

Young children: Preventing physical abuse and corporal punishment

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This essay focuses on the physical abuse and corporal punishment of children in the first five years of life, for three reasons. First, children's right to safety and protection is violated by such practices. Second, young children are particularly vulnerable to physical abuse, and those young children who frequently receive physical punishment are at greater risk of more serious forms of physical assault. Third, physical abuse and frequent harsh punishment have a long-term impact on children's development and mental health.

The essay addresses the following questions:

- What is the prevalence of physical punishment and abuse in young children?
- What are the risk factors?
- Why is it important to intervene in the early years?
- What are effective points for intervention?
- What are the recommendations?

What is the prevalence of physical punishment and abuse in young children?

Children in the 0 – 5-year age group are particularly at risk of physical punishment and abuse in the home, and are the most vulnerable to long-term negative consequences.

Exposure to physical abuse

The prevalence and incidence of physical abuse among young children in South Africa is not known as there is virtually no reliable data. However, a South African study shows that, in 2009, 44.5% of child homicides were due to abuse and/or neglect; and children under five made up 74% of all child homicides – about half of these were as a result of abandonment within the first week of life.¹ The study does not indicate the number of fatalities that were specifically attributable to physical abuse.

Fatalities are at the extreme end of the consequences of physical abuse. Several studies, including in South Africa,² support the observation that infants and toddlers are particularly at risk for this form of abuse;³ and given the extent of risk factors for maltreatment, the numbers are likely to be significant.

International studies confirm the vulnerability of young children. For example, in the United States of America, children under four years accounted for 76.6% of child abuse fatalities in 2005; of these, 42% were infants.⁴ And, Canadian surveillance data indicate that physical abuse accounts for 20% of substantiated maltreatment investigations (17,212 cases).⁵ Rates are also highest for infants.

Corporal punishment at home

The only South African national survey⁶ on attitudes to, and use of, corporal punishment by caregivers was conducted in 2003. In that investigation, 72% of caregivers agreed with the statement: "When children do wrong, it is always better to talk to them about it than give them a smack". However, 57% reported smacking their children; and 59% of this group confirmed beating their child with a belt, stick or other object. The most common age for smacking was three years, and for beatings it was four.

Reports by caregivers are likely to underestimate the use of physical punishment. In contrast to the above findings, a rural Eastern Cape study, drawing on a large sample of men and women aged 15 – 26 years, found that 89% of the women and 94% of the men experienced corporal punishment (the majority frequently) by caregivers prior to age 18.⁷

Exposure to intimate partner violence

It is estimated that around 60,000 women and children in South Africa are victims of intimate partner violence every month.⁸ Population-based studies in targeted communities have found that 43 – 56% of women report experiencing intimate partner violence,⁹ and surveys indicate that 22% of adolescents report exposure to violent conflict at home¹⁰. Based on that finding, we estimate that at least 1.1 million young children (22% of the population) are likely to be exposed to intimate partner violence.

What are the risk factors?

Risk factors for both physical abuse and the use of corporal punishment can be described at different levels of influence that interact and are nested within each other, as illustrated in figure 9.

