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Child killings in the Western Cape

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In the light of requests from certain civil organisations in the Western Cape (WC) (South Africa) to the provincial government to establish a judicial commission of inquiry into child killings in this province because of the high incidence of killings, a research committee from three WC universities was put together to review existing research into this matter to determine a way forward. This committee looked at primary drivers of child murders in the WC, gaps in existing government services, the potential value of instigating a commission of inquiry or some other mechanism, and recommending a way forward. A summary of its findings was presented to, among others, the provincial cabinet that adopted all its recommendations. Reflection on these final findings and recommendations forms the first part of the article. The second part focuses in more detail on the research data presented (and provided) by experts and practitioners who informed the research committee. Important aspects discussed here are child death reviews, age- and sex-specific rates of child homicides, sexual killings of children, the possible influence of unfortunate, traumatic childhood experiences in becoming a violent adult, physical violence against children (and women), children's perception of their safety and risk factors for children specifically in the WC. The purpose of this article is to provide well-researched information to role-players and decision-makers regarding the lives of children to address the violence and its causes that so many children (and women) are exposed to. Although the focus is on the dire situation in the WC, the broader South African and international contexts will also be brought into play in the second part of the article in a way that will (hopefully) be helpful with regard to the crises and challenges the WC is struggling with in this respect.

Keywords: Child Killings; Western Cape; Primary Drivers; Child Death Reviews; Child Abuse; Child Homicide.

Introduction

Certain civil society organisations (which, like the Trauma Centre referred to below, support South Africa in becoming a non-violent society with respect for human rights) requested the then Premier (Helen Zille) of the Western Cape (WC) to establish a judicial commission of inquiry into child murders in the province because of the number of child killings in the last couple of years – 279 just during 2017 and 2018.[1] This is the highest number of child murders reported in a South African province for the 2017 and 2018 reporting period.

In the light of this, the Premier invited researchers in this and related fields of study from WC universities (including the University of Cape Town, University of the Western Cape and Stellenbosch University) to review existing research data into this matter to determine a way forward. There were positive responses from the researchers invited and nominated, and a committee (of which the author of this article was part) was established to focus on the following: primary drivers of child murders in the WC; gaps in existing government services; the potential value of instigating a commission of inquiry or some other mechanism; and recommending a way forward (Macdonald 2018:n.p.).

The committee met several times and a research seminar was held in December 2017. This committee was coordinated by Robert Macdonald (Dr), Head of the Department, WC Social Development. At a meeting of the WC Provincial Parliament's Standing Committee on Petitions, he delivered a distilled summary of all the research information presented and submitted to him by the research committee. He had received the invitation to report to this parliamentary committee, which took place in April 2018, in response to a petition received by the Provincial Parliament from the Trauma Centre for Survivors of Violence and Torture[2] located in Cape Town,

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1. https://www.saps.gov.za/services/long_version_presentation_april_to_march_2017_2018.pdf

2. More about them can be read at: https://www.givengain.com/c/traumacentre/about

requesting (again) that the Premier appoint a commission of inquiry into child murders. The Premier asked Macdonald to present this information to the Trauma Centre too in response to their request and to then report back to the Provincial Cabinet. This happened not long after he had made the same presentation to the Provincial Cabinet (February 2018), who adopted the recommendations contained in this presentation. My account of Macdonald's response to each of the above-mentioned four points follows in the section 'The research committee's findings and recommendations'. Then in the section 'Research studies that informed the investigation of the committee' we shall explicate further some of the most relevant research data extracted from the various presentations and other submitted research material.

