, 2000; Marumo & Zulu, 2019). In contrast, teachers argue

that alternative methods are time consuming, require skill and patience, and take too much effort to implement (Ntuli & Machaisa, 2014; Marumo & Zulu, 2019). Furthermore, many are of the opinion that the alternatives are ineffective. However, evidence also showed that reasons for not using alternative forms, was due to a lack of knowledge on how to implement them (Marumo & Zulu, 2019). Moreover, some teachers view corporal punishment as harmless and argue that it is simple and the "only language that children understand" (Ntuli & Machaisa, 2014:1782). Corporal punishment therefore becomes easy, as it requires no skill. According to Morrell (2001), parents also support (and therefore enable) the use of corporal punishment in schools as it is also utilised in the home.

Fourth, as previously mentioned, 'reasonable or moderate chastisement' was previously allowed by law in the home. As of September 2019, this form of parenting practice is now seen as unlawful, with the High Court of Gauteng finding it unconstitutional "under the articles 10 and 12(1)(c) of the Constitution" (End Corporal Punishment, 2019:1). According to Edberg et al. (2017) corporal punishment is a traditional parenting practice, and that what normalises it, is that many teachers and parents do not classify corporal punishment as a form of abuse. Additionally, many parents are not aware of alternative methods to discipline their children, or even have knowledge on what constitutes appropriate parenting (Tomlinson, Dawes & Flisher, 2013). There is also a scepticism to new approaches (Marumo & Zulu, 2019). The literature also suggest that parents continue with corporal punishment, because that is what their parents used, so it continues as an intergenerational parenting practice (Vaughan-Eden, Holden & LeBlanc, 2019). Thus, a lack of knowledge in other parenting methods and the argument that the parents did not take any damage when they were children, silently contributes to an acceptance of corporal punishment as a proper parenting practice. Mathews and Benvenuti (2014) add that parenting practices must be seen in relation to gender norms, in which women are often assigned the role of parenting. In South Africa, single-headed households are common, with the majority of those led by a female. Stress and poor socio-economic status can at many times lead to "harsh and inconsistent parenting practices" (Mathews & Benvenuti, 2014:26).

The power relations between an adult and a child also signals a common social norm when it comes to the parents view on corporal punishment. Dawes et al. (2005) maintain that adults typically view themselves as superior over children, believing that they should be in charge and in control over the child. DSD, DWCPD and UNICEF (2012:11) assert that many also hold the

belief that "children are viewed as the property of adults, thus denying them recognition and rights", which leaves children vulnerable to violence and unlikely to report abuse (Mathews & Benvenuti, 2014). Many parents argue that a prohibition of corporal punishment interferes with their private lives, that it becomes a hindrance to culture and religion and that it violates a parent's opportunity to raise a child as they please (Bower et al., 2015). Moreover, domestic violence is often seen as a family affair and kept private, which adds to the silencing of abuse (Bendall, 2010). It therefore becomes evident, that in many families, children are rather viewed as property instead of free individuals with rights, and when violence is used domestically and accepted as a parenting practice, it makes it easy to understand why teachers also become more inclined to use corporal punishment in school settings, despite a ban.

Norms about corporal punishment must also be seen in relation to the justice system. Up until 2019, when the Constitutional Court declared 'reasonable or moderate chastisement' unconstitutional (van Niekerk & Mathews, 2019), parents could apply 'reasonable or moderate chastisement' at home. Mezmur (2018) documents the international opposition towards the South African government stance to allow it. Slovenia in 2008, Mexico in 2012 and Israel and Liechtenstein in 2017 recommended that the South African government should prohibit and punish corporal punishment. All three occasions were reviewed by the Human Rights Council, which forms part of the UN General Assembly, and it was found that the South African government poorly responded to all three instances, arguing that it already addressed corporal punishment in their legislation, that it is outlawed, and perpetrators will be punished. Bower and Dawes (2014) argue that since corporal punishment has not been prohibited in the home, children are still not protected against violence. 'Reasonable chastisement' therefore still allows caregivers to physically attack children under the guise of disciplining.

3.5.4. Cultural practices and beliefs

South Africa is well-known for being multicultural and diverse. While it is important to respect cultural and traditional practices, there are unfortunately some cultural and traditional practices and beliefs that support the use of violence and directly contribute to VAC (Edberg et al., 2015). The culture who practices their beliefs might not perceive it as violence, but from an outside point of view it would be classified as violence. For example, the perhaps uncommon, but still persistent myth that having sex with a young virgin will cure a HIV/AIDS positive person of its disease (Posel, 2005). A case study by Dawes et al. (2016) shows how two teenage twins were sexually abused by their stepfather, after being told by a traditional healer that having sex

with a virgin would cure him. AfriForum (2020) reports that this myth is one of the root causes for infant-rape in South Africa. While infant-rape is rare, there are however numerous reports in South Africa. In 2001 a nine-month-old baby was raped by six men, which caused shock and outrage, and was the first time it was captured in the media. Moreover, it resulted in a new category of sexual violence, that of baby rape (Posel, 2005). In 2013, an extreme case was reported where a six-week-old infant was raped by her uncle. In 2019, another two cases were reported, one eight-month-old infant, and one 12-month-old (AfriForum, 2020).

Jewkes et al. (2011) argue that the HIV cure myth itself is not necessarily a motivator for sexual abuse, but their findings show that a general notion of 'cleaning' of sexual diseases could be seen as motive for rape of young girls. Three men in their study who knew they were HIV positive had raped young girls for the purpose of sexual cleansing. What this myth does is not only put children at risk of contracting sexual transmitted diseases such as HIV/AIDS, but children also become vulnerable to extreme sexual abuse (Coetzer, 2005).

3.5.4.1. Virginity testing

Another cultural and traditional practice that is harmful to children is virginity testing of girls, also traditionally known as *ukuhlolwa* or *ukuhlolwakwezintombi* (DSD, DWCPD & UNICEF, 2012; Durojaye, 2016). Virginity testing is a gynaecological examination conducted by an older woman from the community that checks whether the hymen of the girl is intact, indicating virginity, or not (Wadesango, Rembe & Chabaya, 2011; Mdhluli, Lee & Matshidse, 2017). Those who 'pass' are awarded a certificate that symbolises their purity, and those who 'fail' are typically questioned to establish whether the girl gave their consent, if it was sexual abuse and who the boy is. While those who 'pass' are celebrated, those who 'fail' are often shamed and made fun of (Durojaye, 2016).

Opponents of the practice argue that the practice is "unconstitutional, unhygienic and violates the human rights of those being tested" (Taylor et al., 2007:29). The practice is not only highly discriminatory, considering it only targets girls (DSD, DWCPD & UNICEF, 2012), but the practice also "humiliates and undermines the dignity and bodily integrity of girls" (Wadesango, Rembe & Chabaya, 2011:127). Chisale and Byrne (2018) argue that from a human rights approach, the practice takes away women's freedom and their rights to privacy, in which the community takes part in controlling women's sexuality and their sexual behaviour. On the other hand, the proponents of the practice claim that it prevents teenage pregnancy, that it provides

sexual education and prevents the spread of HIV/AIDS, and that it can uncover sexual abuse of children (Taylor et al., 2007; Wadesango, Rembe & Chabaya, 2011; DSD, DWCPD & UNICEF, 2012; Chisale & Byrne, 2018). Moreover, it is argued that the practice is essential for the continuation and conservation of good moral values for the society (Durojaye, 2016). Mdhluli et al. (2017) explain that one of the main reasons for why virginity testing receives so much support throughout different societies and from a political and cultural standpoint, is due to the belief that it is part of combatting the HIV/AIDS pandemic. Thus, the practice becomes justified in the means of preventing HIV/AIDS (Durojaye, 2016).

Taylor et al. (2007) investigated the practice from a learner's perspective. Out of 846 participants with a median age of 16, 58% were girls, and 42% were boys. Girls typically found virginity testing to be an advantage, compared to the boys. More than 50% of the participants viewed it as advantageous, due to it being a cultural practice. 54.6% of the girls were also of the belief that virginity testing gave their parents a reason to be proud of them. What is interesting about the study, is that mostly female family members support the practice. It is therefore likely that there is a social pressure to undergo the practice, not only due to the fear of being shamed and made fun of, but also to satisfy, and gain acceptance from their parents. Moreover, many of the girls reported that being a virgin allowed them to be proud of themselves (Taylor et al., 2017).

However, there is no scientific proof to establish whether a girl is a virgin or not (Rafudeen & Mkasi, 2016). Despite this, many girls experience social pressure of the practice, feeling forced to participate which by many is considered not only unhygienic, but also as mentioned, ineffective as there is no scientific proof (Mdhluli, Lee & Matshidze, 2017). Moreover, there is no evidence which demonstrates a lower infection rate of HIV due to virginity testing. Rather, the literature seems to suggest that the practice of identifying girls as virgins puts them at the risk of sexual abuse and becoming targets of HIV+ men who believe in the earlier noted virgin cure myth (Mswela, 2009). Durojaye (2016) argues that the social pressure of purity also contributes to a hesitation of reporting sexual abuse, due to the fear of being shamed by their peers and the community. The practice is therefore one that can be argued to contribute to VAC, as it controls girl's sexuality and bodies, placing value on those who are considered pure and worthy of a higher bride wealth than those who are viewed as 'dirty'. It takes away girls' freedom and authority over their own body.

3.5.4.2. Male circumcision

While the two beliefs to a high degree are gendered, where girls stand at a much higher risk of becoming victims, circumcision on the other hand is one that predominantly affects boys. Gwata (2009) points towards studies from Uganda, Kenya, and South Africa, which suggest that circumcision works as a preventative measure against HIV infection, by lowering the risk of infection by 60%. While circumcision is an important topic within the public health debate, male circumcision is common in South Africa. DSD, DWCPD and UNICEF (2012) report that close to 35% of males are circumcised in South Africa. It is an initiation and rite of passage amongst some cultures and ethnicities, with the aim of transforming boys between the ages of 15 and 25 into men (AfriForum, 2020). It is not only about transformation to manhood, but also about receiving acceptance and respect from the community (Gwata, 2009). Thus, the traditional practice about one's status in society, and has a symbolic significance (Howard-Payne & Bowman, 2017). Moreover, the South African Constitution protects traditional male circumcision and its initiation schools by law (Douglas et al., 2018).

While the traditional male circumcision is an important cultural practice for many men, it has also come under much scrutiny and been the subject of debate in South Africa, due to the health risks. Annually several deaths and complications are recorded. Traditional circumcision is done with a spear or blade with no form of anaesthesia (Gwata, 2009), in which part of the practice is that the boys must "endure and overcome physical pain" (Howard-Payne & Bowman, 2017:70). In the aftermath, initiates are subjected to dietary regulation, there are restrictions on what they can drink, and in addition to this it is reported that some boys go through severe punishment and beatings (Gwata, 2009).

In 2007 alone in Eastern Cape, it was recorded 24 deaths, 41 mutilations and 329 hospital admissions due to the practice (DSD, DWCPD & UNICEF, 2012). In 2015, 129 deaths were reported, and yearly estimations shows that about 250 men require a penile amputation due to traditional circumcision (Moodley & Rennie, 2018). A study conducted by Douglas et al. (2018) found that men who opt for medical over traditional circumcision are often rejected by friends or family from their community. It is argued that the traditional way is the only way that makes you a real man, and it is considered a disgrace to not complete the ritual. Therefore, many parents decide to keep their sons at the ritual sites, and not send them to a healthcare facility for medical care if problems occur. While the law has put a legal minimum age of 18 years to undergo the ritual, there exists numerous illegal initiation schools with non-certified

surgeons and nurses where boys as young as 11 years old have been through the procedure (Douglas et al., 2018). It is these illegal initiation schools that the literature argue are at fault for the botched circumcisions and deaths (DSD, DWCPD & UNICEF, 2012).