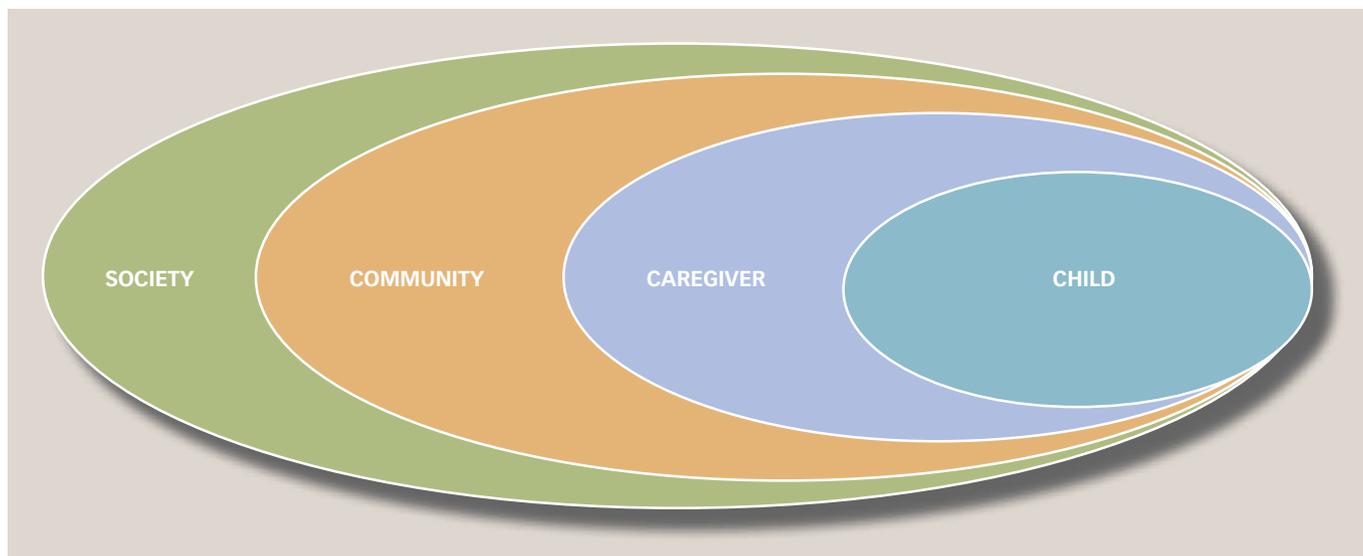
The child

Young children are made vulnerable by their age, size and developmental capacity. Their developmental status informs both their risk for victimisation and their response.

For example, crying is a normal behaviour during infancy. However, it can be a risk factor for abuse if it is excessive and the child is difficult to calm – particularly if the caregiver cannot cope with a distressed child. Studies indicate that those caregivers who feel hostile and unsympathetic to babies who cry are more likely to physically abuse their children.¹¹

Finkelhor's model¹² helps explain how young children's stage of development affects the way in which they experience, understand and respond to acts of violence, and how this in turn may affect

Figure 9: Nested levels of influence



their ability to get the help they need. For example, when a four-year-old boy observes his angry father beating his mother, he may believe that it is his fault for making the father angry. This type of causal reasoning is typical of children at this age. The child copes by becoming withdrawn – to avoid causing more anger and violence; and because the child’s distress is hidden, he is unlikely to be identified as a child in need of care and protection, or referred for psychological services.

As children grow older, they may present other challenges. Attention deficits, over-activity, physical and intellectual disabilities, and psychiatric conditions (such as autism and psychotic disorders) can be particularly challenging for caregivers to manage and may on occasion provoke hostility and physical punishment.

Caregivers

Most physical abuse and corporal punishment in the early years occur in the child’s home.¹³ Both the mother’s and father’s personal vulnerabilities create risk factors. These include: an authoritarian parenting style; poor bonding with the child; poor empathic capacity; inappropriate expectations; emotional immaturity; poor impulse control; low self-esteem; alcohol and drug abuse; and a personal history of violence and abuse in the caregiver’s own childhood.¹⁴ Depression and other common mental health disorders may limit a parent’s capacity to provide a caring and nurturing atmosphere for young children.¹⁵ A recent study of mothers found that those living under stressful conditions, who experienced their infants as difficult, and who supported the use of corporal punishment were significantly more likely than others to spank their infants.¹⁶ The risks posed by these characteristics are likely to be heightened by poor social support.

Exposure to intimate partner violence is another risk factor¹⁷ and when little children are used as shields between partners, it results in serious injury and emotional trauma.¹⁸ Intimate partner violence also negatively affects the mother’s emotional availability to the child, and increases her levels of stress – particularly when coinciding with other stresses such as poverty. A combination

of poverty, young maternal age, and low maternal education are strong predictors of child maltreatment.¹⁹

Many young children in South Africa face these risks: 46% of 0 – 5-year-olds live with their mothers only, and most caregivers are affected by poverty and other burdens.²⁰

The community

Norms that support harsh punishment, high levels of interpersonal violence and crime, high population turnover, and few support services for vulnerable families are features of neighbourhoods that place children at risk of harsh treatment.²¹ These conditions are common in both urban and rural environments in South Africa.