The research committee's findings and recommendations

Primary drivers of child murders in the Western Cape

Mortuary data for 2014–2016, analysed by the Child Death Review Panel (total sample of 1593 deaths), indicate the main causes of child murders in the WC for the following three age groups: murders of children under 1 year of age account for 7% of all deaths in this age band. 'The majority are committed by mothers, including "baby-dumping" or the inflicting of fatal injuries. A further 5% – 7% of deaths in this age band are caused by neglect' (Macdonald 2018:n.p.). The leading cause of death for this age group is, however, natural causes, at around 80% (Macdonald 2018:n.p.):

> Murders of children from one to nine years of age are much less in number (≈5% of all deaths in this age band), and the role of male figures and other adults living in the child's home becomes more significant (e.g. boarders in the home, or boyfriend of the mother). (n.p.)

The leading cause of death for this age group is, however, accidents, at around 60% (Macdonald 2018:n.p.):

> The biggest number of murders of children over 10 years of age are the result of interpersonal violence, especially gang violence. The leading cause of death in this age group of the sample was murder (around 40%), followed by accidents. (Macdonald 2018:n.p.)

> The analysis of the drivers of child murders in the Western Cape, and the state's response, should be structured around these three main trends. Although there are common contributing factors between them, there are also unique aspects that must be considered in each instance. (Macdonald 2018:n.p.)

Murders of children under 1 year of age

The most important contributing factors of murders in this age group have to do with maternal mental health, for example, post-natal depression; poor or lack of parenting skills, particularly among very young mothers; and lack of material and emotional support to new mothers from the father, family, community, state and so on:

> In the Western Cape, 35.6% of a total of 1.97 million children (approximately 650 000) live with their mothers only (Stats SA

2015:n.p.). In the 54% of homes where both parents are present, the level of engagement of fathers in the child's life varies considerably.[3] (Macdonald 2018:n.p.)

The last contributing factor of murder in this age band is alcohol and other drug abuse[4] (Macdonald 2018:n.p.).

The two main state services directly involved in this respect are the Department of Health: Maternal and Mental Health Services, and Social Development Child Protection Services. The gaps and potential areas for improvement with regard to the Department of Health are 'improved screening for mental health disorders or other vulnerabilities in expecting and new mothers' (Macdonald 2018:n.p.), and the strengthening of follow-up processes for new mothers and babies where risks are identified, including social and psychological support, and referrals to the Department of Social Development (DSD) (Macdonald 2018:n.p.).

With regard to the DSD, there is a 'need for strengthened relationships with hospital social workers and clinics to ensure effective referrals' (Macdonald 2018:n.p.), and the issue of weak risk assessments being conducted, or sometimes not being conducted at all, by child protection social workers on reports of abuse or neglect must be addressed and improved. This includes addressing risk assessment tools and systems to monitor adherence, currently being implemented, as well as a new supervision framework and performance management (Macdonald 2018:n.p.).

Murders of children 1–9 years old

An important contributing factor in this regard is family dysfunction. A '2017 study by the Children's Institute found that ≈40% of SA children are exposed to domestic violence' (Macdonald 2018:n.p.). The number of women killed in South Africa is 6 times the global average. 'Half of these are committed by intimate partners, among the highest rate in the world' (Macdonald 2018:n.p.). A further contributing factor is a 'culture of violence, fed by mental health disorders, drug and alcohol use, poor coping and relationship skills among families, and cycles of abuse' (Macdonald 2018:n.p.). '56% of Western Cape children have been physically abused in their lifetime, primarily in the home (78% of the 56%), and 28% sexually abused' (Jamieson et al. 2017:n.p. as quoted by Macdonald).

There are also 'certain economic activities that can expose children to risk (e.g. parents renting out rooms for extra income, parents running "smokkelhuise",[5] shebeens,[6] prostitution, etc.)' (Macdonald 2018:n.p.) as well as having a

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3. See in this regard Jones (2018:12), where he states that 'Ninety-eight percent of fathers are alive, but only 42% are part of their households, while 99% of mothers are alive, and 98% of them form part of their households. Sixty-two percent of births registered in 2016 had no information of fathers. Almost half of all mothers in SA are single'.

4. The author did research (2009–2013) in South African prisons in all nine SA provinces and found that 54% of women and 70% of men who were incarcerated for murder were under the influence of alcohol and/or drugs when they committed the murder.

