

RESOURCES AIMED AT THE PREVENTION OF CHILD ABUSE AND NEGLECT (RAPCAN)

Suite 87,
Private Bag X12,
Tokai, 7966
Cape Town,
South Africa
Tel: +27 21 7122330
Fax: +27 21 7122365

Medical Research Council (MRC)

Gender & Health Research Unit
Medical Research Council
P O Box 19070 Tygerberg, 7405, Cape Town
Tel: +27 21 9380448
Fax: +27 21 9380310

Acknowledgements

Study Design: Samantha Waterhouse and Naeema Abrahams
Edited by: Vivienne Mentor-Lalu, Kerry-Jane Coleman, Christina Nomdo.
Translation and Research Services: Nomthandazo Swartbooi

Special thanks goes to Sharon Messina (The Women on Farm Project, Stellenbosch), Linda Brukwe, (The Ikhwezi Women's Support Centre, Cathcart, Eastern Cape) and Dumisani Siboma, Thandiwe Yeko and Lulama Tshisa, (The Domestic Violence Unit, Cala, Eastern Cape) for their logistical support during the field work, and for their hospitality during our stay.

Our deepest gratitude to all the members from government and civil society who participated in this research. Without your insights, this report would not be possible.

Funding

This project was made possible through funding by the International Centre for Research on Women (ICRW), as part of their research mentorship programme, done in partnership with the Medical Research Council of South Africa.



DEDICATION

*To the women and children whose pain continues to be silenced
through structural and systemic barriers:
may you be heard and seen.*

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
DESK REVIEW	2
The Ecological Approach	
From risk to prevention	
Risk and the Prevention of Domestic Violence	
The need for appropriate services to child victims of domestic violence	
Legislative Framework	
THE PRIMARY RESEARCH	12
Methods of Research	
RESEARCH FINDINGS	14
Barriers to identifying victims	
Silences around domestic violence	
Public vs Private: the perceived nature of domestic violence	
Gendered understandings of the constructions of family	
Women's financial insecurity and economic dependence	
Understandings of gender and violence	
Associations between substance abuse and violence	
The family as the locus of care: challenges, opportunities	
The intergenerational transmission of violence	
A gendered look at parenting skills programmes	
Services and Programmes	
Systemic challenges to the effective delivery of services overall	
The need for new approaches and the argument for prevention	
The varied use of FGC	
DISCUSSION	27
The transgenerational impact of domestic violence	
Gender and Domestic Violence	
Silences and Hidden issues	
Early warning systems as part of the prevention paradigm	
Addressing substance abuse	
The use of Family Group Conferencing	
RECOMMENDATIONS	29
POST RESEARCH DEVELOPMENTS	30
REFERENCES	31



EXECUTIVE SUMMARY

Domestic violence is considered to be a common occurrence in South Africa, yet there is a lack of data on the number of women and children affected by it. Evidence has shown us that where children are exposed to violence they learn that it is normative and that conflicts are resolved through the use of violence. Young boys who witness mothers being abused are at an increased risk for becoming later perpetrators of domestic violence, while girls who are exposed to similar abusive patterns are more likely to be vulnerable to later victimisation. In order to prevent this intergenerational transmission of violence it is important that both services and prevention programmes understand the dynamics and importance of the pathways to violence perpetration and victimisation.

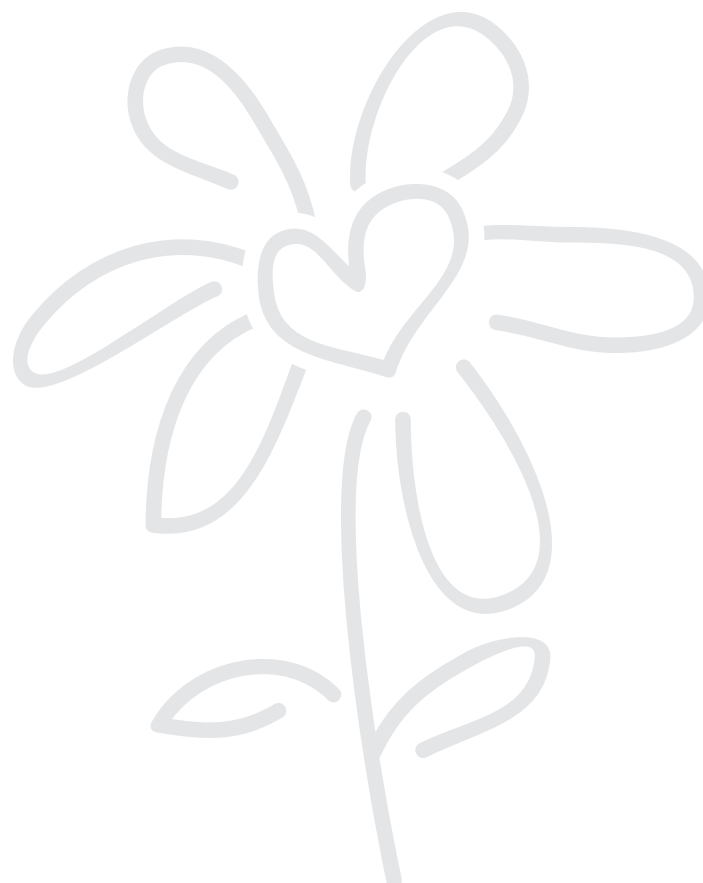
This study uses qualitative methods to explore services, which address the co-victimisation of mothers and children in abusive households in rural, peri-urban and urban settings in two provinces within South Africa. The main aim of the study is to explore how existing services to co-victims address the risk factors for future victimisation, as well as to determine the gaps and challenges to effective service delivery to child victims of domestic violence. In addition, the study aims to strengthen systems that are geared toward the prevention of gender-based violence.

The study supports the relationship between exposure to domestic violence in childhood and later victimisation and perpetration from a service provider perspective. However, it was found that service providers do not identify the link between experiences of violence against the mother and that of the child as a co-victim. A lack of a gendered understanding of domestic violence clearly impacts on the manner in which services are provided, with the blame placed on women for their abusive situations.

Given service providers' inability to respond appropriately to mothers and their children, developing early intervention systems is important to reduce the effects of domestic violence and break the cycle of violence. It is recommended that interventions should not only address tertiary prevention, but that the focus of programmatic areas should shift to include primary and secondary prevention interventions.

KEY WORDS:

Domestic violence
Child abuse and maltreatment
Prevention
Psychosocial and mental health services



DESK REVIEW

The co-victimisation of the mother and child in relationship to Domestic Violence

This research report examines services and responses to maternal and child co-victimisation in households characterised by domestic violence. It explores the literature on the risk and protective factors for the perpetuation or eradication of domestic violence relevant to the mother and child. By using qualitative methods it further investigates how co-victimisation of mother and child are addressed in three settings, rural, peri-urban and urban, in two provinces within South Africa.

Against this backdrop, it compares the legislative and programmatic responses to the factors associated with domestic violence that interplay at individual and familial spheres. The research captures the perspective of service providers as they translate the risks posed to victims, and realities that face victims, into service-delivery priorities and processes. It further attempts to elucidate attitudinal influences on service provision and policy formulation. In addition, challenges to service delivery are investigated, as well as some of the creative practices that are applied to address these challenges.

The Ecological Approach

This paper applies an ecological framework where prevention requires an understanding of the factors that increases the risk for the culmination of violence on the one hand, and those that act as protective factors, on the other hand, in order to build resilience in individuals against such violence. It is asserted that such an understanding should inform policy and programmatic responses to violence and should direct the allocation of resources in an effective and strategic manner.

This study attempts to illustrate ways in which ecological factors of risk and resilience interplay in cases of child victimisation in households that manifest domestic violence against the adult caregiver. As represented by Dalberg and Krug (2002), Heise's (1998) ecological framework has received wide acceptance for its elucidation of risk factors for experiencing or perpetrating violence. It posits that risk results from the interplay of personal, individual, situational and socio-cultural factors at various levels in the social environment. The model has been viewed as a useful framework that promotes a better understanding of violence, for the conceptualisation of potential prevention strategies (Heise, 1998; Dahlberg and Krug, 2002 in CDC National Center for Injury Prevention and Control). The following gives a brief overview of the elements of risk in the individual, relationship/familial, community and societal spheres that make up this ecological framework of risk.

Individual risk factors

When considering individual risk factors particular for the perpetuation of domestic violence, a growing body of literature and reports point to widespread alcohol misuse as an important factor (Heise, 1998; Seedat et al; 2009).

An early United States National Alcohol Survey (National Institute on Alcohol Abuse and Alcoholism, 2000) with women indicated that child physical or sexual abuse was significantly associated with past year and lifetime alcohol consumption. Both physical and sexual child abuse were associated with getting into fights, health, legal, work, and family alcohol-related consequences. Earlier evidence also suggests that a history of childhood sexual abuse or neglect is more likely among women who abuse alcohol than among those without (Widom, Ireland and Glynn, 1995) the substance abuse problem. It was also found that violence may precede alcohol misuse in offenders as well as victims (Widom et al, 1995). A more recent South African study by Mathews, Abrahams, Jewkes, Martin and Lombard (2009) consistently showed that victims of intimate partner femicide had a higher blood alcohol concentration for almost all causes of death. The study further suggests that two out of three female homicide victims consumed substantial amounts of alcohol before being murdered and more than half of the victims exceeded the legal blood alcohol limit (Mathews et al, 2009).

Familial risk factors

Rigid masculine gender role socialisation is also an important risk factor for the perpetration of intimate violence, as a result of gender-role conflict and stress (Schwartz, 2006). Hierarchies within the family also often epitomise the power imbalances and patriarchy that exist within societies. These power imbalances remain unchallenged within the 'private space' of the family. Issues of gender, power and control feature strongly in the way members interact with one another, in how roles are defined, and in the way subjective normative views are forged on how relationships should be defined in the family. The consequences of these processes have been widely documented. For example, in the area of family care, it was pointed out that the gendered nature of child-rearing practices,



where they are still largely considered as a woman's domain, are shown to perpetuate the disassociation from and lack of involvement of fathers in the care of their children (Morrell and Richter, 2006). Whether fathers are present or not, women are viewed as the primary caregivers of children, and they have to deal with the excessive and growing demands of child rearing with limited support. In addition, female-headed households (whether through choice or circumstantial) face immense social and institutional stigma, and are often subjected to the view that their families are 'dysfunctional'.

Heise (1998) identified the association between being abused as a child, witnessing domestic violence in the home, having absent or rejecting caregivers, and the later perpetration of domestic violence as factors increasing the risk for perpetration of intimate partner violence. Furthermore, the exposure to abuse in childhood and weak parenting has recently been shown in a study exploring the childhood experiences of men who killed an intimate partner (Mathews, in Press). Seedat et al (2009) have further highlighted associations between male control of wealth and decision-making in the family, and the cognitive inability to manage marital conflict and domestic violence.

Community risk factors

The lack of community cohesion and resources have been identified as factors that mediate violence (World Health Organisation, 2009). In addition, the lack of social support and interaction within communities, and low school connectedness were identified as mediating factors for the perpetuation of domestic violence, according to Tonsing and Lazarus (2008).

Social risk factors

The social context comprises the immediate physical environment, social interaction and cultural settings within which 'defined groups of people function and interrelate' (Barnett and Casper, 2001). It includes, for example, built infrastructure; labour markets; social and economic systems; social, human, and health services; systems of government; cultural practices; as well as national identity. At the societal level, identified risk factors include notions of male ownership of women; ideas of masculinity linked to aggression and dominance; rigid gender roles; acceptance of interpersonal violence; and physical chastisement (Jewkes et. al, 2002). Widespread poverty, unemployment, income inequality (Seedat et al, 2009) as well as the social isolation of women (Heise, 1998) have been identified as social factors associated with the perpetuation of domestic violence. Elements of the social context often interact to have a mutual impact on the individual.

They are seen to manifest at multiple scales, and often have simultaneous impacts on households, kin networks, and neighbourhoods (Barnett and Casper, 2001).

Barnett and Casper (2001) posited that historical social power relations that have become institutionalised over time often become implanted within the contemporary social fabric. These authors suggest that social power hierarchies and relations (often defined through race relations and social inequality) mediate the perpetuation of violence. Similarly, other authors drew associations between culture, unequal socio-economic status, and domestic violence (Schwartz, 2006). Other social factors that may exacerbate domestic violence are access to firearms and weaknesses in the mechanisms of law enforcement (Seedat et al, 2009). Social contexts may reinforce and entrench individual beliefs and values that perpetuate violence, and may pose serious limits on remedial avenues and opportunities available to victims of domestic violence.

While it is recognised that violence in communities and societies has an impact on individuals, it is the interaction between familial violence and violence in the social context, which becomes a lethal combination. Families do not live in isolation from their environments, and these environments impact on each family member.

From risk to prevention

Building the ecological model, this research attempts to contextualise risk factors within the framework of the three levels of prevention, namely primary, secondary and tertiary prevention. As Heise (1998), Dalberg and Krug (2002) posited, prevention interventions should not be considered as homogenous as they do not address singular, homogenous factors. Therefore, within each sphere, interventions would require a variation in intensity and nature, which would be influenced by the extent of the individual's exposure to the particular adverse experiences that increase trauma and risk.

However, it is common practice to focus on a particular sphere and assume that by applying a single strategy the problem would be solved. Despite this challenge, there is little discernment in whether such initiatives are primary, secondary or tertiary in nature, nor whether the most appropriate intervention has been chosen to address the level of a problem.

In order to elucidate the concept of prevention, the following section explores the differences between primary, secondary and tertiary intervention programmes.

Primary Prevention

A primary prevention approach helps to promote social change and gender equality, and works to prevent perpetration through addressing power imbalances, socio-cultural factors and other driving factors behind intimate violence. It is proposed that to decrease the risks associated with domestic violence, prevention measures must focus on factors associated with the family of origin. Primary prevention models that concentrate on familial risk factors include inter-and intrapersonal relationship skills, which includes conflict management (Schwartz, 2006).

Early research has also shown that positive parenting training is successful in treating cognitive behavioural traits in children that are associated with the later perpetration of domestic violence (Kazdin, Siegel and Bass, 1992). It has been argued that although effective parenting and family interventions have been developed, they have so far been under-utilised as prevention interventions (Liddle, Santisteban, Levant and Bray, 2002; Kumpfer, 2002; Reese, Vera, Simon and Ikeda, 2000).

In contrast, primary prevention models with a focus on reducing familial risk factors have been shown to be effective (Schwartz, 2006). Programmes designed for preschool to pre-adolescent children that focus on inter-and intrapersonal relationship skills, conflict management and resolution, and the development of self-worth have been identified as fundamental interventions (Schwartz, 2006).

Secondary Prevention

Secondary prevention or early intervention is directed at groups or individuals that are identified as high risk. Children and adolescents exposed to an unhealthy environment in the home may become desensitised to coercive and aggressive behaviour. The importance of teaching alternative models of interaction and behaviour as well as healthy ways of relating, is emphasised (Schwartz, 2006). Mentorship programmes have been identified as useful secondary prevention programmes which offer support to children in the form of positive role models and opportunities to develop healthy attachments (Schwartz, 2006).

It has been noted that prevention programmes are mainly aimed at individuals who demonstrate aggressive behaviours. However, many individuals with experiences of victimisation exhibit either aggressive or passive behaviour (Kalmuss, 1984). Mentorship relationships are argued to be potentially positive for individuals who exhibit either passive or aggressive behaviour and may assist in the development of healthy non-violent patterns of behaviour (Steyn, 2005).

Secondary prevention programmes also include family systems' interventions. A branch of psychotherapy used with families and couples in intimate relationships to nurture change and development, can reduce the impact of or eliminate previous risk factors which originate within the family of origin (Brestan and Eyberg, 1998).

Tertiary Prevention

Tertiary prevention is aimed at perpetrators or victims of intimate partner violence. Tertiary prevention programmes such as group treatment or support groups, presents an effective medium to address intra- and interpersonal factors associated with domestic violence (Schwartz and Waldo, 2003). It has further been suggested that the inclusion of whole families in treatment may increase the effectiveness of tertiary prevention programmes (Reese, Vera, Simon and Ikeda, 2000). It is ultimately asserted that the existence of factors that surface within the family of origin necessitates family interventions.

Finally, while it has been extensively recognised that victimisation experiences increases the risk for pathology and/or personality and conduct disorders, long-term individual therapy may be required in order to restore the individual and to prevent recurring intimate violence (Schwartz, 2006).

