Violence in the lives of children in South Africa

University of Johannesburg
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Acknowledgement:
co-authors of the papers to which I make reference

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Disclaimers

✓ I am novice in the field of violence
✓ My field of expertise is actually early childhood development
✓ I will speak only about data derived from the 28-year long Birth to Twenty Plus (Bt20+) longitudinal cohort in Soweto-Johannesburg – of which I am the PI
Definition of violence

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

Perspectives on violence

✓ Criminal justice

✓ Public health
  ✓ Includes psychological harm & consequences
  ✓ Includes neglect and vulnerability

✓ Human rights
  ✓ Eg abuse by officials, genital cutting, honour killings etc

✓ Economic
  ✓ Personal & social costs of violence

Typologies of violence

Figure 1. The World Health Organization (WHO) typology of violence. Source: Rutherford, Zwi, Grove and Butchart (2007a).
Typologies of violence

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Rich research field in SA

✓ Numerous local studies
  ✓ Qualitative and quantitative
✓ Several large-scale, national studies, a.o.
  ✓ Dawes et al (2005) – physical punishment household survey
  ✓ Andersson & Ho-Foster (2008) – school sexual abuse survey
✓ Several excellent reviews, a.o
  ✓ Mathews & Benvenuti (2014)
  ✓ Mathews et al (2016)
Mostly cross-sectional studies

✓ Elicit responses at one point in time, with reference to past events
✓ Subject to mistakes/bias in recall
✓ Advantages of longitudinal prospective studies
✓ Of which SA has two:
  ✓ National Income Dynamics Survey (NIDS) – first national panel study, started in 2008, now in 5\textsuperscript{th} round – covering 10y
  ✓ Birth to Twenty Plus (Bt20+) – 28y long birth cohort in Soweto-Johannesburg
Birth to Twenty Plus (Bt20+)

✓ Started in 1989 with pilot studies
✓ Recruited 3 273 babies and their mothers in early 1990
✓ 21 rounds of data collection, attrition ± 30%
✓ Assessed many dimensions of growth, health, personal and social functioning, educational achievement
✓ Now in its 28\textsuperscript{th} year
Characterising violence - Bt20+

- Different forms of violence – harsh parental punishment; bullying; family, school, community, sexual violence, perpetration
- Large number of items on violence
- Varying reports of violence over time
- Different informants – child, mother, father, teacher
- Short- and long-term outcomes
- Data collected prospectively & retrospectively
Topics for today

✔ What violence, and how much violence do children of different ages experience?
✔ Childhood sexual abuse and adult mental health
✔ Violence against boys
We distinguish between:

✓ Emotional, physical and sexual violence

✓ Emotional: *In the last 6 months, have you been verbally or emotionally abused by a student, called names, called things that make you feel bad about yourself?* (Y13)

✓ Physical: *I punish the child with a stick, shoe or belt* (Y4)

✓ Sexual: *In the last 6 months, have you had sex or been touched on your private parts against your will?* (Y11)

✓ Exposure/witnessing and experiencing violence

✓ Witnessing: *I have seen somebody get stabbed* (Y15)

✓ Experiencing: *Have you ever been physically hurt by: boyfriend/girlfriend* (Y13)

✓ Perpetration
High prevalence of violence

Polyvictimisation, with few safe areas at home, at school, in their community, in the company of their peers or in their intimate relationships with others.

**6 Categories:**
1. Exposure/witness
   - home, school, community or peer violence
2. Experience of violence
3. Experience of sexual violence

<1% no violence
36% violence in all 6 categories before 18y of age

**Fig. 1.** Percentage of children who experienced violence according to the overall violence score (1 - 6 across all time points) by gender.
<table>
<thead>
<tr>
<th>Category</th>
<th>Early child-hood (&lt;6y)</th>
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<th>Adolescence (14-17y)</th>
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<td>Witness - Commun</td>
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<td>Witness - Home</td>
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<tr>
<td>Witness - peers</td>
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<td>32</td>
<td>51</td>
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<tr>
<td>Experience violence</td>
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All types of violence increase with age until young adulthood.
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Experiences of violence peak between 14-17 years of age.
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Few gender differences, but:
- On average > boys than girls (7-17y) report sexual abuse
- By adulthood, men are twice as likely to perpetrate violence than women
Exposure and experience of violence is pervasive, in all settings
- Exposure: hear and see violence
- Experience: suffer violence

Violence exposure / experience reports are bell-shaped

Highest reports in adolescence 14-17y

Preschool

Young adulthood
Why? – need to test

✓ Expansion of experience / environment – secondary school, further travel to school and in the community

✓ Pubertal / adolescent changes
  - Increased aggression – also higher perpetration
  - Reaction at home/school to authority challenges
  - Heightened sensitivity to interpersonal events
    - Naicker et al (2017) Adolescents report higher ACEs than caregivers or retrospectively reported
  - Implications for surveys administered during this time
Perpetration

✓ Around half of all children up to 13y commit acts of violence (hit, kick, bite, shove other children etc)

✓ Peaks at around 90% during 14-17 years, among males and females

✓ By young adulthood, men are twice as likely (36%) as women (17%) to perpetrate violence
Gender

✓ Males and females have generally similar rates of exposure / experience of violence during childhood

✓ But -
  - Females 14-17y >> exposure in home & >> personal experience of violence
  - Males 18-22y >> exposure to peer & community violence
  - Males 7-17y >> experience more sexual violence
Sexual violence - boys

A 10-year-old boy from Thabong, Welkom, who was playing with friends in a dam on Sunday (29 January 2017) was raped by five unknown men. Sergeant Mamello Mokhuoane said the boy and his friends were swimming when five men with dogs approached them. The boy's friends ran away from the men, but the boy was stuck in mud and the men dragged him out of the water. He was forced to hold on to a pole while the men raped him. After the rape he managed to flee and get help. The boy was then taken to the Bongani Hospital where police were called. Five counts of rape are being investigated against the men.