5. Smuggling houses.

6. Unlicensed house selling alcoholic liquor.

family member who has been jailed. This increases risks to children, especially where gang or underworld affiliations develop. 'Unsupervised children are also at higher risk of violence by a non-family member' (Macdonald 2018:n.p.).

The main state services directly involved here are the DSD Child Protection Services and Early Childhood Development (ECD's); the Department of Health facilities – particularly for early detection and referral at hospitals and clinics; the Department of Education; the South African Police Service (SAPS) and the Courts. Gaps and potential areas for improvement regarding the DSD are weak or non-existent risk assessments (as previously mentioned) and varying degrees of inter-agency co-operation and co-ordination. There is a 'need to strengthen early detection and referral protocols for abuse at key sites, including ECDs, schools, clinics, hospitals, and police stations. Examples of good practices already exist' (Macdonald 2018:n.p.). The 'identification of high risk geographic areas which should be focal points for this can be achieved by using geographic mapping of murder trends' (Macdonald 2018:n.p.). With regard to the DSD and SAPS:

> [C]hild protection services remain under-funded and under-resourced due to budget constraints. Funding NGOs to assist in this regard is a cost-effective way of stretching available funds, but services will remain under-resourced until fiscal constraints ease. (n.p.)

A limited understanding among other role-players in the Child Protection System of their roles and responsibilities exists (e.g. SAPS, National Prosecuting Authority [NPA], doctors and schools). Ongoing engagement by the DSD as the lead department is required (Macdonald 2018:n.p.).

Murders of children 10–17 years old

Most of the same contributing factors applicable to murders from ages 1 to 9 are applicable here, but in addition the following become significant: the child's own risk behaviour and mental health – for example, participation in gangs, crime, substance abuse and dropping out of school. The Medical Research Council's (MRC) (Morojele et al. 2011) research points to 40% of children in grades 8–10 in the WC who are at medium risk for mental health disorders and 25% at high risk (Macdonald 2018:n.p.). Environmental factors contributing to murder in this age band are as follows:

> [P]revalent culture and social norms of the surrounding community, which have been shaped in the context of economic hardship, a history of state oppression, and daily violence, including gang activity. (Macdonald 2018:n.p.)

'These factors have normalised violence, and cause emotional blunting among adults and children' (Macdonald 2018:n.p.). Children 'even seek out scenes of violence, and gangsters can come to be seen as glorified figures. These factors also weaken community institutions like schools, further increasing dropout rates' (Macdonald 2018:n.p.). Other environmental factors such as the availability of firearms, and the relative strength (or otherwise) of state and civil institutions such as

schools, the police, the church and NGOs can also be contributing factors (Macdonald 2018:n.p.).

The main state services involved here are the SAPS, the DSD Child Protection Services, the Courts, the NPA and schools. With regard to gaps and potential areas for improvement, all points applicable to the 1–9 age group are applicable here, but in addition the following are needed: with regard to the police, dedicated gang units or similar mechanisms to counter gang activities are required; there is a limited understanding of the *Child Justice Act* among frontline SAPS members that leads to inaction where arrests of minors should be occurring (Macdonald 2018:n.p.); the 'detection and conviction rate for perpetrators of child murders and assaults needs to be prioritised – e.g. the Red Cross Children's Hospital data shows that for 164 children admitted with gunshot injuries over the past 7 years, only 5 convictions have occurred' (Macdonald 2018:n.p.) and 'protocols for the referral of risk behaviour cases from schools to social development need to be sharpened before behaviour escalates to drop-out or expulsion' (Macdonald 2018:n.p.).

Is a commission of inquiry necessary?