It is contended that research and practice often conflates the different levels of prevention, and that in correctly classifying such interventions, it would assist in decisions concerning resource allocation and the strategic development of prevention initiatives. It should be noted that primary and secondary interventions are arguably more cost-effective, but tertiary interventions could have greater programmatic effect and more sustainable outcomes.

According to Kraemer, Stice, Kazdin, Offord and Kupfer (2001), prevention programs are usually aimed at multiple risk factors at the same time in a blunderbuss fashion. Such 'blunderbuss' interventions, by definition, arguably focus on a variety of influences, some of which are fixed or variable markers or proxy risk factors that dilute or divert from intervention effects (Kraemer et al, 2001).

State efforts to achieve the prevention of domestic violence, and gender-based violence broadly, seems to only marginally address issues of risk and resilience. Even where state efforts focus on assisting children they often lack a holistic preventive strategy and contain fragmented information, taking a shot-gun approach. Most importantly, regarding domestic violence specifically, there is a definite lack of focus and resources dedicated to the much needed and critical mental health services to adults and children. The system instead weighs its emphasis on the justice system's responses in dealing with the adult victim and perpetration. It is therefore contended that efforts need to include bolstering child protection and violence prevention when addressing violence in households where children are present, even if it is solely the adult victim that presents the case.



Most interventions appear to be targeting the tertiary level, with a lack of resources and policies focusing on primary and secondary prevention interventions. Rather, it is important to understand how and when individual influences operate to develop a cohesive and informed strategy to address these occurrences. It is asserted that in recognising the qualitative distinction in associative or risk factors, it could help to identify high-risk children and families in need of preventive interventions, and can help inform the content of such interventions (Kraemer et al, 2001). Accordingly, this may also help bridge the gaps between theory, the basic and clinical sciences, and clinical and policy applications, thus aiding in developing early, highly effective preventive and treatment interventions (Kraemer et al, 2001).

The following section explores some widely identified risk factors for domestic violence at levels of the family and the individual, relevant to the development of primary and secondary prevention interventions for the family, and individual victims.

Risk and the Prevention of Domestic Violence

The role of the family in the socialisation of individuals

As one of the primary agents of socialisation, the family shapes an individual's identity, behaviour, values and beliefs. It is within this unit that individuals are 'taught' how to interact with other members of the family, and society. This process of socialisation develops through the direct and indirect engagement with each other, with lessons being learnt since birth. During the direct engagement, children would, for example, receive guidance, instructions, or are admonished. Lessons are conveyed indirectly, where children replicate the behaviour that they are exposed to, and which they observe. The socialisation of individuals entails a process through which critical skills may be developed, such as knowing how to gain assistance to have your basic needs met and how to deal with conflict.

The contribution the family makes to the care and socialisation of children is argued to be 'it's most important mission' (Barbarin and Richter, 2001). It has a profound impact on children's lives, and is identified as 'the most significant determinant of the quality of care and the adequacy of material and psychological resources available to a child' (Barbarin and Richter, 2001).

However, evidence also indicates that 'in many instances and in relation to many forms of violence, the family is the site of violence, and its members the perpetrators' (Ward, 2009). Families may therefore be the primary agents through which violence and aggression are taught. It is widely acknowledged that in South Africa, violence is normalised at all levels, including within the family (Van der Merwe and Dawes, 2007). Abrahams and Jewkes identify that 'children exposed to violence learn that violence is normative and that conflicts are legitimately resolved through the use of violence' (2005, p 1811). Familial factors may therefore mediate the transgenerational cycle of violence.

Although there have been advances in the development of services for victims of violence, innovation from non-governmental organisations, and evidence from research, it is recognised that there has been a manifest lack of government stewardship and leadership (Seedat et al, 2009). Successful prevention of violence and injury is argued to require the identification by the government of violence as a strategic priority and development of an intersectoral plan that is based on empirically driven programmes and policies (Seedat et al, 2009).

South African families and associated vulnerabilities

Literature conveys certain notions of 'usual' or normative constructs of families, and develops the convention of the nuclear family, composed of a husband, a wife, and their plus-one children. In South Africa, in terms of the constructs of family, there is a disjuncture between the global norm and local reality (Jewkes, Mathews, Seedat, Van Niekerk, Suffla and Ratele, 2009). It is stressed that South African families are increasingly deviating from notions of 'the conventional nuclear family'. It is observed that instead, 'growing up as a child in a home with two biological parents is unusual' (Jewkes et al, 2009). Furthermore, the majority of children are born outside of marriage, and there is generally no expectation that the biological fathers will have any social involvement in the lives of these children. Often, no financial support is provided by these absent fathers (Jewkes et al, 2009).

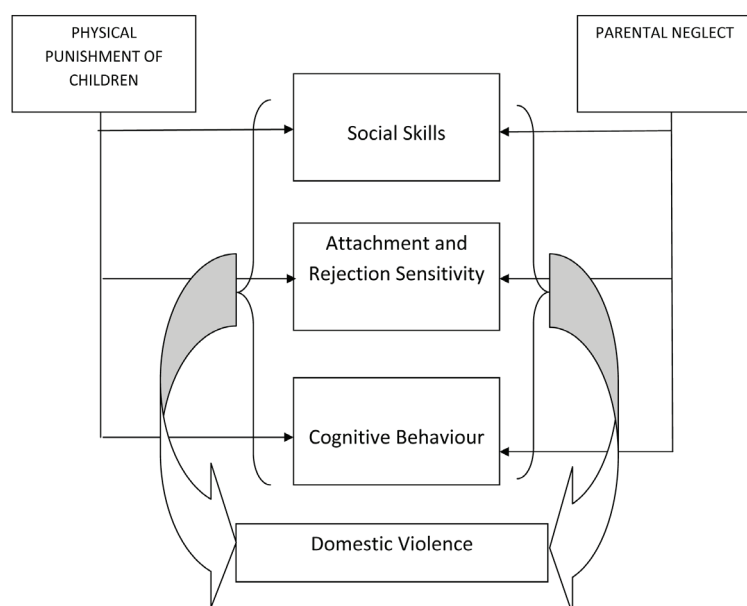
Accordingly, research indicates that 40% of households in South Africa are female-headed (Coovadia, 2009). These contexts hold particular significance in terms of the increased vulnerability of women and children, and in the absence of appropriate institutional and social support systems, it may result in their exposure to considerable adversity (Mathews et al, in Press). Under these conditions, women and children develop their own survivalist strategies in order to cope where support is lacking, which may include the adoption of violent or aggressive behaviours.

The Co-occurrence of Violence and Risks of Later Perpetration

Research on violence risk assessment in South Africa is lacking, particularly in respect of children (Van der Merwe and Dawes, 2007). Yet, Van der Merwe and Dawes (2005), and Catalano & Hawkins (1996) highlight the importance of recognising the multiple variables

that may arise in the developmental pathways toward antisocial and violent behaviour. They tell us that there is no single cause or risk factor for violent behaviour yet at many levels in an individual's life, one or more of these factors may come into play. The following diagram focuses on two such variables, namely physical punishment of children, and parental neglect.

Figure: Multiple family-of-origin pathways to the future perpetration of domestic violence



(Adapted from Schwartz et al, 2006, p 207)

Multiple and diverse variables associated with the later perpetration of domestic violence include individual and familial-level risk factors, as well as broader social risk factors (Van der Merwe and Dawes, 2007). Therefore, while this study makes reference to domestic violence as an important risk factor for offending later in life, this factor should not be considered in isolation from other intersecting variables, such as the lack of adequate services and interventions to address the trauma of violence exposure in childhood. This includes witnessing domestic violence, and being subjected to parental neglect and harsh physical punishment. Abrahams and Jewkes (2005) support this supposition in their identification of the co-occurrence in witnessing abuse with other adverse childhood experiences such as the lack of emotional support and affection, poor parental supervision, and subsequent violent behaviour.

Co-occurrence of violence happens at three levels, firstly the co-occurrence of domestic violence against children and simultaneous domestic violence against their adult caregiver; secondly the co-occurrence of various forms of violence against a particular victim (e.g. where the victim may suffer physical violence, they may also be verbally and emotionally abused); and lastly the co-occurrence of victimisation through domestic violence in childhood, as well as victimisation or offending in adulthood, during the life-cycle of the same victim (Jewkes et al, 2010; Arata, Langhinrichsen-Rohling, Bowers and O'Brien, 2007; Renner and Shook Slack, 2006; Sidebotham and Heron, 2006; Abrahams and Jewkes, 2005; SASS, 1996; Volpe, 1996).

The third level of co-occurrence is of particular importance to prevention efforts. Studies increasingly alert us to the transmission of violence to adolescent personal relationships, which are further perpetuated into adulthood (Schwartz et al, 2006). One of the few studies done in South Africa similarly indicated the combined effects of the co-occurrence of violence (Abrahams and Jewkes, 2005). This study indicated that 'witnessing of abuse is usually combined with other childhood experiences that negatively affect children's emotional and social functioning, such as harsh discipline; lack of emotional support and affection; and poor parental supervision' (Abrahams and Jewkes, 2005). National and international studies indicate the positive association between witnessing and/or experiencing violence in the family of origin, and the later perpetration of domestic violence, i.e. the intergenerational transmission of violence (Schwartz et al, 2006). This suggests the importance of focused attention on secondary prevention initiatives aimed at children, as this is where the cycle of abuse can potentially be broken. Increasingly, experts are emphasising how protective factors, including early intervention, mitigate the risks for abused children to become later victims or perpetrators, and diminish cross-generational repetition of abusive behaviours (Hunter and Kilstrom; Kaufman and Zigler in Renner and Shook Slack, 2006).

Overall, evidence tells us that early intervention in respect of child victims of domestic violence is the best way of preventing the onset of violent behaviour (Van der Merwe and Dawes, 2007). A comprehensive review of family-focused interventions indicated that early interventions are the most cost-effective and render more positive outcomes for children (Van der Merwe and Dawes, 2007).



Witnessing domestic violence

Research shows that by witnessing the abuse of a mother in the home in childhood, men are reared into violence, and the belief that violence is an appropriate means of resolving conflict in intimate relationships (Abrahams et al, 2006). Young boys witnessing of abuse against their mothers has been identified as the most consistent risk factor for engaging in domestic violence later in life (Abrahams and Jewkes, 2005; Frank, 2006). These findings present a particular challenge when addressing children's experiences of violence in the context of service provision to their abused mothers. They further have a bearing on efforts aimed at violence prevention. It is asserted that violence prevention needs new ideas, and attention needs to be paid to, inter alia, the exposure of children to trauma and abuse (Jewkes, Mathews, Seedat, Van Niekerk, Suffla and Ratele, 2009).

Children and domestic violence

Global data shows that, in addition to the adult female partner, a significant number of cases of domestic violence are also perpetrated against children (Pinhiero, 2006). Despite the lack of prevalence rates for victimisation of children in the context of domestic violence within South Africa, The Western Cape-based Mosaic Training, Service and Healing Centre for Women, report that they identified 24,585 affected children at the courts, and 1,865 affected children in the field. A total of 26,450 children were referred by Mosaic for counselling for the 2008-2009 reporting period (Majiet, 2009). Anecdotal evidence provided by Mosaic further reflects that there are at least twice as many child victims as there are adult ones (Majiet, 2009).

Global studies have indicated that between 133 million and 275 million children worldwide witness domestic violence each year (Holden and Ritchie in Currie, 2006, Pinhiero, 2006). A New Zealand study conducted by the National Collective of Independent Women's Refuges indicated that, 'for women receiving help from refuges, 90% of their children had witnessed violence, and 50% of the children had also been physically abused' (Nation Collective of Independent Women's Refuges, 1991). Yet, 'children are often the unseen, unintended and unassisted victims of domestic violence' (Holden and Ritchie in Currie, 2006).

Other research suggests links between men's abuse of women, showing that children may be abused as part of the abuse of their mother (Holt, Buckle and Whelan, 2008). Such forms of co-victimisation are often underscored by the abuser's intention that the abuse of the child will have an abusive affect on the mother (Holt, Buckley and Whelan, 2008).

Differential impacts of abuse on children

Domestic violence has differential impacts on a child depending on its age, stage of psychosocial development, as well as gender. The WHO (2001) therefore calls for age-appropriate psychosocial treatment, health services and support for both male and female victims as imperative in efforts to prevent violence against women, and domestic violence.

In respect of pre-schoolers, witnessing violence is documented to cause extensive behavioural problems, social problems, post-traumatic stress symptoms, a greater difficulty in developing empathy, and poor self-esteem. The effects of abuse are amplified for this group of children because of their complete dependency on parents for every aspect of their care (Holt et.al, 2008). Thus, pre-schoolers may witness higher levels of violence than older children, the effects of which are intensified because of their limited ability to verbalise and make sense of their abusive experiences and powerful emotions associated with this (Holt, 2008, p 802). Problems associated with the witnessing of abuse by this age group include aggressive and possessive behaviour, as well as psychosomatic problems such as headaches, stomach aches, asthma, insomnia and enuresis (Holt et.al, 2008).

School-going children (6-12 years) start to develop a more 'sophisticated emotional awareness of themselves and of others', which has a particular effect on how they perceive and understand the abuse of their mothers (Holt et.al, 2008, p 803). It is reported that compared with younger children, the pre-adolescent child has a greater propensity to 'externalise negative emotions'. In addition to symptoms commonly seen with childhood anxiety, such as insomnia, loss of appetite, disturbed sleeping patterns and nightmares, victims within this age group may show 'a lack of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behaviour in the school setting' (Maxwell, 1994). It is also common to observe 'temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets

cruelly or abusively, threatening of peers or siblings with violence, and attempts to gain attention through hitting, kicking, or choking peers and/or family members' (Maxwell, 1994).

Adolescents are at risk of academic failure, school drop-out, delinquency and substance abuse (Maxwell, 1994). Studies show that overall, 'children exposed to domestic violence are more aggressive than children without violent parents' (Currie, 2006).

Further, experiences of domestic violence are gendered, with boys and girls experiencing different forms of such violence. Additionally, outcomes or impacts of violence also differ. This is an important point, as boys show an increased risk for externalising behaviours with increased levels of anti-social violent behaviour among such victimised boys. Girls have been observed to internalise their victimisation experiences and become withdrawn (Bordin, Duarte, Peres, Nascimento, Curto, and Paulo, 2009; Volpe, 1996). 'Male [children who suffer] abuse constitute an extremely under-identified, underserved and... misunderstood population. The lack of recognition of this phenomenon is... determined largely by... social myths... regarding what it means to be male and by complementary myths... regarding what it means to be female' (Mendel, 1995).

Case studies show that where boy children are victims or witnesses to domestic violence in particular, such children would require 'individual child psychotherapy treatment' before they became hardened in their attitude and resorted to violence or excessive aggression towards others, particularly in intimate relationships (Emanuel, 2004).

Evidence therefore suggests the stark need to help both male and female children who have been exposed to violence 'reframe their ideas regarding the acceptability of the use of violence' and to equip them with the skills for 'handling conflict, anger and aggression' (Abrahams and Jewkes, 2005). However, in legal and social spheres, there are still disjunctions in normalising violent practices toward children in particular.

Disciplining Practices and Abuse: Is physical punishment reasonable in the context of prevention?

Research indicates that inadequate, coercive, and punitive parenting styles have been related to future anti-social, violent and abusive behaviour (Capaldi, Pears and Patterson, 2003; Simons, Lin and Gordon, 1998; Straus and Yodanis, 1996). Physical punishment has been widely recognised as being associated with the later perpetration of domestic violence (Lavoie, et al 2002; Simons et al, 1998; Straus, 1990; Straus and Kaufman-Kantor, 1994; Straus and Yodanis, 1996; Swinford, Demaris, Cernkovich and Giordano, 2000). According to the social learning theory (Bandura, 1977), children who receive harsh discipline learn that physical violence is a means to ensure a change in the behaviour of others. Furthermore, children do not learn alternative non-violent conflict resolution skills (Straus and Yodanis, 1996).

A number of studies, including two nationally representative samples, have found that by experiencing consistent and severe physical punishment as a child was significantly related to the future perpetration of domestic violence (Lavoie, Herbert, Tremblay, Vitaro, Vezina and McDuff, 2002; Swinford, Demaris, Cernkovich and Giordano, 2000; Simons, Lin and Gordon, 1998; Straus and Yodanis, 1996; Straus and Kaufman-Kantor, 1994).

