

## **ROUGH DRAFT**

### **SOUL CITY LITERATURE REVIEW**

#### **THE PSYCHOSOCIAL IMPACT OF VIOLENCE ON CHILDREN**

##### **STACEY LEIBOWITZ-LEVY**

### **INTRODUCTION**

Violence is a normative experience within S.A. society and the issue of children and violence specifically serves as a core focus in current debates regarding violence in South Africa (Palmary, 2003). Children's experience of violence occurs within the context of a 'culture of violence' – pervasive exposure to violence and its legitimized acceptance in South African society (Stavrou, 1993).

In focusing on children and violence this review recognizes the socially constructed underpinnings of both these concepts, but in the interests of retaining a clear focus has chosen to adopt specific definitions of these concepts. As such the review has adopted the definition of violence proposed by the World report on violence and health which defines violence as:

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

(Chapter 1 violence- A global public health problem, p5 cited in Butchart, Phinney, Check & Villaveces, 2004, p.1).

This general definition then further divides violence into three sub-types:

1. Self-directed violence such as self-mutilation and suicide.
2. Interpersonal violence, which refers to violence between individuals and encompasses domestic as well as community violence. Child abuse, youth violence and criminal violence fall under this category.
3. Collective violence or violence involving larger groupings of people such as economic, political and social violence.

In addition violence is understood to take the form of physical, sexual and psychological violence as well as deprivation and neglect. (Butchart et al, 2004)

Whilst South African children are at risk across a wide spectrum of violent experiences including sexual, physical and emotional abuse, gang violence and prostitution, enforced involvement in child labour and armed conflict (Dawes, Richter & Higson-Smith, 2004 & Guma & Henda, 2004), this review will focus primarily on interpersonal violence. The review attempts to focus on the preadolescent, and relates relevant literature to the 8-12 year old age range given that this is the Soul Buddyz target population.

The consequences of violence are understood to be physical, psychological and social. The primary focus of the review is on the impact of this violence within

the psychosocial arena and possible intervention strategies. These consequences are understood both in terms of the effects of experiencing victimization as well as becoming a perpetrator as a consequence of exposure to violence. Intervention strategies are explored in terms of primary, secondary and tertiary prevention and incorporate government policy and intervention strategies.

### **THE NATURE OF THE PROBLEM**

South African Society is generally viewed as extremely violent in contrast to other countries. The experience of violence is viewed as a normative feature of life in both urban and rural settings (Hamber & Lewis, 1997). As pointed out by Emmet (2003), South African children have had extensive exposure to violence and are often primary victims or witnesses to violence.

General statistics regarding violence are difficult to locate and generally it is crime statistics that provide some indication of the levels of violence in a society. Yet establishing the extent of the problem, specifically in relation to children is difficult given that crime statistics rarely report the age of the victim and of the perpetrator (Palmary, 2003). In addition when stats for children are reported, they tend to refer to individuals under 18 and do not specify age beyond this distinction.

Yet general statistics regarding crime provide some indication of the extent of exposure of society as a whole, which in turn allows some extrapolation with regard to the experience of children. According to the UNODC Survey of Crime trends and operations of Criminal justice Systems, South Africa has a victimization rate of 7997 per 100 000 in contrast to Botswana with a victimization rate of 5207 per 100 000 (Pharoah, 2005). Statistics on homicide are generally viewed as the most accurate indication of crime given more reliable rates of reporting as well as the more absolute nature of homicide (Pharoah, 2005). According to SAPS statistics South Africa had a murder rate of 42.7 per 100 000 for 2004, ranging from 59.9 murders per 100 000 in the Western Cape to 28.9 murders per 100 000 in North West Province. Although this rate is significantly lower than previous years, in a U.N. survey of crime trends from 1980-2000, South Africa's reported homicide rate (59 per 100 000 over the 20 year period) was second only to Colombia in this survey of 114 countries (Shaw, van Dijk & Rhomberg, 2003). The average homicide rate across countries was 7 per 100 000 and, according to the study, a rate of 10 or more per 100 000 was considered to reflect serious homicide levels (Shaw et al, 2003).