The initiation must be regarded as a construction of masculinity with pride in its symbolic value. But as the literature shows, many men go through the ritual out of fear of being rejected, despite the risk associated with it. While the practice is sacred, it might at the same time be harmful and potentially harm young boys, especially the illegal initiation schools.

3.6. Conclusion

In this chapter, the literature relating to VAC, such as terms and concepts and the consequences of VAC were considered. The chapter demonstrated the severe consequences of VAC in its different forms, how violence manifests itself, the history of violence in South Africa, and the nature of the state and society in South Africa. The latter section clearly identifies social and cultural norms and values as a major driver of violence in South Africa. For example, the chapter finds that patriarchy and gender norms are deeply entrenched in South Africa and are some of the main drivers of violence. Another is South Africa's culture of violence that manifests itself in role models, the criminal justice system, and police violence. In addition, there are parenting practices and cultural practices and beliefs which normalise the use of violence through traditional parenting practices like corporal punishment, as well as harmful cultural and traditional practices such as virginity testing. All of these factors will contribute to the critical analysis of the INSPIRE strategies in South Africa and to a later discussion on its prospects for success in the following chapters.

CHAPTER 4: SOLUTIONS THAT ADDRESS VIOLENCE AGAINST CHILDREN

4.1. Introduction

This chapter focuses on solutions that address VAC with a view to determining the relevance of the INSPIRE strategies in South Africa. To be able to ascertain INSPIRE's relevancy and feasibility, the chapter will explain how INSPIRE was developed, and what the programme seeks to address. The chapter will also discuss whether there has been any implementation of INSPIRE in other countries, and how INSPIRE is related to South Africa. The chapter will also investigate prevention and intervention programmes that have been conducted in South Africa. The interventions will be examined and compared to the INSPIRE framework in order to critically examine whether the South African government will be able to implement such strategies.

4.2. INSPIRE – Evidence-based strategies

During recent years, there have been numerous global initiatives seeking to end violence such as UNICEF's #ENDviolence campaign from 2013, in which more than 100 countries have been engaged (UN, 2019). The SDGs of 2030, including the goal of ending all forms of VAC has brought about the development of the Global Partnership to End Violence Against Children in 2016. This partnership seeks to raise awareness on best evidence practices for violence prevention, organise, and provide resources and support as well as pushes for change (Prevention Institute, Violence Prevention Alliance & End Violence Partnership, 2020). One of the newest initiatives that launched together with the Global Partnership to End Violence Against Children is the evidence-based package called *INSPIRE: Seven strategies for ending violence against children* (The End Violence Partnership, 2020)*.* INSPIRE is the first global programme that has become the dominant VAC prevention framework globally, and it incorporates interventions based on the most robust evidence available. The technical package consists of seven strategies that provide guidelines for countries that have committed to the SDG Target 16.2, on how to prevent and respond to VAC. The strategies are built on best practice methods for responding to and preventing violence (WHO, 2018; Prevention Institute, Violence Prevention Alliance & End Violence Partnership, 2020).

The End Violence Partnership actively encourages the INSPIRE strategies through the Pathfinding programme, which seeks to shed light on violence prevention, stimulate leadership, commitment and motivate action for ending VAC. The countries that become members of the Pathfinding programme, all publicly dedicate themselves to partake in the battle against VAC.

They "embark on a nationally-driven process to develop comprehensive, multisectoral action plans informed by evidence-based solutions" (The End Violence Partnership, 2020:17). The INSPIRE programme also encourages engagement on the regional and global plan (Prevention Institute, Violence Prevention Alliance & End Violence Partnership, 2020). Moreover, the WHO initiated the INSPIRE strategies in 2016, and the INSPIRE package is a collaboration with numerous other international partners such as UNICEF, The Global Partnership to End Violence Against Children, World Bank, United States Centers for Disease Control and Prevention (CDC), the President's Emergency Program for AIDS Relief (PEPFAR), United Nations Office on Drugs and Crime (UNODC), the Pan American Health Organization (PAHO) and United States Agency for International Development (USAID) (Hillis et al., 2016; UNICEF, 2017b; WHO, 2018). All these international agencies are leading the global programme.

The INSPIRE programme is also "anchored in the recognition by the Convention on the Rights of the Child that all children have the right to be free from all forms of violence" (WHO, 2016:7). This means that those who are member states of the CRC, are obliged to take the necessary action to protect children against violence. Therefore, the WHO (2016) argue that the technical package sheds light on the issue at hand, and that it provides the right tools to address and combat VAC with evidence-based prevention strategies. Moreover, the package can be implemented by countries to address the SDGs, especially Target 16.2.

4.2.1. The seven strategies

The INSPIRE strategies are a full technical package consisting of seven strategies that are argued to be the most successful when "implemented as part of a comprehensive, multisectoral plan that harnesses their synergies, as the strategies are intended to work in combination and reinforce each other" (WHO, 2016:9). INSPIRE, like much of the literature, also recognises that risk and protective factors for VAC exist within the socio-ecological framework, in which the four interrelated levels of individual, close relationships, community, and society also provide the opportunity for violence prevention and reduction (WHO, 2016).

The INSPIRE technical package consists of three different key documents. The first document *INSPIRE: Seven strategies for Ending Violence Against Children* is the core document, and it sheds light on VAC, its magnitude, as well as the impact it has on health and wellbeing, including implications for later in life. It also addresses what needs to be done to tackle the

issue, explaining the seven strategies and the evidence that has shaped the different interventions (WHO, 2016; UN, 2019). The second document, which is the *INSPIRE handbook: action for implementing the seven strategies for ending violence against children*, is a continuation of the first document. It lays out the foundation for how to implement the INSPIRE package and its seven strategies (WHO, 2018). The third and final document is the *INSPIRE Indicator guidance and results framework – ending violence against children: how to define measure and change.* The aim of the document is to "monitor uptake and results of INSPIRE strategies, and measure progress towards preventing and responding to violence against children" (UNICEF, 2018:1). It sets out a list of indicators whose role is to keep an eye on change.

INSPIRE is an acronym, in which all the letters stand for the seven different strategies that the technical package sets out, and the seven strategies all address the risk and protective factors that can be identified within the socio-ecological framework: The seven strategies are as follows:

- Implementation and enforcement of laws;
- Norms and values;
- Safe environments;
- Parent and caregiver support;
- Income and economic strengthening;
- Response and support services;
- Education and life skills.

The seven strategies in INSPIRE create a framework, and with each of the strategies a key objective as well as the rationale for the strategy follows. The strategies are based on either one or several evidence-based approaches, in which the feasibility is determined by the implementation and context. In addition to targeting the SDG 16.2 of ending all forms of VAC, the seven strategies are also supported by activities which have promising potential in assisting to realise the goals 1, 3, 4, 5, 10, 11 and 16, which are directed towards poverty, health, education, gender equality, safe environments, and justice. The different strategies also provide the "potential effects on preventing violence against children; specific approaches (including programmes, practices and policies), that advance the strategy; and evidence supporting these approaches" (WHO, 2016:22). An adoption of the INSPIRE strategies on the national and local

level in combination with a multi-sectoral approach, is for many argued to be the road to success. INSPIRE makes a point of its multisectoral actions and coordination, as well as monitoring and evaluation. Multisectoral actions and coordination place importance on the role of multiple sectors collaboration in acting against VAC and monitoring and evaluation ensures effective implementation by tracking progress. These two cross-cutting components are argued to be the key, as they are strengthening the seven strategies and create successful interventions (WHO, 2016; Raman et al., 2017).

INSPIRE under the WHO also defines 'child' as any individual under the age of 18 years old. Their programme is therefore centred around children from birth up until 18 years (WHO, 2018). Moreover, although the INSPIRE package is proposed as the best practice guidelines for prevention and responding to VAC, how successful or effective the strategies might prove to be all depends on the context and the strategy utilised, as mentioned above.

4.3. How does it relate to South Africa?

After the INSPIRE technical package was released, it has gained worldwide attention, and the 32 Pathfinding countries have made commitments to implement the programme. South Africa, in collaboration with the Global Partnership to End Violence Against Children, became a Pathfinder country in 2017. Multiple sectors in South Africa, such as NGOs, government departments and organisations like the Institute for Security Studies (ISS), UNICEF, and Save the Children South Africa have since 2015 combined their resources and created an arena for the discussion of evidence-based programmes to prevent VAWC (ISS & Save the Children, 2019). On this arena, the INSPIRE framework has been brought up as a promising strategy for the future in South Africa, especially in terms of "identifying the gaps and shortcomings that need to be addressed to effectively prevent violence against children" (ISS & Save the Children, 2019:3).

An evidence and gap map study conducted by Pundir et al. (2020) based their research on INSPIRE's seven strategies. The study "provides a visual and interactive display of completed and ongoing studies structured around interventions and outcomes mapped in the INSPIRE framework" (Pundir et al., 2020:2). Their findings show that the highest concentration of studies can be found in Sub-Saharan Africa and South Asia, with evidence-base being overrepresented in Ethiopia and South Africa. However, much of the evidence-based research on violence prevention is still to be found in HICs, despite the statistics pointing to obvious

evidence that LMICs are overrepresented in statistics on violence (Pundir et al., 2020). This illustrates a clear gap in the literature, in which South Africa can provide a crucial role to contribute to evidence-based violence prevention research for LMICs. However, Cluver et al. (2020) point to the limitation of financial and human resources which might lead to implementation challenges of the INSPIRE strategies. The next section therefore seeks to show some of South Africa's progress in relation to the INSPIRE strategies, as well as a critical analysis of South Africa's ability to implement those strategies.

4.4. Prevention and intervention programmes in South Africa

4.1.1 Background

There are numerous prevention and intervention studies that have been conducted in South Africa, many of which contribute valuable information in a discussion whether the INSPIRE strategies might be implementable and successful. Mahlangu, Gevers and De Lannoy (2014:77) argue that "it is critical to address the underlying, "up-stream" risk and protective factors that drive (or divert from) such violence. Addressing these factors among young people provides an opportunity to prevent violence before it ever occurs". INSPIRE seeks to target those risk and protective factors, the root causes of violence, rather than the effect. Some of the most well-known and successful programmes are that of: *Stepping Stones*, *Skhokho*, *Sinovuyo*, *MenCare Childcare and Protection programme*, *Isibindi Safe Parks*, *Soul City* and *One Man Can*. The different categories of intervention and prevention programmes that have previously been conducted in South Africa will in this chapter be based on the INSPIRE guidelines, that of: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services and Education and life skills. The different interventions in South Africa will be framed in relation to the seven strategies, and the aim is to show the areas South Africa has expertise, and where there is a lack of it.

