

Violence Against Children: A Social-Ecological Perspective

By Jace Pillay

Abstract

Violence against children (VAC) is a global phenomenon that needs deliberate attention. Children exposed to violence in their families, communities, and schools in their early years are likely to maintain this cycle of violence in their youth and adult lives if no efforts are made to break this cycle. Taking this into consideration the author adopts a social-ecological theoretical perspective in exploring global, regional, and South African literature on the risks and causes of VAC as well as the protective factors that can prevent VAC. Embedding VAC within a social-ecological perspective warrants the need to explore it at four crucial levels, namely individual, relationships, community, and society. The literature review embodies the relevance of these four levels since all risk and causal factors of VAC are easily categorised in one or more of these levels. As such, the author provides a social-

ecological perspective comprising all four levels that holistically address the prevention of VAC. The literature review indicated that many of the risks and causes of VAC are a common trend across countries even though it is more prevalent within African contexts. This suggests that the preventive measures discussed are likely to have global value.

Keywords: children, community, relationships, schools, social-ecological, society, violence

Background and Introduction

Violence against children (VAC) is a global public health crisis (Cerna-Turoff et al. 2021; World Health Organisation [WHO] 2020; Zheng et al. 2019). It has been estimated that about half of the world's children have been affected by violence in the preceding year, with significantly higher rates of VAC in low- and middle-income countries,

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particularly in Africa (Hillis et al. 2016). As such, it has been recognised by the United Nations as part of the Sustainable Development Goals (SDGs), specifically, SDG 16.2 which aims to end VAC by 2030 (United Nations General Assembly 2015). Low- and middle-income countries are priority regions where VAC needs to be reduced as the prevalence of VAC in these countries tends to be higher (Cerna-Turoff et al. 2021). South Africa is no exception, with some estimates indicating that more than a quarter of children in South Africa have experienced some kind of physical violence in their lifetime (Fang et al. 2016).

The WHO (2020) defines violence against children as “all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peer, romantic partners, or strangers” and includes various types of violence such as maltreatment, bullying, youth violence, intimate partner violence, sexual violence and emotional or psychological violence. The WHO (2020) identifies various impacts of VAC which include severe injuries, impaired brain and nervous system development, unintended pregnancies, and negative coping and health-risk behaviours. Further, violence perpetuated against children can result in negative impacts later in life such as children dropping out of school, difficulties keeping a job and increased risk for future victimisation and/or perpetration of violence (Wessells & Kostelny 2021; WHO 2020). Experiences of trauma or violence in childhood for males have been associated with an increased risk

of being a perpetrator of intimate partner violence later in life (Fulu et al. 2017). There exists a variety of contexts where children may experience violence such as in war zones (Catani, 2018; Gormez et al. 2017), gang-related violence (Hendricks 2018), or everyday spaces such as schools and homes (Gao et al. 2017; Petrus 2021). Much VAC occurs in spaces that are meant to be safe such as schools and homes (Wessells & Kostelny 2021). Violence has a negative impact on the socialisation of children as they could learn that violence can lead to positive outcomes such as increased power or status. It could also lead to intergenerational cycles of violence as victims may turn to the use of violence later in life making the cyclic nature of violence essential to address with urgency (Wessells & Kostelny 2021). The mental health impacts of violence are numerous, including PTSD, depression, anxiety as well as cognitive difficulties due to possible traumatic brain injuries in cases of severe physical violence (Fang et al. 2016; Wessells & Kostelny 2021). Physical health consequences of violence experienced by children are numerous too, including increased physiological markers of stress (Theall et al. 2017), risk of chronic disease (Chang et al. 2019), and obesity (Ferrara et al. 2019). Thus, this public health crisis is essential to understand and develop interventions at various levels to aid in violence reduction.

Taking the above background into consideration the author discusses VAC within a social ecology perspective that takes cognisance of schools and communities. This is followed by a desktop review of the literature on the causes and risk factors in relation to VAC from an international and African viewpoint. Finally, a discussion of possible protective factors and key intervention strategies is presented.