Men who received harsh treatment from relatives in their childhood, particularly where their mothers were not around, have also become perpetrators of femicide against their intimate partners (Mathews, Abrahams, Jewkes, Martin and Lombard, *in Press*). Reports also included experiences where mothers would seek other male figures in the community to exact punishment or create fear, including being taken to the police station to be disciplined. Victims of violent disciplinary practices can often recall the detail of beatings, even in as far as recognising the facial expression of the disciplining parent before the act of violence, was concerned (Mathews et al, *in Press*). These studies indicate that it is critical to reduce children's emotional vulnerabilities caused by harsh disciplining practices through 'engaging in strategies to strengthen current parenting practices (Mathews et al, *in Press*).

The need for appropriate services to assist child victims of domestic violence

A critical factor for an effective and accessible response to child victimisation is the need for collaboration between service providers who assist in cases of child abuse and domestic violence. Internationally, researchers and practitioners have recognised the overlap between child abuse and domestic violence for more than a decade. In South Africa, the delivery of services to abused women and maltreated children continues to be fragmented. Historically, several factors have contributed to this fragmentation: domestic violence and child protective services are at different points of development; they have different philosophies and mandates; they use different professional terminology; and they generally see themselves as having different missions (National Clearing house on Child Abuse and Neglect Information, n.d.). Thus, domestic violence and child abuse are addressed by separate treatment and support systems, giving rise to service gaps when dealing with child victims of domestic violence. This particular study aims to investigate the extent of the problem by examining available services to child victims of domestic violence.

The position taken in this study is that there is a need to foster stronger collaboration between the sectors that focus on violence against women and children, respectively, in order to develop an effective safety net for both adult and child victims of family violence. These should further effectively address the overlaps in these kinds of abuse. Appropriate treatment should be provided in recognition of the heterogeneous effects of the various types of abuse, rather than developing uniform and generic programmes for the treatment of abuse.

It is recognised that eliminating and responding to violence against children is extremely challenging in the context of the family, because it is considered as "the most "private" of private spheres" (Pinhiero, 2006). However, as Pinhiero (2006) firmly brings across:

'children's rights to life, survival, development, dignity and physical integrity do not stop at the door of the family home, neither do States' obligations to ensure these rights for children'(p 12).

In South Africa, a range of legislation and policies have been developed in order to alleviate the plight of women and children, with a particular focus on violence and abuse in the home and family settings. The following briefly explores this legal framework.

The importance of mental health services to child victims of domestic violence

An important aspect for prevention, be it on a tertiary level, has been the provision of appropriate and adequate psychosocial services to child victims of domestic violence, particularly mental health services. Waldfogel (2009) notes that families with mental health, substance abuse and domestic violence problems are at particularly high risk for abuse and maltreatment (p 195). Therefore, more effective treatment and intervention services are required to support such families in order to prevent violence against women and children.

It is further asserted that, in terms of mental health services, specific population groups have their own needs. Therefore, psychological problems children are faced with differ from those facing an adult population and require different treatment methods (Saraceno and Saxena, 2002). However, research indicates that a failure to meet children's emotional needs, or provide medical or other mental health and psychosocial services when needed, contributes to high morbidity¹ in young children (Pinhiero, 2006). Underpinning the failure to provide adequate and appropriate mental health services to children, is the lack of understanding of children as victims, and the lack of understanding and/or application of legal remedies for children who independently seek help.

The Family Group Conference: A solution to the victimisation of women and children

Historically, there has been a significant emphasis on the justice system's responses to domestic violence. The increased understanding of the importance of incorporating prevention interventions ushered in a focus on interventions that targeted perpetrators, children, and also, the family. These prevention models include family therapy, and, what seems to be a spin-off, namely family conferencing.

Internationally, family conferencing practices are usually implemented in departments that are responsible for children and family development. In British Columbia, for example, the institutionalisation of family conferencing is aimed at promoting a change in child welfare practices to better involve children, youth, families and extended families in decisions that affect them, to increase the use of collaborative planning approaches, and to increase options to keep children and youth living safely within their families or extended family members (Ministry of Children and Family Development's Child and Family Development Division, 2005). It is stated to provide a non-adversarial alternative to a court to develop plans in child protection situations (Ministry of Children and Family Development Child and Family Development Division, 2005).

Additionally, the model enjoys an application in the area of child welfare in a context that does not give affected children much agency, and which subjects the children's views to subjective interpretations by involved parties. Essentially role players mobilise members who are identified as comprising the support system of the child. These members are thus consulted in order to reach consensus on what would be in the child's best interest.

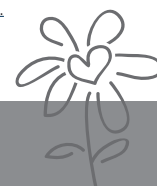
When applying family group conferencing to a domestic violence context, with regard to an adult victim, one risks removing women's agency, infantilising and thus, disempowering women. In the process of family group consultation, women risk being continuously subjected to the very institutions and members that are responsible for their disempowerment and abuse.

The Children's Act provides for certain lay-forums and alternative dispute resolution mechanisms. Pre-hearing conferences and family group conferences are two of these mechanisms (Section 70 of the Children's Act). Pre-hearing conferences are court ordered, and are effected with the intention of providing a forum for the mediation between parties involved in the care of the child. Family group conferences are mandated by the court, which bears the duty of appointing a suitably qualified person or organisation to facilitate at the family group conference, to prescribe the manner in which the record of any agreement or settlement is kept, and to consider the report on the conference when the matter is being heard. Further, the children's court may, where circumstances permit, refer a matter referred to it to any appropriate lay-forum, including a traditional authority, 'in an attempt to settle the matter by way of mediation out of court'. However, the Act clearly states that these lay-forums may not be held in the event of a matter involving the alleged abuse of a child (RSA, 2006).

With limited options available for relief to child victims of domestic violence, the existing caveats in services and the law provides leeway to maintain the status quo for victims ensnared in households characterised by violence. Despite the recognisable efforts by departments to address the issue of domestic violence, sufficient attention must therefore be paid to the intersecting experiences of women and children in order to develop effective legislation, policies and systems that are geared to respond adequately to the needs of victims in the present, and towards preventing domestic violence in the future. For decades female activists have been grappling to find ways to prevent domestic violence. In respect of these efforts, it is important to recognise the need for primary, secondary and tertiary level activities aimed at preventing violence, that address childhood factors that increase the risk of later perpetration of domestic violence.

It should be recognised that programmes are guided in part by policies and legislation, which creates an enabling environment for them. Legislation may effectively promote prevention approaches based on its content and policy framework. In South Africa, we have an array of legislation that places an onus on the state to ensure the protection of women and children. While this domestic violence legislation is tertiary or remedial, the introduction of the Children's Act in 2010 provides a platform for the development of primary and tertiary approaches to preventing violence (including domestic violence) in the longer term. The following section briefly overviews this legislation.

¹ In the context of this study, morbidity refers to an unhealthy mental state or attitude; unwholesomely gloomy, sensitive, or extreme. See online definition at <http://dictionary.reference.com/browse/morbid>.



Legislative Framework

As of 2010, the South African legal framework provided for a range of protection to women and children against violence and abuse. These provisions were found in different pieces of legislation which often overlapped in fundamental ways. For more than a decade, the Domestic Violence Act No 116 of 1998 was regarded as the instrument that would protect women in South Africa from violence in their homes. This Act marked a significant improvement in the social and political approaches to addressing violence against women. Importantly, the Act acknowledged the social contexts of domestic violence and its impact on women in abusive relationships. However, it has become clear that the complexities associated with (1) the personal contexts of family life, and the difficulty in dealing with these within the adversarial environment of the court (2) the patriarchal structures and systems of family and society, and (3) those complexities inherent in state systems and its layered bureaucracies, all pose serious challenges to the fulfilment of the legislature's intention, as clearly set out in the objects of the Act. Yet, the Act is clear in its intention 'to provide the maximum protection from domestic abuse that the law can provide', as contained in the preamble of the Act (Nagia-Luddy, and Waterhouse, 2009).

In the area of child protection, South African legislation is relatively progressive in its protection of children from victimisation, abuse and maltreatment. The Children's Act No 38 of 2005 provides the following definition of child abuse and neglect:

'...[Any] form of harm or ill-treatment deliberately inflicted on a child...[including] assaulting a child or inflicting any other form of deliberate injury to a child, sexually abusing a child or allowing a child to be sexually abused...or exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally' (RSA, 2006).

The Act sets out a range of factors to be taken into account when considering the best interests of the child in the family environment, and includes (i) the child's physical and emotional security; and (ii) the need to protect the child from any physical or psychological harm that may be caused by subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to exploitation or other harmful behaviour, including the possible degradation of and harm to children within the child protection and criminal justice systems (Nagia-Luddy and Waterhouse, 2009).

Even though these provisions offer remedies to children who witness domestic violence against their mothers, these experiences are not always treated, because witnessing abuse is still perceived by many service providers as being a secondary or lesser form of victimisation. Yet, witnessing such violence subjects a child to psychological and emotional distress and harm. This lack of identifying child victims of domestic violence could be attributed to the fact that the Children's Act only came into force in 2010. However, even DVA provides a remedy for emotional and psychological violence, but these provisions are not extended to the child victims. It is clear that domestic violence would require the joint application of the Domestic Violence Act and the Children's Act to protect the parent and child in such cases. However, at present, there seems to be little evidence that the joint experiences of adult and child victims will be addressed through the insular view that policy-makers and implementers are taking in respect of these two fundamental pieces of legislation.

The Domestic Violence Act provided for shelters to be established. There are circa 96 shelters throughout South Africa. The lack of shelters for victims of domestic violence has been identified as a major constraint towards the effective implementation of the Act (Parliamentary Monitoring Group, 2009).

There are serious problems in integrating overlapping responsibilities of the South African Police Service, the Department of Social Development and the Department of Justice and Constitutional Development, especially in terms of accountability. Across legislation, there seems to be a lack of emphasis on mental health services to child victims of domestic violence, despite the overwhelming effects of domestic violence on the mental well-being of children, and the risks that this poses to future perpetration of victimisation through domestic violence. Not only is this evident in the lack of explicit legal directives for this, but also in the lack of resources dedicated to child victims (Parliamentary Monitoring Group, 2009).

This review has identified some of the most critical aspects of violence prevention that have developed over the past two decades. It highlighted the importance of the effective address of childhood factors for the long-term prevention of domestic violence. While the enabling legislation is important to ensure the aims of the protection of women, children, and society at large, the effective implementation of this legislation is imperative. This requires that service providers not only understand their roles, and the legislative provisions, but also the underlying factors that perpetuate domestic violence. Having knowledge of how to address issues of women and children, as well as dealing with their co-victimisation, and an understanding of nuances associated with gender and power are critical. This improved understanding affects attitudes of service providers, including the services rendered by individuals. The next section represents an empirical exploration of how these issues manifest in some communities in South Africa.

THE PRIMARY RESEARCH

Methods of Research

Research Organisation and Settings

Ethical approval for the study was obtained from the South African Medical Research Council's Ethics Committee. The data was collected from May-October 2009. The study sites included an urban, peri-urban and rural site in South Africa, because the contexts, support systems, service infrastructures and community cultures differ vastly across these contexts. It included the urban areas of Athlone², Kuils River, Kraaifontein, Brackenfell and Eerste River, in the Northern suburbs of Cape Town, the peri-urban areas of Helderberg³ and Stellenbosch, and the rural Eastern Cape town of Cala.

Description of Methods

This qualitative study used a range of methods, including focus groups and individual semi-structured interviews. These methods were used to obtain information on services available, and infrastructure dedicated to adult and child victims of domestic violence in selected communities, as well as the challenges to service provision to child victims of domestic violence.

Focus Group Sessions

In order to investigate available support services to women and child victims of domestic violence, focus group interviews were held with participants from urban, peri-urban and rural research sites. One of the aims of this process was to develop an understanding of the quality, availability and accessibility of services in each of the sites, in respect of the experiences of co-victimisation of mother and child. Service delivery challenges were also explored with the participants.

Three (3) focus group sessions were held with 25 members of community based organisations (CBOs) and non-governmental organisations (NGOs) in total, which each provided a service to women and children in their communities. Participants in the urban focus group provided services to the Greater Kraaifontein and Kuils River areas, which include Scottsdene, Wallacedene and Bloekombos communities. Six (6) participants were involved in the urban focus group. Seven (7) participants were involved in the Peri-urban focus group in Stellenbosch; and twelve (12) participants were involved in the rural focus group in Cala. These focus group sessions incorporated open-ended stories, as well as group discussions as a core technique.

- *Open-ended Stories*

Open-ended stories were used to get an understanding of the help-seeking behaviour and available service options to women and children. The conclusion of the incidents was left out in two different scenarios, one relating the child's perspective, the other relating the adult victim's perspective (See Annexure). The participants were divided into two groups, each dealing with different perspectives. The participants discussed the likely outcome in each case, and identified existing service and support structures in their communities.

- *Group Discussion*

The focus groups allowed for a focused discussion on the opportunities and challenges to effective service delivery to child victims of domestic violence. Key themes were explored, and while pre-existing themes stimulated the discussion, the groups ultimately set the course of the discussion themselves. Focus group discussions were used in order to participants to share information in a dynamic space, in a manner that allowed them to draw on shared experiences and insights, as well as providing individual views on their experiences as service providers in their communities.

² Athlone is situated east of the city centre. Its surrounding areas in Cape Town are made up of a mixture of heritage, social and business, and include Alicedale, Athlone, Athlone Industria, Belgravia Estate, Belthorn, Bokmakierie, Bonteheuwel, Bridgetown, Crawford, Doornhoogte, Elwyn Park, Garlandale, Gatesville, Gleemoor, Greenhaven, Hanover Park, Hatton Estate, Hazendal, Heideveld, Kenwyn, Kewtown, Langa, Lansdowne, Lincoln Estate, Manenberg, Mountview, Netreg, Newfields, Parktown, Penlyn, Pinati, Primrose Park, Rondebosch, Rondebosch East, Rylands, Silvertown, Surrey Estate, Sybrand Park, Turfhall, Vanguard Estate and Welcome Estate. See <http://www.athlone.co.za/about.php>

³ The towns of Gordon's Bay, Lwandle, Macassar, Sir Lowry's Pass, Somerset West and Strand are collectively known as the Helderberg. The area is characterised by high unemployment rates, high income inequalities between white affluent areas and poor black communities. There is a large migrant population with tensions between these migrant populations and permanent residents, largely in the informal settlements. There is a high number of female headed households and in most cases there is a lack of monetary support from the father or male partner. See Unit for Religion and Development Research (2003) Report on the Demographic Profile of Helderberg Basin. Stellenbosch University. Available at <http://stbweb02.stb.sun.ac.za/urdr/downloads/Helderberg.pdf>.



• *Governmental Focus Group*

A separate focus group session was held with policy-makers in the Western Cape. Twelve (12) operational managers from Western Cape-based departments participated in the focus group session. Five (5) participants were social workers from the Department of Education, two (2) represented the South African Police Service, three (3) were from the Department of Social Development, and two (2) represented the Department of Justice and Constitutional Development. The objectives of the focus group were to explore:

- Understandings of the constructs of families, associated vulnerabilities, and services that address identified vulnerabilities;
- Attitudes towards women and children in the contexts of vulnerable families;
- Services rendered to communities pertaining to violence in the homes;
- Challenges to effective service delivery;
- Departmental collaboration and challenges to this; and
- Current practices that address violence in the homes.

While it was originally planned for two hours, the actual session lasted for four hours, at the request of the departmental members. Key issues raised included gender, gender-based violence, alcohol abuse, systems and supports available to child victims of domestic violence and challenges to service delivery.

Semi-structured Interviews

Semi-structured interviews were held with Government, traditional leadership and civil society service providers only, and not with service users or beneficiaries. Service providers reflected on their experiences and observations of trends concerning victimisation through domestic violence. The information was therefore garnered in a way that posed the least amount of harm to vulnerable individuals. Information on policies and strategies relating to domestic violence were also optimally accessed through interviews with service providers.

Four (4) individual semi-structured interviews were held with governmental and civil society service providers in the Western Cape. In the rural Eastern Cape community of Cala, five (5) individual interviews were held with participants from government and civil society. Many Cala participants seemed more comfortable being interviewed in groups rather than individually, and often arranged for their colleagues to be a part of the interviews at their own initiative. Four (4) of the interviews were therefore done in focus-group or joint-interview format, totalling twelve (12) participants. The participants provided individual informed consent and confidentiality was a crucial backbone in the same way as it would have been in a focus group scenario.

A brief description of the social contexts in the research sites

While the urban areas generally represent built-up areas that includes formal and informal housing, Helderberg and Stellenbosch provides an added mixture of informal settlements, farming and semi-rural contexts. The Eastern Cape Province, in addition to its rural nature, has the combined jurisdiction of traditional and State leadership in the area.