As stated by Frank (2005), "Childhood and adolescence are recognized as phases of development during which vulnerability to the factors that may result in offending and victimization is most palpable" (p.15). Hence this statement suggests that children and youth may be disproportionately represented both as victims and perpetrators of violence and crime.

### **Available South African child-specific statistics**

With regards to SAPS statistics categories that are child specific, the child abuse rate for 2004 was 14 reported cases per 100 000 and for neglect and ill-treatment of children was 14 per 100 000. These rates have risen consistently and dramatically over the years, but it is difficult to assess whether this reflects higher incidences of these sorts of crimes or increased rates of reporting.

The Case 2000 survey (cited in Palmary, 2003) indicates that about one-fifth of youth (up to age 17) have been crime victims with the majority of these coming from Gauteng or Kwazulu-Natal. In a study conducted by Ensink, Robertson, Zisis and Leger, 1997 (cited in Berman, Silverman and Kurtines, 2000), of 60 Xhosa speaking black children (aged 10-16) living in a township with high levels of community violence, all of the children reported being exposed to community violence with 56% relating they had been a victim of violence and 45% having witnessed at least one murder. Of these children 21.6% fitted the diagnosis for PTSD, 31.6% for dysthymia and 6.6% for major depression (Ensink et al, 1997 cited in Berman et al, 2000).

The following SAPS statistics were reported to parliament in May 2002, for the time period January to September 2001. The South African Police Services (SAPS) reported a total of 15650 cases of child rape, with 5859 (37.4%) referring

to children under 12 and the remaining 62.6% referring to victims aged 12-17 years (Van Niekerk, 2004). Due to under-reporting and SAPS administrative inefficiency, these statistics are likely to be an under-estimate of actual figures (Van Niekerk, 2004).

Although these statistics provide a useful basis for broad statements and comparisons, they need to be considered in context. These statistics reflect national and regional averages. Often the experience of violence in South Africa, although pervasive, is more heavily focused in communities where deprivation and poverty are the norm - as evidenced by research “poor people bear most of the brunt of violence in society” (Hamber and Lewis, 1997, p.7 and Butchart et al,2004). In addition, the majority of violence occurs in the inter-personal setting between people who know each other and not as a consequence of random criminal violence (Hamber and Lewis, 1997).

### **THE PSYCHOSOCIAL IMPACT OF VIOLENCE ON CHILDREN**

Given the pervasive and extreme exposure of children to violence in South African society, young people are at increasing risk for developing a range of psychological disturbances. In addition exposure to violence has pervasive social effects on youth. Generally these effects for children in the 8-12 year old age range are a consequence of victimization as opposed to them taking on the role of the perpetrator of violence.

In considering the consequences discussed below it is necessary to hold in mind that the relationship between violence and its' psychosocial consequences is not linear. There are a wide range of mediating factors including the nature of violence, personality factors, social support and poverty which impact on the manifestation of potential consequences (See Mabanglo, 2002 and Pharoah,2005). Further discussion of these factors is beyond the scope of this review.

## **PSYCHOLOGICAL IMPACT**

Psychological responses to violence are highly diverse and complex (Berman, Silverman and Kurtines, 2000) and not all children exposed to violence will manifest with significant emotional and behavioral difficulties (Cohen, Berliner and Mannarino, 2003). Whilst a broad range of factors including features of the violent experience, of the child and his/her environment will influence the child's attempts to manage the violent event, a traumatic experience will have a significant impact on the majority of children (Murphy, 1998). Moreover, the link between exposure to violence and distress symptoms in children has been clearly documented in the literature (Berman et al, 2000).

The immediate impact of exposure to violence may include feelings of fear, anger, hostility, anxiety and depression and in cases of sexual violence,

inappropriate sexual behaviour and long-term difficulties such as feelings of isolation, self-destructive patterns of behaviour, difficulties in trusting others and establishing sexual relationships (Murphy, 1998). Some of the more general symptoms of exposure to violence, identified particularly in relation to community violence, include self-hatred, a deep distrust of community and society as a whole, a lack of sense of safety in the world and a damaged internalised sense of morality and notions of caring for others (Parson, 1994).