## Sexual abuse by gender

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Coerced touching</th>
<th>Coerced oral sex</th>
<th>Coerced penetration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
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<td>% rounded</td>
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<td>18</td>
<td>7</td>
<td>5</td>
<td>17</td>
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- In the last 6 months, proportion of all sexual experiences that were coerced
- Note that, overall, boys have more sexual experiences, at all ages, than girls
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<tr>
<td>18</td>
<td>7</td>
<td>15</td>
<td>17</td>
</tr>
</tbody>
</table>

✔ Boys > coerced touching
   > coerced oral sex at older ages

✔ Girls > coerced oral sex at younger ages coerced
   > coerced penetration at all ages
Abusers

✓ Of boys:
  ✓ Most often same-aged males (within 1-4 years older than the abused child)
  ✓ All forms of sexual abuse

✓ Of girls:
  ✓ Male abusers (1 exception)
  ✓ Differs by type of sexual abuse and age
  ✓ Of younger girls, most are same-aged boys (1-4 years older)
  ✓ A higher proportion of older girls (17-18y) abused by men >5y older – 28% (coerced oral & penetrative sex)
## Sexual abuse & adult (22y) mental health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Males</th>
<th>Females</th>
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<th></th>
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<tbody>
<tr>
<td></td>
<td>Abused in childhood</td>
<td>Not abused</td>
<td>Abused in childhood</td>
<td>Not abused</td>
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<tr>
<td>Dichotomous variable</td>
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<tr>
<td>= abused/not abused</td>
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<tr>
<td>Median</td>
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<tr>
<td>GHQ-28</td>
<td>15</td>
<td>12</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>Somatic</td>
<td>3</td>
<td>2.5</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4</td>
<td>2</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Dysfunction</td>
<td>6.5</td>
<td>5</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Depression</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
Mental health in adulthood

✓ A dichotomous (sexually abused vs not abused during childhood) variable:

✓ Predicted significant differences:
  ✓ Among women, in mental distress as a whole
    ✓ On all subscales
  ✓ Among men, only on anxiety

✓ Does not account for severity of trauma or repeat experiences

✓ GHQ-28 does not measure aggression (males)
Boy’s vulnerability to abuse

✓ Do power differentials drive the abuse of boys? Examined (univariate analysis)

✓ Social vulnerability
  ✓ Single mother with low education, absent father, poorer household

✓ Personal vulnerability
  ✓ Smaller/shorter, maturity (delayed or advanced puberty), lower intelligence

✓ Only short stature (multivariate)
Only scratched the surface

✓ Pathways to male perpetration (eg Machisa et al, 2016)
✓ Role of gender attitudes in experiencing and perpetrating violence
✓ Role of chronic family violence in experiencing and perpetrating violence
✓ Female perpetration of violence - children
✓ Reciprocal violence
Conclusions

✓ Violence in the lives of children:
  ✓ is pervasive in all settings. Not only the home
  ✓ Chronic – across childhood
  ✓ Pertains for males and females
  ✓ Known to have long-term consequences for health and wellbeing
    ✓ A.o. Mental distress among women, aggression
    ✓ A.o. Aggression amongst men
  ✓ Very high personal, social and economic costs (Hsaio et al, 2018)
Inter-generational violence

✓ Experience/exposure and perpetration
✓ Has not been examined prospectively amongst males and females in South Africa
✓ G1 – mothers of Bt20+ children
  ✓ 33% reported being treated cruelly and beaten by their parents
  ✓ 43% exposed to community violence during pregnancy
  ✓ 48% experienced violence in their home when their child <6 years of age
CoE in Human Development

✓ Established a flagship project on violence in the lives of children
✓ Under the leadership of Professor Shanaaz Mathews, Deputy Director CoE from 1 July 2018
✓ Starting with:
  ✓ Two foundational papers
    ✓ Mathews et al – Conceptual framework of VAC in SA
    ✓ Vetten et al – Understanding violence over time and in context
✓ Funding two projects now, and a strategic grant (R1m pa for 3 years)
Recommendations for state response

1. Revitalise & **strengthen the POA:VAWC**: common conceptual framework, incorporate new evidence, ensure funding

2. A broad stakeholder body to provide **oversight/ coordination**, ensure accountability, monitor progress of the POA:VAWC

3. Strengthen prevalence and **administrative data collection** for clear understanding of nature, magnitude, geography, and better case management for victims and potential victims of VAWC.

4. Build an **evidence base of what works** to address VAWC

5. DSD lead in defining **psychosocial response services** for victims of VAWC, establishing minimum core services and funding