The urban area represented in this study, has comparatively better service and transport infrastructure. Communities are located in closer proximity to available services than in peri-urban and rural sites. However, access to services in urban areas is inconsistent across communities.

In the research areas, poverty and inequality are still largely characterised along class and racial lines. Gender inequalities are prevalent on all levels of family and community, with the perpetuation of prevalent gender stereotypes in families and institutions.

RESEARCH FINDINGS

Barriers to identifying victims

In the peri-urban site, civil society focus group participants identified that both the abused adult and the children in the household are victims of physical, psychological and emotional abuse. This was, however, not straight-forward when either the mother or child were present. A social worker from an urban-based NGO in the Western Cape reported an incident of a 13-year-old child who was burnt by his father on a hot plate. The wife did not want to open a case, leaving the social worker to do this, even though she had bruises, which she showed the social worker at the time that the child was hospitalised for the burns. The woman related her experiences of additional financial, verbal and emotional abuse to the social worker. Even though she was encouraged to seek help and report the matter, her fear for the perpetrator prevented her from doing so. The only reason the child's experiences were identified was due to the child's injuries and its impact on his school performance. Furthermore, the educator who detected the abuse did not want to report it as the educator resided in the same community as the perpetrator. Community barriers to reporting therefore present even where individuals work in departments that are guided by legislation and policies to prioritise the protection of children. Both the woman and child may be left to endure their joint experiences of abuse in the absence of any meaningful support and assistance from either government or civil society. This contributes to the silence around domestic violence.

Silences around domestic violence

Attitudes of communities to disclosures or reports may deter victims or witnesses from bringing matters forward. One of the obstacles to reporting abuse in the rural areas was reportedly that accusations are levelled that the reporter is jealous or trying to discredit the alleged perpetrator.

The community-based organisations (CBOs) in the area therefore act as intermediaries or conduits, buffering complainants from prejudicial attitudes harboured by communities. The reaction to complaints by victims and witnesses may also be indicative of the societal views relating to gender, where men hold a favourable position, and matters may easily be disregarded based on the status and role of women in the family and community. To illustrate this, an interview with a rural civil society informant, stated that an aunt of one of the child victims was hesitant to report the matter because the uncle was 'well-loved'.

Decisions to report or not are not always made in the best interest of the child when the community is protecting the adult perpetrators of abuse. Thus, consideration should be given to whether abuse is perceived to be a private matter or one for public outcry.

Public vs Private: the perceived nature of domestic violence

One participant identified people's dissociation with domestic violence, as a problem that acts as an obstacle to effectively addressing the issue, saying:

"I still think that domestic violence is still a subject that most people don't want to think about much, it still happens to other people, not to us" (Civil society, In-depth interview, Urban).

Despite this reported dissociation, participants in the urban focus group discussion suggested that neighbours would know if abuse was taking place in the household because of the behaviour of the victims. They also suggested that the neighbours would intervene:

"The neighbours normally do [something]...they will because they are very nosy...people can be very nosy. And ...sometimes you must be nosy. You must be nosy to achieve something in your community," (Civil society, Focus Group, Urban).

When asked how neighbours would intervene, the participant gave an example of how she would approach the boy child, saying she would ask him:

"What is going on with you, why are you doing this? Your parents are so high up there. Why are you doing this? Why are you pulling their skin from their face?" [Colloquially, this means 'to embarrass'] (Civil society, Focus Group, Urban).

These responses point to the appropriateness of interventions and whether some approaches may lead to further harm through alienating the child who may be abuse-reactive.

In the peri-urban site, the discussions of the open-ended story conveyed that there was strong community involvement. It was



suggested that the neighbours would intervene to stop the abuse.

Another of the urban focus group participants who works in an informal settlement described neighbour support projects in her community:

“There is the neighbour-help-neighbour. It is a programme where neighbours help one another. We are the eyes of the police, and BADISA, and so on” (Civil society, Focus Group, Urban).

Of note, participants indicated that they would always intervene in cases of child sexual abuse. The question arises whether this would also translate into support around the issue of domestic violence. Even though communities are active they are still conservative and therefore silent on the issue of domestic violence. Cases like the above indicate that effective partnerships between departments and trained CBO members may strengthen the support system for victims of violence. Appropriate responses may be developed where the roles of the CBO members and those of the departments are clearly defined.

Gendered understandings of the constructions of family

The family holds the primary responsibility of ensuring children’s basic physical, social and emotional needs. However, the ability of families to meet this responsibility differs, as well as access to resources for achieving these ends (Barbarin and Richter, 2001). The range of challenges that often impedes the family’s ability to fulfil this responsibility includes unemployment, poverty, and community violence. Furthermore, in failing to meet these fundamental duties, families may face social stigma (Barbarin and Richter, 2001), which may isolate such families, and allow them to spiral and become entrenched in practices that are detrimental to the adults in intimate relationships, and ultimately harm the children who form part of their households.

The construction of families can also influence their vulnerabilities, as participants in the Urban Governmental Focus Group reported that:

“There is a bit of everything, there are lots of extended families, child headed households, households headed by grandmothers and grandfathers, single-parent households” (Governmental Focus Group, Urban).

An urban based participant reflected her understanding of families in South Africa:

“A family for me doesn’t have to be wife, a husband and 2.3 children, or whatever. A family can be a family with a single parent or it could be same sex parents. I’m not sure to what extent the government departments are seeing families as other than husband and wife and so many children” (Civil society, In-depth interview, Urban).

The participant further raised concerns about the family-based programmes that the state renders, suggesting that certain conventional ideas on the constructs of families may exclude potential beneficiaries from programmes. The strong sentiments underpinning notions of the conventional family may further influence attitudes and services. Another participant stated:

“To me, this issue of single parents and how families are constructed is a big issue” (Governmental Focus Group, Urban)

An urban participant reflecting on the organisation’s client base reported that, the victims who were mothers were either single or in an abusive relationships, with most of these women not able to cope emotionally.

In identifying the vulnerabilities that arise from the various identified constructs of families, participants spoke about their understanding of the risks and vulnerabilities associated with single-parent households:

“You will find that in single parent households, for economic reasons, the parent has to work... and required that the children be left either with a person who cannot be trusted, or with a person that they trust, but, where the children were abused or exploited...Even by the step-boyfriends, by changing all the time, children can be vulnerable” (Governmental Focus Group, Urban).

The views of participants were also seemingly based on their constructions of gender, as a participant reported:

“As a single parent, I am not saying all of them. But they are also vulnerable because there is not stable father in the household... A male figure is seen as someone who can secure the family...And even if she [the single mother] is working, she may need that security, she may need a man, in her mind, to secure her children” (Governmental Focus Group, Urban).

Discussions by departmental participants in particular suggest a class bias, as they took great pains to assure that their meanings and associations of vulnerabilities of single mothers did not include professionals. This view may perpetuate the silences surrounding domestic violence where affluent women are victimised. These silences were identified in the urban and peri-urban focus groups, with participants suggesting that victims from affluent families do not come forward with reports of abuse.

Another departmental participant identified that the structural and social isolation of women exacerbate women's vulnerability:

"I think that the vulnerability would be a lot less if there is support...from other spheres...But you will find that a single parent, maybe leaving family and friends in another province, and she is alone, that to me is a really big vulnerability" (Governmental Focus Group, Urban).

Participants who render services in schools indicated that children in single-parent households may further be vulnerable to abuse by their parent in the face of increasing household burdens, hardship and frustration.

Respondents highlighted the vulnerability of single – parent households, often headed by women. There is a strong gender and class construction of families underpinning their reports, based on ideas on how women should behave in these circumstances and exalting professional women. However, for service provision, it points to a gender-blindness that may exclude individuals who should benefit from service provision, with economics an important factor.

Women's financial insecurity and economic dependence

In the urban area, the lack of financial independence and financial insecurity of women were identified as important factors increasing women's vulnerability. These factors underscore their fears of not being able to look after their children, should they leave abusive households:

"Their lack of financial security is a big issue often there is a lot of financial abuse that the women aren't given the finances to be able to look after their kids" (Civil society, In-depth interview, Urban).

The financial insecurity and economic dependence of single mothers were particularly identified:

"I think also in cases where, that single parent is not employed. She solely depends on the boyfriend for maintenance. And even at those times when she feels uncomfortable, she feels that she has to stay with that boyfriend who maybe most of the time beats her up, or who does uncomfortable things to her like rapes her, she has to stay because that person is the bread winner of the house and she can't do otherwise. Most often that is happening with single women, single parents. And then there is also the exposure of the children..." (Governmental Focus Group, Urban).

In South Africa, the number of female-headed households is high because of social factors, such as abandonment by the father and imprisonment or death of the father, amongst others. Households headed by single mothers are extremely common and it is very unusual to see a single father running a household. Female-headed households are at particular risk because of the greater vulnerability of women and children in our society to discrimination and violence.

Male or female single parents carry the burdens of both parents on their own. This includes having to make sure that there is food on the table each day, that there is enough money for household costs, that the children are healthy, and that they are in school every day, as well as having to cook, and manage daily household chores. Because responsibilities are not shared, single parents have to cope with income and time pressures, without many alternatives. Although both single fathers and mothers face the same stressors and decisions, in communities, we tend to have more prejudicial attitudes towards women. Where there would be more ready support for the single father, the single mother is often stigmatised.

Understandings of gender and violence

A participant in an in-depth interview raised the social position of men as an important factor in perpetuating domestic violence:

"As an organisation, our understanding of domestic violence is very much based on gender construction and on the kind of patriarchal hierarchy that is accepted as the norm..." (Civil society, In-depth interview, Urban).

Of note, only few service providers showed an understanding of the realities of patriarchy and gender inequalities, the majority of participants indicated perceptions of women that suggested a displacement of blame upon women for their abuse, or for remaining in abusive relationships. Suggestions were also put forward that women find themselves in difficult situations because they are 'easy', as follows:



“It’s becoming a culture where women are just opening their legs...and accepting the seed, and then they just have babies without having a contract from this man to say that they are going to look after this baby” (Governmental Focus Group, Urban).

This attributes an agency to women which they do not necessarily have in their relationships. Many women do not have the ability to influence the outcomes of their relationship and they are powerless in ensuring commitment from their partners. This suggests that views on gender may limit approaches to addressing abuse, and the actual underlying causes of violence that relate to gender, or its effect, may go unaddressed. It also suggests a bias that may prejudice women, where sentiments relieve males of any responsibility in relationships.

Substance abuse is another factor that has been associated with violence, but seems to be viewed as a mitigating factor, or excuse for men’s abuse of women. The understandings of associations between alcohol and violence and the discussions by informants seem to relieve men from their responsibility for violent behaviour when they are drunk, as the following section illustrates.

Associations between substance abuse and violence

In all the research sites, substance abuse was cited as a common factor in the perpetration of domestic violence, as identified by a rural participant:

“You’ll find that many of the male [alcohol] drinking people, the fathers/husbands, they drink and drink and then they go back to their homes drunk and do this thing” (Government, In-depth interview, Rural).

However, one participant also attributed the abuse wholly to the perpetrator’s drunken state:

“No, this person did not mean to do this, it was just the alcohol! And you can see that the behaviour of that person is otherwise not dangerous but because they are drunk...” (Government, In-depth interview, Rural).

Alcohol is therefore viewed as the cause of the violence by these service providers suggesting that they lack adequate insight into the gender nature and underlying dynamics of domestic violence, permitting perpetrators of domestic violence to enjoy high levels of impunity.

The family as the locus of care: challenges and opportunities

The family holds the key to understanding factors that conflate to increase the potential for domestic violence. A participant from the peri-urban area suggested that birth families may not offer the kinds of care children require, reporting:

“What we try and do is that, I mean our purpose is...to ensure the best interest of the child...that the child is thought to be best cared for in the family, but so very often you find that family is not the best place for the child... even though we so strongly advocate that the child is going to be best cared [for] in his family but it’s not so.” (Civil society, Focus group, Peri-urban).

Another respondent suggested that one of the challenges to ensuring support to child victims of domestic violence is the lack of alternatives for providing care to the child:

“These children... they don’t stay with us for a very long time....So...I have to get into the process of reunifying this child with his family, but that very same family where he didn’t want to be in the first place because there’s still a father that’s abusing the mother. There’s still unemployment, there’s still so many things... and where to go now?” (Civil society, Focus group, Peri-urban).

This suggests that interventions are usually short term as nothing is done to ensure that the home environment has changed, and children are returned to abusive situations. This participant further identified the importance of building the capacities of both parents to ensure appropriate care. The risks that the lack of a stable family poses to the healthy development of children were further identified:

“ [the children] ... need to function in families, in communities, because those are skills, values and principles that you are going to need in your adult life and we cannot give all of that. You see, because, our shelter can accommodate from six months to a year. And then, we have to have new children coming in all of the time. So, it’s very difficult getting them through the program” (Civil society, Focus group, Peri-urban).

Respondents commented that while it is not in the child’s best interest to leave them exposed to abusive conditions in families of origin, suitable and sustainable alternative care options for children are scarce or non-existent. The importance of building the capacities of

families to grow and nurture children, and to facilitate the creation of caring and dignity reinforcing environments for all its members through providing necessary developmentally oriented supports to families are critical, in addition to providing prevention interventions where this is required. In the absence of these, children exposed to violence within families often learn that violent interaction is the only way to relate in personal relationships, and due to the co-victimisation in their own childhood experiences, that violence is an acceptable method in parenting, which ultimately perpetuates the cycle of violence.

The intergenerational transmission of violence

Focus group participants reported on the intergenerational transmission of violence as well as past abuse experiences:

"[abuse histories are]...very prevalent. A lot of the women that come here witness their mothers being abused when they were children, or were abused themselves as children" (Civil society, In-depth interview, Urban).

Participants felt that the perpetuation of the violence experienced in childhood may be attributed to the internalised normalisation of violence in households. An urban respondent reported that a client thought violence in marriage was "normal", "that the man would be in control", thus violence in intimate relationships in many communities are considered to be a part of marriage.

This normalisation of violence was also identified by other participants:

"One thing that we notice is that where a woman or a man was brought up in a violent home...sometimes it does happen that a woman tends to seek out a man that also abuses. And it seems to be a pattern, that whole victim syndrome I want to say almost – where you just keep on getting into situations, jumping into situations or relationships where there is violence" (Governmental Focus Group, Urban).

As stated previously, the co-victimisation experience of the abused mother and child in violent households is an important factor in the intergenerational transmission violence. Co-victimisation of children may also include the violent disciplining of children. The participants identified patterns of discipline in households as a factor in perpetuating the cycle of violence. The Department of Education spoke about the forms of discipline used in households:

"There were times when children were said to be disciplined, but it was actually abuse. We had to have this discussion with the parents, to win them over, and to say to them that the way you were disciplining is actually not correct. But it is very difficult...Then you have parents who just don't care. They don't discipline at all." (Governmental Focus Group, Urban).

The department reported that where children are abused as a form of discipline, children are hit over the whole body, or in the face, or thrown against a wall. Instruments were also used, like belts or pieces of wood.

Both parents in abusive relationships may engage in violent disciplining of their children but for varying reasons. Men may be violent against their children as an extension of their exercise of power and control over their children and partner. While a women's experience of domestic violence may influence the way she related to her children. In the urban area, a participant raised that when mothers were subjected to severe physical, or emotional and mental abuse, they often used harsh physical and verbally abusive forms of discipline toward their own children.

The participant felt that it should not be construed as 'bad parenting', but that it is deeply rooted in the prolonged experiences of abuse by the mother, who is often a victim of domestic violence in childhood.

"To be fair to the mothers, a lot of them don't have the emotional energy to really deal with their children as they should. So a lot of them don't have that kind of attachment to their children which is a big area that we are aware of" (Civil society, Focus group, Peri-urban).

The complex relationship between an abused mother and the abused and neglected child, can lead to fallacious perceptions of 'problem children' or 'abusive mothers'. It is therefore important to understand the complexities involved in such relationships, where abusive carers often have problems coping with need, dependence, and vulnerability in themselves and others. It is imperative for service providers to be able to conceptualise the interpersonal and intrapersonal problems that can stem from abuse-induced poor parenting that arise through dissociation and the barriers to developing healthy attachments. It is equally important to be able to identify the childhood abuse experiences, and how these manifest in adulthood, if left untreated.