4.1.2 Implementation and enforcement of laws

Implementation and enforcement of laws represents INSPIRE's first strategy. The aim of this strategy is to "ensure the implementation and enforcement of laws to prevent violent behaviours, reduce excessive alcohol use, and limit youth access to firearms and other weapons" (WHO, 2016:30). Laws can contribute to reduction in violence, but that requires law enforcement practices that work in combination with legislation, policies, and procedures. Such a strategy is valuable for several reasons. Firstly, it signals to the public that violence is wrong

and is not to be tolerated, which in turn can help eradicate social and cultural norms that might condone violence. Secondly, criminalisation of child sexual abuse and violent punishment keeps perpetrators of violence liable for their actions. Thirdly, it can decrease risk factors that increase children's exposure to violence by addressing the risk factors of alcohol, weapons, and firearms (WHO, 2016). At the heart of this strategy are two different kinds of laws. The first is targeted at violent acts towards children, such as physical punishment, corporal punishment, and sexual abuse and exploitation. Many states are committed to these laws and to act in implementing measures that protect children from abuse by the caretaker of the child, which is an obligation under the CRC (WHO, 2016, 2018). The second set of laws are directed at risk factors, in which the aim is to limit children's exposure and access to alcohol, firearms and weapons (WHO, 2018).

There are two examples of laws banning violent punishment of children in South Africa, which have also been mentioned earlier in this thesis. Firstly, section 10(1) of the South African Schools Act banned the use of corporal punishment by teachers in South African schools in 1996 (DBE, 2017) and more recently, physical punishment was also declared unconstitutional in the home in 2019 (van Niekerk & Mathews, 2019). However, despite banning corporal punishment in the home and in schools, corporal punishment is still widespread. For instance, the NSVS from 2012 illustrated that an overwhelming 49.8% of the participants had been subjected to corporal punishment in schools (Burton & Leoschut, 2013). The *General Household Survey* (GSH), which is produced by Statistics South Africa, shows that 6.8% of learners nationally were subjected to corporal punishment in schools in 2019. While this is an impressive decline in disciplining from 16.6% in 2009, it is still a trend that marks itself as evident in schools (Statistics South Africa, 2020b). In the home, 60% of caretakers or parents admits to the use of physical punishment on their children (Richter et al., 2018).

An effective intervention on the other hand, is a South African study which evaluated the Firearms Control Act (FCA) of 2000, whose aim is stricter licensing and reduced firearm circulation. The national study illustrates that between 2001 and 2005, there have been a significant reduction in firearm related homicides in five major South African cities, which led to approximately 4585 lives saved, and the decrease has been most prominent within the category of males aged 15-29. During this time, authorities effectively collected and destroyed both legal and illegal firearms, with over 35 000 weapons confiscated in 2003, and after FCA got into full effect in 2004, another 100 000 were collected in 2005, which also correlates with

fewer firearms related homicides (Matzopoulos, Thompson & Myers, 2014). While such an intervention shows promising results that is worth to explore further, Mathews and Gould (2017) show that 24% of pupils in school know someone who at one or several instances have brought weapons to school.

Other interventions or laws which are directed at sexual abuse, exploitation, trafficking, and alcohol are the Children's Act; the Criminal Law (Sexual Offences and Related Matters); The Prevention and Combatting of Trafficking in Persons Act; the Liquor Act and the Prevention of and Treatment for Substance Abuse Act. The Children's Act and the Criminal Law (Sexual Offences and Related Matters) both criminalise sexual abuse, exploitation, and rape of children. For instance, the Children's Act criminalises virginity testing of girls that are under 16 years old and male circumcision under sixteen years old, except for medical or religious purposes (DSD, DWCPD & UNICEF, 2012). The Criminal Law (Sexual Offences and Related Matters) asserts that anyone who is aware of violence against a child must immediately report such matter to the police (DSD, DWCPD & UNICEF, 2012). The Prevention and Combatting of Trafficking in Persons Act prohibits trafficking of children and all related acts of trafficking, The Liquor Act, and the Prevention of and Treatment for Substance Abuse Act "aim to combat substance abuse and reduce the demand and harm associated with substance abuse" (Mathews & Gould, 2017:64)

While it is evident that South Africa has a strong legislative and policy framework targeted at violent behaviour, use of firearms, sexual exploitation and alcohol abuse, ISS and Save the Children (2019) argue that there is little research or evidence in context of the success of those laws. Thus, more research is needed to provide an accurate assessment.

4.1.3. Norms and values

Norms and values represent the second strategy, and the WHO (2016) argues that social and cultural norms, values, and behaviours are risk factors for VAC, and deeply embedded norms must be addressed as a preventative measure for child abuse. Harmful practices or attitudes might condone violent practices, such as classifying corporal punishment as legitimate, wife-beating as an acceptable practice within a marriage, and a normalisation of boys and men's sexual entitlement, which often forces girls and women into sexual activities. INSPIRE therefore sees it as vital to address and change those harmful norms, values, and behaviours, using interventions such as community mobilisation and bystander interventions (WHO, 2016).

Research in a South African school in the Eastern Cape province found that 26.5% of the girls in grade 10 had been subjected to IPV, and 31.8% of boys between grade 9 and 10 revealed committing IPV (Jewkes et al., 2019).

There are numerous interventions that address deep-seated norms and values, and in South Africa there is one example of an intervention that has been brought up in the literature for its success, and that within the category of 'edutainment', that is *Soul City*. Neville (2015) explains that the category of educational entertainment, also referred to as edutainment, has been used in the development of interventions through media channels, that seeks to disrupt and shift norms and values that are associated with violence. *Soul City* was a multi-media drama intervention, created by the Soul City Institute for Social Justice, which aim was to create shift in norms and values and initiate behavioural change (Röhrs, 2017). The content could be found through its own television series, as well as radio and booklets (WHO, 2016). Through its drama, it managed to reach an astonishing 86%, 25 % and 65% of its audience through its different channels of television, booklets like magazines and by radio (Usdin et al., 2005). The multi-media intervention has reached far and has brought up many health and social related issues, such as discussing topics such as HIV and AIDS, substance abuse and maternal and child health (Röhrs, 2017).

One of its most successful seasons was the fourth season of *Soul City* (SC4), which brought up the issue of domestic abuse. It was targeted at three different levels: societal, in which workshops were held and social mobilisation that gained support and generated visibility through media; interpersonal and community level, in which SC4 facilitated "behaviour change through the promotion of interpersonal and community dialogue, collective efficacy and action to shift social norms, increase supportive behaviour and connect people to help" (Usdin et al., 2005:2436); and the final one, individual level, which sought to raise awareness and increase the level of knowledge on violence, while at the same time introducing a helpline for audience needing violence support (Usdin et al., 2005). The intervention shows clear evidence in shift of behaviour, with a positive 10% increase in participants who deem domestic abuse as a private affair as wrong. Moreover, it managed to raise knowledge and awareness on where to get violence support, with 41% of the respondents being aware of the helpline (Usdin et al., 2005). Despite this, Röhrs (2017) questions the effectiveness of the interventions. She draws her conclusion from the report on the impact evaluation of SC4 (Usdin et al., 2005), which points out that the interventions to some degree increased knowledge around gender equity and

awareness on women's rights. However, they did not manage to change firmly embedded beliefs. There was no change in attitudes pertaining to whether a man has the right to beat a woman, and furthermore, it was difficult to ascertain whether the intervention had led to a change in behaviour in terms of the perpetration or experience of domestic abuse (Röhrs, 2017). Thus, due to little change in attitudes, and difficulty knowing whether there had been a change in behaviour Röhrs (2019) concludes that the effectiveness of this intervention was unclear.

A small-group programme called *Coaching Boys into Men* has showed very promising results, being tested throughout the United States, and later also adapted for South Africa. The programme which uses sport and athletic coaches in high school, seeks to promote positive behaviour and influence and create a shift in gender attitudes and norms, and prevent violence and sexual abuse (WHO, 2018). The impact of the programme has shown to reduce the perpetration of physical or sexual IPV by 38%, measured in a period of 24 months after the programme (Hillis et al., 2015). The Sonke *Community Health Action for Norms and Gender Equity* (CHANGE) trial is another social norm change intervention which is targeted at men, with the aim of reducing IPV. The trial of 803 male participants between the age of 18-49 took place over a period of 18 months. The programme was based on a community activism and mobilisation approach, with the participants engaging with topics such as gender norms and perpetration of violence. The study shows no change in the perpetration of either physical or sexual IPV in the control arm, despite showing a 45.7%, 39% and 26.9% decrease in IPV at baseline, midline, and end line (Gibbs et al., 2020). Another study did an RCT between 2016 and 2018 to establish the success of the CHANGE intervention. They found that there was very little reduction in use of physical and sexual IPV, so there was no statistical significance. Also found no difference in transactional sex, gender attitudes and rape (Christofides et al., 2020). What is interesting about the CHANGE study, is that one could see a correlation between childhood trauma and gender discriminatory attitudes and practices (Gibbs et al., 2020) and moreover, it showed most success and reduction of IPV in law abiding and less violent men compared to violent men (Christofides et al., 2020).

Another intervention that is targeted at men is the *One Man Can* programme, which is a combination of an intervention and campaign developed by Sonke Gender Justice (Sadan & Mathews, 2014). The programme has gained recognition as a best practice programme by the WHO, UNAIDS and UN Population Fund and has been implemented in numerous other countries in Africa. The programme seeks to create a shift in men's behaviour and attitudes

towards gender norms, by addressing topics such as masculinity, fatherhood, and parenting (van den Berg et al., 2013). The programme has three main objectives. Firstly, to engage and support men's involvement with their families and children. Secondly, seeking to eliminate VAW and VAC, and a healthcare approach to prevent the spread of HIV, and thirdly, to create action for social change by offering children a voice to be heard (van den Berg et al., 2013; Sadan & Mathews, 2014). The programme seeks to actively engage with men through interviews and critical analysis and reflection. Findings from an impact evaluation reports that out of the 265 participants, there is a 53% increase in reporting of GBV, 67% increase in use of condom, and 27% increase in HIV testing (Colvin & Peacock, 2009). Other sources also demonstrate that men reported being more caring and present towards their children, less alcohol consumption, improved communication, and less violent disciplining (van den Berg et al., 2013; Jamieson, Mathews & Röhrs, 2018).

4.1.4. Safe environments

The third strategy that INSPIRE sees as vital when responding and preventing to VAC, is the strategy of safe environments. The objective is to develop and take care of safe streets or other safe areas in the community where young people can get together in a different environment than at school and at home. The idea is that safe environments, either public spaces, online or built, which are free from violence will assist in the development of positive behaviour and being more inclusive, while at the same time discouraging harmful behaviour. A change in environment can for many contribute to a change in attitudes. INSPIRE therefore seeks to address 'hot spots', interrupt the spread of violence and to improve the built environment (WHO, 2016, 2018). A study from a trauma unit in Cape Town, South Africa showed that the occurrence of youth violence could be geographically determined, by being in certain streets, the home or at bars (Nicol et al., 2014). What follows is a summary of programmes intended to create safe spaces.

Sexual Violence in Schools in South Africa (SeViSSA) was a five-year pilot intervention between 2014 and 2019, which address sexual violence at the individual and community level, focusing on girls as research shows they are more likely to be sexually abused and harassed than boys, especially at schools. The intervention hoped that addressing sexual violence would create a shift in attitudes, values, and norms, which can create safer spaces (Morison et al., 2017). Moreover, it aimed to improve access to education, empower youth and women, improve school retention, educational achievement of girls and put a stop to sexual violence. The pilot-

project showed that 35% of the learners in the study had been subjected to sexual abuse by their peers, and about 20% had been subjected to abuse by a teacher (Morison et al., 2017). While the effects of the intervention are still to be explored, the *Final Report: External Evaluation of the SeVISSA Programme* found that the impact of the programme, which initially lasted six years, led to a decrease in crime and rape, the girls and women had become more challenging and stood up for themselves and they were more likely to report sexual abuse. Moreover, it led to a positive shift in attitudes regarding gender-based violence and sexual abuse in school, as well as cultural norms and values. However, the programme failed to address systemic issues and the root causes of gender-based violence, such as unemployment and impoverishment (Maphosa & Mphale, 2020). The evaluation claims the programme was successful in reaching the stated target. However, many of the questions asked in the evaluation were not part of the baseline data, and the successfulness of the intervention must somehow therefore be judged accordingly.