Violence Against Children – A Social-ecological Perspective

A social-ecological perspective is imperative to get a better understanding of the causes and risk factors associated with VAC. Inevitably, such an understanding would contribute to the prevention and protective factors that are needed to combat VAC. This seminal perspective was developed by Bronfenbrenner (1986) in the 1970s who postulated that a child cannot be seen in isolation from the context (ecology) in which he or she lives. Such a perspective is appropriate because it explores VAC

on four levels, namely individual, relationships, community, and society (Dahlberg & Krug 2006). The interaction between individual learners, their relationships with others, community exposure, and societal factors have a holistic impact on VAC (Edberg et al. 2017). Enoch (2006) blames society for VAC but Pillay and Rajpot (2010) assert that VAC must be seen as a dynamic and interactive ecology. At the individual level, a child's biological and personal history (age, family income, and education) contributes to him or her becoming a victim or an instigator of violence. At the relationship level, the child's interaction with family and community members as well as peers at school can result in him or her becoming a victim or perpetrator of violence because children model what they see (Govender 2006). At the community level, schools, local environments, and religious organisations could also influence VAC, for example, gangsterism in communities spills over to schools. The last level focuses on a variety of societal factors that contribute to VAC, such as social, and cultural beliefs and practices and policies that promote economic and social inequalities among people. All four levels of influence as well as the pathways of influence (interactions) are crucial in the understanding of VAC. For example, this would mean that school-based violence does not result from a single cause but from multiple systemic influences such as unemployment, family breakdown, poor school facilities, and community-based violence (Van Vuuren & Gouws 2007) since schools are structures of society (Dasoo 2010). As such, schools are mini-communities mirroring the wider communities in which they exist (Pillay & Rajpot 2010)

Causes and Risk Factors for VAC

VAC is a global problem (UNICEF 2014; WHO 2012) as highlighted in numerous international studies. Finkelhor et al. (2013) used data from the National Survey of Children's Exposure to Violence in the United States of America (USA) of 4,503 children ranging from 1 month to 17 years of age. They reported that in the last year, 41.2% of children and youth had experienced some form of physical violence while one in ten had suffered from an assault-related injury. Approximately 10% of girls between the ages of 14 to 17 years old had been victims of sexual assault or abuse (Finkelhor et

al., 2013). Further, Peterson et al. (2018) estimated that the total lifetime economic cost of fatal and non-fatal VAC in the USA was approximately \$428 billion in 2015. Devries et al. (2019) conducted a systematic review of studies from Latin America and the Caribbean, covering 34 countries, regarding rates of VAC, reporting that caregiver-perpetrated violence ranged between 30% to 60% and physical violence perpetrated by students ranged between 17% and 61%. Intimate partner violence among girls aged 15 to 19 years old ranged between 13% and 18% (Devries et al. 2019). Similarly, a systematic review of prevalence rates of VAC in Arab states reported that population estimates for physical punishment of children in the past month were higher than UNICEF's global estimate (which is 60%) (Elghossain et al. 2019). Violence among males was more prevalent even for sexual abuse, which contradicts studies in other regions of the world. The authors suggested that this is perhaps due to boys having greater freedom of movement and less supervision, or perhaps because girls are less likely to report sexual abuse due to cultural sanctions of sex before marriage in Arab countries (Elghossain et al. 2019).

A systematic review and meta-regression identifying the relative importance of various forms of VAC with a focus on low- and middle-income countries, reported that no specific factors were significantly associated with physical violence. However lower socioeconomic status (SES), being female, and primary education of mothers and adults were associated with emotional abuse (Cerna-Turoff et al. 2021). Being a girl was found to be associated with sexual abuse and physical violence was most reported in the studies analysed, while sexual violence was the least common (Cerna-Turoff et al. 2021).