A gendered look at parenting skills programmes

Participants noted the importance of parenting programmes but stated that parenting programmes were challenging. The reports from participants suggested that gender-biased approaches may be one of the major obstructions to successful outcomes of these programmes. Participants spoke about the female rather than male parent, suggesting that the target for their interventions may be the female caregiver. This is important as it illustrates that Government services may perpetuate gender inequality by placing the entire burden of child care on the mother. With the current stark lack of systemic support to abused women, this approach may further alienate them because of the inability to accommodate their needs and living realities. Consequences of this may be that women withdraw from programmes prematurely, as a respondent reported:

“Two days into the programme then they don’t go anymore...” (Civil society, Focus group, Urban).

Participants nonetheless continue to place the burden of blame on women, reporting:

“...they’ve gotten so used to their lifestyles. They’re so used to their husband bringing home the meat and if I don’t do this and this, the husband is not going to do whatever. So it’s, so many don’t go for this kind of service that’s available because if I speak about abuse at home and domestic violence, “Nee, nee, nee, dis alraait, anders gaan my man nie...” [No, no, no, it’s alright, otherwise my husband will not...](Civil society, Focus group, Peri-urban).

This also indicates that domestic violence as an obstacle to the participation of the female caregiver is not always recognised and where it is, the problem is not addressed.

Services and Programmes

Shelters for victims of domestic violence

A shelter is one of the biggest structures in an urban setting and, although it provides a service to females only, it may accommodate a woman’s accompanying male and female children. Children are normally under the age of 14 years, as older children are normally “easier to place with family members”. It was reported that clients of the shelter include both national and non-nationals, and most of the women come from impoverished backgrounds, as clients are predominantly unemployed or unskilled.

The urban site also has one of the most comprehensive one-stop centres for domestic violence and shelters for abused women. According to the informant, the centre existed ‘as a centre for women and children that are directly involved in domestic violence’. The facility was described as a ‘one-stop centre’ that has ‘as many services as possible that are relevant to clients under one roof’. While the facility enlisted ‘other organisations as partners’ in order to ‘help to provide services’, the NGO itself provides and manages ‘a number of direct services’. The shelter focuses on building skills for economic independence, and offers counselling and legal assistance at the same time as providing a safe haven.

According to the informant, the shelter comprises the core service to ‘women who need to get out of their homes’. The women are permitted to come with their children and stay for a period of four (4) months. *They may apply for ‘second stage housing’ at the end of their four (4) month stay.* A counselling co-ordinator supervises psychology interns and social work interns who, as part of their internships, counsel women who seek assistance on a daily basis. It was reported that on average 200-300 women were seen daily for counselling services. The shelter runs a free legal project where women who walk in or who stay in the shelter can access free legal advice and assistance in family law matters. They are assisted with protection orders, maintenance claims, divorce proceedings and applications for child support grants. As most of their clients who seek help are unskilled and unemployed, an essential service the shelter manages is a job skills training as part of an economic empowerment programme for women in the shelter. The aim of the programme is to assist women to become financially independent, with the informant reporting:

While the shelter ‘focuses on the women in the shelter and what their needs for training are, it also is open to women in the community who need training’ (Civil society, In-depth interview, Urban).

Shelters are accessible to women and children under 14 years, but children over 14 years, particularly adolescent boys are not usually accepted into shelters with their mothers, making them extremely vulnerable.

The lack of shelters for abused victims

Participants in all the research sites identified the lack of shelters as a major obstacle to providing relief to abused women and children. There were no shelters in the immediate vicinity of the rural area, and the closest facility was three (3) hours away by car. While there were generally more facilities identified in urban areas, these often struggled to meet the demand and services to older children. The participants identified only one shelter for abused women in the peri-urban site. However, they highlighted that most women did not

know where its location was. Women in need thus end up at the night shelter for homeless people. One of the night shelters in the peri-urban area offers shelter to homeless women for three months. However, the participants reported that some night shelters in the peri-urban area do not take in women overnight who are trying to escape abuse, who do not have a protection order, or who do not show physical signs of abuse. In addition the homeless shelter does not accommodate children, only adults. The frustration in addressing the challenges was evident:

“So we can stand by and wait for either the woman to kill the man, or the man to kill the woman. It’s terrible to witness a situation where you know something is going to happen but your hands are tied to prevent you from doing anything” (Civil society, Focus group, Peri-urban).

Challenges related to services to victims of domestic violence

Participants suggested that there are some well developed systems of services in urban areas like Khayelitsha, as one departmental member indicated:

“We are fortunate because we are social workers working in Khayelitsha and Khayelitsha has lots of organisations that are operating so we don’t have such problems in respect of referring children to these agencies for further counselling services” (Governmental Focus Group, Urban).

Exploring service delivery in peri-urban areas, one NGO in a focus group described their service as, being structured into five programmes (counselling services to abused women; raising awareness about domestic violence; court support to survivors; research; and capacity building workshops for survivors). A participant in the peri-urban focus group was a social worker at a night shelter. It was reported that women came to the shelter after having been homeless for some time. Where they have been in a relationship, and when there are indications of domestic violence the shelter refers them to other service providers. The shelter reported that although they do not have direct programmes for domestic violence, ‘many victims end up there, because many victims end up on the streets because of it’.

Of note, when women access non-specialised services, particularly those not designed for victims of domestic violence, abused women are susceptible to further victimisation:

“Many female victims are abused at the shelter itself because they are identified as easy targets. I will hear that the woman say that [other shelter tenants] always think that we [the women] are bad women because they think we will just sleep with any man” (Civil society, Focus group, Peri-urban).

The latter indicates the importance of specialised services to accommodate the needs of female victims of domestic violence. By turning their focus to the family and in responding to the open-ended story, participants in the peri-urban focus group described the service channels that the family would navigate. In reflecting on these services, participants identified the challenges to effective access to services to include that (1) the SAPS still see abuse as a family matter; (2) the SAPS are slow to respond; (3) protracted court processes; (4) service providers have difficulty in determining applicable legislation, or in applying legislation; (5) achieving victims’ trust and respect between parties remains difficult; (6) there are few organisations who offer comprehensive services; (7) services are not accessible or may be lacking; (8) the lack of an integrated approach to the handling of domestic violence; (9) breaking the cycle of violence remains difficult; (10) it is hard for the family to admit that they need help and to get all family members to seek help; (11) it is difficult for victims to stand up to perpetrators; (12) victims are not educated about their rights; and (13) the mother has no way of maintaining herself.

In the rural area, only one civil society organisation provided services to adult and child victims of domestic. A participant indicated that the rural CBO conducted

“HIV and AIDS, Gender-based violence, Domestic Violence, [and] Human Rights’ programmes. The participant indicated that they have programmes with organisations like Men as Partners and Engender Health that ‘encourage men that at least they must have tolerance towards women and children...”.

Further, highlighting some of the service partnerships that were established, it was reported that ‘the office started working with the chiefs’. However, in instances of domestic violence, the rural participant elaborated on these available service channels and challenges associated with some of these:

“Most of the time the chiefs [do not] discuss the matter of domestic violence, because there is no privacy... in the traditional courts. That’s why they most of the cases refer to us, here, or to just to the department of justice, or social development department” (Civil society, In-depth interview, Rural).

The organisation also indicated that they assist villages to form support groups, which provide follow-up visits to families where abuse has been reported. However, where there is difficulty in dealing with cases, the organisation would still be called in to assist.



Other than shelters there are other general services provided in communities that victims of violence approach when they need help. However, as participants in the peri-urban site related, if services are not specifically designed for victims of domestic violence, it may place them at further risk.

Service limitations to child victims of domestic violence

With respect to cases of children, the urban organisation maintains that they do “quite a lot of referrals and assist [them] in getting referrals”. The participants indicated that the centre could refer children in the shelter to the Trauma Centre, which has an office based at the centre. According to the participant:

“...is very useful because I can say it right now this has been one of the big gaps in our services - Counselling services for children. We have looked - there really does not seem to be organisations that are offering that kind of a service unless they are connected to a university like the Childline clinic or the Red Cross child and Family Clinic, and they have huge waiting lists” (Civil society, In-depth interview, Urban).

Bottlenecks in counselling services were attributed to difficulties in accessing funding, as well as challenges in recruiting service providers with the necessary experience and expertise. The centre reportedly lacked specialised skills to render a counselling service to children. Yet, a number of cases of domestic violence against children are referred to the Centre:

“Our counselling co-ordinator has been training in some of the surrounding schools on domestic violence with the learners and educators, and a lot of referrals pick up the fact that there are a lot of children that experienced abuse or witnessed abuse....we are picking up occurrences that again we do not have the capacity to deal with” (Civil society, In-depth interview, Urban).

The availability of psycho-social services provided by the State was also reported on:

“In respect of children and youth counselling, only a few social workers or psychologists are available in the education system so there is just no way that they can deal with all the cases” (Civil society, In-depth interview, Urban).

In some instances, organisations like the Centre find creative ways to get around these challenges to affording counselling services to victims, such as using “psychology and social work students in the shelter”, who run support groups and see older children individual therapy. But even where creative solutions are sought, these opportunities still do not fully address child victimisation:

“Ideally just as every woman who comes into the shelter has an assessment from the social worker, sees the social worker once a week for counselling, and has a support group; every child who comes with their mom ought to be assessed with our childcare worker... Ideally you should have the ability to have a social worker who is trained in children’s work to assess every child to see what their needs are and to see that they got the counselling. So that really has been a big gap” (Civil society, In-depth interview, Urban).

The possible remedies for adolescents were explored, with a respondent stating that children are seen by intake counsellors, whereby they would be able to have some short-term counselling. Even though longer term counselling was generally offered by the State, the participant suggested that departmental remedies were not seamless:

“Referrals to Social Development can be a bit dicey because they are also inundated with cases” (Civil society, In-depth interview, Urban).

The peri-urban focus group suggested that the children can access assistance from a social worker and/or clinical psychologist. It was not clear whether these were accessed through the Department of Social Development or through an NGO. It was also not specified whether these service providers assisted children who were sexually abused only, as opposed to offering support in instances of victimisation through domestic violence as well. Despite listing various services for children in the peri-urban area, participants stated that there were no specific interventions for child survivors of domestic violence. The shelter for street children in the peri-urban area does not work directly with victims of domestic violence, but the participant stated that they:

“in a roundabout way, get to domestic violence, because when the children tell these stories, those [referring to domestic violence] are the reasons why they have left their homes” (Civil society, Focus group, Peri-urban).

While social workers from the Department of Education did address the long-term psycho-social needs of vulnerable families, they identified and referred children in need of care and support. Their services are also generally available to the child only, rather than to the whole family. The Department of Social Development referred to their youth camps as examples of their medium to long-term interventions:

“We identify children with behavioural problems from our case loads, and we as far as possible try to involve them in social skills development youth camps, or for example any other early intervention opportunity that we may have and at a certain stage also involve their parents” (Governmental Focus Group, Urban).

As previously stated, the urban shelter offers one of the most comprehensive models of service to domestic violence survivors. However, the service is not oriented to serve children as direct clients, particularly older children can potentially fall through the cracks. There appears to be a lack of information on victimised adolescents who require shelter and mental health services. It was reported that there was nothing in place ensure the automatic assessment of the impact of abuse for each child during the intake processes of their mothers. This suggests that there is no formal process to decide whether troubled older children may or may not be accepted into the shelter:

“But mostly those kinds of kids, they kind of slip through – it’s so easy for them to slip through... and then of course the preschoolers are in the crèche and in the day there are still children going to schools in the area while their mothers are placed here. I don’t think we’ve ever done any kind of assessment in terms of how many of them have learning problems but I’m sure a lot of those children actually struggle at school as well” (Civil society, In-depth interview, Urban).

In respect of the urban shelter, if children were left with the perpetrator legal assistance is provided to the mother to get the child into her care at the shelter. Difficulties dealing with adolescents were described as follows:

“We have had [walk-ins]. Not so much the younger children, but we have had...16-17 year olds. That’s really, really difficult too, because we cannot take them into the shelter because they are under 18 and are still considered children. We can offer them counselling but if they are being abused at home, physically particularly, it’s really, really hard. Because how does one take them out of that situation? How do you consider their safety which is the first thing that we consider when you come here? So that is a huge challenge” (Civil society, In-depth interview, Urban).

In contrast to the urban shelter, the shelter for street children in the peri-urban area assists children up to the age of 18 years. In the peri-urban focus group, the identified challenges also relate to the capacities of organisations to accommodate the service demands of children:

“An organisation like ours, we don’t have big staff, you know, we don’t have the facility... we have fifty children... Unfortunately we don’t have the space to cater for the demand” (Civil society, Focus group, Peri-urban).

The participant from the rural organisation that dealt with domestic violence indicated that there were three staff members at the time. One of the staff members dealt with *‘the cases of the women and the children’*, staffing capacity thus impacted on services delivery.

Governmental participants reflected on the strategies they employ to address capacity constraints, and highlighted the important role civil society plays in strengthening the system of care to victims:

“We are inundated with a lot of these cases. We are one (1) social worker per 18 schools. So I say we are at liberty in Khayelitsha with these organisations (NGOs and CBOs). You give preliminary services to the child and involve the parent, then for further services you refer the child” (Governmental Focus Group, Urban).

It is important to note that while there is an expectation for civil society to fill gaps in services, this often constitutes an unfunded mandate, which impacts on the organisation’s ability to react to cases, and on the resources it has available to address prevailing issues. The lack of human resource capacity has been identified by both governmental and civil society participants as resulting in the inability to deal effectively with cases:

“I think we mentioned before that we are all doing crisis management. So if there is someone here we see them, they leave the door, there is someone else waiting. There is no follow-up, and no proper service to begin with” (Governmental Focus Group, Urban).

Further, on the issue of resources and capacity, a participant in the peri-urban focus group discussion lamented that while they:

“...listen to [children’s] stories...[they’ve] got no resources to deal with that knowledge about what that child has gone through. So, it’s very difficult to...get to the point where [they] can say that [they] are really addressing the needs of this child. All that [they] can do at the moment is [provide] a place to stay [and] a meal” (Civil society, Focus group, Peri-urban).



The challenges associated with the lack of resources ultimately impact on the way in which children are approached, as a peri-urban participant felt children are not listened to as they lack the resources to adequately deal with the child's "problems". Discussing the challenges, a rural participant indicated similar resource constraints, saying that (they) 'had no money, but the people were still coming in high numbers'. This suggests that services for child victims of domestic violence are not well conceptualised. There seemed to be a lack of integration of projects with other departments which could lead to sustainable and impactful interventions with child and adult victims of domestic violence.

Systemic challenges to the effective delivery of services overall

Protection and Security of victims

One of the departmental members referred to the limited protection available to adult victims of domestic violence in the criminal justice system:

"The protection we can only provide is to put the perpetrator behind bars, or to refer to the social workers. When the perpetrator is coming to court, the only time a witness or victim is protected is if they are coming from prison, and if the police are escorting the perpetrator from prison. But when they are coming from the community, there is no protection" (Governmental Focus Group, Urban).

This lack of security offered may also influence the decision of the victim to report the matter.

Extra-mandatory matters

Some challenges within the criminal justice system may result from an interpretation of mandate.

Participants indicated a struggle where members of the public approached them regarding a matter that falls outside of their mandate. In detailing the concerns and considerations that officials contend with, it was stated that:

"You will find that a mother comes to the police station with complaints that the children are out of hand and they want the intervention of the police official. Sometimes it is difficult because we don't want to arrest children. But if they stole something from the house to sell it to get some money to do whatever...which is becoming a crime to us" (Governmental Focus Group, Urban).

The police demonstrated insight into the affect that these situations have on the mother:

"So the child is also sitting with a problem, but then from the mother's side, there is also the emotional abuse" (Governmental Focus Group, Urban).

But, in the case of the police, the legal and procedural tools to address such situations are lacking. When asked how they would address the situation, it was reported that "we arrest them". It was also mentioned that such matters are referred to their Social Crime Prevention Unit (SCPU). But even though prevention structures are being set up within SAPS, the difficulties in dealing with the situations that present themselves at police stations are clearly reflected in the contributions by participating departmental members:

"So where mothers have problems, they bring the child to the police station, expecting that the police are going to perform a miracle with this child. The only thing that I have is to start speaking to the child - to be maybe the father that the child is missing. And to address the child through that and also to teach the child - the reason that the child is being brought is so that the child can be taught something. And the only thing that I can tell the child is that 'If you do not obey the laws of the country, I will have to lock you up'. But from our side, we try to address this with much more of a crime prevention focus, and it ends up a lot of times that people are expecting that we do have social workers in the police station" (Governmental Focus Group, Urban).