Society

Three different components are central to children’s protection. As noted above, the quality and accessibility of support services for vulnerable children and families; and cultural norms for adult relationships, parenting and child care are important for children’s protection. The quality and accessibility of support services vary significantly across the country, and are especially challenging in the more rural provinces. The problem is aggravated by the fact that service providers frequently do not understand their role and legal obligations, or the laws which they are supposed to be implementing and upholding.²² The third element is the legislative and policy environment, which while having many positive features, does not adequately protect children. This is because corporal punishment in the home has not been prohibited, and the common law defence of “reasonable chastisement” is still available to caregivers who physically assault their children.

South Africa has extraordinarily high rates of rape, intimate partner violence and intimate femicide (when a man kills his intimate partner). Social attitudes that promote male power and the subordination of women and children remain significant as underlying causes of the victimisation of both women and children.²³ Such attitudes are widely prevalent.²⁴

In sum

Exposure to intimate partner violence, physical abuse and corporal punishment occurs across all socio-economic levels and family types. However, the majority of young children at risk in South Africa are likely to be living in vulnerable families. These are settings in which caregivers are placed at risk by poverty and violence by authoritarian partners, often in contexts of alcohol and drug abuse. These caregivers may not have sufficient support from family and friends, and their access to services is likely to be limited. In addition, their families and communities are likely to support the use of physical punishment when disciplining children.

Why it is important to intervene in the early years?

Early interventions are essential; firstly to prevent injury and death as consequences of abuse.²⁵ Secondly, they are needed to prevent the lasting neurological and psychological damage that follows exposure to violence in the early years. Recent research has increased understanding of links between early adverse experience, brain development and psychological functioning, and has demonstrated how hormonal and neurological pathways are shaped by “toxic stress” – a term that refers to exposure to ongoing stress, particularly in infancy and toddlerhood.²⁶ One consequence is reduced capacity for self-regulated behaviour as seen in poor attention span, poor emotional control, and aggressive conduct. In the long-term, adults who experienced maltreatment in childhood are at significantly higher risk of physical and mental health and social problems,²⁷ including increased substance abuse, aggression, the likelihood of acts of violence,²⁸ and difficulties with interpersonal relationships²⁹.

Given the scale of poverty and related adversities in South Africa, significant numbers of young children are at risk. Preventive interventions as early as possible are therefore essential to protect them and to reduce the long-term health, psycho-social and economic costs to the society.

What are effective points for intervention?

Given the scale of risk, vulnerable families and caregivers must be primary targets for interventions in order to make significant changes at a population level.

That said, prevention of child maltreatment is very challenging. Intervention studies show mixed findings. A full discussion of these complexities is beyond the scope of this brief contribution. The best we can do is provide some (necessarily over-simplified) pointers.

Home visiting by trained community nurses to improve early bonding and reduce the risk of inappropriate punishment and abuse during infancy has been shown in some studies to be effective.³⁰ Vulnerable mothers need to be identified during pregnancy, and followed after the birth.³¹ An evidence-based example is the American Nurse Family Partnership (NFP) that has a long record of success in improving mother–child relationships and reducing the risk of physical abuse in vulnerable mothers.³²

Given the scale of risk to South Africa’s infants and the considerable professional and financial resources required to

deliver programmes such as the NFP, less costly but nonetheless effective options need to be identified.

For home-visitation programmes to be successful, good quality resourcing, training, management, supervision and delivery are essential. Sending poorly prepared home visitors into the field to deal with very challenging situations without the necessary support is unlikely to be unsuccessful, and is a waste of resources.

The literature indicates that interventions that start during pregnancy and extend into the home after birth have the potential to help vulnerable mothers. They also have the potential to reduce the risk of harsh punishment. The significant reach required of such interventions suggests that public health facilities could be an optimal point of contact from which to deliver programmes, in partnership with community-based organisations that specialise in support to caregivers with infants and young children (where appropriate).

Maternal depression is a risk factor for neglect and harsh discipline, so mental health screening in pregnancy could enable the provision of support to women who need it, which would enhance maternal well-being and have the potential to improve mother–infant care and protect children from maltreatment. The Perinatal Mental Health Programme of the University of Cape Town is an example of such a service currently being tested.³³

There is much focus on vulnerable women. In part this is because women carry most of child care, but it is also because research in this area has been *gendered* – it has neglected men. We do not know enough about the role of men in child care. However, we do know that men are able to either undermine or support their partners. We also know that stress factors such as poverty impact on fathers, and that the effects are amplified when they have psychological vulnerabilities. As with mothers, depression in fathers has a detrimental effect on children’s behavioural and emotional development.³⁴ Greater attention to men is therefore appropriate.