The *Walking Bus* initiative is an intervention which seeks to interrupt the spread of violence, by using adult volunteers to walk with learners to school, providing supervision and safety (Muchaka & Behrens, 2012). Research shows that approximately 70% of students walk to school, and in even more poverty-stricken areas, that number is likely to exceed 80%. The likeliness of being subjected to crime while on the way to school in townships is considered high, and it seems to be a trend that sexual violent crime happens near the schools. Despite this, there is no public-school programme that exists to address this issue (Breetzke et al., 2021). The private initiative is regarded as a promising intervention, as adult supervision safeguard against crime and gang activity, while at the same time preventing deviant behaviour from the children, making sure there is no drugs or weapon entering the school (van Niekerk & Mathews, 2019).

Through the franchise of Isibindi, which is endorsed by the government and led by DSD, coordinated by the National Association of Child Care Workers (NACCW), and gained financial support from USAID and UNICEF, the development of the Safe Parks programme aims to provide safe spaces for children coming from disadvantaged communities. The Safe Parks offers children a safe arena after school or during the weekends, where they can play, do homework, or receive care and support from the child and youth care workers (UNICEF, 2017c). Between 2014-2015, it was reported that about 135 318 children received support through Isibindi, in which 25% accessed the Safe Parks. At the Safe Parks, there is also access

to a food garden, where young people can be trained in food gardening and monitor them (NACOSA & NRASD, 2016). In 2017, there were reported to be over 400 Safe Parks spread throughout South Africa, covering all nine provinces, with more than 400 000 children getting support (UNICEF, 2017c). The Safe Parks have also shown to improve school attendance, through encouragement and supervision of homework, and youth empowerment have for many contributed to a positive change in behaviour, showing reduction in alcohol and drug use. However, a limitation of Safe Parks exists in relation to their accessibility (NACOSA & NRASD, 2016).

4.1.5. Parent and caregiver support

INSPIRE identifies parenting programmes as an important step to combat and prevent VAC. Parenting and caregiver support is the fourth strategy in the technical package, and the aim of this strategy is to foster and increase knowledge on positive parenting practices, such as non-violent disciplining of children, strengthening the parent and child relationship, improving communication, and reducing harsh parenting techniques. Positive parenting practices can lead to a reduction in domestic violence and child abuse while at the same time increase the bond between caregiver and child. Interventions they promote are amongst others, home visits, support groups for parents and support through community settings (WHO, 2016). South African parents may face tough challenges. More than 50% of children in South Africa grow up in a single-headed household. Moreover, poverty and the lack of financial resources makes it difficult to provide the children with their needs, such as health care, education, and nutrition. That stress can often lead to depression and parents feeling helpless, which in turn might affect parenting practices, such as harsh punishment and inconsistent parenting (Gould & Ward, 2015). Research also shows that children who receive positive parenting and parental supervision are less likely to engage in risk behaviour, such as alcohol and substance abuse and to participate in criminal activity and violence (Gould & Ward, 2015). In South Africa there are an abundance of interventions that addresses parent and caregiver support, and several of those interventions that have been tested through RCTs have proven to be successful.

Parenting for Lifelong Health (PLH) was developed as a response to the lack of parenting programmes in South Africa that were "both evidence-based and affordable for low- and middle-income countries, where the need is greatest" (Ward et al., 2014:1). A South African research group came together and created PLH, which is a suite of affordable and evidence-based programmes parenting programmes, specifically aimed at LMICs (Ward et al., 2014).

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They are continuously developing and testing programmes. *Thula Sana (Hush Baby)* forms part of PLH and is a home visitation programme that has shown very promising results. It is aimed at pregnant women or mothers of children of 0-2 years, with the objective of improving quality of mother-infant relationship. It has proved effective on numerous points, such as mothers were identified as increasingly sensitive, and infant attachment security at 18 months was significantly higher in the intervention group (Shai & Sikweyiya, 2015).

Another one is the *Sinovuyo* programme. The first one, which was a 10-session and five-week pilot parenting support programme, was tested in two high-poverty rural communities, where teens between age 10-17 and their caregivers participated. The programme was in collaboration with numerous NGOs such as UNICEF South Africa, the WHO, and University of Cape Town, including governmental departments like the DSD and DBE. *Sinovuyo* was based on social learning, and took place in group settings, with sessions including activity-based learning and role-play, as well as home practice assignments for the family. The exercises included amongst others understanding rules, routines, and responsibilities, learning problem-solving, how to deal with stress, and the promotion of why praise can contribute to good behaviour. The baseline and post-test scores of the intervention showed clear evidence in reduction of physical punishment and child abuse by the caregiver and reduction in disobedient teens. Positive parenting appeared to lead to improved parenting and perceived access to support. The pilot was regarded as quite successful, especially considering the limited resources that were available and the use of local staff (Cluver, Lachman, et al., 2017).

The second one, is a 12-session programme over 12 weeks, also based on social learning, and is a low-cost intervention that uses community-based facilitators that are trained for the programme. The mixed-method process evaluation of the intervention found that parenting programmes from high-income countries can in fact be feasible in South Africa, despite the cultural differences, income, and experiences of parents. Utilising community facilitators with limited expertise and knowledge within the field to deliver the programme has proven successful (Lachman et al., 2016). Moreover, findings showed that the intervention led to more positive parenting (Lachman et al., 2017). The follow up, *Sinovuyo Teen*, a 14-weeek teen parenting programme has gone through several pilots, pre-and post-tests and RCTs. NGOs and governmental departments such as the DSD and DBE have taken part, and the objectives of the programme were to decrease levels of abuse and to improve parenting (Cluver, Meinck, et al., 2017). The intervention is for families with adolescents in the age group 10-18 years, and it

consists of 14 workshop sessions that are based on active and social learning theory, facilitated in group sessions, with role play, home practice and illustrations (Loening-Voysey et al., 2018). The study found a significant reduction in abuse, both reported by caregiver and adolescent, significant increase in positive parenting and adult supervision, positive increase in financial management and family planning (Cluver, Meinck, et al., 2017).

Other interventions that also have shown promise, are *Sinovuyo Kids*, a 12-week low-cost parenting programme for parents of 2–9-year-olds, in which parents who participated showed an increase in positive parenting and less use of harsh techniques compared to those who did not. Even one year later, parents reported less-violent parent practices (van Niekerk & Mathews, 2019). The *MenCare Childcare and Protection programme* is a 12-session parenting programme for men. It is a fatherhood campaign, which is currently active in more than 50 countries, and the objective is to promote fathers/father figures involvement in their children's life and create a shift in gendered perceptions. Findings shows that after the intervention, men saw fatherhood and parenting as an equal task with women, compared to before, and changed the perception of women's most important role as a caretaker of the family, to most participants disagreeing with the statement. Moreover, positive change could be found in areas such as increased interaction and involvement, as well as less aggression. However, it was reported increase in IPV perpetrated by male state social workers (Makusha et al., 2019). Through these interventions, parenting programmes in South Africa show real promise. Röhrs (2017) argues that it is evident how home visitation programmes are feasible, as they have easily been shown to be implemented by lay counsellors, and moreover, the success of training and supervising paraprofessional community health workers. She points to the success of the Isibindi franchise, which provide home visits and offer support and assistance to families. The model has been launched in provinces, which "suggests that home visitation programmes are scalable and that families find these interventions acceptable" (Röhrs, 2017:14).

4.1.6. Income and economic strengthening

Income and economic strengthening is the fifth strategy that is proposed by INSPIRE. The objective of this strategy is that one can decrease the risk factors for child abuse and intimate partner violence by providing families with financial security and strengthening their economic status (WHO, 2016). As previously mentioned, lack of financial resources and poverty can lead to huge amounts of stress that can impact parenting practices. The aim is therefore to release some of that financial burden and the associated stress that might increase the risk of child

abuse. Offering income and economic strengthening for the family, while at the same time including women and offering them economic empowerment and access, can result in prevention of child abuse (WHO, 2016). INSPIRE brings forth the importance of interventions that can bring about change, such as cash transfers, group savings and loans, microfinance and moreover combining such interventions with norm changing and gender equity programmes (The End Violence Partnership, 2020). Research from South Africa demonstrates that the cause of violence can be attributed to the country's socioeconomic issues such as high unemployment rates, lack of education and extreme inequality (DSD, 2014). Children's risk of violence increases in low-income households (Mathews & Benvenuti, 2014; Hsiao et al., 2018) and areas in South Africa that are known to be impoverished, are at the same time often marked by high rates of violence. Moreover, the majority of children who are exposed to violence and are maltreated come from these areas (Weber & Bowers-Dutoit, 2018).

A South African study on the relation between household illness, poverty and abuse of children finds that there is association between child abuse and household poverty, and households affected by AIDS were in turn subjected to much higher levels of poverty in contrast to households with other diseases (Meinck, Cluver & Boyes, 2015). In addition to this, research finds that livelihood insecurity is a risk factor for HIV. This is since poor women are generally less likely to have agency in any relationship, less likely to leave abuse relationships and more likely to engage in transactional sex. As a response to this, it is found that structural interventions, such as a focus on combining "economic strengthening to gender transformation are increasingly recognized as important" (Jewkes et al., 2014:2). The *Intervention with Microfinance for AIDS and Gender Equity* (IMAGE) study featured poor women, and the intervention used a combination of microfinance and provided education on topics such as HIV, gender norms and IPV. Moreover, the study trained health workers from government clinics to partake in the programme. The study saw a clear reduction in IPV by approximately 55%. However, there was no change in unprotected sexual intercourse or the incidence of HIV. Nonetheless, the intervention showed promise in the empowerment of women and a change in attitudes challenging gender roles and better communication with their families (Pronyk et al., 2006). According to Jewkes et al. (2014:2), such interventions do however come with limitations, as they can "only be built on existing well managed microfinance schemes, and these have limited coverage".

Studies in South Africa suggest that social grants can help alleviate poverty. South Africa is one of few developing countries that offers child support grant (CSG) (Coovadia et al., 2009). The CSG is an unconditional cash grant, which seeks to provide social assistance to disadvantaged families, offering extra support to children indirectly through their caregivers (Hall & Sambu, 2014; Kilburn et al., 2020). More than 12 million children receive the CSG, and a large body of evidence supports positive impact on the welfare and health of the child. The families that receive the grant tend to see an improvement in access to education and more likely to attend school and improved nutrition (Hall & Sambu, 2014; May et al., 2020). Evidence shows that receiving the grant early is vital, and those who receive it before the age of two seem to benefit the most. Nonetheless, receiving the grant at a later stage also shows positive outcome (DSD, SASSA & UNICEF, 2012). However, the grant remains small with a mere amount of R480 that is allocated per month (SASSA, 2022). This is not sufficient as it does not meet the basic needs of a child, still falling below the poverty line (Thorogood et al., 2020).