Although criminal justice issues could merit a commission of inquiry according to the research committee, other government deficiencies are, however, within the management competency of the Province and can therefore be addressed without needing a (further) judicial lever. Furthermore, a commission of inquiry is not binding – it therefore risks being a long and expensive process that may not yield results, and it could be very divisive and combative between the different role-players, particularly between the Province and criminal justice agencies (Macdonald 2018):

> This would undermine rather than promote the need for a co-operative and co-ordinated response. A program of action would be a better way to spend money and time. There appears to be sufficient information about the root causes of the problem, and research gaps are known and can be addressed by further research if need be. A diagnostic review for the Department: Planning, Monitoring and Evaluation (DPME) on violence against women and children has also been conducted. The research group was therefore unanimous in recommending that a commission of inquiry not be pursued. (n.p.)

Recommendations

The most important recommendation of the research committee is to 'formulate a provincial plan of action to address gaps, incorporating the recommended actions contained in this presentation under each of the three main child age categories' (Macdonald 2018:n.p.). A plan with geographic data to identify hot spots and key agencies at local level must be augmented. Strengthened co-ordination is needed here.

> Localised inter-agency integration and collaboration (at operational level) is key. This can be promoted through Memoranda of Understanding (MOUs) and co-ordinating bodies, such as child protection forums. Ideally the SAPS should

have child murders investigated by Family Violence, Child Protection and Sexual Offences (FCS) units rather than generic policing services. The Children's Institute is also working with the SAPS on standard operating procedures for the investigation of child murders. Areas for further research were identified, particularly focusing on what methods of early detection and prevention work well, and could be implemented on a broader scale. There are existing programs that need to be evaluated, and good practices can be identified and scaled up (e.g. the close working relationships with child protection agencies that have developed around the Red Cross War Memorial Hospital). (Macdonald 2018:n.p.)

Lastly, the World Health Organization's (WHO) 'Inspire' package (WHO 2016) and other internationally accepted measures to prevent violence against children can be explored to see what may be adaptable in the South African context (Macdonald 2018:n.p.).

We can now turn to some of the most relevant research data extracted from the various presentations and other submitted research material, leading to the above-mentioned outcomes of the committee's research regarding child killings in the WC.

Research studies that informed the investigation of the committee

Important and relevant aspects discussed in this second part of the article are child death reviews, age- and sex-specific rates of child homicides, sexual killings of children, the possible influence of unfortunate, traumatic childhood experiences in becoming a violent adult, physical violence against children (and women), children's perception of their safety and risk factors for children specifically in the WC. Although the focus of this article is on child killings in the WC, the broader South African and international contexts will also be brought into play here as far as they relate to the dire situation in the WC to be helpful in tackling the crises and challenges this province is struggling with in this regard. This data was obtained from the various researchers and experienced practitioners that formed this committee. Macdonald, who coordinated this project on behalf of the Premier (and her cabinet), together with the involved researchers, analysed this research data with the above-mentioned request of the Premier, namely, to identify the root causes of child killings in the WC and to develop effective strategies to address this situation – clearly and constantly in mind.

Child death reviews[7]

Violence against children with its complex origins is a global problem. According to the WHO (Pinheiro 2006), approximately 53 000 children in low- and middle-income

countries were victims of homicide in 2005. The 'highest child homicide rates were observed in sub-Saharan Africa, although the data from this region was scarce and of questionable quality,' according to Shanaaz Mathews,[8] Naeemah Abrahams,[9] Rachel Jewkes,[10] Lorna Martin[11] and Carl Lombard[12] (2013:562) (Viner et al. 2011).