A variety of studies have documented that children living in high crime and violence communities have a higher incidence of psychiatric disorders including Post Traumatic Stress Disorder (PTSD), depression, anxiety and conduct disorders (Berman et al, 2000). The link between exposure to violence and Post Traumatic Stress Disorder (PTSD) is perhaps the most clearly established in the literature with PTS identified as a core feature of the distress reaction manifested by children in response to violence (Berman et al, 2000). As a consequence of exposure to violence, many children will experience symptoms associated with Post Traumatic Stress Disorder (PTSD) (Berman et al, 2000). The core focus of research into responses to violence in children has been on the symptoms associated with PTSD (Berman et al, 2000).

PTSD is a psychiatric diagnosis that refers to a specific set of symptoms after hearing about or exposure to an experience that involved death or the threat of death, injury or serious harm to one's self or another person (DSM-IV-TR, 2000).



This experience must also be accompanied by a perception of “fear, helplessness or horror” and in children “the response must involve disorganized or agitated behaviour” (DSM-IV-TR, 2000, p. 463).

Children with PTSD will typically manifest with symptoms including **re-experiencing of the trauma** (e.g. nightmares, repetitive trauma-related play), **avoidance symptoms** (e.g. numbed emotions, withdrawn behaviour) and **hyperarousal** (e.g. sleep/concentration difficulties) (Berman, Silverman & Kurtines, 2000 and Parson, 1994). In addition, symptoms of dissociation may impair the child's ability to process and express feelings in words and symbols (Murphy, 1998).

Children's posttraumatic responses also vary according to the age and developmental level of the child (Pynoos & Eth, 1986). Children in the 8-12 year old age range may manifest with regressive behaviour such as bed wetting; repetitive and compulsive play relating to the trauma, difficulties in social interaction, becoming withdrawn and subdued, cognitive and memory impairment effecting schoolwork and separation difficulties (Gordon and Wraith, 1993; Yule & Udwin, 1991). Physical symptoms such as stomach complaints and headaches are also common as well as high levels of anxiety and imaginary fears.

## **SOCIAL IMPACT**

Repeated exposure to violence leads to a reinforcing of the “culture of violence” with children believing that violent behavior is acceptable and normal (Stavrou, 1993). This is particularly so with regard to exposure to domestic violence (stavrou, 1993). The exposure to and the normalizing of violence as well as the impact of the various psychological effects described above is associated with an increased likelihood of participation in violence and general criminal activity (Stavrou, 1993, Butchart et al, 2004 & Pharoah,2005). Exposure to experiences of violence in children are also related to poor school performance (Pharoah, 2005) and self-destructive behavior such as suicidality, substance abuse and high-risk sexual behavior (Stavrou, 1993 & Butchart et al, 2004)).

## **EFFECTIVE INTERVENTIONS**

### **PSYCHOLOGICAL INTERVENTIONS – TRAUMA COUNSELLING**

The psychological interventions reviewed in this section are relevant at the level of tertiary prevention (i.e. once exposure to violence has already occurred and there is a manifestation of symptoms).

A range of child-focused trauma counseling approaches are utilized in South Africa, employing a variety of techniques including dialoging, drawing and psychodrama. A number of NGOs offer trauma counseling (as well as a limited number of government hospitals and clinics) and services are provided by social workers, psychologists and lay counselors. These interventions are usually conducted one-on-one or in small groups. Counseling usually occurs in a clinic or hospital setting although there are a number of interventions, particularly using art therapy techniques that are located in school and community settings. Berman (2000) emphasizes the centrality of school and community-based psychological interventions. There is a relative paucity of interventions offered for children with most services primarily serving an adult population. Many children do not have access to counseling services or are unaware of the benefits of such services.

Child clients are generally seen for between one and five sessions and tend to come from contexts of poverty and deprivation. The therapist may modify his/her approach according to the individual needs and developmental level of the child. These approaches generally incorporate counseling or psycho-educational work with the child's caregiver. The general aim of trauma counseling is the alleviation of symptoms, the effective integration and working through of the experience of violence and the reestablishment of a sense of personal integration and cohesion for the child.