One highly vulnerable subgroup of children is those undergoing migration. Jud et al. (2020) conducted a systematic review of the rates of violence among this group of children, reporting that physical abuse was experienced by children in migration between 9% and 65% of the studies analysed, while sexual abuse ranged between 5% to 20%. Often, this violence was perpetrated by caregivers of the children. One challenge of this research was that it was difficult to track exactly which countries these children had come from or where their final destination was (Jud et al. 2020). A study based in

China among migrant and local families reported that migrant adolescents were approximately 1.4 times more likely to have experienced psychological or physical violence perpetrated by their parents compared to local adolescents (Gao et al. 2017). Risk factors for violence included low academic performance, lower family SES status, as well as neighbourhood disorganisation (Gao et al. 2017).

Various aspects of identity put some children more at risk than others, including factors such as sexual orientation, (dis)ability status, ethnicity, religion, and social class (Wessells & Kostelny 2021). Devries et al. (2017) produced a systematic analysis of age-specific and sex-specific prevalence estimates for perpetrators and victims of VAC. Their results showed that household members were the most common perpetrators of VAC followed by student peers. Emotional abuse was reported more frequently than physical abuse, although the caveat is to be added that these two domains do overlap (Devries et al. 2017). Sexual violence against teenage girls between 15 and 19 years old was most perpetuated by intimate partners. For caregiver-reported data, between 60% and 70% of children aged between 2 and 14 years old experienced emotional violence from a caregiver or household member over the previous month; while physical violence levels for children younger than two were surprisingly high between 50% and 60%, however these levels seemed to decline in older age groups dropping to about 40% to 50% by the age of 14 (Devries et al. 2017). Unfortunately, emotional violence levels seemed to remain constant regardless of age. Globally, it was estimated that between 70% and 80% of children aged 8 to 11 years old had experienced emotional violence from a school peer in the past year, while this figure dropped to 50% in 12- to 17-year-olds, most likely due to fewer children attending secondary schooling globally as opposed to primary schooling (Devries et al. 2017).

It is also important to understand the impact that VAC has on various domains. One key area of potential concern is how parents choose to discipline their children, with some believing that spanking (not abusing) is acceptable (Afifi et al. 2017). However, research has indicated that this type of physical punishment has negative consequences such as increased risk for suicide attempts, increased risk of substance abuse,

lower levels of socioemotional development, and increased aggression (Afifi et al. 2017; Gershoff & Grogan-Kaylor 2016; Pace et al. 2019). A recent multi-country study consisting of 62 low- to middle-income countries on the relationship between parental spanking and child well-being reported that 43% of children between the ages of 36 to 59 months had been spanked or were in a household where another child was spanked (Pace et al. 2019). No country in this study was found to have a positive relationship between spanking and children's socioemotional development (Pace et al. 2019).

A systematic review and meta-analysis from 21 countries globally was conducted by Fry et al. (2018) to assess the associations between VAC and educational outcomes. The authors discovered that all forms of VAC had an adverse impact on educational outcomes, with performance on standardised tests being more likely to be lower due to experiencing violence (Fry et al. 2018). Overall, the results suggested that children who experience violence have a 13% probability of not graduating from school. Bullying was found to have a very strong impact on school attendance and participation, but less of an impact on academic achievement compared to other forms of violence (Fry et al. 2018). Interestingly, males who were victims of bullying were almost three times more likely to be absent from school. Similarly, girls who had experienced sexual violence were three times more likely to be absent (Fry et al. 2018).

