

Adolescents: Preventing interpersonal and gender-based violence

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Adolescence is generally perceived as starting with puberty and ending when young people begin to transition into adulthood by taking up “adult roles” such as employment, parenting and marriage.¹ This includes young people between the ages of 12 and 24.² For many young people these transitions into adulthood may happen at an earlier age or may be postponed in a context of rising youth unemployment and job insecurity.

Nevertheless, adolescents are generally considered as entering a stage with a higher level of risk.³ As young adults move further away from home and family in search of connections with peers, risk-taking behaviour and their exposure to and engagement with different forms of violence may increase. In addition, structural factors such as poor quality education, economic hardship, unemployment, and family and community vulnerability may lead young people to be attracted to crime and gang membership.⁴

Adolescence sets a tone and influences future progression into adulthood. It is therefore important that the nature of violence in adolescence and the contexts in which it occurs are understood to enable the development of effective primary prevention interventions. This essay therefore aims to address the following questions:

- What types of violence do adolescents experience?
- What is the impact of violence in adolescence?
- What are the key risk and protective factors?
- What are promising interventions to address violence in adolescence?
- What are the recommendations?

What types of violence do adolescents experience?

Young people are most likely to be both the victims and perpetrators of violence.⁵ Adolescents are exposed to different types of violence in their relationships, in their homes, at school and in the community.⁶ This includes homicides and other crimes, intimate partner violence, and rape.⁷ While there are many other forms of violence involving adolescents in South Africa, this essay will focus on interpersonal violence between young men, and gender-based violence.

A 2008 study⁸ indicated that 14% of youth aged 12 – 22 had been assaulted, about a tenth had been robbed, and close to 4% reported having been sexually assaulted or raped. Slightly older youth, aged 18 – 22, were more likely than younger ones to experience violent crimes such as assault, robbery and sexual assault.⁹

Violence in adolescence takes a gendered form: Young men are more likely to be victims and perpetrators of male-on-male interpersonal violence that leads to death and injury, while young women are more likely to be victims of dating and sexual violence perpetrated by men. Victims of violence are likely to experience a long-term negative impact on their health and well-being.

Violence and unintentional injuries are the second leading cause of death and disability in South Africa, and men are predominantly affected.¹⁰ Interpersonal violence accounts for nearly half of these deaths, with homicide rates (59.2 per 100,000) six times the global average and the highest reported rate (149.3 per 100,000) for men aged 25 – 29 years.¹¹ There is a steady increase in homicide rates from age 10 – 14 (2.46 per 100,000); age 15 – 19 (48.1 per 100,000) to age 20 – 24 (115.6 per 100,000).¹² A distinct feature of violence in South Africa is the disproportionate position of young men both as victims and as perpetrators.¹³ This was confirmed by a child homicide study that found the highest rate of childhood male homicide (28 per 100,000) for young men aged 15 – 17 years.¹⁴ Most of them were killed with sharp objects (stabbed) or by blunt force (beaten) in the context of interpersonal violence with someone they knew.¹⁵ The same study found that homicide was lower amongst adolescent women. The rate among girls (15 – 17 years) was 4.6 per 100,000.

Intimate partner violence includes three types of acts:

- physical violence which includes slapping, hitting, kicking and beating;
- sexual violence including forced intercourse and other forms of coerced sex; and
- emotional or psychological violence which involves intimidation and humiliation.¹⁶

A study among school-going adolescents in Cape Town found that half of surveyed males (49.8%) and over half of surveyed females (52.4%) reported involvement in a physically violent dating relationship either as a perpetrator and/or victim. More women (41.7%) reported being victims of a violent dating relationship than men (37.8%).¹⁷ A school-based survey on intimate partner violence among Cape Town adolescents found that 12% of grade 8 girls reported experiencing physical violence at the hand of their boyfriends, and 16% of boys reported using physical violence towards their girlfriends.¹⁸

Surveys of adolescent sexuality conducted in South Africa have consistently found more than one third of adolescent girls reporting forced sexual initiation. In community surveys, about 40%

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AMANDLA EduFootball: Provides a safe space for youth, promotes fair play, build resilience and develops young leaders

of all women who reported rape to the police in 1999 were under the age of 18.¹⁹ Findings of these studies suggest that teenagers are at much higher risk of rape than the population as a whole.²⁰ Another study conducted with a sample of over 1,000 men between 18 – 49 years in the Eastern Cape and KwaZulu-Natal found that rape was highly prevalent, with 27.6% (466 of 1,689) male participants stating they had raped a woman or girl. Most of the men in this study who raped started as adolescents.²¹ Of the 27.6% of men in this study who reported having committed rape, 75% had done so before age 20.²² Similar findings were documented in a study amongst adolescents in Soweto, where 5% of those who disclosed having committed rape had done so before age 15.²³ The data on both interpersonal and intimate partner violence indicate an urgent need to develop both primary and secondary prevention and response interventions that engage young people.