An extensive review of the literature and a survey of South African trauma workers, suggests three key emphases in trauma counselling approaches. These are retelling the story, an emphasis on the therapeutic relationship and working through or closure. Retelling the story is recognised as a fundamental element of trauma counselling (Fletcher, 2000) and involves both exposure to the event through a repeated reviewing of the traumatic event as well as a reprocessing of related memories (Nader, 2001). The focus on the therapeutic relationship is viewed as central in terms of stabilizing the child, allowing for the reestablishment of trust, directing the therapeutic process and ensuring that the child feels contained and supported. The working through element focuses on the “resolution” of the traumatic experience and tends to be future-oriented. This resolution can take many forms depending on the approach of the counsellor and may include attempts at promoting mastery, coping, post-trauma adjustment, and a focus on current life concerns and anger management (Parson, 1994).

A variety of different techniques are used to operationalize these different elements that are understood to complement each other within an overarching framework. This accords with the suggestion of Terr (1989) that effective treatment for child trauma survivors must involve a combination of different approaches.

Cohen, Berliner and Mannarino (2003) point to a number of guidelines in order to ensure effective treatment for child crime victims in particular. These include the

need for routine frontline screening for symptoms of distress, appropriate referral for treatment, the development of specific treatment goals, the involvement of caregivers in treatment and the use of appropriate and proven interventions. These guidelines are generally reflected in South African approaches to counseling children who are victims of violence. However due to a lack of resources, routine screening does not occur, but rather children are referred for treatment due to a significant manifestation of symptoms.

## **MEASURES OF PREVENTION OR CONTROL**

The necessity of preventing violence (i.e. primary prevention –focusing on underlying causes and targeting individuals who aren't yet part of the problem- and secondary prevention – focusing on early intervention with individuals who are at high risk-) and thereby averting its' psychological and social consequences is central to effectively addressing the issue. Violence is a core public health issue in many parts of the world and hence the need to focus on violence prevention as a key social goal (Parson, 1994).

Discussions of the prevention of child and youth related crime and victimization often go hand in hand in the literature. Programs focused on reducing crime and violence are also viewed as reducing the risks of victimization. For as indicated in international research, youth aged 15-25 are most likely to be involved in crime and violence (Palmary, 2003 and Pharoah, 2005). Hence interventions targeted

at this population have consequences in terms of reducing the likelihood of younger children experiencing violence and victimization at the hands of these youth.

Palmary (2003) identifies core categories of crime and violence prevention programs, drawing on effective national and international programs. These are outlined below. Unless otherwise specified, the information regarding these programs has been drawn from Palmary (2003).

### **Effective supervision of youth**

These programs focus on the effective monitoring of children, attempting to ensure that children do not go unsupervised. These sorts of interventions have been applied across a wide age range and focus on supervising children during the time period between when school ends and caregivers return home. Hence they attempt to reduce the likelihood of children both perpetrating or becoming victims of violence and crime as a consequence of a lack of supervision. They have most commonly taken the form of after-school programs and youth clubs, and involve a range of activities including games, sports activities as well as academic support. Various programs have also incorporated other violence and crime prevention initiatives such as promoting self-esteem, developing decision-making skills and substance-abuse awareness.

After-school programs potentially offer support to single-parent families and also alleviate the pressure on poor communities where the cost of organized after-school child-care is prohibitive. In addition, many such programs offer a meal.

There is a marked gap in the government sponsorship of after-school programs, with government tending to focus on pre-school age children. Such interventions also focus on truancy prevention. Some local government authorities have supported these programs and Palmary (2003) suggests that the further development and expansion of such programs should occur through the combined participation of local government and NGOs.

### **Poverty alleviation**

Poverty and economic inequality have been identified as significant factors that increase the likelihood of victimization and involvement in violence (Palmary, 2003 & Butchart et al, 2004)). Programs aimed at reducing poverty are hence viewed as violence prevention programs. A number of programs focus on economic empowerment through developing skills as well as provision of basic needs such as food and shelter. Within the framework of crime and violence prevention, these programs tend to target adolescents as opposed to younger children. There are number of poverty alleviation programs running whose explicit goals do not relate to violence prevention, but may nevertheless have such consequences. Some of these projects focus specifically on high-risk

groups such as street children. Most poverty alleviation projects are run and coordinated by NGOs.