In African countries, rates of VAC are similarly high, and sometimes higher, compared with the rest of the world (Hillis et al. 2016). VAC in Africa is a key contributor to the burden of disease among children (Van As, 2016). In their study conducted in Uganda, Devries et al. (2014) assessed the levels of school violence, mental health and academic performance. They reported that rates of physical violence among 3,706 of the primary school learners who took part in the study were extremely high, with about 93% of boys and 94% of girls reporting physical violence from a staff member in their lifetimes, with over 50% reporting such incidences in the past week (Devries et al. 2014). Unsurprisingly, physical violence in the past week was associated with higher odds of poor mental health, with girls twice as likely to have poor educational outcomes. Approximately 40% of staff members admitted to using physical violence on learners. For male

staff members, being a victim of violence was associated with an increased likelihood of them using physical violence on learners (Devries et al. 2014). Although this study had extremely high rates of violence, other African countries seem to show lower rates, which are nonetheless still high. Stark et al. (2017) reported elevated rates of violence against adolescent girls who were internally displaced migrants in the Democratic Republic of Congo. Over 54% of these girls had experienced victimisation over the past 12 months, with psychological violence being most prevalent (38%) followed by sexual abuse (approximately 20%). As several other studies corroborate, much of this violence was perpetrated by people close to the victims (Devries et al. 2017; Fang et al. 2016; Stark et al. 2017).

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Anwar et al. (2020) conducted a population-level quantitative study examining the associations between gender and violence in young people aged 13 to 18 years old in Senegal. The authors reported that boys were 1.6 times more likely to have experienced emotional abuse as compared to girls; while girls were twice as likely to have been victims of sexual abuse. Their findings also suggest that boys living in peri-urban settings were more likely to report higher rates of physical

violence compared to girls (Anwar et al. 2020). Research undertaken in 2019 in Kenya on young people between 13 and 24 years of age indicated that 58.3% of females had experienced any form of violence in their lifetime, while for males this was 56.6% (Annor et al. 2022). Physical violence was experienced most frequently by males (52.7%) and females (49.9%), followed by sexual violence experienced by females (25.2%) and then emotional violence by males (11.5%). The study also compared results on the same survey conducted in 2010 to their results in 2019. Between these time periods, Kenya implemented various programmes and policies aimed at reducing VAC, alongside legislative reforms including setting the minimum marriage age to 18 years old and strengthening the existing Children’s Act. Considering these changes over the nine-year period, overall lifetime violence experienced decreased by over 24 percentage points for females and by over 26 percentage points for males, both statistically significant drops (Annor et al. 2022). This does provide some promising evidence for violence reduction programmes in countries like Kenya.

Zimbabwe’s complex sociopolitical history and landscape have contributed to the vulnerability and risk of VAC (Izumi & Baago-Rasmussen 2018). Research indicates that for girls, the loss of both parents puts them at increased risk of emotional violence as well as sexual violence (Chigiji et al. 2018), while for boys the loss of a father puts them more at risk of being subject to emotional violence (Chigiji et al. 2018). Izumi and Baago-Rasmussen (2018) report on various risk factors for girls and boys across different domains of violence. In terms of physical violence, boys and girls are at risk if they come from a lower SES, while girls are more at risk for this type of violence if they have been emotionally abused before 13 years old. For sexual violence, boys and girls who have been emotionally and physically abused before 13 years old are more at risk, while having maternal absence for girls before the age of 13 is an additional risk for this form of violence. Girls who are between 15 and 16 years old are particularly at risk for emotional violence, while boys who have an ill adult at home or who have lost a father before 13 years old are at increased risk (Izumi & Baago-Rasmussen 2018). More macro factors also seem to be drivers of violence, such as pervasive patriarchal norms

and gender inequalities which are socialised into children. Child marriage is also not uncommon in Zimbabwe with around a quarter of girls aged 15 to 19 years old currently married or living in a union while only 1.7% of boys of the same age were married/in a union (Zimbabwe National Statistics Agency 2015).

Zooming into South Africa, VAC does not differ much in respect to other countries in Africa. Child abuse is the second cause of death of babies less than 6 months old in South Africa, only second to sudden infant death syndrome (Van As 2016). While this statistic is quite stark, differing cultural and legal understandings of what constitutes abuse have likely led to underreporting of cases of VAC in South Africa (Van As 2016). Some forms of abuse may also be difficult to prove such as emotional abuse or forms of sexual abuse that do not mark the body with any sign of abuse (Van As 2016).