Participants felt that they were "doing a lot of social work", which is beyond their scope and places undue burden on them. Urban participants indicated that there is a lot of awareness raising and outreach by the SCPU. This seems to correlate with an increase in community issues being raised with the police, even those that are related to social welfare. This indicates two very important aspects: firstly, that the police are effectively engaging communities and that they are attempting to be accessible. There is a need for the department of social development, to work closer with police and show greater visibility in areas. The interpretation of the mandate of government services therefore seemed to be a challenge. This would need to be addressed by improved communication and collaboration between service departments. The following section explores this notion.

Intra- and Inter-departmental collaboration

In reflecting on the level of intra-departmental communication and collaboration, the Department of Social Development expressed that there is a need for greater integration of projects, and collaboration with other departments. A participant explained that they conduct regular case-flow management meetings at courts. These meetings were attended by representative of all relevant departments, namely correctional services, prosecutors, judges and magistrates. According to participants, it is a forum to discuss:

“The problems that we are experiencing: We put our problems on the table and we talk about it, address it and then we solve the problems. If, for example, the police needs the help of a social worker after-hours, that is where we talk about it” (Governmental Focus Group, Urban).

The participants however identified some key challenges in workable partnerships, and one departmental member stated:

“I think that each department is still very much focussed on their core work and maybe don’t yet really see sufficiently the interconnections, that you can’t protect people without involving health, social development, the courts and the police. They have to work together, and maybe there isn’t sufficient political will yet....It seems to be very much about being territorial about the departmental budget, that this is my money and we have to do this and that with it and we can’t afford to do other things with it and not wanting to work across inter departmentally” (Civil society, In-depth interview, Urban).

However, even where attempts at service partnerships are made, the lack of an informative, evidence-led system of services seems to obstruct success in these initiatives. An urban participant suggested that the gaps in developing effective partnerships are evidenced through manifest problems in establishing sustainable and effective one-stop centres. In the planning for a one stop centre in Mitchell’s Plain not much thought went into the nature of the service and learning from best practice models this led to only one room being made available in the government building for counselling services.

Inter-departmental collaboration also raise additional challenges as some departments are not involved in any kind of forum that addresses domestic violence, even though they may form a critical part in identifying early warning signs of domestic violence in households. The unmanageable amount of case loads the under-resourced Department of Social Development has to deal with has a ripple effect on intersecting departments. Therefore, cases stagnate and feedback to clients becomes difficult where matters are referred by other departments. In addition the demarcation of service areas by both governmental and NGO service providers makes it difficult to refer matters.

“We don’t always know where cases should be referred, for example in needing to fax to relevant organisation, it gives the impression that there are delays” (Governmental Focus Group, Urban).

Inter-departmental collaboration may be facilitated by multi-stakeholder forums as well as joint training of professionals with inter-linking service mandates.

Training of police and mandate to respond to domestic violence

The need to train the police on its role when responding to cases of domestic violence was identified as an issue that needed attention. It is particularly problematic when police send complainants back who have a protection order, with police reportedly informing clients that their protection orders are “old, and they should go and get a new one”. Participants further explained:

“The police don’t know what is included in the ambit of domestic violence and complainants are sent back. So, when there is a complainant stating that their partner refuses to pay the rent, they say that is not domestic violence” (Governmental Focus Group, Urban).

The police was also noted to be over-familiar and displayed unprofessional conduct as reported:

“The people are so used to the police: they are drinking together, they are together at church, and when the policeman comes with the protection order, it does not carry that weight. It happens in the townships. So if Sergeant So-and-so brings it and the man knows him, he will just say ‘Aag, we will talk’ (meaning we’ll resolve it in private). We need something that says, despite the braais and socialising, once you put on the uniform, now you have taken on another role” (Governmental Focus Group, Urban).

The police on the other hand felt that they faced obstacles such as not being able to trace a suspect to serve an order to. Participants suggested that a register be maintained indicating all the houses where domestic violence is taking place and where the complainant has a protection order. It was suggested that this would facilitate and ensure follow-ups with these households, to eradicate the problem or whether it persists, to determine the effectiveness of protection orders. Participants indicated a need to re-think the



strategies of dealing with the perpetrators of violence:

“I think the governmental sphere needs to re-think and go back to the bosberaad or something. It is easy for people to accuse and to say that the perpetrators are not being dealt with by the court, and for people to say that the police are not arresting enough, it’s easy to say that correctional services must not open the gates when people are arrested. But what happens is at the end, everyone has a reason for continuing the way they are continuing” (Governmental Focus Group, Urban).

This seems to indicate that even though departmental members acknowledge that there is a problem with service provision, there is still a deflection of the problem, with no responsibility being taken or commitment being made for ensuring that good practices are adhered to.

The police, as providers of a critical service in response to domestic violence, need to be well trained. The studies also suggest that members need to learn to put personal associations aside in favour of their professional responsibilities.

The need for new approaches and the argument for prevention

The findings suggest that while there are various interventions aimed at responding to domestic violence and daily crisis interventions, there is a continual increase in the amount of cases of domestic violence received. Departments further complained that despite the introduction of the Domestic Violence Act, it has not deterred the perpetration of domestic violence:

“The previous act was changed because it did not do what it was supposed to do, it did not stop domestic violence. But the way I see it now, the cases are still coming. And there are lots of people standing in line for protection orders” (Governmental Focus Group, Urban).

Challenges to implementing legislation for the protection of women and children were discussed particularly in relation to the new Children’s Act as systems are not yet in place to ensure the Act is effectively implemented and that children are protected.

An urban participant emphasised the importance of prevention work with a focus on the youth:

“[We need] to extend some kind of supplement to services for children and youth and include male teenagers. There’s a lot of preventative work that one can still do in this area. But to continue, the funding remains the constant challenge” (Civil society, In-depth interview, Urban).

The participant suggested possible foci for programmes that address relationship building as a preventative measure for domestic violence, positing that:

“There probably needs to be a lot more work around relationships and what relationships are all about. All young couples who are going to have children for the first time or even couples who are planning to get married should have some training of how to be a married couple then how to be parents particularly parent training. Some people should go through privatetraining, especially if they are getting married in a church, a mosque or whatever” (Civil society, In-depth interview, Urban).

In addition, it was suggested that youth programmes develop social skills as youth need to “unlearn a lot of the violent behaviour that they’ve witnessed how their mother has been talked to and sworn at,” parenting skills training was also identified an important programmatic focus, not just for youth but also for women going to shelters. A concern was raised that most of these kinds of programmes are offered by NGOs, without government support.

Due to the continued increase in domestic violence there is recognition for the need for new approaches. Programmes focusing on adolescents, relationship skills, support to parents has all been identified as possible intervention avenues.

The growing reliance on family conferencing (FGC)

There seems to be a trend within departments to engage in a process of ‘family conferencing’ when receiving reports of domestic violence. This trend surfaced in interviews conducted in both the Eastern and Western Cape provinces, with both civil society and State service providers.

The appeal that FGC holds for service providers in South Africa relates to the search for solutions that address the strong cultural and communal bonds within South African communities. On another level, it reflects the growing perception of domestic violence as ‘a family matter’:

"[They] just say that it is a family matter, that they must talk about it at home [saying] 'we will sort it out as a family', and then the child ends up not being brought for services. And you find that this child was being abused for some time, but they weren't being brought forward due to guises that this is a family matter" (Civil society, Focus group, Peri-urban).

This understanding of domestic violence as a 'family matter' includes the notion of the extended family and even the neighbours of the affected family, as affected and interested parties to the problem. However, there does not seem to be any indication that domestic violence in this context is viewed as less 'private' or that the patriarchal domination and subordination of child and female victims within the (nuclear) family, does not occur.

Notwithstanding these critical issues, evidently, family group conferencing is increasingly being used in both urban and rural sites in South Africa, by both the State and civil society role-players. As highlighted previously, these processes often involve the nuclear and extended family members, and may even include the neighbours. These forums are believed to provide the ideal opportunity for victims to state to the perpetrator how they are being impacted by the abuse.

"When we do the family group conferencing, all the family members are there...so we just allow the environment where each and every person is able to express their feelings freely...even if the father keeps staring at the mother as she speaks" (Civil society, Focus group, Rural).

Where service providers lack an understanding of or ignore the patriarchal power dynamics in households and ultimate subordination of the victims, this process holds little promise for solving domestic violence. More importantly, this process was clearly stated to be an inappropriate measure in cases of child abuse, and due to similar dynamics, by extension, it is an inappropriate measure in cases of domestic violence. In the context of convictions to the subordinate role and status of women and children in the family, and the lack of appropriate skills for the engagement of this method, the process potentially increases the vulnerabilities and risks to victims.

Despite the evident support for the technique, participants themselves identified weaknesses in the processes. Where attempts at FGC fail to elicit the desired response, community service providers have indicated the abandonment of the process, but without addressing the possible impacts of the failed process.

"There are times when you will never find the whole story - all the information. So you leave it and sometimes you go back" (Civil society, In-depth -interview, Rural).

In such circumstances, the process offers no support for the victim's increased vulnerabilities resulting from disclosure, and the victims risk being exposed to the unchecked violence of perpetrators.

"Maybe they [the perpetrator] might not come. A person will just come here alone and wait for the perpetrator to come. The victim will then go home eventually and be asked "what did you do at that place?! I told you never go there!" (Civil society, Focus group, Rural).

The varied use of FGC

In the Western Cape, even though family conferencing was not identified as part of departments' core functions, this technique is reportedly applied in various contexts by different departments. The Department of Social Development reported that they have trained facilitators who deal with family conferencing. Specifically stating FGC is not applied in instances of domestic violence, it is reportedly used when resolving disputes on parental rights and duties in respect of child discipline.

An example of such cases was provided, which involved the denial of parental rights to the female parent, by her husband. However, the problem was not identified as being one of unequal gender dynamics within the parental relationship, which is an aspect that in itself has been associated with domestic violence. Therefore, possible secondary prevention interventions were not explored, as the issues were not properly identified. There was also no assessment of whether domestic violence may have played a role in the particular complaint.

It was also reported that mothers often brought children to the police with complaints regarding child discipline. However, the police themselves identified their lack of skills to deal with such matters.

"By law, we are not mandated to perform family conferences, although we are doing it as part of social crime prevention. I don't think we are properly trained to do family conferencing" "Maybe they [the perpetrator] might not come. A person will just come here alone and wait for the perpetrator to come. The victim will then go home eventually and be asked 'what did you do at that place?! I told you never go there!" (Governmental Focus group, Urban).



DISCUSSION

The transgenerational impact of domestic violence

The study findings support the positive correlation between the exposure to domestic violence in childhood, and the perpetration of or victimisation through domestic violence in adulthood, shown in the literature (Schwartz et al, 2006). Some participants who provided services to abused women identified childhood histories of victimisation in the majority of cases they see. Childhood experiences of domestic violence in the households of origin were suggested by participants to influence children's ability to form meaningful attachments later in life, and to relate to intimate partners in adulthood. This was evident in the normalisation of violence and the inability to relate to intimate partners in a healthy manner.

The literature supports these observations as authors identify violent behaviour in intimate partner relationships as stemming from problems with early attachment relationships (Dutton, 1994, 1995, 1999). It was specifically asserted that the disruption of early attachment relationships caused by witnessing and/or experiencing abuse would stem an individual's ability to develop healthy future relationships (Bowlby, 1988; Dutton et al, 1994). While the majority of participants in this research indirectly affirmed that attachments in relationships of clients with abused histories impact the quality of their parenting, only some participants made the conceptual link between current parenting practices and the abused histories of clients. Importantly, in most State and civil society services, there were either inappropriate or an absence of services to address these needs. This has many implications, and suggests the need for early intervention in cases of childhood exposure to domestic violence, as part of a preventative approach to ending domestic violence. In addition, interventions that address cognitive behavioural impacts of abuse should form part of the remedial framework that addresses adult victimisation.

It was clearly conveyed that there is a greater need to invest in psycho-social services for victims of domestic violence. In the context of prevention, services to children are of paramount importance. The study further highlights that the interlinking experiences of abuse of mother and child are not identified when the abuse of either victim is presented separately. This calls for the need for greater attention by service providers to the intersecting experiences of mother and child in instances of domestic violence. There is also a need to strengthen systems and interdepartmental collaboration in assessing and addressing the violence experienced by adult and child victims, in order to give victims the maximum protection permitted by law.

Gender and Domestic Violence

This research has shown that at all three sites domestic violence is gendered, with it largely perpetrated by men against women. Given this, service providers either minimised domestic violence or reacted in a neutral fashion without taking into account the gendered power imbalances women face in relationships. Service providers struggle particularly in instances when men are seemingly the victim and the women are acting in ways contrary to their belief system, as women are seen as passive and submissive in relationships. The lack of an understanding of gender inequalities in society and the increasing feminisation of poverty, impacts on service providers' ability to understand mothers' actions when faced with the challenges of violence and survival issues. Such mothers are judged and condemned without a full understanding of the gender dynamics and complex nature of domestic violence. Because most organisations offer some form of training, it would have been expected that they developed an understanding of gender, masculinity and domestic violence. This appears to be common with respect to governmental departments as well as civil society organisations. With a few exceptions, most NGOs, civil society and governmental service providers appear to present with a gender-biased understanding of parenting and the challenges that face particularly women in the domestic context - that, in fact, prejudices women.

These understandings indirectly place the burden of blame on women for the fact that they are in abusive situations, and these attitudes may skew service outcomes. Further, the onus of responsibility is also seemingly entirely placed on women for child care, as well as for ensuring that they do not end up in abusive relationships. Instead of addressing the root causes of gender inequality, these tendencies are resulting in services that offer short-term relief to women, and in increasing frustration by implementers as a result of recurring cases of violence and abuse. Further, despite some vague and often misguided inclinations in the law, no meaningful, substantive systemic or structural remedy exists that recognises and/or effectively enforces the joint parental duty of both parents. It is argued that equality outcomes are a stark requirement, but to base initiatives on the premise that men and women are on equal footing in society, may lead to skewed and unjust outcomes for the women and children involved.

Silences and Hidden issues

The silence surrounding domestic violence and abuse has been found to be problematic. The findings suggest that accessibility and approaches that foster trust and confidence to promote both adult and child victims, to disclose incidents are lacking, thus violence remains hidden. A main reason for this non-disclosure, is fear that the system cannot guarantee the safety and best interests of the victims, at various points in the system. Pinhiero (2006) confirms the views expressed in the research, and states that many children are afraid to report incidents of violence against them. Parents who should protect their children, remain silent if the violence is perpetrated by a spouse or another family member. It is therefore important to address systemic barriers to reporting violence as it will remain invisible when there are no safe or trusted ways for children or adults to report it (Pinhiero 2006).

Early warning systems as part of the prevention paradigm

Early warning systems of abuse are also critical, and these are best situated at schools, or clinics, for example. The findings suggest that existing systems at schools and clinics need to be able to effectively screen for emotional and psychological abuse, which may preface a later escalation of violence. Early identification and intervention is important to prevent long-term negative outcomes. Children under school-going age are particularly at risk of being abused while remaining 'under the radar'. Systems of support are required for children of this age group, particularly in sub-economic areas, where child care options are non-existent or scarce. Additionally, collaborative monitoring systems between the department of Social Development and SAPS, which are apparently lacking, would ensure that children at risk who have been identified are not subjected to re-victimisation.

Despite growing evidence on the detrimental effects of domestic violence on children, and the pervasive evidence that indicates the critical link between domestic violence and child abuse and maltreatment, domestic violence is exclusively examined through the lens of the adult, usually the female victim. As a result, separate systems of treatment and care for child and adult victims of abuse have been developed, with inadequate attention being paid to the psycho-social needs of child victims of domestic violence.

Despite the recognisable efforts by departments to address the issue of domestic violence, sufficient attention is yet to be paid to the intersecting experiences of women and children in order to develop effective legislation, policies and systems that are geared to respond adequately to the present needs of victims, and towards preventing domestic violence in the future. For decades female activists have been grappling to find ways to prevent domestic violence. In respect of these efforts, it is important to recognise the need for primary, secondary and tertiary level activities aimed at preventing violence.

Schwartz (2006) highlights the importance of developing integrative preventive measures to address family of origin issues. One of the principal challenges identified to the provision of effective interventions is that 'when a pattern of abuse has started in the family, it is difficult to change' (Gondolf, 1999; Hage 2000; Schwartz and Waldo, 2003). An emphasis is therefore placed on primary and secondary prevention methods (Schwartz, 2006). However, it is argued that these prevention methods are often ignored in the prevention on domestic violence (Perez and Rasmussen, 1997) because of the inherent difficulties in conducting early prevention programmes and because of the lack of skills in this area.