Other studies that exist are also important. The *Stepping Stones and Creating Futures* intervention was created as a response to the limitations of microfinance interventions and cash transfers, seeking to combine economic empowerment and included the aspect of gender norms in their intervention. The objective was to see whether such a combination could "strengthen the livelihoods of young women and men in informal settlements without using microfinance or cash transfers" (Jewkes et al., 2014:2). Moreover, whether it could reduce the risk of GBV and HIV. The interventions were group based and were built on participatory learning, role play, and drama where the participants were engaged in topics such as financial capital, natural capital, human capital, physical capital, and social capital. The aim of these exercises was to get the participants to critically reflect and investigate the topics in relation to their own experiences and their life settings, such as reflecting on education and work. Moreover, topics such as violence prevention and HIV were critically discussed and analysed. The study showed both positive outcomes in livelihood and a shift in attitude in terms of gender and violence. First, there was a significant increase in the monthly income of both men and women, with an increase of 24.7% for men and 27.8% for women. Moreover, there was an increase in women who received child or foster care grant for their children, from 48.8% at baseline to 56.9% afterwards. In addition to this, there was a reduction in men and women who reported stealing, and for both men and women, there was a clear reduction in depression. In terms of gender and

violence, there was a reduction in IPV for women, increased testing rate of HIV for men and less controlling behaviour by men in their romantic relationships (Jewkes et al., 2014).

4.1.7. Response and support services

The sixth category of INSPIRE utilises both response and prevention services for victims of violence. The objective is to be able to identify, help and protect victims of violence. It is therefore essential to provide and improve support services within social service, health, and justice systems for children. When these services are met, the target is to offer counselling and use therapeutic approaches for victims and perpetrators of violence, which in turn can help break the cycle of violence (WHO, 2016, 2018). It is important to provide services for not only victims of violence, but also perpetrators of violence, as the chance of them to have been a victim of violence themselves is high (WHO, 2020).

The South African government has sought to make efforts in providing support and response services for victims, which can be seen in increased number of rape crisis centres, sexual offences courts and special departments within the police, such as Family Violence, Child Protection and Sexual Offences Investigation units (FCS) (Johnson, Mahlalela & Mills, 2017). South Africa has a comprehensive legal framework on child abuse and as well as a child protection system that offers numerous services. The DSD is the head of the child protection system, and other departments such as SAPS, Home Affairs, and DBE are also significant (Martin, Hall & Lake, 2018). The foster care system is a key component of South Africa's child protection system, its purpose is to protect and care for the child through a safe and healthy environment (Dhludhlu & Lombard, 2017). The number of orphans in South Africa is high, and according to the GHS of 2019, close to 14.4% of the children were orphaned (Statistics South Africa, 2020b). From 2000 to 2017, the total of orphans in care increased from 47 000 to 444 000 due to the HIV/AIDS epidemic (Mathews & Gould, 2017), and total number of orphans in 2015 were 3.1 million (Hall & Sambu, 2017). The high demand for foster care has led to a massive burden for social workers and child protection services, who are struggling to respond to the demand, resulting in amongst others long waiting time to access support (Mathews, Govender, et al., 2016). Despite foster care representing a key component of South Africa's child protection system, there seem to be a lack of data regarding its effectiveness.

In 2000, the Thuthuzela Care Centres (TCCs) were introduced by the Sexual Offences and Community Affairs (SOCA) Unit "as a site for prevention, response and support for rape

survivors" (NACOSA, 2018:10). The TCCs objective is to provide one-stop facilities, with access to police, medical, psychological, and legal services. They seek to reduce secondary victimisation, reduce prosecution time, and increase conviction rates for offenders. Moreover, the centres are usually near other health facilities and communities that are marked by high levels of crime and rape (NACOSA, 2018). The centres offer a 24-hour service (NACOSA, 2018), however, many of these centres lack staff, such as nurses and counsellors (Mathews, Govender, et al., 2016). Despite such a one-stop service, most victims report they are unaware of TCCs, and the same goes for their families and friends (NACOSA, 2018). A study on TCC and rape crisis centres highlights the need to raise public awareness on response and support services for victims of abuse (Johnson, Mahlalela & Mills, 2017).

A part of the successful Isibindi franchise is also the *Sinako Youth Development Programme*, which is designed for orphaned young people, and was also developed in response to the HIV/AIDS pandemic. Its objective is to aid and empower the youth in areas such as education, jobs and to promote healthy attitudes and behaviour on sex. Some services offered for youth involve home visits, safe parks, and an individual youth development plan. To complete the programme, the participating youth are expected to "complete at least three of the following programmes: 1. Educational support. 2. Access to tertiary education. 3. Job opportunities. 4. Entrepreneurship opportunities. 5. Life-skills and community engagement" (Jamieson & Richter, 2017:37-38). It is designed as a community-based intervention, and it also offers a child protection response, including counselling and therapeutic assistance (Mkhwanazi et al., 2018).

4.1.8. Education and life skills

The seventh and final category of INSPIRE aims to increase the access of credible and effective schools that are free from impartial and gender-discriminating attitudes, which provide quality education and promote life-skills training, while making sure that children can thrive and be empowered in safe and sound environments. Schools can significantly have an impact on gender-violent behaviour and can offer preventative measures through life skills training by teaching children about problem-solving, managing risks, social-emotional skills, and clear communication. Such strategies can significantly reduce the risk of VAC. INSPIRE therefore promotes interventions that seeks to increase enrolment in schools, create safe and enabling school environments, improve children's knowledge about how to protect themselves from sexual abuse, life and social skills training, and adolescent IPV prevention programmes (WHO,

2016). This is vital in South Africa, where schools are still marked by high levels of corporal punishment, some are marked by sexual and physical violence, both by their peers and teachers, and 60-80% of schools are seen as dysfunctional (Jewkes, Gevers et al., 2019).

The National School Safety Framework (NSSF) is "a management tool to help provincial and district officials as well as schools … and school governing bodies identify and manage risk and threats of violence in and around schools" (Mathews & Gould, 2017:65). In South Africa there are numerous interventions which address life skills training. Life skills programmes have been recognised as an important factor for the prevention of violence. Evidence on violence and sexual abuse and the safety concerns of South African schools has caught the attention of the DBE, which has led to the development of a new Life Orientation (LO) book for use in schools. The book covers topics such as conflict resolution, child abuse, gender-based attitudes and norms, human rights, crime, safety, and bullying (ISS & Save the Children, 2019). LO provides an important lesson for children in school, which is being taught in all grades, and it serves as a golden opportunity for violence prevention (Jewkes, Gevers et al., 2019).

The LO curriculum has been used in interventions such as the multifaceted promising intervention *Skhokho Supporting Success*. Its objective is to address the drivers of rape and IPV of young adults (Shai & Sikweyiya, 2015). An RCT evaluation of the intervention was conducted in 24 high schools in the Tshwane metropole, with participants from Grade 8. The intervention was delivered through the LO programme, by the schools LO teachers during regular class, having received extra training by project staff. They operated through workbooks, the schools LO-programme, workshops, and school clubs with teens; and for families with a focus on strengthening relationship between child and caregiver, positive parenting, and positive disciplining. The study found that there is a decreasing trend of IPV and non-partner rape, more equitable gender attitude for boys, less bullying and depression among girls, and increased use of condoms by boys and girls. Evidence for caregivers shows better communication, less parenting stress, and decrease in IPV, which overall illustrates the promise of the intervention (Jewkes, Gevers et al., 2019). Moreover, it raised awareness on non-violent discipline and the effects of corporal punishment, in which teachers and parents alike reported using more positive forms of discipline in the aftermath (Röhrs, Mathews & Mahlangu, 2018).

While schools have generally been found to provide a difficult environment to successfully deliver interventions on sexual and reproductive health, the *Stepping Stones* programme has

shown positive impact on prevention of violence (Jewkes, Gevers et al., 2019). *Stepping Stones* is a life skills training programme that was developed as a HIV prevention programme, with the objective of focusing on sexual health, mental health and leading to positive shifts in gender norms. It is based on social learning theory with participatory learning, such as role play, group sessions, critical reflection, and discussion (Shai & Sikweyiya, 2015). A cluster RCT evaluation of two years of men and women aged 15-26 has been done of the programme, consisting of 70 study clusters, with 64 villages and six townships. It featured workshops that addressed sexual and reproductive health, such as STDs, IPV and relationships, and sought to evaluate the incidence of HIV and HSV-2. While the study found no reduction in the incidence of HIV, there was a 33% reduction in incidence of HSV-2. It was also an increase in transactional sex for women, however, findings show positive results for men, which saw a reduction of IPV, violent behaviour, less rape, drinking, drug misuse and transactional sex (Jewkes et al., 2008). The programme must be argued to be quite successful, considering it has been properly evaluated as well as being globally implemented in over 60 countries, such as India, Bangladesh, and Indonesia (WHO, 2018).

Another promising intervention is *PREPARE,* a HIV-prevention school-based intervention, targeted at youth aged 12-14. The objective is to decrease IPV and sexual violence, while challenging harmful gender norms, empowering women, and promoting healthy sexual and reproductive health, and healthy relationships (Mahlangu & Gevers, 2014). While it failed to reduce sexual risk behaviour, evidence from the RCT study showed that the likeliness of being subjected to IPV was significantly lower following the intervention (Jamieson, Mathews & Röhrs, 2018).

4.2. Conclusion

In this chapter, the literature relating to solutions that address VAC and INSPIRE's purpose has been examined. The chapter found that INSPIRE provides seven strategies for ending VAC that are based on best practice methods for responding to and preventing violence mostly based on studies in the global north, and that INSPIRE has become the dominant VAC prevention framework globally. South Africa's commitment to these strategies was demonstrated through its membership as a Pathfinder country and INSPIRE has been highlighted as a promising strategy for addressing VAC in South Africa. Moreover, this chapter illustrated to some extent South Africa's progress in relation to implementing the INSPIRE strategies.

The chapter found that there are numerous prevention and interventions that has been conducted to date in South Africa. The findings show that South Africa has a strong legislative and policy framework in relation to INSPIRE's first strategy of *Implementation and enforcement of laws*, however, there is a lack of evidence on the effectiveness or success of those laws. Moreover, findings show that there are numerous interventions targeted at *norms and values*, with many showing real promise for behavioural change and shifts in attitudes and norms pertaining to violence. There are also numerous initiatives related to *safe environments* recommendations*,* showing the importance of contributing to safe areas for children as a tool to not only protect from violence, but to also develop positive behaviour.

Parent and caregiver support illustrates how positive parenting practices can decrease violence in the home while at the same time forming closer bonds between caregiver and child. Additionally, findings show that the risk factors for VAC can be reduced by providing families with financial security and to strengthen their economic status. The South African government also contributes to several responses and support services for victims of violence, such as rape crisis centres, the foster care system one-stop facilities for police, medical, psychological, and legal services. Finally, school-based interventions are found to have an impact on gender-violent behaviour and life skills programmes are found particularly useful for the prevention of violence. The findings from this chapter will be critically discussed in chapter 5, being based on the VAC prevention interventions that has been conducted in South Africa, identifying the promising and less promising INSPIRE strategies.

CHAPTER 5: SOUTH AFRICA'S ABILITY TO IMPLEMENT INSPIRE

5.1. Introduction

This chapter will use the INSPIRE strategies as an analytical framework to discuss the various VAC prevention interventions in South Africa that are both promising and less promising in the South African context. This will lay the ground for the discussion of the findings and concluding chapter and explore both the topics of success given the nature of the state and society in South Africa and INSPIRE's relevancy and feasibility.