### **Interpersonal skills development**

These programs focus on the development of interpersonal skills and good interpersonal relationships. Many of these projects have taken the form of mentoring programs. This involves the pairing of a child with a mentor providing support and care to children with limited adult supervision. Across programs, a range of people have been used as mentors including community volunteers, students and older learners. Research has indicated the efficacy of these programs that have generally been implemented with children aged 10 to 16 years (Palmary, 2003). These programs have once again been primarily implemented by NGOs.

An international best practice approach that has been implemented in South Africa is mediation and conflict resolution programs. These programs tend to be implemented where there are already indications of escalating conflict or violence. They are generally used with youth aged 10-20 but have been used with younger children. They generally aim to promote tolerance and address topics such as racism, sexism and xenophobia.

Another core focus of intervention has been on improving interpersonal relationships within family settings. These programs tend to involve interpersonal



skills training for children as well a parenting skills intervention for parents. Home visits also form a component of such programs and such programs have once again been developed primarily by NGOs such as the Centre for Peace.

### **Early intervention in youth crime and violence**

The concept of “early intervention” is used in South Africa to refer to interventions targeted at youth as soon as problems emerge (Frank, 2005). It serves as a form of secondary prevention and relies on:

- Awareness of the signs, symptoms and risk factors likely to put children at risk for victimization and/or for becoming perpetrators
- The availability of suitable programs to address these issues, thereby minimizing any future possibility of perpetration or victimization

Programs aimed at preventing violence and hence lessening victimization often take the form of gang prevention programs. These programs attempt to offer youth alternative activities to joining a gang. Examples of such interventions include sports programs and community centres. These services also include the provision of services such as conflict resolution and counseling to existing gang members. Educational and awareness programs regarding gun violence have often been associated with gang prevention programs. These programs focus on education regarding the impact of gun-related violence and include gun buy-back programs (which according to international research have been shown to be ineffective in reducing violence (Butchart et al, 2004).

Youth diversion programs are possibly the most common intervention for South African youth involved in crime. These programs involve diverting youth who have come into contact with the criminal justice system as a result of committing a crime into programs offering a range of activities such as community service, counseling, mentoring and skills development. Victim offender mediation is often used in conjunction with youth diversion programs. Diversion programs run by Nicro and the Restorative Justice Centre (Mpumalanga) have met with success in terms of reducing youth involvement in crime, with the most successful programs focusing on skills training.

Diversion programs form a core element of the Department of Justice's approach to youth justice, and underpinned by the Child Justice Bill are likely to be developed and expanded further (Department of Justice, 1998 cited in Palmary, 2003). Between 1999 and 2000 10500 youth participated in diversion programs. Yet the financing of diversion programs has largely been provided by NGOs such as Nicro and Khulisa (Frank, 2005).

### **Creating a safe environment**

A further category not identified by Palmary incorporates programs that focus on the creation of safe environments. These are programs that are underpinned by the safe community philosophy - which emphasizes community ownership, responsibility and self-sufficiency in reducing levels of violence (Centre for Peace

Action website). It holds that through the development of small areas of health and safety, these will eventually overlap to create safe communities. Safe schools projects are hence viewed as the first step in creating safe communities. Such interventions have been conducted by NGOs such as the Centre for Peace Action and the Centre for the Study of Violence and Reconciliation across a number of schools. They involve the monitoring of levels of violence in schools, the development of a code of conduct, training of school staff and learners to promote safety, develop awareness and provide support to victims, developing the responsibility and leaderships skills of learners, encouraging parental participation, promoting safety, encouraging wider community involvement and making necessary environmental changes to minimize violence (Centre for Peace Action website). These programs often incorporate the development of interpersonal skills with the CSVr's intervention incorporating an awareness program on violence and its consequences. The CSVr program also trained learners in peer counseling, in this way offering support to learners victimized by violence.

### **GOVERNMENT STRATEGIES AND RELEVANT POLICIES**

The Constitution as well as legislation such as the Child Justice Bill place a great deal of responsibility on government for the delivery of services to children (Frank, 2005). In providing these services government has the opportunity to adopt an active role in violence and crime prevention (Frank, 2005).