The Optimus Study, which provided the first nationally representative data on child sex abuse in South Africa, investigated the prevalence of annual and lifetime child sex abuse as well as maltreatment of children (Artz et al. 2016). Drawing on a sample of 4,086 15- to 17-year-olds drawn nationally from schools, as well as 5,631 participants from households, the study identified that in the school sample, one in three participants had experienced some form of sexual abuse in their lifetimes, while one in four in the household sample had experienced this (Artz et al. 2016). These estimates mean that at least 784 967 young people in South Africa had experienced some form of sexual abuse by the age of 17. In the school sample, 42.2% of participants had experienced some form of maltreatment (such as sexual, physical, or emotional neglect). Girls and those living in urban settings were more likely to report such incidences compared to boys living in rural areas (Artz et al. 2016). Risk factors for sexual abuse included not living with either or only one biological parent, parental absence, parental substance abuse, disability status of the child as well as how many people shared the same room as the child (Artz et al. 2016). Younger children in South Africa are more at risk of experiencing physical violence as they are vulnerable and unable to protect themselves (Mathews et al. 2013; van As 2016). In terms of gender, girls are more at risk of sexual violence (Jewkes et al. 2010), while boys seem to be more

at risk of physical violence due to gang violence as well as using physical violence to deal with conflict (Petrus 2021). Having absent parents is a risk factor at the family level (Artz et al. 2016) as well as the presence of domestic violence in the home which could result in children using violence to resolve conflict (Mathews & Benvenuit 2014). At a societal level, high levels of unemployment and pervasive poverty are contributing factors to VAC (Mathews & Benvenuit 2014), as are the social norms where violence is often normalised in South Africa alongside violent ideals of masculinity (Morrell et al. 2012).

The impacts of VAC at a societal level cannot be understated. Fang et al. (2016) examined the economic burden of VAC in South Africa as evidence for policymakers so that budgetary allocations can hopefully be made in this regard. In terms of prevalence, physical violence was most prevalent with 26.1% of children experiencing this form of violence, followed by emotional violence at 12.6%, neglect at 12.2% and sexual violence at 7.2% (Fang et al. 2016), rates which are consistent with Artz et al.'s (2016) findings. In 2015, taking into account the violence experienced by children in the country, it is estimated that around ZAR238 billion was lost (6% of South Africa's GDP in 2015) considering non-fatal violence, fatal violence, child welfare costs and reduced earnings (Fang et al. 2016). Educational and health outcomes are also important factors to consider as these certainly contribute to the economic cost of VAC. Zheng et al. (2019) studied the short- and long-term educational and health outcomes in relation to violence experienced by children in South Africa. Violence of any form was reported by 58% of participants, while 53% had experienced emotional violence and 34% had experienced physical violence. The most recent statistics from UNICEF (Muhigana 2022) reveal that 352 children were violently killed between October and December 2012, 394 survived attempted murder, 2048 children were physically beaten, and more boys than girls were killed. All forms of violence were associated with negative physical and mental health outcomes, poorer academic achievement, and lower education levels both in the short-term and long-term. Physical health was reported as being more detrimental to health and educational outcomes (Zheng et al. 2019). The results also suggested that the long-term mental

health implications of VAC are more pronounced than physical health outcomes. In terms of gender differences, males who had experienced abuse were more likely to have poor numeracy and literacy skills, while girls had poorer mental health outcomes. However, in the short term, violence experienced by girls had a stronger relationship with their physical health (Zheng et al. 2019).