Matthews, Abrahams, and Martin (2013), in their briefing paper 'Child death reviews in the context of child abuse fatalities – learning from international practice', state that very little is known about child deaths in the context of violence specifically in South Africa. According to them:

> [T]he first national child homicide study established that 1018 children died due to homicide in 2009 at a rate of 5.5 per 100 000 children under 18 years (Mathews et al. 2013), compared to the global rate of 2.4 per 100 000 children (Pinheiro 2006). The study also showed for the first time the relationship between child homicide and fatal child abuse in South Africa and estimates that just under half (44.6%) of child homicides were in the context of child abuse and neglect. Almost three quarters (74%) of fatal child abuse occurred in the 0–4-year age group, with most of these deaths occurring in the home … Overall, the most common perpetrators of child abuse are parents, yet in child abuse deaths unrelated perpetrators are more commonly identified. (Crume et al. 2002; Matthews et al. 2013:1)

Matthews et al. (2013) further argue that in considering a child death review approach as a measure to protect a child, the following lessons learnt from international practice are useful to take into account:

> Child death reviews use a public health approach in the utilisation of surveillance to identify risk factors and protective factors, and barriers to protection within the family and the community in order to develop interventions that are based on evidence from reviews. (Christian & Sege 2010; Matthews et al. 2013:4)

With regard to leadership, policy and resources, they note that for child death reviews to attain the aim of preventing child deaths, leadership on a national level is required.

> This has been shown by models implemented in New Zealand and England, and backed by policy and resources to support the development of a nationally co-ordinated approach to child death reviews. (Matthews et al. 2013:4)

Further lessons learnt regarding policy, a legislative framework, a standardised process, and nationally standardised definitions and data collection processes and tools are:

> Child death review teams mandated by policy and legislation enable easier data sharing and facilitate a comprehensive review

… A nationally standardised process for child death reviews is critical to enable national policies and practices to be shaped by recommendations emerging from reviews … These are critical for national trends and patterns to be documented and to assist in the development of evidence-based prevention interventions. (Matthews et al. 2013:4)

Now that we have briefly looked at child death reviews in the context of child abuse fatalities; it will be appropriate to refer to age- and sex-specific rates of child killings in South Africa.

Age- and sex-specific rates of child homicide in South Africa

According to Mathews et al. (2013), writing in their research article 'The epidemiology of child homicides in South Africa' published in the *Bulletin of the World Health Organization*, little is known about child homicide in South Africa. Even less is known about child abuse and neglect leading to death, although maltreatment is a general phenomenon. In our South African context rape, child rape and actually all other forms of sexual abuse have a high occurrence:

Physical punishment, often severe, has been reported as ubiquitous and emotional abuse and neglect are common (Jewkes et al. 2010). The need for child protection services far outweighs the ability of existing services to respond (Giese 2008). Understanding the epidemiology of child abuse that culminates in death is critical for developing and monitoring interventions to prevent it. (Mathews et al. 2013:562)

This problem in South Africa has been examined through a nationwide study of child murders as part of a broader study of women killings, whose findings are reported elsewhere (Abrahams et al. 2013; Mathews et al. 2013:562).

Mathews et al. (2013) in their research conducted a cross-sectional mortuary-based study in a national (South African) sample of 38 medicolegal laboratories operating in 2009, which were sampled in:

[I]nverse proportion to the number that were operational in each of three strata defined by autopsy volume: < 500, 500–1499 or > 1499 annual autopsies. Child homicide data were collected from mortuary files, autopsy reports and police interviews. Cause of death, evidence of abuse and neglect or of sexual assault, perpetrator characteristics and circumstances surrounding the death were investigated. (p. 562)

They found that an estimated:

1018 (95% confidence interval, CI: 843–1187) child homicides occurred in 2009, for a rate of 5.5 (95% CI: 4.6–6.4) homicides per 100 000 children younger than 18 years. The homicide rate was much higher in boys (6.9 per 100 000; 95% CI: 5.6–8.3) than in girls (3.9 per 100 000; 95% CI: 3.2–4.7). Child abuse and neglect had preceded nearly half (44.5%) of all homicides, but three times more often among girls than among boys. In children aged 15 to 17 years, the homicide rate among boys (21.7 per 100 000; 95% CI: 14.2–29.2) was nearly five times higher than the homicide rate among girls (4.6 per 100 000; 95% CI: 2.4–6.8). (p. 562)

They came to the conclusion that South Africa's child homicide rate is 'more than twice the global estimate. Since a background of child abuse and neglect is common, improvement of parenting skills should be part of primary prevention efforts' (Mathews et al. 2013:562). In some ways age- and sex-specific child homicide are linked to sexual killings of children (and women) in South Africa.