What is the impact of violence in adolescence?

The literature distinguishes between the short-term and long-term impact of violence.²⁴ Homicide is the most severe consequence of violence and has a huge cost to families, friends and society. Violence has an impact not only on physical well-being (such as illness and disability, which require medical and social services) but also has consequences for the immediate and long-term quality of life.²⁵ In the short term, physical violence may result in injuries and risky behaviour that compromise individual health such as unsafe sex, substance abuse, and suicide attempts, but long-term effects can vary by gender.²⁶ Males have been found to show externalising, risk-taking behaviour such as truanting, involvement in crime and substance abuse, while girls are more likely to display internalising behaviours such as depression, anxiety, and suicidal thoughts.²⁷

Violence has a long-term impact on young people's physical and psychological health and may threaten progress into healthy adulthood.²⁸ Severe intimate partner violence is associated with physical injuries and trauma, sexually-transmitted infections and HIV/AIDS, unwanted pregnancy, low birth weight, prematurity, depression, anxiety, substance abuse and post-traumatic stress disorder. Childhood trauma (such as sexual abuse or witnessing intimate partner violence) may lead to mood disturbances, poor self-image and difficulties in forming stable adult relationships, and is associated with borderline personalities and committing rape.²⁹

The impact of violence in adolescence extends beyond the individual and also affects the manner in which both victims and perpetrators relate to others. Girls who were sexually abused in childhood have been found to have an increased risk of experiencing intimate partner violence in later relationships. Boys who were sexually abused are at risk of perpetrating such abuse in adulthood.³⁰

What are the key risk and protective factors?

Violence in adolescence is driven by a complex interplay of risk factors at different levels of the social-ecological system (discussed in more detail on pp 30 – 31). This includes both the broader structural drivers of violence such as poverty and inequality as well as the influence of peers, friends, siblings, parents and others in the home, school, street and wider community.

Individual risk and protective factors

Individual risk factors include witnessing violence in the home, which is associated with young men becoming perpetrators of violence and young girls being victims in their own relationships. Exposure

to high levels of violence in the home and child maltreatment in childhood may lead to increased levels of aggression and other psychological problems in adolescence. It may also cause these children to disconnect from school and become increasingly more engaged with delinquent behaviour. Young girls may also be at risk of becoming victims in their own relationships.³¹

Substance (alcohol and drugs) misuse is a major contributing factor in becoming either a victim or perpetrator of violence. Nearly two-thirds of patients who arrived with injuries at trauma units in three major cities in South Africa registered blood alcohol levels above the legal limit.³² Similarly, a study with young men in the Eastern Cape and KwaZulu-Natal found an association between substance use and rape.³³ In addition, the use of methamphetamine (known as “crystal meth”, or “tik”) was found to be associated with an increased risk for aggression, sexual-risk behaviour, mental health problems and school drop-out among high-school students in Cape Town.³⁴

Relationship risk and protective factors

Violence occurs in the context of shared lives and ongoing relationships³⁵ with peers, friends, siblings, parents and others in the home, school and wider community. Peer approval and acceptance become critical during adolescence, and peers influence most aspects of intimate relationships.³⁶ Intimate relationships are highly gendered.³⁷ Boys seem to have more power and take more initiative than girls, who play more passive roles in relationships. A survey on dating violence found that a significant proportion of secondary school learners considered violence to be a normal part of a romantic relationship, and some regarded violence as a way of “expressing love” or claiming “respect”.³⁸

Peer pressure to use alcohol and drugs, or participate in unsafe sex and gang-related activities, increases the risk of victimisation and perpetration in adolescence.³⁹ Simple disagreements between young men often lead to violence which in many instances may be fuelled by informal peer groups or more formalised structures such as gangs.⁴⁰ Peers, however, can also play a positive role in adolescence in offering advice when a friend is in an abusive relationship,⁴¹ and affiliation with peers who disapprove of delinquency lowers its likelihood.⁴²