## **DEPARTMENT OF JUSTICE**

The Department of Justice has made great strides in terms of tailoring the justice system toward youth. In particular the Child Justice Bill, submitted to parliament in August 2002, diversifies the sentencing possibilities for young offenders. It points to the centrality of assessment by probation officers and the need for child justice courts (Barberton, 2000 cited in palmary, 2003). The implementation of this Bill requires ongoing collaboration between the Departments of Justice, Social Development and Correctional services.

As indicated in the previous section, substantial progress has been made in terms of the development of diversion programs specifically with cooperation between NGOs and government services. Nevertheless there are still regions with no existing diversion programs and further development is required (Steyn and Foster, 2000 cited in Palmary, 2003). In addition, child justice courts have started to be set up and training of probation officers, corrections officers, prosecutors and social workers in line with their role in terms of the requirements of the Child Justice Bill has started to be implemented both through recognized tertiary-based training courses as well as through government departments such as the North West Department of Social services. Nevertheless the training, availability and number of government personnel in diversion programs are far from adequate (Frank, 2005).

Nevertheless, the response to the Child Justice Bill is still very much in the planning and preparation stages with several challenges remaining in the implementation of the Bill. Nevertheless the Bill and its' underlying principles represent a favorable blueprint for a more prevention oriented approach to crime and violence amongst young offenders.

## **DEPARTMENT OF EDUCATION**

The Department of Education has taken an active role in crime and violence prevention. This commitment is essential given that many prevention programs use schools as a means of accessing youth and as a base from which to run interventions. The Department of Education has a school safety sub-directorate at National and provincial level (to varying degrees of efficacy) (Frank, 2005), indicating that the issue of school safety is on the agenda.

The Department has worked collaboratively with the SAPS and in 2002 produced a school safety booklet. A number of Safe Schools Projects have also been implemented, either by NGOs or schools themselves. These programs have received varying degrees of support from the Education Department and may fall under the auspices of what the Department terms on its website its "youth development programmes" (Frank, 2005). According to the CSV (see website), based on the framework and materials developed by their Safe Schools program, the Gauteng Education Department intends to implement a Safe Schools

approach to all schools across the province. The DOE has a national HIV/AIDS policy regarding learners and has implemented a primary school nutrition program.

## **DEPARTMENT OF SOCIAL DEVELOPMENT**

Given that many of the crime and violence prevention programs that have met with success are related to development projects and poverty alleviation, the Department of Social Development has a key role to play specifically in terms of economic empowerment and poverty alleviation (Palmary, 2003). In terms of poverty alleviation, the major contribution of this Department is through the provision of social grants such as the child support, foster care and care dependency grants (Frank, 2005). Problems with regard to these grants include their accessibility as well as issues regarding eligibility (van Niekerk, 2004). It aims to provide services for youth development and has developed two youth centres where skills training is provided (Streak and Poggenpoel, 2005). The Department has been supportive in the implementation of the Child Justice Bill, particularly in terms of developing a registration board and training for probation officers and in the provision of diversion services in some provinces.

## **DEPARTMENT OF HEALTH**

The Department of Health offers limited services in terms of tertiary prevention, and focuses much of their approach on addressing the physical consequences of

violence in children. Nevertheless, the Department of Health has incorporated as part of its' primary health care strategy, the provision of services to children who have been victimized (Frank, 2005) and in many public hospitals trauma counseling services are available.

## **LOCAL GOVERNMENT INVOLVEMENT**

National departments play a central role in terms of policy and strategy, however at the level of implementation the role of provincial government becomes central. Many of the programs described above are small-scale and regionally based and, as such require the support of local authorities. The more successful international programs tend to be implemented by NGOs with local government support. Local authorities can assist in terms of their knowledge of communities and their context as well through acknowledging existing programs and monitoring their impact (Palmary, 2003)

## **BARRIERS TO CHANGE**

Despite pointing to some of the initiatives by government in the previous section, there are major barriers to change in terms of the capacity of government departments to provide accessible, quality services with adequate funding (Frank, 2005). For instance, the implementation of diversion programs in rural

areas has been hindered by lack of resources particularly in remote areas and a lack of probation officers (Palmary, 2003).