Sexual homicides of children (and women)[13]

In their research article 'Sexual homicides in South Africa: A national cross-sectional epidemiological study of adult women and children' in *PLoS ONE*, Abrahams et al. (2017) argue that:

[S]exual homicides of women and children are extreme forms of violence against women and children and are located within the broader context of gender inequality and social norms that condone sexual violence and gender based violence against women and children. (p. 1)

As part of their method, they conducted a:

[R]etrospective national mortuary based study to identify all adult female homicides (18 years and older) and all child homicides (boys and girls < 18 years) in 2009 in a randomly selected, proportionate sample of mortuaries. (Abrahams et al. 2017:1)

They collected data (of the victim, the perpetrator and the specific crimes) in three processes, namely, from 'the mortuary register, the autopsy report and from police with the identification of sexual homicides validated across the data collection processes' (Abrahams et al. 2017:1).

Among the '1277 (95% CI: 1091 ± 1462) children killed in SA, sexual homicides were found in 104 (95% CI: 77 ± 132) of the child homicides which was 8.7% (95% CI: 10.9 ± 11.2%) of these murders'. The most common cause of death for both children and adult females was strangulation (Abrahams et al. 2017:1).

They also found a clear and distinct age and sex pattern. One per cent of boy child deaths was identified as a sexual homicide and '92% of all the child sexual homicides were among girls. Strangulation was the most common manner of death among children (35.5%) and perpetrators were seldom strangers' (Abrahams et al. 2017:1). Interestingly, 'no difference in the proportion of convictions between the sexual homicides and non-sexual homicides were found for both adult females and children' (Abrahams et al. 2017:1).

In South Africa, rape homicide is not a rare event. One in five female homicides and almost one in 10 child homicides are identified with an associated sexual crime. These levels, reported during Abrahams et al.'s study, are among the highest levels among the few studies in the literature reporting on the epidemiology of child sexual homicide. 'Reducing mortality is an important policy goal for South Africa and for the rest of the world and the prevention of … child homicide is an important part of attaining this goal'

13. For more information on adult female and children sexual homicides in South Africa, see Abrahams et al. 2017.

(Abrahams et al. 2017:2). With this in mind, we can now refer to and briefly discuss another important aspect of violence, namely, the influence of unfortunate, traumatic childhood experiences and how they can play out in adulthood, especially among men.

Childhood adversity

Mathews, Jewkes, and Abrahams (2011), in their article in the *British Journal of Criminology* 'I had a hard life', state that 'South Africa has a female homicide rate six times the global average, with half of murdered women killed by an intimate partner' (2011:1). Certain studies estimate that 'between 43 and 56 per cent of women have experienced this (Abrahams et al. 2006) and 42 per cent of men report perpetration (Jewkes et al. 2009)'. These authors further reason that '[t]he gendered nature of such murders indicates the need to explore the masculinities of men who kill an intimate partner' (2011:1). Their paper 'explores the childhoods of 20 men who were incarcerated for such murders and draws on 74 in-depth interviews with these men, family and friends' (2011:1). They found that 'traumatic childhood experiences increase emotional vulnerability, resulting in their feeling unloved, insecure and powerless' (2011:1). They argue that these boys and men 'adopt violent forms of masculinities to achieve respect and power. Yet, there is no linear relationship between traumatic childhood experiences and adopting violent masculinities' (2011:1).