Family remains an important influence. As noted earlier, continued exposure to violence and victimisation during childhood increase the chances that young people will have difficulty forming healthy relations and increase the risk of anti-social, violent or delinquent behaviour (including rape and assault or homicide), all of which may start to manifest during adolescence.⁴³ Exposure to violence in the family has been linked to physical and psychological abuse of intimate partners and children later in life.⁴⁴ At the same time, family support can potentially function as a buffer or “safe haven” for adolescents who are exposed to violence at school or in the community. Young people are also less likely to become aggressive when raised in families where parents have a warm relationship with their children, supervise adequately, consistently, and in a non-harsh way.⁴⁵

Structural risk and protective factors

Violence in adolescence needs to be understood within the broader context of inequality, discrimination and exclusion in post-apartheid South Africa. The majority of young people continue to live in poverty-stricken environments, unable to protect or enact their social, political and economic rights. Their aspirations for a better life are high,⁴⁶ but are continuously violated as they are confronted with an education system that remains largely dysfunctional, leading many to drop out before completing grade 12. Approximately 50% of 18 – 25-year-olds are unemployed.⁴⁷ In addition, HIV and AIDS have a significant impact and many experience illness and death in their close environments, or become infected.

Within this context, gender relationships remain imbalanced. Especially in their private lives, women and children remain especially vulnerable to abuse and violence. Much of the literature refers to masculine identities to explain the high levels of interpersonal and intimate partner violence, but gender equality can only truly be achieved when the norms, values and identities (both masculine and feminine) that place women and children in more vulnerable positions are altered.⁴⁸

Research has repeatedly pointed out that a life in deprivation may lead to the development of anti-social and violent forms of masculinity.⁴⁹ As young men strive to reach the hegemonic ideal of being a “real man”, they may turn to violence in an attempt to at least gain some form of respect.⁵⁰ Hegemonic masculinities are dominant cultural views of what it means to be “a real man”⁵¹ – successful, respected, in control, tough, and a provider for their family. In a context of severe inequality and poverty, this position of “a real man” and the respect that comes with it are not easily gained through traditional pathways such as education, employment or a middle-class lifestyle. Success and respect may instead be earned and defended through violent behaviour, acted out towards the more vulnerable in society: children, women, or less powerful men. Gang life offers another opportunity for young men to achieve status and respect.⁵²

When young men move into adolescence, they need to negotiate their position in relation to the hegemonic male ideal. They may encounter violent behaviour from other men and need to decide what kind of man they wish to be in relationships with women. Similarly, young women will need to negotiate relationships in a context where female submission is often regarded as “right” and “respectful” by men, and where peer pressure and economic necessity may influence their engagement in, for example, unprotected sex.⁵³

All will encounter, in their homes, schools and wider environments, dominant beliefs and social norms that allow for the use of violence in interpersonal and romantic relationships.⁵⁴ The “normalisation” of violence is then further compounded by the failure in the criminal justice system to convict offenders: For example, in a study on men who rape, only 21.2% of perpetrators were arrested, and of those only half were jailed.⁵⁵

Case 13: Stepping Stones – An intervention for addressing violence

Mzikazi Nduna (Department of Psychology, University of Witwatersrand and previously a member of the Gender and Health Research Unit, Medical Research Council)

Stepping Stones⁵⁶ consists of a series of 13 peer-facilitated workshops to address various topics relating to relationships and sexual and reproductive health. The workshop topics include discussions of pregnancy, sexually-transmitted diseases, relationship-building, communication, intimate partner violence, HIV/AIDS and talking about death and dying. The workshops are suitable for both old and young people, men and women. All workshops are facilitated in peer groups of the same age and gender with opportunities created for dialogues between women and men during sessions that bring the smaller peer groups together.

Stepping Stones particularly helps young people to address the challenges of peer pressure, substance abuse and social norms that promote violence between young men and their intimate partners. Through participatory sessions that emphasise open communication in relationships, participants learn non-violent ways of communicating, listening, reflection and empathy.

The programme recognises that participants have valuable life experiences that they share in the workshops; in the

process there is peer-group sharing and affirmation of positive behaviour. The facilitator, through exercises, acknowledges existing knowledge, beliefs and attitudes and creates opportunities for new learning through group dialogue, critical reflection, games, and role playing. Participants explore, reflect and assume new behaviours and attitudes. The method uses participatory exercises so participants do not need high levels of literacy to engage with the programme.

A South African randomised-controlled trial was conducted in the Eastern Cape with young people aged 15 – 26. Most of them were in-school youth, and some were out of school. They were recruited from villages and townships. Results demonstrated a positive impact as a lower proportion of young men reported committing intimate partner violence during the two years of follow-up in the study.⁵⁷ Young men also reported a desire to be “better” men, less violent and not anti-social.⁵⁸ Stepping Stones continues to be a highly recommended intervention for promoting gender equity.