There is indication that there is some promise that the South African government in collaboration with other actors, such as civil society, will be able to make further progress in implementing the INSPIRE packages to scale. For example, government's Expanded Public Works Programme (EPWP) that was introduced in 2003, which seeks to address poverty and unemployment, offering temporary work solutions for the unemployed (ILO, 2018). Since then, EPWP has created more than 8 million employment opportunities, and it has been implemented by both government and different civil society organisations throughout four different sectors: infrastructure; non-state; environment and culture; and social sectors (ILO, 2018). More recently, the rollout of the COVID-19 vaccination programme has been a joint effort by the government and civil society. UNICEF South Africa supports the National Department of Health (DOH) and its partners with the roll-out by training health workers, offering technical guidance and coordination of the vaccination plan (UNICEF, 2021). This suggests that multi-sectoral responses can successfully implement new strategies.

However, the South African government has struggled to implement national violence prevention strategies, such as the National Crime Prevention Strategy (1996); the NDP (2012); the Integrated Crime Prevention Strategy and the White Paper on Safety and Security (2016) (Willman et al., 2019). This has to do with governance weaknesses and corruption, and on top of that, South Africa, with the rest of the world, is currently in a COVID-19 pandemic. Stricter restrictions and lockdowns have serious implications and cause yet another implementation challenge, as there have been budget cuts in most departments, reallocation of funds, and several sectors have been closed. Governance weaknesses, corruption and implications of the pandemic are therefore vital to discuss in an assessment of INSPIRE. This chapter will therefore bring forth both promising and less promising areas for future interventions and implementations.

5.2. Promising areas for future INSPIRE interventions in South Africa

5.2.1. Parent and caregiver interventions

The literature is rich on interventions, especially within the field of parent and caregiver support. This is where most of South Africa's research and evidence-base is centralised, and South Africa shows great promise in that field. The chances of implementing these parenting programmes at scale looks good due to numerous reasons. First, there is evidence that parenting, and caregiver support programmes have shown success in promoting and leading to more positive parenting, healthier relationship between child and caregiver, clear reduction in abuse, awareness on parenting practices and more involvement with the child. Secondly, they are cost-effective. The parent and caregiver support interventions have to a high degree managed to utilise local community staff to deliver these programmes, by training paraprofessional health workers.

Thirdly, you have the government's role in providing parenting services through the Children's Amendment Act of 2007 (Act 41 of 2007), which has identified the need for early intervention to prevent violence (Wessels, Lester & Ward, 2016), and the DSD which has provided a "strong legal and policy framework around which to grow preventative interventions" (Gould & Ward, 2015:1). Moreover, parenting programmes and early childhood development (ECD) programmes have been identified as key preventions, both through the South African Integrated Programme of Action on Violence Against Women and Children (2013-2018) (DSD, 2014), and the National Strategic Plan on Gender-based Violence & Femicide (2020) (Republic of South Africa, 2020). Fourth, is how the parenting programmes are received by the participating families and parents. Hsiao et al. (2017) argue that the effectiveness of a parenting programme depends on the retention. For instance, the *Sinovuyo Caring Families* programme shows that the programme was well received, reporting high satisfaction by the participants and high attendance rates of 75% (Shai & Sikweyiya, 2015). *Sinovuyo Teen* also demonstrates positive attendance rates, with 50% of caregivers and 64% adolescents and retention rates of 97% of caregivers, and 96% of adolescents (Cluver, Meinck, et al., 2017). This suggests that the programmes have been well received by the participants.

5.2.2. Safe environments

The strategy of safe environments is showing promise due to several reasons. There are many studies that provide evidence on area-based crime and violence (Burton & Leoschut, 2013; Nicol et al., 2014) which in turn provide information on which areas to target for safer space

interventions. For example, the Western Cape Government has during 2020 and the COVID-19 pandemic identified 11 priority areas, in which they will roll-out the Western Cape Safety Plan (Western Cape Government, 2020). There are also the Integrated Social Crime Prevention Strategy developed by the DSD, and the Integrated Urban Development Framework which "locates community safety as a central issue for urban development and promotes a spatially differentiated response that accounts for the concentration of violence and crime in urban areas" (Willman et al., 2019:26).

Then there is a multisectoral approach that has been identified in the roll-out of safe parks. Isibindi Safe Parks is endorsed by government and led by the DSD, and more than 400 Safe Parks have been established and rolled-out in all the nine provinces (UNICEF, 2017c). NACCW "oversees and enables the establishment and maintenance of ISIBINDI safe parks" (ISS & Save the Children, 2019:25). In addition, there is an increased focus on online safety and creating safe spaces for children on the internet. UNICEF, in support of the DSD are training social workers on online safety so they can provide guidance to families and children. The programme is funded by the Global Partnership to End Violence, and is a partnership with DBE, DSD, SAPS, civil society, the private sector, and provincial governments. Government has introduced it as a compulsory course for frontline workers (UNICEF, 2021). This suggests that safe environments are a clear focus in South Africa. Despite this, inadequate resourcing has led to struggles for many local governments in carrying out violence prevention strategies (Willman et al., 2019).

South Africa has made significant progress in securing the rights and safety of pupils, through the development of a policy framework. The NDP, the National Education Policy Act (No. 27 of 1996), and the Schools Act (No. 84 of 1996) address the need for safer schools (Makota & Leoschut, 2016). *Skhokho Supporting Success* shows real promise in creating safer schools for children as illustrated, in which not only pupils were involved, but it had positive effects on teachers and caregivers in promoting positive forms of disciplining. Clear reductions in IPV for both caregivers and pupils, more equitable gender attitudes and awareness on non-violent discipline with increased usage of positive disciplining suggests that such an intervention should be scaled up, as it manages to target caregivers, teachers, and pupils (Jewkes, Gevers et al., 2019). School-based interventions therefore show real promise in reducing violent disciplining. However, this is one of the few school-based interventions that also targets teachers. Most interventions are targeted at children or young adolescents, but when seeking to

create schools safer and increase enrolment for children, interventions must also target teachers. For example, the *Good School Toolkit* in Uganda, a school-based intervention targeted at school staff's behaviour found significantly lower likelihood of corporal punishment by teachers at the 18-month follow up, and moreover "reduced the risk of past-week physical punishment by 42%" (Röhrs, 2017:15). This suggest that school-based interventions can successfully target corporal punishment and attitudes in teachers too.

5.2.3. Poverty alleviation

Additional measures are the introduction of no-fee schools and the National School Nutrition Programme which feeds 9.6 million children one meal a day. Moreover, the DBE is overseeing ECD, budgeting policy development and resource allocation for schools (UNICEF, 2020). Such measures assist poorer families in getting their children access to both education and nutritious meals, with the aim of relieving some of the burden and increasing school enrolment. Despite this, there are still some barriers to education through school uniforms and transport (Martin, Hall & Lake., 2018). Still, South Africa has high levels of school enrolment, with about 98% of children between 7-17 years attending school (Hall, 2018). Nevertheless, while life skills programmes demonstrate a positive effect in reducing violent behaviour, IPV and promote sexual and reproductive health, many of the programmes are not available in all areas or provinces (ISS & Save the Children, 2019).

The South African government has clearly identified, and provides interventions that seek to address poverty, through income and economic strengthening. For example, there is clear evidence which shows that social grants can reduce household poverty and improve a child's well-being – specifically improving access to education, food security, and school attendance. The government and the DSD provide an important role in supporting families with the CSG, which forms part of the Social Assistance Act 13 of 2004 (Mathews, Govender, et al., 2016). However, the limited amount of R450 allocated per month is not sufficient. Statistics South Africa (2021a) report in 2021 that the national food poverty line is R624; and over 1.8 million children are excluded from accessing the grant due to reasons such as lack of birth certificate and identity documents (Children's Institute, 2019).

Nevertheless, combining microfinancing and economic empowerment with social norms have proven effective to, for example, lower rates of IPV, improve communication, challenge gender norms, increase in recipients of child or foster grant and increase in monthly income. For

example, IMAGE has gone from being a pilot project and turned into an NGO and violence prevention programme. It has been scaled up locally, and more than 35 000 South African women have received support from it. Its success must be attributed to three key factors: the implementation partner, a microfinance organisation; the success of the pilot leading to more demand for scale-up; and staff capacity building by investing in quality staff training (Lufuno, 2018). Thus, financial interventions can be demonstrated to have a positive impact in preventing VAC, and such interventions should be explored further as they indicate potential to be scaled up.

5.2.4. *Victim support*

There is a multisectoral approach to response and support services for victims of abuse in South Africa, through the government, NGOs, and organisations. The DOH supports many TCCs and there is the SAPS who take reports and operate referral networks for victims of violence (ISS & Save the Children, 2019). Shelters are found to provide comfort, physical and psychological safety and support for children and women (Republic of South Africa, 2020). While many victim services are doing great work, the literature shows that there are critical gaps in victim services, both in financial and human resources, which contribute "towards vulnerability to secondary victimization" (Republic of South Africa, 2020:30). The underfunding, lack of personnel and available shelter/safe spaces suggest that the services struggle with coordination, and issues of government departments and NGOs failure in terms of accountability (ISS & Save the Children, 2019).

In addition, research shows that there is not only a lack of awareness, but victims of violence are subjected to social stigma for seeking help, which leads to low rates of help seeking (USAID, 2015). Moreover, there is a lack of care centres for victims of violence, with only 55 TCCs and 43 sexual offences courts across South Africa, which is not nearly enough considering the ongoing rape crisis (Johnson, Mahlalela & Mills, 2017, ISS & Save the Children, 2019), as well as a lack of institutional support in referring to victim services, such as by the police and teachers (USAID, 2015). This suggests that TCCs are struggling, and that implementation is somewhat unsuccessful. The demand for its services is at-present much higher than what can be handled, echoed in the child protection services and foster care, all of whom are struggling to respond to demand, leading to long waiting times (USAID, 2015; Mathews, Govender, et al., 2016). Other gaps include the shortage of services directed at boys

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who are victims of violence (ISS & Save the Children, 2019), as well as limited availability of response and support services close to rural areas or informal settlements.

It must be argued that while victim and support services show critical gaps that need to be addressed, evidence from interventions shows the clear impact victim and support services has on victims of violence in providing help and comfort. It is evident that numerous areas need improvement, and scaling up some of them might prove challenging, however, it is already proven that TCCs and Isibindi can be scaled up. A key element is the shortage of staff which must be addressed.

5.3. Less promising opportunities for INSPIRE implementation in South Africa

5.3.1. Entrenched norms that encourage the use of physical violence against children

It is evident that there is a strong legislative and policy framework targeted at crime and violence, there is however little information available regarding the success of these laws (ISS & Save the Children, 2019). This is clear from the analysis, which shows that despite banning corporal punishment in the home and in schools, it is still normalised and accepted as a form of parenting, amongst other examples raised in Chapter 3. What is clear, is that South Africa is a highly patriarchal society, one that legitimises violence at the hand of the man, one that views women as subordinate and children as property, which leads to parents not only mistake disciplining for punishment, but a justification of violent parenting practices. While children are protected against physical punishment by law, social and cultural norms in society must be challenged, and deep-set norms and values cannot successfully be challenged by laws alone.