While not necessarily focusing on corporal punishment and abuse, several South African programmes have been tested and show a range of benefits likely to reduce the risk of occurrence. This is important. A holistic preventive approach to reducing family and caregiver vulnerability is likely to promote protective factors that can reduce maltreatment risk. Multi-problem families beset by high levels of intimate partner violence, criminality and substance abuse would require more specialised interventions by professionals and are not considered here.

The Philani Plus programme has shown that an eight-session home-visiting model commencing in the final trimester of pregnancy and delivered by paraprofessionals or community members can have a range of positive effects for both mothers and children. While child maltreatment was not measured, the findings indicated greater well-being amongst mothers (including a reduction in alcohol consumption), as well as more sensitive and positive engagement with their children, which are likely to be protective to the child and reduce the risk of maltreatment.³⁵

The Parent–Infant Intervention Home-Visiting Programme of the Parent Centre in Cape Town is an evidence-informed initiative



The Parent Centre: Promotes sensitive and positive engagement with children

delivered by paraprofessionals and specifically aims to reduce the risk of neglect and maltreatment. Beneficiaries are women living in poverty who are at high risk of ante- and postnatal depression. A randomised controlled trial has demonstrated a significant positive impact on the quality of the mother–infant relationship, and on security of infant attachment; these are factors known to predict favourable child development. While maltreatment was not an outcome measured in the trial, improvement in the carer–child relationship holds the promise of reducing this risk.³⁶

Parenting programmes are key to enhancing the capacity of caregivers to understand the developmental needs of young children and to be able to manage their behaviour without the need for corporal punishment. They are relevant to all parents, but particularly to those in vulnerable situations and first time young mothers. A number of programmes exist in South Africa, but there is no tested evidence-base as yet.

The elements of effective programmes for parents of young children include assisting caregivers to acquire specific parenting skills (positive discipline techniques, for example), home visits, group workshops and providing information on children’s different developmental stages, and what can be expected at each stage.³⁷ In an ongoing randomised trial to test the effectiveness of a parenting programme designed to improve caregiver–child relationships and reduce harsh punishment, a participant reflected: “I’ve learned to sit down with my child, to communicate, to read stories, and maybe sometimes on the weekends, we go out. So, I spend a lot of time with my child.”³⁸

Interventions to strengthen parents’ capacity to develop loving and non-violent relationships with their children cannot be separated from interventions to protect children from harsh discipline. However protection from corporal punishment is complicated by religious and cultural justifications. These have their roots in the deeply patriarchal and conservative attitudes held by many adults in South Africa, where women and children are regarded as inferior to men, and children are viewed as the possessions of their parents and not as rights holders in their own right.³⁹

What are the recommendations?

The World Health Organisation and International Society for Prevention of Child Abuse and Neglect guidelines⁴⁰ for the prevention of child maltreatment provide some key recommendations for interventions to promote the protection of children in vulnerable families. Such interventions must be accessible and easily available to everyone, across the country, including less well-resourced rural communities.

1. Improving the protection of infants and toddlers

Provision of quality antenatal and postnatal services is key. Antenatal services must promote maternal nutrition and care to reduce the risk of low birth weight and risks for disabilities in the child. Screening for mental health problems and other vulnerabilities such as alcohol and substance abuse (in both parents where possible) is essential so that appropriate support can be provided.

Education on child development and care (and management of

Case 9: The case for the legal prohibition of corporal punishment

Carol Bower, on behalf of the Working Group on Positive Discipline and Sonke Gender Justiceⁱ

Corporal punishment has clear and demonstrable long-term negative effects on emotional, social and cognitive development. It has been shown to play an important role in adult aggression and violent behaviour, and is therefore of particular concern in a country where violence seems to be endemic.

The Working Group on Positive Discipline, Sonke Gender Justice and others working in the field of preventing violence against children argue that South Africa is legally bound to prohibit corporal punishment in the home by international and domestic law. South Africa's ratification of the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, as well as sections 10, 12 and 28 of the Constitution have been interpreted as placing an obligation on the state to enact the prohibition of corporal punishment. This argument is supported by the findings of the Constitutional Court regarding the unconstitutionality of corporal punishment in educational settings⁵⁰ and the juvenile justice system⁵¹.