Addressing substance abuse

The use of alcohol and other substances was identified as a factor in the perpetuation of violence in the home. Yet, respondents felt that departments have inappropriate policies resulting in a lack of funding for rehabilitation centres. The findings suggest that attitudes of deflecting matters of alcoholism or addiction to hospitals, rather than investing in the required tertiary mental health services that are better suited to address such problems.

Implementing agents further try to address the impacts on families by having support groups and information sessions on how to deal with family members who are substance dependent. Where violence is involved, the police are seen to step in to arrest individuals. However, the causes of the addictions are not addressed and service providers have to address the recurring symptoms of these addictions, some of which may have fatal impacts, as literature suggests. In the urban area, it was found that alcohol and drug abuse services mainly focused on providing information, while in rural areas, community-based organisations made attempts to counsel dependent individuals.

This study found that service providers viewed alcohol abuse as one of the main problems in relation to perpetration of domestic violence, and that once perpetrators were sober, they no longer presented problems. This indicates a lack of substantive knowledge and understanding of associations between alcohol and violence. Research suggests that there are social factors that promote aggressive behaviour associated with alcohol consumption. It is therefore contended that alcohol consumption may promote aggression because 'people expect it to' (Gustafson, 1994). For example, research using real and mock alcoholic beverages shows that people who believe they have consumed alcohol begin to act more aggressively, regardless of which beverage they actually consumed (Bushman, 1997).



Alcohol-related expectancies that promote male aggressiveness have therefore been identified (Lang, 1993; National Institute on Alcohol Abuse and Alcoholism, 1997). Failing to understand these associations may lead service providers to make inappropriate and possibly harmful decisions, with the perpetrator of abuse enjoying ultimate impunity. Ultimately, the underlying causes of violence and aggression would therefore go untreated due to perceptions that such behaviour is merely a result of alcohol consumption. The assumption service providers make is that the perpetrator's behaviour would normalise once the perpetrator becomes sober. Women and children in these instances are therefore placed at continued risk.

The use of Family Group Conferencing

The study elucidated an evolving trend towards the non-legislated application of family group conferencing (FGC) to deal with domestic violence complaints, by both the State and civil society role-players. There is evidently a lack of understanding that the technique is not tailored to solve domestic violence issues and related problems where there are clear issues of power and control. Further, untrained attempts at FGC often involve consultations with victims first. This may expose victims to the risk of further abuse at the hands of perpetrators who might have learnt that victims are being engaged in this manner, and who may act out against the victim for 'exposing' them.

It is also clear that, despite clear legislative frameworks that guide the address of domestic violence, civil society and state role-players are increasingly viewing domestic violence as a family matter, and have thus developed tendencies to gravitate toward the search for out-of-court solutions. The hazards of such tendencies include that in search for 'restorative' approaches that preserve the family, service providers may become blind to the potential life-threatening nature of domestic violence to both maternal and child victims, and may not act timeously or appropriately to such dangers where they arise.

It is also important to highlight that much of this practice has been followed even prior to the buzz around FGC. The evasion of the justice system is thus justified through the application of a technique that, despite its successes in other areas of child welfare, may be displaced in respect of addressing domestic violence. A greater emphasis should be placed on ensuring real protection and gains for victims of violence first, and through their wellbeing, ultimately ensuring the protection of the family.

RECOMMENDATIONS

Investing in anti-violence programmes and policies must be for the long term

Policy reform, systemic change, behaviour change and community mobilisation are identified as complex and lengthy processes that are influenced by many other factors that are difficult to control in the short term (Ward, 2009). However, investments in primary and secondary prevention interventions may have greater long-term returns in terms of the eradication and prevention of domestic and other forms of gender-based violence. A greater focus on addressing abuse-related trauma in children is important for the prevention of the future perpetration of domestic violence.

Promoting Attitudinal Shifts

Helping individuals think through alternatives to violence and create informal and formal systems of accountability and support are essential in sustaining changes in attitude and behaviour (Ward, 2009). In this respect, communications for social change are important and useful in shifting community paradigms.

Promoting Systemic Reform

At the level of systemic reform, the role-players in the health, legal/justice, security, education and social development systems need to be trained to prevent, detect, monitor and address violence (Ward, 2009). The system also needs to be better geared toward the design, development, and implementation of early intervention programmes (on the primary and secondary level).

Coordination and Collaboration

The frequent mistake in addressing violence against women and violence against children is that programming is small-scale, limited to one or two sectors, and does not receive sustained funding from the government. In order for this 'multi-sectoral' approach to violence to have the greatest impact, strategies must also be put in place for coordination and collaboration across and within sectors (Ward, 2009).

State Accountability and Monitoring

Governments must be held accountable for monitoring the implementation of laws and for periodic review and revision of laws that do not offer sufficient protection for women and children. Even if laws are developed in a manner that reflect the obligations outlined in both CRC and CEDAW with regard to violence, they will have little impact if the public (especially those they are meant to protect) does not know they exist (Ward, 2009). Public capacity building around knowing the content of laws and procedures to access available remedies is therefore important. Civil society could play an important role in monitoring and follow-up, which are core elements in establishing systems of accountability.

Gender

States should ensure that anti-violence policies and programmes are designed and implemented from a gender perspective, taking into account the different risks facing girls and boys in respect of violence (Report of the independent expert for the United Nations Study on Violence against Children, 2006). Emphasis should be placed on the empowerment and capacity building of both girls and boys.

Positive parenting training

Both the desk review and the primary research indicated a need for positive parenting training as a key element of secondary level prevention interventions that address familial risk factors. Such training would be effectively implemented at school level, where the cycle of the trans-generational cycle of violence can more effectively be broken. Further, programmes should not reinforce gender stereotypes and should foster the involvement of men and women in care-giving.

POST RESEARCH DEVELOPMENTS

During this research, various important developments occurred at the policy/legislative level. These include public hearings on the Domestic Violence Act and a review of related policies and procedures by relevant departments. Some of these developments are subsequently summarised and their implications are briefly discussed.

A joint sitting of the Portfolio and Select Committees on Women, Youth, Children and People with Disabilities in November 2009, heard responses from the Departments of Social Development, (DSD) Justice and Constitutional Development (DOJ) and Health (DoH) as well as the South African Police Service (SAPS) to the submissions made during the recent public hearings on the implementation of the Domestic Violence Act.

The Department of Social Development noted that there was a need to strengthen preventative measures. Yet, there remained a dichotomy in dealing with adult and child victims of domestic violence in particular. No recognition is paid to the joint experiences of mother and child or to the need for collaboration in services to mother and child victims. This dichotomy presents a challenge to addressing and preventing the intergenerational transmission of violence, as well as to the establishment of effective and responsive one-stop services to victims of domestic violence. According to departmental policies, the Victim Empowerment Policy (VEP) guidelines stated that women were a priority target, due to their vulnerability as a group (Parliamentary Monitoring Group, 2009). However, even though comprehensive legislation has been established in the form of the Children's Act, regarding the care and protection of children, intersecting experiences of mother and child victims of domestic violence remains invisible.

In a presentation to the Committee by South African Police Service (SAPS), it was reported that all officers underwent a five-day training programme on domestic violence. This included the social context of domestic violence, the relevant legislation, namely the Domestic Violence Act and the Criminal Procedure Act, victim support and practical skills such as victim protection and securing the scene (Parliamentary Monitoring Group, 2009). There is no specific training on how to support children in the context of child witnesses of domestic violence. It is therefore evident that gaps need to be bridged at policy and implementation level.



REFERENCES

- Abrahams, N., Jewkes, R., Laubscher, R., & Hoffman, M. 2006, "Intimate Partner Violence: Prevalence and Risk Factors for Men in Cape Town, South Africa", *Violence and Victims*, vol. 21, no. 2, pp. 247-263.
- Abrahams, N., and Jewkes, R. 2005, "Effects of South African Men's Having Witnessed Abuse of their Mothers During Childhood on Their Levels of Violence in Adulthood", *American Journal of Public Health*, vol. 95, no. 10, pp. 1811 – 1816.
- Abrahams, N., Jewkes, R., Hoffman, M., and Laubscher, R. 2004, "Sexual Violence against Intimate Partners in Cape Town: Prevalence and risk factors reported by men", *Bulletin of the World Health Organisation* vol. 82, no.5, pp 330 – 337.
- Andrews, B. and Brown, G. W. 1988, "Marital Violence in the Community: A biographical approach", *British Journal of Psychiatry*, vol. 153, pp. 305-312.
- Arata, C.M., Langhinrichsen-Rohling, J., Bowers, D. and O'Brien, N. 2007, "Differential correlates of multi-type maltreatment among urban youth", *Child Abuse and Neglect*, vol. 31, no. 4, pp. 393 – 415
- Avery-leaf, S., Cascardi, M., O'Leary, K.D. and Cano, A. 1997, "Efficacy of a Dating Violence Prevention Programme on Attitudes Justifying Aggression", *Journal of Adolescent Health*, vol. 21, pp. 11-17.
- Bandura, A. 1977, *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. 1973, *Aggression: A social learning analysis*. Oxford, UK, Prentice Hall
- Barbarin, O.A. and Richter, L. M. 2001, *Chapter 9: Family Influences on Socio-emotional Development in Mandela's Children: Growing up in Post-Apartheid South Africa*. New York, NY, Routledge Publishing.
- Barnett, E. and Casper, M. 2001, "Research: A definition of "Social Environment" *American Journal of Public Health*, Vol. 91, No. 3. [Electronic] Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446600/pdf/11249033.pdf> (accessed 6 June 2009)
- Benn, D. 2007, *Advocating for better mental health service provision for our children and their families (Editorial)*. *Journal of Child and Adolescent Mental Health* 19(1) South Africa: South African Association for Child and Adolescent Psychiatry and Allied Professions. Available at <<http://www.ingenta.com>> (Accessed on 8 September 2009)
- Bevan, E. and Higgins, D. J. 2002, "Is domestic violence learned? The contribution of five forms of maltreatment to men's violence and adjustment", *Journal of Family Violence*, vol. 17, pp. 223-245.
- Bordin, I. A., Duarte, C. S., Peres, C. A., Nascimento, R., Curto, M.B. and Paulo, C.S. 2009, "Severe Physical Punishment: Risk of mental health problems to poor urban children in Brazil". *Bulletin of the World Health Organisation*, vol. 87, pp 336-344
- Bornstein, B. H., Kaplan, D. L. and Perry, A.R. 2007, "Child Abuse in the Eyes of the Beholder: Lay perceptions of child sexual and physical abuse", *Child Abuse and Neglect*, vol. 31, no. 4, pp. 375 – 391.
- Bowlby, J. 1973, *Attachment and Loss (Volume 2) Separation: Anxiety and Anger*. New York, Basic Books.
- Brestan, E. V. and Eyberg, S. M. 1998, "Effective psychosocial treatments of conduct disordered children and adolescents: 29 years, 82 studies, and 5272 kids", *Journal of Clinical Child Psychology*, vol. 27, pp. 180-189.
- Bryman, A. 2004, *Chapter 15: Interviewing in Qualitative Research. Social Research Methods (2nd Edition)*. Oxford University Press: Oxford.
- Bushman, B.J. 1997, "Effects of alcohol on human aggression: Validity of proposed explanations" in Galanter, M. (Eds) *Recent Developments in Alcoholism*, vol. 13, pp 227-243. New York: Plenum Press.
- Capaldi, D. M., Pears, K. C. and Patterson, G. R. 2003, "Continuity of parenting practices across generations in an anti-risk sample: A prospective comparison between direct and mediated associations". *Journal of Abnormal Psychology*, vol.31, pp. 127-142.
- Cashwell, C. S. and Vacc, N. A. 1996, "Family functioning and risk behaviours: Influences on adolescent delinquency", *School Counselor*, vol.44, pp. 105-114.
- Chapple, C.L. 2003, "Examining Inter-generational Violence: Violent role-modelling or weak parental controls?" *Violence and Victims*, vol.18, pp. 143-159.
- Clowes, L., Lazarus, S., Ratele, K. 2010, " Risk and protective factors to male interpersonal violence: Views of some male university students", *African Safety Promotion Journal*, vol. 8, no. 1. [Electronic] Available at <<http://repository.uwc.ac.za/xmlui/bitstream/handle/10566/170/ClowesRisk%26Protective2010.pdf?sequence=1>> (Accessed on 7 April 2010)
- Cohen, D. and Crabtree, B. 2008, *Qualitative Research Guidelines Project* Robert Wood Johnson Foundation, Princeton, New Jersey. [Electronic] Available at <<http://www.qualres.org/HomeSemi-3629.html>> (Accessed on 7 April 2010)
- Collins, J.J. 1989, *Alcohol and Interpersonal Violence: Less than meets the eye* in Wolfgang, M.E., (Eds) *Pathways to Criminal Violence*, pp. 49-67 Sage Publications, Newbury Park, CA.
- Creswell, J. W. 2007, *Qualitative Inquiry and Research Design: Choosing among 5 approaches*. Thousand Oaks, California.
- Currie, C. 2006, "Animal cruelty by children exposed to domestic violence" *Child Abuse and Neglect*, vol. 30, no. 4, pp. 425 - 435
- Dawes, A., Long, W., Alexander, L. and Ward, C.L. 2006, *A Situation Analysis of Children Affected by Maltreatment and Violence in the Western Cape (Executive Summary)*. Report for the Research Directorate of Social Services and Poverty Alleviation: Provincial Government of the Western Cape. Human Sciences Research Council, Cape Town
- Dahlberg, L.L., Krug, E.G. 2002, "Violence: A global public health problem" in Krug, E. G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., and Lozano, R.,