Protective Factors and Key Intervention Strategies

The WHO (2020) argues that violence against children is preventable, a view which is supported by others such as Hillis et al. (2015). The WHO (2020) provides seven strategies, based on the word 'INSPIRE' to address the problem: implementation and enforcement of laws; norms and values change; safe environments; parental and caregiver support; income and economic strengthening; response service provision; and education and life skills. However, whether countries can put resources towards these various aspects is a key challenge to having INSPIRE realised (Wessells & Kostelny 2021). Similarly, Centers for Disease Control and Prevention (CDC) has published a package called THRIVE to help reduce VAC. This package is a "select group of complementary strategies that reflect the best available evidence to help countries sharpen their focus on priorities with the greatest potential to reduce violence against children" (Hillis et al. 2015: 6). This package includes the following key elements: training in parenting; household economic strengthening; reduced violence through legal protection; improved service; values and norms that protect children; education and life skills; and surveillance and evaluation (Hillis et al. 2015).

Such technical packages are well-researched, yet still quite ambitious in scope. However, studies on VAC have identified specific protective factors both internationally and locally that contribute towards elements of these technical packages. In war contexts, parenting can act either as a risk factor or as a protective factor (Saile et al. 2014). More supportive and caring parenting styles can buffer against the deleterious mental health impacts of war (Catani 2018; Saile et al. 2014). Similarly, Izumi and Baago-Rasmussen (2018) report that in Zimbabwe, families can act either as risk factors of VAC or as a buffering protective mechanism. In Zimbabwe, in terms of sexual violence, boys

who have a close relationship with their mother protect against this form of violence, while girls who attend school, feel connected to their friends, and feel secure in their communities likewise act as protective factors. For boys, feeling like they could trust community members and feeling like their teachers cared for them was protective against physical violence (Izumi & Baago-Rasmussen 2018). Protective factors for emotional violence included feelings of a trustful community and caring teachers for both boys and girls: a protective factor for boys particularly is to feel close to their mothers, and girls who were attending school are also protected against emotional violence (Izumi & Baago-Rasmussen 2018).

The Optimus Study in South Africa reported similar results in terms of parental support. Parents' knowledge of who their children were spending time with and how they spent this time was protective against sexual violence. Supportive parent-child relationships were also a protective factor against sexual violence, particularly for girls (Artz et al. 2016). Other studies also support the central role of caregivers as well as increased knowledge about abuse and how to protect against it (Mathews & Benvenuit 2014). If parents are more equipped with parenting skills, this can help protect against violence (Cluver et al. 2020) alongside services such as access to health care and social support services (Mathews & Benvenuit 2014). One promising study investigated a trial parenting programme in rural areas in South Africa with 552 family dyads to see if the intervention would reduce VAC (Cluver et al. 2020). The investigation yielded four possible mediating variables to reduce VAC which included improved parenting, caregiver mental health, substance abuse avoidance, and family economic strengthening. Particularly interesting in these findings is that helping strengthen a family's economic condition had a positive impact on VAC reduction. Likewise, Anwar et al. (2020) found a correlation between low poverty scores and increased chances of having experienced physical abuse in their study based in Senegal. However, in this parenting programme trial, the authors question whether parenting programmes themselves may help reduce VAC or if the alleviation of the socioeconomic burdens linked to financial distress can reduce VAC (Cluver et al. 2020).

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Fang et al. (2016) make several recommendations within the South African context to help fight against VAC. They argue that investments need to be made in evidence-based prevention programmes, which include tackling the issue on an individual level, at the level of the family and at the community level. They also recommend that policymakers need to improve the quality of tracking systems to monitor VAC and to assess if intervention methods are effective (Fang et al. 2016). As an example, monitoring tools such as the Violence Against Children Surveys (VACS), which systematically monitors the physical, emotional, and sexual abuse prevalence rates of VAC, can be utilised to monitor and keep track of any notable changes in VAC in various countries in the world (Chiang et al. 2016). Similar arguments are put forth by Zheng et al. (2019) regarding how South Africa can address this crisis. They argue that the government needs to consider VAC as a public health issue so that legislation can be put in place to ban violent punishment against children. Parenting and caregiver programmes need to be put in place to help build parenting capacity in the country. Interventions such as those by Cluver et al. (2020) show promising results. They further recommend that schools should become sites of support where teachers and governance structures can provide supportive services for children who have experienced violence (Zheng et al. 2019). Thus, in South Africa and more globally, creating awareness and maintaining that awareness of VAC

for all stakeholders including policymakers, doctors, educators, and parents/guardians is essential in addressing this crisis (Fang et al. 2016; van As 2016).