See www.mrc.ac.za/gender/stepping.htm for more information.

Despite this context, young people continuously express a wish to lower the levels of violence in their environments,⁵⁹ and acknowledge that the use of violence is “wrong”⁶⁰. It is therefore important to remember that masculine and feminine identities are in flux. Even in a context of extreme adversity, many young men actively seek supportive relationships which enable them to define their masculinity based on caring and providing for others, and embrace gender equity and non-violence towards women.⁶¹

What are promising interventions to prevent violence in adolescence?

The World Health Organisation has adopted a public health approach to violence prevention and seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence.⁶² There is a shift from viewing violence as an individual problem to acknowledging the complex social context in which it occurs. Therefore the key to effective and lasting violence prevention and health promotion lies in understanding and responding to risk and protective factors at multiple levels of the social-ecological model.

Existing programmes and services that prevent and respond to violence are primarily designed for adults, not adolescents. However, primary prevention of intimate partner violence requires early intervention, in adolescence, to address core risk and protective factors during this critical stage when individuals start getting involved in intimate relationships.⁶³ Strengthening adolescents’ communication and conflict resolution skills helps

promote more respectful and equitable relationships across a range of settings. In addition, challenging dominant constructions of gender addresses a core risk factor for both intimate partner and interpersonal violence. Therefore, interventions can target multiple forms of violence by addressing the core underlying risk factors and building common protective factors.

Programmes that aim to improve social skills (such as communication, problem-solving and conflict resolution) have proved effective in preventing violence and aggressive behaviour amongst adolescents.⁶⁴ Ideally these programmes involve both young men and women and actively build connections between various stakeholders in the wider community. There are a number of promising school- and community-based violence prevention programmes for adolescents in South Africa.⁶⁵ One example is the Stepping Stones programme (see case 13), which helps young people address the challenges of peer pressure and violence in intimate relationships.

Schools offer a particularly effective strategy for reaching large numbers of young people, most of whom attend school at least until grade 9.⁶⁶ School-based interventions are also helpful because they extend beyond individuals and can address interpersonal violence involving peers, parents and teachers.⁶⁷ The school context allows for a multi-faceted approach that has the potential to influence both the school culture and home environment by engaging with teens (including their peers and potential partners), educators and school management, and potentially parents. For example, the PREPARE programme (see case 14 on the opposite page) combines life-skills education with a school safety audit and the development

of a school safety plan that strengthens links between the school and local support services.

The Skhokho Supporting Success intervention led by the Medical Research Council is another good example of a multi-faceted school-based intervention that engages teenagers, parents and the teachers, with promising results.⁶⁸ This intervention includes:

1. *Supporting Success for Teens*: A set of workbooks for grade 8 learners which aims to build learners' capacity to address challenges such as gender inequality, poor communication skills, substance use and violence, and which are aligned with the life-orientation curriculum.
2. *Supporting Success for Schools*: Incorporating (a) capacity-building for life-orientation teachers; (b) workshops for educators and school leadership (including school governing board members) on adolescent development, positive discipline, and creating healthy, vibrant learning communities; and (c) learner clubs that encourage volunteers from the school to contribute to a safe and vibrant school community.
3. *Supporting Success for Families*: Strengthening relationships between caregivers and young teenagers with a focus on emotional support, positive discipline, open communication, negotiation, conflict resolution, and the use of adaptive coping skills in response to stress.

Community-based interventions such as AMANDLA EduFootball (case 15 on p. 78) can engage with both in-school and out-of-school youth, community leaders and organisations, and potentially involve families and formal and informal institutions or sectors such as health services, social development, and faith-based organisations.

Such interventions may have additional benefits of curbing leisure boredom and multiple types of risk behaviour such as substance use, criminal activity, and risky sexual behaviour.⁶⁹

It is also essential to complement local interventions with work at the macro level⁷⁰ to address poverty, inequality and improve young people's access to quality education and employment opportunities. Education offers alternative pathways to respect, and can help "young men experience mastery without resorting to domination".⁷¹ Career guidance, second-chance education and technical colleges are also needed to help young adults access the world of work and entrepreneurship.

What are the recommendations?

Interpersonal and intimate partner violence among adolescents can have multiple, serious and long-lasting negative effects on individuals, families, and communities. While it is important to provide evidence-based support services for survivors and perpetrators of such violence, it is critical to address the underlying, "up-stream" risk and protective factors that drive (or divert from) such violence. Addressing these factors among young people provides an opportunity to prevent violence before it ever occurs. Such programmes should be multi-faceted and engage multiple stakeholder groups to address the drivers of violence at all levels of the social-ecological model.