While knowing that corporal punishment can lead to physical and psychological problems in the short and long term, physical punishment is still common in South Africa. It is therefore imperative to find interventions that address physical punishment of children and parents and teacher's legitimisation of violence as a correct way to raise good children. To counter this norm, what has proven most successful is targeting social norms and values through parenting programmes (WHO, 2016). For instance, the *Sinovuyo* intervention showed that there was a clear reduction in the use of physical punishment by the caregiver. A focus on positive parenting through home-visitation therefore suggests that interventions provide a great platform for challenging social norms such as the belief in corporal punishment, as it can shift harmful attitudes and practices by targeting negative parenting and improving positive parenting.

While parent and caregiver programmes can be implemented at scale in South Africa, the dimension of norms and values itself is more challenging. Although areas such as edutainment can successfully raise awareness and knowledge, a common problem that arises is how to measure norm change, as there is no information regarding the effectiveness of programmes such as *Soul City* (Röhrs, 2017). The same applies to the community mobilisation programme CHANGE, which showed limited effect in men's perpetration of IPV. This is supported by the literature, which argues that a common problem in norm changing work, is increasing awareness of an issue, does not necessarily lead to a shift in positive behaviour (Haylock et al., 2016). Additionally, analysis of CHANGE found that there seems to be a correlation between childhood trauma and violent behaviour in men, in which law-abiding men overall showed most improvement. This according to Jewkes et al. (2019:8) indicates that "social norms change interventions may be less effective for the most violent men, whose behavior may not be influenced by mainstream norms".

Coaching Boys into Men on the other hand, used role models and sport, which reduced perpetration of violence by 38% 24 months after the intervention. This suggests that children and adolescents respond positively to role models. While the impact of harmful social and cultural norms as drivers of violence is clear, there however seem to be a gap on how to effectively address harmful social and cultural norms and values. Most of the programmes that exist, are campaigns and communication strategies, however there is little evidence regarding their effect and how to effectively target norms and values (ISS & Save the Children, 2019). The community-based intervention SASA! in Uganda which seeks to reduce IPV through changing gender norms, attitudes, and behaviour, is an intervention that successfully have been scaled-up in more than 25 countries (Michau et al., 2018). The study documents an impressive 52% decrease in IPV and changes in community attitudes which led to a decrease in acceptance of violence. Data also suggest that decrease of IPV and harmful attitudes had an impact on parenting practices, with increased perceptions of corporal punishment as negative parenting (Abramsky et al., 2014; Jamieson, Mathews & Röhrs, 2018). South Africa should therefore employ such experiences from successful interventions in other LMIC's and seek to adapt them in relation to the South African context.

5.3.2. Low levels of enforcement of laws

One reason for poor implementation, is at present an inadequate law enforcement. While the effectiveness of the laws is unclear, one must look at SAPS role in not only implementing laws,

but their capacity to enforce them. SAPS, who are responsible for the safety and security of its citizens and to uphold and enforce the law have been under much scrutiny (ISS & Save the Children, 2019). While most of the budget for law enforcement has been allocated to SAPS (Willman et al., 2019), the literature points to policing in South Africa as being marked by poor leadership, lack of legitimacy, and ineffectiveness. The idea that police should have the ability to protect and enforce law are therefore somewhat misleading in the South African context. Major gaps have been identified in the criminal justice system, for instance a lack of trust in the police, evident in the under-reporting of crime and violence. Low levels of trust can also be attributed to a failure to identify perpetrators or an inability to trace victims (SACN, 2020). Low conviction rates also contribute to low levels of confidence in the police. One study shows that only 21.1% of rape perpetrators that are arrested get jailed (Mahlangu, Gevers & De Lannoy, 2014) and another finds that only 4% of sexual abuse and 24% of murder perpetrators get arrested (Willman et al., 2019). Another study on rape justice from 2012 found that only 72.6% of those convicted were imprisoned. However, as little as 8.6% of the cases reported led to a guilty verdict (Machisa et al., 2017).

Machisa et al. (2017) raise the various inefficiencies in the criminal justice system that lead to these low guilty verdicts. DNA evidence is key in rape trials, but there are malfunctions in the collection and processing of evidence. In addition, the recording of trials is an issue with 80% of the 553 requested transcripts missing, and in those obtained, significant information was missing due to loss of records, lack of coordination and destroyed tapes. This has significant consequences, impeding the right of justice.

Another issue is that of police brutality. Between 1997 and 2012 more than 6800 deaths at police hands were recorded. This included the Marikana incident in 2012, in which police opened fire on striking miners, killing 34 and injuring many more. There have been no police prosecutions or disciplinary procedures against those involved (Bruce, 2020). Research also shows that firearm-related murders in the Western Cape are increasing, from 36% in 2016/17, to 42,3% in 2017/18, and 46% in 2018/19 (Western Cape Government, 2020). Moreover, the national murder rate has increased by 22% since 2012. While much of this can be attributed to socio-economic issues and inequality, it must also be ascribed to deteriorating police performance (SACN, 2020). All these factors contribute to a lack of police legitimacy in South Africa.

5.3.3. Corruption and the implications for programme implementation

Corruption has been on the rise in South Africa which is ranked as number 69 out of 180 on the 2020 Transparency International Corruption Perception Index (Transparency International, 2021). The corruption is often argued to be the cause of financial deterioration and inefficient resource allocation within state-owned enterprises (SOEs), with decreasing trust in political leadership, and low legitimacy of the state (The World Bank Group, 2018). Mlambo (2019) argues that the Zuma administration (2009-2018) is responsible for much of the corruption, state capture and poor management of SOEs. While there are available tools to detect corruption, they are not properly implemented, and corruption can be found in all spheres of the government. Corruption, in combination with poor governance and low level of accountability is a dominant cause for slow development and ability to provide basic services. This has led to an accumulation of work that needs to be dealt with, and the delay in providing basic services have led to many service-delivery protests (Masuku & Jili, 2019; Mlambo, 2019). The issue of resource allocation is noteworthy, as evidence shows public funds have been spent on lavish mayoral vehicles and vacations rather than service delivery issues (Reddy, 2016). For instance, R240 million from the state was spent to renovate Jacob Zuma's private property (Mlambo, 2019). This places "government funds … at the centre of the competition between corruption and service delivery" (Sebake, 2020:178).

The issue of service delivery backlogs is important to explore. For instance, access to clean and potable water, which is a human right, has been denied to many underprivileged communities (Sebake, 2020). Research shows that about a third of children in South Africa live in households without access to potable water (Hall et al., 2019). Housing delivery (or the lack thereof) also provides a clear example of the issues surrounding service delivery. Maluleke, Dlamini & Rakololo (2019) demonstrate that the 1994 housing backlog of 1.9 million has increased to more than 2.3 million due to population growth and urbanisation. They go on to argue that while the government is seeking to fulfil its constitutional mandate to provide access to housing, distribution of housing has been marked by dysfunction. Corruption within the supply chain management and beneficiary-management has not only led to a failure to build houses, but also incomplete projects, misallocation of houses and defective projects. This has meant that initial targets of providing 300 000 houses per year have fallen short, for example only 161 852 units were delivered in 2009/2010 (Fuller Housing Centre, 2014).

Despite the existing government legislative and policy framework, the failure to deliver is traced to elevated levels of corruption, poor leadership and governance, poor resource allocation, and these make it difficult to implement policies (Fuller Housing Centre, 2014). Corruption can be argued to lead to an increasingly centralised economy, one which benefits the few, and it "undermines the fairness, stability and efficiency of a society and its ability to deliver sustainable development to its citizenry" (Sebake, 2020:176–179). It must therefore be argued that corruption is likely to weaken programme implementation.

5.3.4. Impact of COVID-19

South Africa and the rest of the world is currently going through the pandemic of COVID-19. South Africa declared a state of national disaster the 23 March 2020 (Western Cape Government, 2020). The implications of this are severe, having a dramatic effect on the economy, and budgets are being cut in different government departments. It is therefore imperative to look at the extent the pandemic impacts South Africa, and moreover how this affects the country's progress of reaching the SDG's of ending VAC.

The Department of National Treasury calculates in their Budget Review 2021 that the pandemic has "led to a 7.2 per cent contraction in GDP growth in 2020" (National Treasury, 2021:1). The Supplementary Budget Review (2020) shows that national departments' baseline was suspended by R54.4 billion, and reductions in non-interest spending plans shows R24.3 billion reduction in general public services, which consists of funds for health and basic education, R15.6 reduction in social development and R4.1 billion in the peace and security sector. The education sector has been one of the hardest hit by the budget cuts, with R2 billion suspended in education infrastructure grant, and R4.5 billion repurposed, and there have been cuts in life skills grants, school infrastructure backlog, and mathematics and science technology (UNICEF, 2020).

There have also been budget cuts that have led to an increase in food insecurity. The DBE stopped the National School Nutrition Programme, which feeds 9.6 million children one meal a day (Haffejee & Levine, 2020). ECD facilities went through mandatory closure, and state funding was limited resulting in many children not being fed. Moreover, families receiving the CSG felt the termination of the Caregiver Allowance and grant top-ups the worst (Hendricks et al., 2021). Food insecurity must also be seen in relation to rising unemployment, in which a survey between end of April 2020 and 6 May 2020 shows that 8,1% of the respondents lost

their jobs during lockdown, and respondents with no income went from 5.2% to 15.4% only six weeks into the lockdown (Statistics South Africa, 2020c). The third quarter of 2020 saw 1.7 million fewer jobs than the previous year, and unemployment rose from 4.3 million to 6.5 million (National Treasury, 2021). Budget cuts and reprioritising have also taken their toll on child health services, with a decrease of 29% in HIV testing and an "increase in infants testing positive at 10 weeks (57%)" (Murray et al., 2021:2). Disruption in healthcare services has also slowed down vaccinations of diarrhoea, pneumonia, and measles, leading to worries that there will be new outbreaks, despite it being completely preventable (May et al., 2020). Thorogood et al. (2020) argue that increased rates of poverty, hunger, and closure of ECD programmes will have long-lasting effects on children in the years to come.

The economic effects of the pandemic must therefore be argued to have profound implications in South Africa, and how long-lasting these effects are, remains unsure. The pandemic has complicated decision-making processes (National Treasury, 2020), and the increase in unemployment and decrease in income have caused a strain on society. South Africa's GDP is also only expected to be back on track in the end of 2023 (National Treasury, 2021). However, due to the strain on public finances, it is expected that a debt crisis is coming, leading to a struggle for the country to fulfil its economic prospects (National Treasury, 2020). Moreover, long-term costs are expected to occur for child health, growth, and development due to disruptions in health care (Murray et al., 2021). Additionally, budget cuts in the education sector, lower incomes, or loss of jobs in combination with the need for health care, is likely to have an impact on school enrolment, due to financial difficulty in covering educational costs. Thus, the feasibility of the INSPIRE package must be argued to be somewhat small, considering departmental cuts, issues with translating policies into practice, implementation challenges, underfunding, lack of staff and major key gaps in the criminal justice system.

5.4. Conclusion

This chapter has used the INSPIRE strategies as a template for a discussion of the promising and less promising VAC interventions that has been conducted in South Africa. The chapter found that there are five areas which seem particularly promising for future interventions and implementations. First are *parent and caregiver interventions,* which most of South Africa's research and evidence on VAC focuses on. An analysis of *safe environments* comprised the second area, which showed that there is a plethora of research and evidence on area-based crime and violence. The third and fourth areas were poverty alleviation through the strategies of

education and life skills and *income and economic strengthening*, and lastly there was addressing victim support through *response and support services.*

The chapter also identified the areas of interventions that are less promising considering the South African context. The chapter found that entrenched norms and values remain a key risk factor for VAC, despite there being a strong legislative and policy framework targeted at crime and violence. The entrenched norms and values can lead to implementation challenges due to factors such as difficulty in measuring the effectiveness of the programmes. Another area which might pose implementation challenges, is the low levels of law enforcement. The chapter finds that the SAPS has restricted capacity in terms of enforcing laws and gaps that have been identified in the criminal justice system. The third area that causes implications for programme implementation has been corruption, which was illustrated through South Africa's rank as number 69 out of 180 on Transparency International Corruption Index. The final area is the impact of COVID-19 in that there have been massive budget cuts due to the associated economic downturn, which has caused profound implications for decision-making processes and financial restrictions for numerous sectors.