In addition programs and services provided by NGOs government are often in direct competition for funding within the same budget (Frank, 2005). Government offers limited funding to NGO's and various provinces approach the funding of these NGO's differently, thereby undermining the aim of accessible and equitable service provision across provinces (Frank, 2005). If anything government seems less inclined to fund NGO's as evidenced recently in Gauteng province (Frank, 2005).

The entrenched nature of violence and its' relation to numerous social problems such as poverty and substance abuse makes change in this area extremely complex. For instance with regard to the implementation of diversion programs, 18% of children involved in these programs in 2000 were unemployed (Palmary, 2003). This points to the need to incorporate poverty alleviation and skills training as part of diversion programs (Muntingh, 2000 cited in Palmary, 2003). Yet the incorporation of such strategies doesn't go far enough in offering a comprehensive approach to poverty alleviation but rather tends to be skills and individual-based.

A core barrier to change lies in some of the features of South African communities. These include a failure to recognize the psychosocial impact of



violence due to a lack of education and a “culture of violence” that assumes that violence and victimization are normal. Communities also tend to be passive, looking to government or NGOs to solve their problems and often do not actively support existing interventions.

### **KEY DISCUSSION POINTS**

The field of youth violence prevention is relatively new and lacking in systematic evaluations of violence prevention programs. Hence it is difficult to assess the efficacy of the interventions listed above. Research is limited with regard to the outcomes of psychological interventions and preventative interventions have also not been systematically evaluated in terms of their impact on violence and crime (Palmary, 2003).

Nevertheless it is useful to evaluate current practices in South Africa against international recommendations and guidelines.

The Center for Disease Control and Prevention (CDC) in identifying best practice for violence prevention has highlighted four core strategies for addressing youth violence. These include:

1. Family-focused approaches that centre on developing parenting skills.
2. Home-visits to high-risk families.
3. Inter-personal skills development.

4. Mentoring strategies that focus on developing positive adult role models.

(Youth violence prevention and intervention fact sheet website)

All four of these approaches are reflected in existing prevention strategies in South Africa, which suggests that the limited interventions that are available are in line with international best practice.

In keeping with a focus on youth violence prevention, as indicated in the previous sections, existing interventions focus primarily on adolescents (with some targeting 10-12 year olds) as opposed to the Soul Buddyz audience of 8-12 year olds. Many of these interventions also have positive consequences for younger children, but as pointed out by Palmary (2003), it is often programs specifically aimed at younger children that meet with the most success. As stated by the World Health Organisation "Violence prevention programs targeted at children or those who influence them during early development show greater promise than those targeted at adults" (Butchart et al, 2004, p.35). It would appear that within South Africa there is a gap regarding violence prevention interventions particularly within the 5-10 year old range. Social development training has been shown to be highly effective in violence prevention in the age range 3-11 (Butchart et al, 2004). Other interventions that have potential with regard to violence prevention in this age range include school-based abuse prevention programs, mentoring programs, strategies that promote parental involvement, effective supervision to and from school as well as after school and after-school activities programs (Butchart et al, 2004). At a societal level reducing media violence, promoting pro-social norms through media campaigns,

strengthening policing and justice systems and addressing poverty and income inequality show promise (Butchart et al, 2004).

The World Health Organization, in attempting to identify best practice for violence prevention has come up with nine key recommendations:

1. Developing capacity for collecting violence-related information.
2. Researching violence including causes, consequences and strategies for prevention.
3. Focusing on the primary prevention of violence.
4. Preventing violence through the promotion of equality and equity in society.
5. Promoting support services for victims of violence.
6. Consolidating this approach through developing a national action plan.
7. Promoting the free flow of information regarding violence prevention.
8. Monitoring and promoting international mechanisms for protecting human rights.
9. Developing an effective and agreed upon response to international drugs and arms trade.