Motivation

Children deserve greater protection than adults because of their physical and emotional immaturity, yet they are the last to be legally protected from violence in the home. This violates children's rights to equality, human dignity, freedom and security of person,⁵² protection from maltreatment, neglect, abuse or degradation,⁵³ and to have their best interests considered paramount⁵⁴.

An explicit legal ban of corporal punishment in the home is needed because it fulfils children's rights to protection and places an obligation on the state to support parents in using positive disciplinary strategies.

Forty-one states (including six in Africa) have prohibited corporal punishment in all settings. Research in some of these countries demonstrates that the legal prohibition has resulted in changes in child-rearing attitudes and practice in the medium to long term.⁵⁵ It is important to note that the ban in these countries was accompanied by extensive awareness-raising.

In New Zealand parents' approval of corporal punishment dropped following the introduction of the ban in 2007: In 2013, 40% of parents from a representative sample believed hitting children was acceptable, down from 58% in 2008.⁵⁶

In Germany (where full prohibition was introduced in 2000), the rate of parental approval for corporal punishment dropped from 33% in 1996 to 26% in 2001.⁵⁷

A Polish study conducted in 2011, involving 1,005 respondents aged 15 – 75, found decreases in the social acceptance of parents hitting children after a full prohibition in 2010.⁵⁸ In research published in 2008, 78% of respondents

agreed that "there are situations when a child needs to be smacked", compared to 69% in 2011.⁵⁹ Although this represents an apparently small positive shift in attitudes, it is noteworthy that it took place in just three years, especially in light of the fact that an earlier comparison carried out in 1994 and 2008 did not reveal similar decreases in public approval of corporal punishment.⁶⁰

Implementation

Implementation challenges are frequently cited as reasons not to prohibit corporal punishment in the home. These include myths, misinformation, and religious and cultural justifications, which are dealt with in this essay. Fears of excessive state intervention in the private sphere and fears that parents will be criminalised for every little smack are also raised, as are questions about how such a law would be implemented.

As a constitutional and secular democracy, South Africa has the legal obligation to protect all its citizens. However, the state is unlikely to prosecute parents for every little smack, given that: (a) children's best interests are seldom served by imprisoning their caregivers; (b) children rarely report even the most serious harm done to them; and (c) South African law operates on the *lex minimus* principle (the law does not concern itself with trivial matters).

Should the corporal punishment be so serious that it constitutes assault, the criminal law can and must take its course. However in most cases awareness of a family at risk provides an opportunity for early intervention. The courts would be more likely to refer the parents to a positive discipline and non-violent parenting programme. Only in the case of repeat offenders or where the child is injured or traumatised would any charges be laid.

In other countries the law against corporal punishment does not form part of the criminal code and is not intended to be punitive. A key intention of such law is to initiate a process of attitude change. A similar motivation informs the laws that regulate cigarette smoking – while no one has yet been prosecuted or imprisoned under the anti-smoking law, there has been a significant shift in the attitudes of smokers and non-smokers alike. The prevalence of cigarette smoking dropped by 20% in the first decade of anti-smoking laws.⁶¹

Legislation in and of itself will not necessarily stop all corporal punishment in the home – however, it will provide a starting point for raising broad public awareness and developing appropriate parenting programmes. Effective implementation will require a significant increase in the provision of evidence-based positive discipline programmes for caregivers, as provided for in the Children's Act.⁶²

ⁱ The Working Group on Positive Discipline (WGPD) is a loose coalition of South African children's sector non-governmental organisations working to promote positive and non-violent parenting. The WGPD holds the view that the fourth amendment to the Children's Act should explicitly prohibit corporal punishment. See <http://savethechildren.org.za/wgpd>.

infant and toddler behaviour) are also vital. Clinic staff need training in the Children's Act Regulations (in particular Regulation 35), so as to improve their ability to detect maltreatment and neglect and to make the necessary reports and referrals in terms of the Act. The training of health professionals in the use of the International Statistical Classification of Diseases and Related Health Problems (ICD10) indicators for maltreatment would enhance South Africa's ability to monitor child maltreatment incidence through health system administrative data.