The findings from this chapter will be further presented in the concluding chapter, which will determine whether the seven INSPIRE strategies are relevant and feasible for the prevention of all forms of VAC in South Africa, and what their prospects for success are, given the nature of the state and society in South Africa.

CHAPTER 6: CONCLUSION

6.1. Introduction

This chapter will present the conclusion of the critical desktop review and will provide recommendations for future research as well as discuss the study's limitations. The chapter will firstly provide a summary of the research, and then present the findings from the desktop review on VAC and answer the research questions and the research problem. Recommendations for further research and limitations of the study will be presented at the end of the chapter.

6.2. Summary

The primary objective of this thesis was to explore the gap that exists in the literature on whether evidence-based practices to prevent VAC are relevant and feasible to South Africa, and if so, to what degree. This has been important, as most of the evidence-based research for responding to and preventing VAC can be found in HICs. Thus, two research questions were developed, namely: How relevant and feasible are the INSPIRE strategies proposed by the WHO for the prevention of all forms of VAC in South Africa? And what are the prospects for success of these programmes given the nature of the state and society in South Africa?

Chapter one introduced background and purpose of the thesis, the problem statement and research questions. Chapter two described the methodology and the research design utilised for this thesis, that of exploratory research using a secondary research data collection method. Pre-existing primary data were employed in the collection of data for the qualitative research. Chapter three was the literature review on VAC and VAC in South Africa. The chapter contributed with a discussion on VAC, unpacking VAC and its main concepts. The literature review showed that the effects of VAC are severe, and it was demonstrated that VAC can be prevented by addressing the drivers of violence through the identified risk and protective factors. The literature review also linked childhood abuse to re-victimisation and increases in the likelihood of victims becoming perpetrator of violence. The chapter also showed that there was a gap in the literature on evidence-based practice to prevent VAC in South Africa. VAC prevention strategies have been developed and tested in other countries, with evidence on successful and less successful prevention strategies being scarce in South Africa. The second section of the chapter identified numerous factors that influences violence, such as historical legacies (such as apartheid and colonisation), social and cultural norms and values (like patriarchy and gender norms), parenting practices and cultural practices and beliefs. This section showed that South African children experience risk factors for violence at multiple

levels, and children who are subjected to abuse are usually in combination with multiple forms of abuse.

Chapter 4 discussed solutions that address violence against children. It explored the development of the comprehensive seven INSPIRE strategies, and it was argued that it has become the dominant VAC prevention framework globally. Multisectoral approaches for combatting VAC has been acknowledged by many as being the best method for violence prevention and INSPIRE has emphasized this point. Moreover, it was shown how INSPIRE relates to South Africa. However, there exists little research on the implementation of INSPIRE in South Africa (and other LMICs for that matter) despite the high levels of VAC in South Africa. The second part of the chapter which analysed prevention and intervention programmes that have been conducted in South Africa, discussed the areas in which South Africa has expertise in relation to the seven INSPIRE strategies. Chapter 5 was dedicated to data analysis, in which South Africa's ability to implement INSPIRE was highlighted. This chapter led to the findings and recommendations which will be presented below.

6.3. Findings

The thesis has undertaken a critical desktop review of the relevance and feasibility of international evidence-based research on violence prevention. INSPIRE's multisectoral approach have been announced as best practice for preventing and responding to violence in assistance of the SDGs. The framework through its seven strategies seeks to target key drivers of violence through the implementation and enforcement of laws, changing harmful cultural and social norms and values, creating safe spaces, providing parent and caregiver support, assisting with income and economic strengthening, providing response and support services, and providing life skills training and increased success to education.

The findings from the analysis demonstrates that several of INSPIRE's strategies shows promise and can possibly be implemented in South Africa. Parent and caregiver interventions have been well researched in South Africa and numerous interventions have proven successful and later been scaled up. Prominent stakeholders have been identified, there is a political will to implement the programmes, and their impact shows promise in reducing violence through positive parenting. Safe environments have also already managed to successfully scale up Safe Parks through Isibindi, and there is a plethora of research on the interplay between area-based crime and violence, which shows that it is possible to interrupt the spread of violence by

targeting hot-spots, such as providing safety to children for instance through adult supervision on the way to school. In the areas of poverty alleviation through the areas of education and life skills and income and strengthening, evidence shows that there is success in increased access to schools, challenging corporal punishment in schools and providing nutritional meals to children.

Moreover, the documented effect of social assistance shows positive outcomes in several areas, such as a child's well-being, improving access to education, food security, better nutrition and being more likely to attend school. While victim support may come across as a less promising intervention, it however shows great promise in the efforts that have been made. A multisectoral approach in developing support systems for victims has been established, and evidence suggests that victim support provides safety and comfort for victims. One of its biggest shortfalls however is the lack of staff, which can lead to secondary victimisation. The above-mentioned strategies therefore provide strong potential for the prevention of VAC, and the INSPIRE strategies for the prevention of all forms of VAC in South Africa appear to be relevant and feasible. However, the research question is twofold, as the first research questions asks about its relevancy and feasibility, the second asks about the prospects for success given the nature of the state and society in South Africa.

While the thesis has identified several promising areas for future INSPIRE interventions and it can be argued that the INSPIRE strategies proposed by the WHO for the prevention of all forms of VAC are relevant and feasible in South Africa, the next section seeks to answer what the prospects for success might be given the nature of the state and society in South Africa. The prospects for success seem rather weak if we look at a few key points. First, although the legislative and policy framework for protecting children from violence and responding to crime is in place, evidence shows that there are serious constraints in translating policies to practices, as is evident in implementing national violence prevention strategies. This is especially evident with an at-present weak and inadequate law enforcement, which is marked by poor leadership, lack of legitimacy and ineffectiveness, evident in low conviction rates, collection, and processing of evidence and forceful police.

Secondly, there is little evidence on how to effectively address social norms and values. Evidence shows that there are numerous areas in which social and cultural norms and values contribute to violence, and they can be found on all levels of the socio-ecological model. To

challenge deeply engrained norms is to change someone's belief system, and that alone is challenging. This is clear in the stance on corporal punishment, which shows that despite introducing alternative methods, placing a ban, and promoting the use of positive disciplining, that alone cannot change the practice due to entrenched norms and values. Norms and values therefore present themselves as important risk and protective factors and addressing these is imperative to understand the intersections between violence and social norms. However, as the literature suggests and evidence shows, there is little information on how to effectively challenge this.

Thirdly, evidence shows that South Africa is marked by high levels of corruption, evident in poor resource allocation, political leaders using resources for own benefits and poor governance. Several studies have documented the effect corruption have, and it is evident that service delivery is a sector that has been hit hard, especially with sanitation and housing delivery. Poor leadership and governance unquestionably impair implementation and governance is therefore a problem factor. Finally, this thesis demonstrates the clear impact COVID-19 has on programme implementation, showing that there have been budget cuts in several government departments. Disruptions due to the pandemic have caused numerous setbacks in governments efforts to protect children from violence and indicates that the increased rate of unemployment has led to more food-insecurity and disruption to healthcare services, which has created a setback in the vaccination programme of children. The economic setback has been argued to be likely to cause long-term effects, which is evident in the country's GDP.

This section illustrates that while we know that INSPIRE is relevant in South Africa, the prospects of success given the state and society in South Africa must be viewed as low, due to the aforementioned reasons. This is also one of the disadvantages of exploratory research, as there might be no conclusive results, and it suggests that both research questions need to be explored further in the future. However, the researcher's conclusion is that in the current climate of South Africa, despite INSPIRE's positive outcomes, it must be regarded unsuccessful and not feasible.

6.4. Recommendations

While INSPIRE in South Africa must be regarded as unsuccessful, the framework however proves to be useful in identifying where there are gaps and areas that need more research. South

African literature has to a high degree successfully identified risk and protective factors as an important step in combatting VAC, identifying drivers of violence such as inequality, socio-economic issues, prevailing gender norms, parenting practices and more. However, if South Africa is to reduce and prevent violence, poverty and inequality must be addressed, and the area of risk and protective factors must be explored further.

Another area that is worth exploring, is the area of social norms and values. It is clear from the literature that social and cultural norms and values to a large degree contribute to VAC. Given that violent social norms and values are so deeply entrenched in South Africa, there is a need to get a clear understanding of the intersections between violence and social norms and values, and how to address those. Moreover, the lack of effective interventions and evidence on how to effectively challenge and change deep set norms and values are problematic. This is therefore and area that can provide important insight and must be explored further. For example, parenting programmes have effectively proven to show decrease in IPV and positive parenting, however, it is not enough to stop physical punishment. Large-scale interventions are needed to create a shift in harmful beliefs and attitudes. Perhaps the upscaling of an intervention such as *Skhokho* could be used as a template, as despite its small-scale, it still managed to successfully target the individual level, relationship level, community level and societal level – of pupils, caregivers, teachers, and social and cultural norms.

Furthermore, the 2019 Western Cape Safety Plan can provide significant information for future violence prevention initiatives and should be used for future research. The 2019 Western Cape Safety Plan, coordinated by the Western Cape Provincial Government has prioritised safety, and seeks to address the drivers of violence "in its hotspots through data-led and evidence-based policing" (SACN, 2020:13). Factors show that there is a major difference in crime and murder rate based on hotspots in cities, while at the same time it is identified a shared set of factors for violence, such as IPV or GBV. Being aware of this interplay should be a priority when developing prevention strategies. Western Cape Safety Plan argues that one needs targeted policing in areas that are identified as hotspots. Doing so, it is imperative to consistently provide data updates on crime patterns. The plan seeks to utilise evidence-based interventions for violence prevention, through areas such as strengthening families' resilience to violence, strengthening learners and educators' resilience to violence, strengthening the resilience of youth at risk, building society's resilience to violence, and building society's

resilience to harm. Thus, there is an area-based and cross-governmental response to reducing violence (Western Cape Government, 2019).

6.5. Limitations

Studying VAC and best practice prevention through a case study has four major limitations. First, as previously mentioned, much of the evidence-based research on prevention strategies are typically designed and researched in well-resourced Western countries and presented as worldwide best practices. South Africa has a different context, and different resources. Second, though the UN (2019) reports that the global south accounts for the most VAC and violent deaths in the world, only 10% of scientific research comes from the global south, limiting the scope of available data. This relates to the third challenge – the limit on the available data on prevention and intervention programmes in South Africa. Available studies prove little success, and there are few randomised controlled trials (RCTs). The consequences of using such studies are that it does not allow for precise assessment, however, the available data proves useful in providing a thorough critical analysis and give advice for future reference as well as evaluation of current studies. Fourth, there are several concepts in the academic literature of VAC, such as *child, violence against children* and the different forms of violence. These concepts often seem to be contested and complex, as they are utilised in different ways within the scholarly field and seem to be defined differently according to geographical areas.

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