(World Health Organization website)

The WHO focuses on the first six recommendations in terms of developing a national approach to violence. The WHO strategy points to the need for a comprehensive intervention involving many sectors of society (Butchart et al, 2004) – government, NGOs, researchers and community members amongst

others. In addition, this approach views violence as a whole rather than focusing on specific sub-groups such as children. Hence this approach emphasizes underlying societal, community, relational and individual causes of violence and whilst recognizing that violence prevention programs focusing on specific populations are becoming increasingly popular, holds that an over-arching approach is preferable and would be effective in reducing all forms of violence (Butchart et al, 2004).

In the light of these recommendations, the approach in South Africa to violence prevention is somewhat piecemeal and lacks a comprehensive, overarching and coordinated action plan.

Current South African approaches to violence prevention separate out violence against children versus understanding it as a more complex interlinked issue. Most of these programs are youth-focused and do not address family and community issues. This, on the one hand, allows for a focused intervention, more likely to meet with success but on the other hand, overlooks the fact that much of this violence is located in other systems within society, and hence tends to neglect issues such as social and gender equality (Frank, 2005). As such, these interventions neglect broader systemic issues at play in increasing the likelihood of children becoming both perpetrators and victims

In addition, whilst there certainly are attempts to involve multiple sectors of society in violence prevention, many sectors of South African society including government and local communities are lagging behind. With regard to research, since the late 1980's there has been a consistent drive toward the development and consolidation of research in South Africa (Butchart et al, 2004). This has been done in conjunction with government, universities and NGOs. Primarily epidemiological research has been produced and government and NGOs have utilized this in the development of policy, legislation and prevention programs. Whilst substantial strides have been made in furthering research, there is a need (that has been identified by existing research bodies) to develop research capacity and pursue research focusing on the causes and consequences of violence and primary prevention best practice (Butchart et al, 2004).

The shift in emphasis over the past decade or so toward violence prevention has had positive consequences particularly with regard to the approach of NGOs. However despite changes at the level of policy from an ameliorative, enforcement based, child protection type philosophy to a preventative, early intervention, public health approach to the effects of violence on children, at the level of implementation many government and non-government based service providers still tend toward interventions mirroring the old philosophy of enforcement and protection, failing to take current research and trends into account (Frank, 2005). Support services for victims of violence are lacking and there is a lack of a national action plan. Within the context of an under-resourced

society where there is a reluctance on government's part to own and take responsibility for violence prevention, there are significant challenges to the implementation of the WHO's best practice model.

Two other relevant discussion points are briefly listed below, but are not elaborated on further due to space constraints:

One of the key areas of debate relevant to Soul Buddyz is the use of mass media as a medium for implementing crime and violence primary prevention programs (Frank, 2005). Studies show that some violence prevention approaches to media-based curricula for learners can influence perceptions of media violence and, in a limited number of cases, actually modify aggressive behavior (Cantor, 2003). Research regarding antiviolence media productions such as Soul Buddyz, indicates that such approaches can be effective, although there is a significant risk of a "boomerang" effect (Cantor, 2003). On the whole, the efficacy of media-based interventions varies substantially, with the features of the target population (e.g. age, gender) influencing efficacy (Cantor, 2003). Frank (2005) points the utility of media-driven interventions in South Africa that are targeted at specific population groups and are carefully tailored to communicate a clear message.

Debates relating to violence tend to be subsumed under discussions of crime. This may lead to a tendency to neglect other issues fuelling violence such as gender inequality.

### **KEY STAKEHOLDERS RELATED TO THE ISSUE**

Centre for Peace Action

[www.unisa.ac.za/default.asp?Cmd=ViewContent&ContentID=2069](http://www.unisa.ac.za/default.asp?Cmd=ViewContent&ContentID=2069)

Centre for the Study of Violence and Reconciliation

[www.wits.ac.za/csvr/](http://www.wits.ac.za/csvr/)

011 403 5650

Childline

[www.childline.org.za/index.htm](http://www.childline.org.za/index.htm)

0800 123 321

Government Departments: Education, Health, Social Development & Justice

[www.polity.org.za/html/lists/govsites.html?rebookmark=1](http://www.polity.org.za/html/lists/govsites.html?rebookmark=1)

Institute for Security Studies

[www.iss.co.za/](http://www.iss.co.za/)

[iss@issafrica.org](mailto:iss@issafrica.org)

012 346 9500



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