Home-visiting programmes with well-trained staff, which commence in pregnancy and continue into the second year of life, are recommended. This allows trained staff to provide support and guidance on a one-on-one basis, and to reach vulnerable children who might not be brought to a clinic or health facility.

Although universal access to home-visiting programmes would be the ideal, in a resource-constrained situation, programmes should target families identified as vulnerable where children are at greatest risk. These include: low-income caregivers without support from family or friends; those with a history of alcohol and substance misuse; unmarried teenage mothers; mothers with low birth weight and pre-term infants; and those with children who have chronic illness, disabilities and severe behavioural challenges.

2. Provision of non-violent parenting programmes

Programmes to promote positive parenting and discipline are relevant to all ages. Spanking (with the hand) and beatings (with objects such as belts and sticks) both cause harm.

A recent review of evidence has concluded that spanking children as a form of discipline is not effective (except in the immediate term), and is likely to *increase* incidents of aggressive behaviour in children.⁴¹ Spanking could also lead to other negative outcomes: "Hitting, by its nature, causes physical pain, and it can be confusing and frightening for children to be hit by someone they love and respect, and on whom they are dependent. Children report fear, anger, and sadness when they are spanked; (these) feelings interfere with their ability to internalize parents' disciplinary messages".⁴² Therefore, spanking is not an effective way of internalising moral ideas and practices as some might wish to claim.

Frequent and harsh corporal punishment is particularly emotionally damaging and is associated with the development of aggressive behaviour in the long term.⁴³ Any form of hitting teaches the wrong lessons about how to solve differences, which is not desirable in an already violent society.

Effective programmes provide practical training in positive discipline and provide parents with an opportunity to practise these skills. Such programmes work with groups at venues in the target community, and sites such as health facilities and early childhood development centres provide opportunities for delivery to groups. It is essential that participating parents and caregivers complete the full programme. Barriers to participation include caregivers' lack of familiarity with the concept of parenting programmes, distance to venues (in rural areas), travel costs, and safety concerns when programmes are delivered in evenings in communities with high

rates of violence. Hence programme delivery needs to take into account the participants' circumstances and preferences.

Prevention of corporal punishment at home will require sustained and multiple strategies – from legal and policy interventions to culturally sensitive parenting programmes that assist caregivers to discipline without violence. Programmes must be evidence-based or at least informed by the best evidence available. To be effective, and to ensure that limited finances are not wasted, those on the front line must be well-trained, supervised and supported.

The United Nations Committee on the Rights of the Child (which monitors compliance with the UN Convention on the Rights of the Child – UNCRC) has called for legislative reform to ban corporal punishment in the home in its General Comment No. 8, arguing that the practice violates the child's rights to dignity, equality, physical integrity, and protection.⁴⁴ The Comment promotes positive discipline as a means of instilling respect for others, moral conduct, and compliance with rules. It also notes that the intention of a legislative ban is not punitive. Hence the Committee stresses the provision of guidance and training for parents, and recommends that only cases of significant harm should come before courts.

As South Africa has ratified the UNCRC, the state is legally bound to follow the Committee's position on the elimination of all forms of corporal punishment of children, which it has stated is an immediate and unqualified obligation. The pending revisions to the Children's Act provide an opportunity to prohibit corporal punishment in the home. Prohibition would fundamentally strengthen children's rights to protection, and send a clear signal that assault is wrong, no matter how old the victim (see case 9 on the opposite page).

The long-term goal of a kinder, less angry and punitive society begins with prohibiting all forms of violence against children. However, law reform alone will not do the job, and interventions that shift how parents and caregivers view and relate to the children in their care are essential. Sustained awareness-raising should focus on the harm done to children – physically, socially, behaviourally, cognitively and emotionally. Religious and other cultural justifications for corporal punishment must be engaged in ways that do not simply cause resistance. Faith communities should be encouraged to explore other effective ways of disciplining children, as many have already done.

In conclusion, large numbers of young children in South Africa are affected by violence and abuse. Exposure is known to impact negatively on child well-being and to have life-long detrimental consequences for the child as well as for society. Strengthening the legislative framework and providing access to quality services and support for caregivers of young children are needed to address the challenges of raising the next generation. This will not only strengthen caregivers' capacity to bring up children in loving and non-violent homes, but will support future adults to lead successful and productive lives and live peacefully and respectfully with their fellow citizens.

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