A Social-Ecological Perspective for Prevention

Earlier it was noted that a social-ecological perspective is crucial in the understanding of VAC and all four levels (individual, relationships, community, and society) must be taken into consideration in preventing VAC and putting support mechanisms in place (Dahlberg & Krug 2006). At the individual level, it is imperative for schools to expose learners through the school curriculum to conflict management skills, life skills training, social-emotional learning, and healthy relationships (Dahlberg & Krug 2006). Individual counselling and support groups for both victims and perpetrators of violence should be available in schools. Learners should have ways in which they could anonymously report incidences of violence and it is crucial that they see results since many learners often do not report cases of violence because of fear of retribution or the belief that nothing is done about it. Addressing individual challenges are likely to combat the risks mentioned earlier such as some biological factors that make children vulnerable to violence, particularly gender-based violence where boys are more exposed to physical violence and girls to sexual abuse. Children's participation in the curriculum activities mentioned above provides them the opportunity to rise above their experiences of violence.

At the relationship level, positive, healthy, and close relationships may contribute to the prevention of school and community-based violence. Bronfenbrenner (2000) would note that the relationships learners have with their parents/caregivers, family members and peers are crucial in them becoming victims and/or perpetrators of violence as noted in the literature discussed. Prevention strategies at this level should focus on positive parenting and family relationship skills, parent-child communication skills, mentoring, and peer education programs.

At the community level characteristics of schools and local neighbourhood settings play an instrumental role in VAC. Prevention programs should be directed at improving the physical and

social environment in schools and communities to create safe places for children to learn and play (Dhalberg & Krug 2002). School curriculums, community-based organisations and religious organisations can play a meaningful role in addressing community issues that contribute to VAC, for example, poverty in communities, residential segregation, access to alcohol and drugs, and lack of facilities for children to learn and play in their neighbourhoods. Schools play a valuable role at the community level because children spend a considerable amount of time at school. This means that school management teams (SMTs), school-based support teams (SBSTs), school governing bodies (SCBs), and educators are strategically placed to address VAC. SMTs should work on specific anti-bullying and anti-violence programs at schools in consultation with relevant stakeholders including learners. SGBs could assist with anti-violence policies and programs because they are the point of connection with the community. They can assist with parent support groups and interact with NGOs and community and religious-based organisations to prevent VAC. More support should be given to teachers to empower them to deal with school-based violence (bullying, fights, etc.) and the process they should follow in reporting violence in schools.

The last level explores broad societal factors that contribute to VAC. Some of these factors are related to social and cultural beliefs and practices that support violence as a means of solving conflicts. There should be a critical analysis of education, health, economic and social policies that maintain social and economic inequalities that exist among people often propagating violence in society. The history of violence and severe inequality from South Africa's past is exacerbated by the current high poverty and unemployment rates that reinforces the vicious cycle of VAC. Prevention at this level should be directed at addressing the social and economic inequalities that exist in society, for example, social grants for the unemployed, social grants for single-parent and child-headed households, free health services for the poor, no school fees for children from very poor homes, and service delivery for disadvantaged communities.

Conclusion

VAC is a global problem even though it seems to be more prevalent within low-and-middle income countries. African countries seem to have more incidences of VAC which may be related to high poverty and unemployment rates. South Africa is high on the list of VAC with at least a quarter of its children experiencing some form of violence. Irrespective of countries there are some common trends in the causes and risks for VAC such as the loss of both or one of the parents, gender, age, socioeconomic status, poverty, and crime. The adoption of a social-ecological perspective in combating VAC is a viable option for success since it requires interventions at individual, relationships, community, and societal levels propagating the need for intersectoral, multilevel and multidisciplinary interventions to prevent VAC.

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