- (Eds). "World Report on Violence and Health", pp. 1-56 World Health Organization, Geneva, Switzerland.
- Department of Justice and Constitutional Development 2009. *Assessment of Court Processes and Systems in the Implementation of the Domestic Violence Act 116 Of 1998*. Draft Report Presented to Portfolio Committee on Women, Youth, Children and People with Disabilities. [Electronic] Published by the Parliamentary Monitoring Group. Available at <http://www.pmg.org.za>. [Accessed: 13 October 2010]
- Department of Justice, Victims' Services Division 2000, *Child Victims and the Criminal Justice System: Child Victim Witness Program (March, 1993 – June, 1999): Study Report*. Department of Justice, Nova Scotia
- Duncan, J. and Arntson, L. 2004, "Children in Crisis: Good practices in evaluating psychosocial programming" The International Psychosocial Evaluation Committee and Save the Children Federation, Inc.
- Dutton, D.G. 1999, "Traumatic Origins of Intimate Rage" *Aggressive and Violent Behaviour*, vol. 4, pp. 431-447.
- Dutton, D.G. 1995, "Intimate Abusiveness" *Clinical Psychology: Science and Practice*, vol. 2, pp. 207-224.
- Dutton, D.G. 1994, "Behavioural and affective correlates of borderline personality organisation in wife assaulters" *International Journal of Law and Psychiatry*, vol. 17, pp. 265-277.
- Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H. and Johnson, J.G. 2003, "Inter-generational transmission of partner violence: A 20-year prospective study" *Journal of Consulting and Clinical Psychology*, vol. 4, pp. 741-753.
- Emanuel, L. 2004, "Some thoughts about the impact of DV on infants and children: Clinical Perspectives", *Journal of Child and Adolescent Mental Health*, vol. 16, no. 1, pp. 49-53.
- Fagan, J. 1990, "Intoxication and Aggression" *Crime and Justice*, vol. 13, pp. 241-320
- Finkelhor, D., Ormrod, R.K. and Turner, H.A. 2007, "Re-victimization patterns in a national longitudinal sample of children and youth" *Child Abuse and Neglect*, vol. 31, no. 5, pp. 479-502.
- Gelles, Richard J. 1993, "Constraints against family violence: how well do they work?" *American Behavioral Scientist*, vol. 36, no. 5, pp. 575-87
- Gondolf, E. 1999, "A comparison of re-assault rates in four batterer programmes: Do court referral, programmes length and service matter?" *Journal of Interpersonal Violence*, vol. 14, pp. 41-61.
- Gustafson, R. 1994, "Alcohol and Aggression" *Journal of Offender Rehabilitation*, vol. 21, no. 3/4, pp. 41-80.
- Hage, S.M. 2000, "The role of counselling psychology in preventing male violence against female inmates" *Counseling Psychologist*, vol. 28, pp. 797-828.
- Holden, G.W., Coleman, S.M. and Schmidt, K.L. 1995, "Why 3-year old children get spanked: Parent and child determinants as reported by college educated mothers" *Merrill-Palmer Quarterly*, vol. 41, pp. 431-452.
- Holt, S., Buckley, H., and Whelan, S. 2008, "The impact of exposure to domestic violence on children and young people: A review of the literature" *Child Abuse and Neglect* vol. 32, pp. 797-810.
- Howe, D. 2005, *Child Abuse and Neglect: Attachment, Development and Intervention*. Palgrave MacMillan, China.
- Hunter, J., Ryan, G., Sinclair, L., Carter, M. and Matson, S. (Eds) 1999, *Understanding Juvenile Sexual Offending Behaviour: Emerging Research, Treatment Approaches and Management Practices*. The Centre for Sex Offender Management, Office of Justice Programmes, US Department of Justice., Silver Spring, USA [Electronic] <<http://www.csom.org>> (Accessed on 7 April 2010)
- Insideout 2008, *Outcome Evaluation of the Child Witness project: Final Report*. RAPCAN, Cape Town
- Jewkes, R., Dunkel, K., Nduna, M., Jama, P.N. and Puren, A. 2010, "Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African Youth" *Child Abuse and Neglect* vol. 34, pp. 833-841.
- Jewkes, R., Mathews, S., Seedat, M., Van Niekerk, A., Suffla, S. and Ratele, K. 2009, "Preventing Rape and Violence in South Africa: Call for leadership in a new agenda for action". MRC Policy Brief, Medical Research Council: South Africa.
- Jewkes, R., Levin, J. and Penn-Kekana, L. 2002, "Risk Factors for Domestic Violence: Findings from a South African cross sectional study" *Social Science and Medicine*, vol. 55, pp. 1610-1617.
- Kalmuss, D. 1984, "The inter-generational transmission of marital aggression" *Journal of Marriage and the Family*, vol. 46, pp. 11-19.
- Katerndahl, D.A., Burge, S.K., Ferrer, R.L., Becho, J. and Wood, R. 2010, "Complex Dynamics in Domestic violence: A Time Series Study of 16 Women Primary Care Companions" *Journal of Clinical Psychiatry*, vol. 12, no. 4. (E-Publication) Physicians Postgraduate Press, San Antonio
- Kazdin, A. E., Siegel, T. C. and Bass, D. 1992, "Cognitive problem-solving skills training and parent management training in the treatment of anti-social behaviour in children" *Journal of Consulting and Clinical Psychology*, vol. 60, pp. 733-747.
- Kelder, L.R., McNamara, J.R., Carlson, B. and Lynn, S.J. 1991, "Perceptions of physical punishment: the relation to childhood and adolescent experiences" *Journal of Interpersonal Violence*, vol. 6, pp. 432-445.
- Kitzmann, K. M., Gaylord, N. K., Holt, A.R. and Kenny, E.D. 2003, "Child witnesses to domestic violence: A meta-analytical review" *Journal of Consulting and Clinical Psychology*, vol. 71, pp. 339-352.
- Kraemer, H.C., Stice, E., Kazdin, A., Offord, D. and Kupfer, D. 2001, "How do risk factors work together? Mediators, moderators, and independent, overlapping, and proxy risk factors" *American Journal of Psychiatry*, vol. 158, pp. 848-856.
- Kumpfer, K.L. and Alvarado, R. 2003, "Family-strengthening approaches for the prevention of youth problem behaviours" *American Psychologist*, vol. 58, pp. 457-465.
- Kumpfer, K. L. 2002, "Prevention of alcohol and drug abuse: What Works" *Journal of Substance Abuse*, vol. 23, pp. 25-44.



- Lang, A.R. 1993, "Alcohol-related violence: Psychological perspectives" in Martin, S.E. (Eds) *Alcohol and Interpersonal Violence*: 121-148. NIAAA Research Monograph No. 24, NIH Pub. No. 93-3496, NIAAA, Rockville, MD
- Lavoie, F., Herbert, M., Tremblay, R., Vitaro, F., Vezina, L. and McDuff, P. 2002, "History of family dysfunction and perpetration of dating violence by adolescent boys: A longitudinal study" *Journal of Adolescent Health*, vol. 30, pp. 375-383.
- Liddle, H.A., Santisteban, D. A., Levant, R. F. and Bray, J. H. 2002, *Family Psychology: Science-based Interventions*. American Psychological Association, Washington, DC
- Loucks-Sorrell, M.B., Tracy Turner, Ingrid G. Bou-Saada and Leslie Starsoneck 2004, "Mental Health Issues among Female Clients of Domestic Violence Programs in North Carolina" *Psychiatric Services* vol. 55, no. 9. [Electronic] Available at <<http://psychservices.psychiatryonline.org/cgi/reprint/55/9/1036.pdf>> (12 January 2008)
- Lown, A. E., Nayak, M.B., Korcha, R.A. and Greenfield, T.K. 2010, "Child Physical and Sexual Abuse: A Comprehensive Look at Alcohol Consumption Patterns, Consequences, and Dependence from the National Alcohol Survey" *Alcohol Clin. Exp. Res.* [E-Publication] John Wiley and Sons, California
- Magdol, L., Moffitt, T.E., Caspi, A. and Silva, P. A. 1998, "Developmental antecedents of partner abuse: A prospective longitudinal study" *Journal of Abnormal Psychology*, vol. 107, pp. 375-389.
- Majiet, Z. (zmajiet@mosaic.org.za) Senior programme manager at Mosaic, Training, Service and healing Centre for Women. Electronic communication to Fairouz Nagia-Luddy (Fairouz @rapcan.org.za). Sent 13 October 2009.
- Mathews S, Jewkes R, Abrahams N. "I had a hard life": Exploring childhood adversity in the shaping of masculinities among men who killed an intimate partner in South Africa. *British Journal of Criminology*, in Press.
- Mathews S, Abrahams N, Jewkes R, Martin L.J, Lombard C. 2009, "Alcohol use and its role in female homicides in the Western Cape, South Africa" *Journal of Studies on Alcohol and Drugs*, vol. 70, no. 3, pp321-327.
- Matzopoulos, R., Myers, J.E., Bowman, B., Mathews S. 2008, "Interpersonal violence prevention: prioritising interventions" *South African Medical Journal*, vol. 98, no. 9, pp. 682, 684, 686.
- Medical Research Council (MRC) 2008, Guidelines on Ethics for Medical Research. MRC, South Africa.
- Mendel, M.P. 1995, *The Male Survivor: The impact of sexual abuse* Sage Publications, California
- Nagia-Luddy, F and Waterhouse, S. 2009, *Submission to the Portfolio Committee and Select Committee on Women, Youth, Children and People with Disabilities on the 11-year Evaluation of the Domestic Violence Act No 116 Of 1998*. Submitted at Parliament on the 16 October 2009. RAPCAN: South Africa. Available at www.rapcan.org.za
- National Clearinghouse on Child Abuse and Neglect Information, n.d. *In Harm's Way: Domestic Violence and Child Maltreatment*. USA: US Department of Health and Human Services. [Electronic] <<http://www.calib.com/dvcps/facts/harmway.doc>> (Accessed 6 June 2009)
- National Center for Injury Prevention and Control: Division of Violence Prevention, n.d. *The Social-Ecological Model: A Framework for Prevention*. Available at <http://www.cdc.gov/ncipc/dvp/social-ecological-model_dvp.htm> (Accessed 13 January 2010)
- National Center for Injury Prevention and Control: Division of Violence Prevention. *The Public Health Approach to Violence Prevention*. [Electronic] Available at <http://www.cdc.gov/ncipc/dvp/PublicHealthApproachTo_ViolencePrevention.htm> (Accessed 13 January 2010)
- National Education Association (NEA) n.d. Children Exposed to Domestic Violence: A Teacher's Handbook to Increase Understanding and Improve Community Responses [Electronic] Available at <<http://www.ifcc.on.ca/teacher-us.PDF>> (Accessed 6 June 2009)
- National Institute on Alcohol Abuse and Alcoholism 2000, *Alcohol, Violence and Aggression*. Alcohol Alert No. 38. Available at <<http://www.athealth.com/consumer/disorders/angeralcohol.html>> (Accessed 6 January 2011)
- Perez, P. J. and Rasmussen, K. 1997 "An Ounce of Prevention: A model for working with couples at risk for battering" *Contemporary Family Therapy*, vol. 19, pp. 229-251.
- People Opposing Women Abuse (POWA) n.d. *Statistics* [Electronic] Available at <http://www.powa.co.za/Display.asp?ID=2> (Accessed on 6 February 2009)
- Pillay, K. n.d. *Effect of Domestic Violence on Children*. [Electronic] Available at <http://www.womensnet.org.za/files/conferences/presentations/Effect_of_Domestic_Violence_on_Children.pdf> (Accessed 7 April 2010)
- Pinheiro, P. S. 2006 *World Report on Violence against Children: Report of the Independent Expert for the United Nations Study on Violence against Children*. Presented at the sixty-first session, Item 62 (a) of the provisional agenda: Promotion and protection of the rights of children. Presented at the Sixty-first session of the UN General Assembly [Electronic] Published by the United Nations: Secretary-General's Study on Violence against Children. Available at <http://www.violencestudy.org/IMG/pdf/l._World_Report_on_Violence_against_Children.pdf> (Accessed on 6 February 2009)
- Pizzey, E. and Shapiro J. 1982, *Prone to Violence*. Hamlyn Paperbacks, Feltham, UK
- Redpath, J. 2002, *Research on the incidence of children committing sexual offences in South Africa. A Research Report in SAYStOP: A South African young sex offenders programme*. The Children's Rights Project: Community Law Centre, Cape Town: University of the Western Cape.

- Reese, I. E., Vera, E. M., Simon, T. R. and Ikeda, R. M. 2000, "The role of families and caregivers as risk and protective factors in preventing youth violence" *Clinical Child and Family Psychological Review*, vol. 3, pp. 61-77.
- Republic of South Africa, Constitution of the Republic of South Africa of 1996
- Republic of South Africa, The Children's Act, No 38 of 2005
- Republic of South Africa, The Domestic Violence Act, No 116 of 1998
- Richter, L. and Morrell, R. (Eds.) 2006, *Baba: Men and Fatherhood in South Africa*. HSRC Press, Cape Town
- Roizen, J. 1997, "Epidemiological issues in alcohol-related violence" *Recent Developments in Alcoholism*. vol. 13, pp 7-40
- Saraceno, B. and Saxena, S. 2002, "Mental health resources in the world: Results from Project Atlas of the WHO Research Report" *World Psychiatry*, vol. 1, no. 1, pp. 40-44.
- Schewe, P. A. 2002, *Preventing Violence in Relationships*. American Psychological Association, Washington, DC.
- Schwartz, J. P., Hage, S.M., Bush, I. and Burns, L.K. 2006, "Unhealthy parenting and potential mediators as contributing factors to future intimate violence: A review of the literature" *Trauma, Violence and Abuse*, no. 7, no. 3, pp. 206-221
- Schwartz, J.P. and Waldo, M. (2003), "Reducing gender-role conflict among men attending partner abuse prevention groups" *Journal for Specialists in Group Work*, vol. 28, pp. 355-369.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., Ratele, K. 2009, "Violence and injuries in South Africa: prioritising an agenda for prevention" *Lancet*. (Epub) Institute for Social and Health Sciences, University of South Africa, Johannesburg, South Africa. (Abstract at: <<http://www.ncbi.nlm.nih.gov/pubmed/19709732>>)
- Sidebotham, P. and Heron, J. 2006, "Child Maltreatment in the 'Children of the Nineties': A cohort study of risk factors" *Child Abuse and Neglect*, vol. 30, no. 5, pp. 497 – 522
- Simons, R. L., Lin, K. H. and Gordon, L. C. 1998, "Socialisation in the family of origin and male dating violence: A prospective study" *Journal of Marriage and the Family*, vol. 60, pp.467-478.
- Socolar, R. S. and Stein, E.K. 1996, "Maternal discipline of young children: Context, belief and practice" *Journal of Development and Behavioural and Pediatrics*, vol. 17, pp. 1-8.
- Steyn, F. 2005. *Review of South African Innovations in Diversion and Reintegration of At-Risk Youth*. Newlands, Open Society Foundation for South Africa.
- Straus, M. A. and Yodanis, C.L. 1996 "Corporal punishment in adolescence and physical assaults on spouses later in life" *Journal of Marriage and the Family*, vol. 58, pp. 825-843.
- Straus, M.A. and Kaufman-Kantor, G.K. 1994 "Corporal punishment by parents: A risk factor in the epidemiology of depression, suicide, alcohol abuse, child abuse and wife beating" *Adolescence*, vol. 29, pp. 543-561.
- Straus, M. A. 1990, "Injury and frequency of assault and the 'representative sample fallacy' in measuring wife beating and child abuse" in M.A. Straus and Gelles, R. J. (Eds) *Physical Violence in American Families: Risk factors and adaptations to violence in 8 145 families*, pp. 75-91. Transactional Publishing, New Brunswick, NJ.
- Swinford, S.P., Demaris, A., Cernkovich, S.A. and Giordano, P.C. 2000, "Harsh physical discipline and violence in later romantic involvements: The mediating role of problem behaviours" *Journal of Marriage and the Family*, vol. 62, pp. 508-519.
- Taylor, T K. and Biglan, A. 1998, "Behavioural family interventions for improving child-rearing: A review for clinicians and policy-makers" *Clinical Child and Family Psychological Review*, vol. 1, pp. 41-60.
- Testimony of child victim of domestic violence*, in *Children and Domestic Abuse*. [Electronic] <http://www.hiddenhurt.co.uk/Children/further_reading.htm> [13 February 2009]
- Tonsing, S. and Lazarus, S. 2008, *Risk and protective factors to male interpersonal violence: Fact Sheet*. South Africa: MRC and UNISA. Available at <<http://www.mrc.ac.za/crime/susanne.pdf>> (Accessed 6 January 2011)
- UNIFEM n.d. *GENDER FACT SHEET No.5: Masculinity and Gender-Based Violence* [Electronic] Available at <<http://unifem-eseasia.org/resources/factsheets/UNIFEMSheet5.pdf>> (Accessed 9 February 2009)
- Van der Merwe, A, and Dawes, A. 2007, "Youth Violence Risk Assessment: Gaps in local knowledge and directions for future research" *Journal of Child and Adolescent Mental Health*, vol. 19, no. 1, pp. 57-64.
- Van der Merwe, A., and Dawes, A. 2007, "Youth Violence: A review of Risk Factors, Causal Pathways and Effective Intervention" *Journal of Child and Adolescent Mental Health*, vol. 19, no. 2, pp. 95-113.
- Volpe, J.S. 1996, *Effects of Domestic Violence on Children and Adolescents: An Overview*. [Electronic] <<http://www.aets.org/article8.htm>> (Accessed 9 February 2010)
- Waldvogel, J. 2009, "Prevention and the Child Protection System" *The Future of Children*, vol. 19, no. 2, pp. 195 – 210.
- Ward, J. 2009, *From Invisible to Indivisible: Promoting and Protecting the Right of the Girl Child to be Free from Violence: Follow-up to the UN Secretary-General's Study on Violence against Children*. United Nations, Geneva [Electronic] Available at <[http://www.reliefweb.int/rw/lib.nsf/db900sid/SHES-7DXMLQ/\\$file/Unicef_Apr2008.pdf?openelement](http://www.reliefweb.int/rw/lib.nsf/db900sid/SHES-7DXMLQ/$file/Unicef_Apr2008.pdf?openelement)> (Accessed on 6 February 2009)



Waterhouse, S. 2007, *Presentation on the Passage of the Sexual Offences Bill*. RAPCAN, Cape Town

Widom, C.S., Ireland, T. and Glynn, P.J. 1995, "Alcohol abuse in abused and neglected children followed-up: Are they at increased risk?" *Journal for the Study of Alcohol* vol. 56, no. 2, pp. 207-217.

Wolfe, D.A., Werkele, C., Scott, K., Straatman, A., Grasley, C. and Reitzel-Jaffe, D. 2003 "Dating violence prevention with at-risk youth: A controlled outcome evaluation" *Journal of Consulting and Clinic Psychology*, 71: 279-291.

World Health Organisation (WHO) 2009 *Fact Sheet No 239*. Available at <<http://www.who.int/mediacentre/factsheets/fs239/en/>> (Accessed on 6 February 2009)

World Health Organisation (WHO) (2002) FACT SHEET on Sexual Violence. http://www.who.int/violence_injury_prevention (Accessed on 6 February 2009)

World Health Organization (WHO) 2001, *The World Health Report: Mental Health: New Understanding, New Hope*. WHO, Geneva

NOTES



NOTES