It is essential that policy-makers and implementing organisations rely on evidence-based programmes and retain loyalty to these models to ensure continued effectiveness and the associated benefits of these interventions.

Case 14: The PREPARE programme – Promoting sexual and reproductive health and reducing intimate partner violence and sexual violence among adolescents in the Western Cape

Cathy Mathews (Health Systems Research Unit, Medical Research Council)

PREPARE is an adolescent HIV-prevention programme that aims to reduce sexual risk behaviour and intimate partner violence which contribute to the spread of sexually-transmitted diseases (STIs). Forty percent of young adolescents in intimate relationships in the Western Cape have experienced intimate partner violence.⁷² Schools are a common site for sexual assault. So the PREPARE programme has developed a school-based intervention for young adolescents (12 – 14 years) before they have established sexual behaviour patterns and before they have been exposed to the risk of STIs.

The programme draws explicitly on psychological and behaviour change theory to identify the individual and social determinants that underpin sexuality, intimate partner violence and sexual violence. This includes understanding how social norms and individual attitudes, intentions, self-confidence and perceptions about the perceived pros and cons of the desired behaviour may either enable or inhibit behaviour change.

The curriculum is delivered during grade 8 life-skills classes and aims to "change the norms that legitimate male dominance,

increase young women's agency, improve communication in order to reduce violence in relationships and increase the ability of young people to negotiate safer sex".⁷³ A series of 21 lessons focus on developing individuals' motivation and skills – with a focus on gender and power, relationships, assertiveness and communication, decision-making, risk-taking, violence, self-protection and support. In addition, the programme aims to create a supportive school environment by working with students, teachers, parents and the police to conduct a participatory school safety audit, develop a safety plan, create a climate of zero tolerance towards violence and strengthen links with local support services.

A randomised control trial is currently underway to evaluate the effects of the intervention on sexual risk behaviour and intimate partner violence, and to assess the extent to which norms, attitudes and experiences of intimate partner violence influence sexual risk behaviour.

See <http://prepare.b.uib.no/> for more information.

Researchers need to translate research findings into practical recommendations and include programmatic or process learning that will aid implementation and the scaling up of effective or promising interventions. Furthermore, researchers should partner with implementing organisations to plan scale up of interventions. This includes integrating monitoring, evaluation and learning systems to ensure that programmes are working and to improve them as needed, based on this evidence. Many of these programmes could be integrated into existing services and systems

such as schools, community organisations and health services. However, it is essential that adequate budgets and resources are allocated for the successful and sustained implementation of these interventions.

Finally, violence intervention and prevention programmes should respond to young people's needs across a range of contexts – not only in schools, but also in homes, neighbourhoods and the larger South African context – to enable young people to build on their own sense of agency and to transition into meaningful adulthood.

Case 15: AMANDLA EduFootball – Creating a safe hub and promoting fair-play

Guy Lamb (Safety and Violence Initiative, University of Cape Town)

AMANDLA EduFootball was established in 2007 as a non-profit organisation with head offices in Cape Town and Munich (Germany). It has sought to create “safe spaces that bring together the power of football and learning to empower youth and change lives”.⁷⁴ Its flagship project, which has been in operation since 2008, is the Khayelitsha Safe-Hub, which is located in Site B, U-Section next to Ikhusi Primary School. It comprises a secure artificial football pitch with multi-use clubhouse facilities.

A weekly football league for both girls and boys is held at the Khayelitsha Safe-Hub, which draws in more than 2,000 young people from surrounding, violence-affected, neighbourhoods. The league combines conventional football with a “Fair Play” life-skills system where teams gain additional points for good sportsmanship, teamwork and legitimate community work. Points are deducted for unruly

behaviour on the pitch. There are however prerequisites to participating in the league, which include regular school attendance and refraining from taking drugs.

Preliminary findings of the Khayelitsha Youth Violence Panel Study, an independent research project overseen by a researcher from the International Committee of the Red Cross, has shown that the Khayelitsha Safe-Hub may have contributed to the prevention of youth violence at the community level through fostering positive school attachment, along with other resilience factors to violence. This study followed 300 subjects over a period of three years.⁷⁵

In mid-2014 AMANDLA, in partnership with the Western Cape provincial government, opened a new Safe-Hub facility opposite Nyanga Junction train station in the vicinity of Gugulethu and Manenberg.

See <http://www.edufootball.org/> for more information.

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