They indicate in their paper the fact that:

> [T]raumatic childhood experiences in the form of poor parenting, absent fathers, neglect and abuse have a profound impact on identity formation and highlight the importance of recognizing emotional vulnerabilities in the discourse on masculinities. The experience of poor parenting practices and abuse during childhood made these men feel powerless, 'inferior' and unloved, thus turning to influences outside the home like gangs and crime as means to attain the respect, power and love that was not forthcoming in the home. (Mathews et al. 2011:15)

According to them, traumatic experiences can suppress emotions to support a parent–child relationship. 'The pathway to taking on harsher forms of masculinities is thus influenced by these traumatic emotional experiences within the home' (Mathews et al. 2011:15).

This study of Mathews et al. (2011) has shown the need to recognise the truth that unfortunate experiences during childhood easily lead to violent forms of masculinity. Children's emotional vulnerability should be reduced by strengthening good parenting practices and by promoting respect for 'gender-equitable relationships' (Mathews et al. 2011:15). Linking onto this argument we will now briefly discuss some of the most important determinants of violence against children and what we can learn from them.

Physical violence against children[14]

Guy Lamb and Giselle Warton, in their research on determinants, pathways and the prevention of physical

14. More detailed information can be gathered from Lamb and Warton 2017.

TABLE 1: Determinants for violence against children.

Level	Risk Factors	Examples
Individual	Biological factors & personal history	• Gender • Age • Disability & chronic illness • Limited attention
Relationship	Relationships with parent/s and caregiver; Chaotic family environment, care arrangements	• Family home / disorganised family • Caregiver health • Substance abuse • Someone involved in crime
Community	Neighbourhood context; Social integration & capital	• Neigbourhood factors (i.e level of violence) • Availability of services • High levels of unemployment • Housing – overcrowding
Societal	Cultural beliefs and practises; Social & gender norms; Economic, social, health, & educational policies	• Pro-violence norms (i.e. corporal punishment) • Policies that maintain inequality or discrimination based on gender

Source: Lamb, G. & Warton, G., 2017, *The determinants, pathways and prevention of physical violence against children in the Western Cape: The current state of knowledge. Safety and Violence Initiative*, Children's Institute, and Centre for Social Science Research, University of Cape Town, Cape Town, South Africa.

violence against children (VAC), summarised the most important determinants in Table 1 (2017:n.p.).

The key outputs of their research were not only focussed on the critical analyses of the main determinants associated with violence against children and women, but also on the structural equation between VAC and women; models on the relationship or pathways between relevant variables; relevant case studies on VAC and women; and recommendations for the reduction and prevention of VAC and women. However, we only refer to the above-mentioned most important determinants and the findings following these. With regard to households, according to the current state of knowledge, children are at elevated risk of experiencing violence when neither parent is present; they are exposed to drugs or alcohol and crime; and they are exposed to heightened temper and conflict (victimisation and perpetration). Boys are more likely than girls to be the victims of physical violence, while girls are more likely to suffer emotional and sexual violence (Lamb & Warton 2017:n.p.).

Their findings regarding community interventions are the following: children from households with higher levels of conflict are more likely to participate in community programmes, and children who have been victims of physical violence are less likely to participate in such programmes (Lamb & Warton 2017:n.p.).

Concerning violence perpetration, they found that children who have suffered some form of violence are more likely to perpetrate violence against others (particularly boys), and the perpetration of violence seems to begin in the home and extends outside (Lamb & Warton 2017:n.p.). With these determinants of physical VAC and the consequences referred to in mind, we should ask: what are children's perceptions about their own safety?

Children's perception of safety

Shazly Savahl, Sabirah Adams, Maria Florence, Kyle Jackson and Elizabeth Benninger[15] conducted two multinational

15. They are all associated with the Department of Psychology at the University of the Western Cape.

studies on children's subjective well-being. When considering the issue of child homicides, we need to focus on the broader issue of VAC, as indicated earlier. In their research, they refer to the culture of violence in South Africa and that it is caused, among other factors, by poverty, unemployment, social inequality, cultural practices that do not respect the rights of children, decades of institutionalised social oppression and the fact that 'vertical violence' results in 'horizontal violence' (Savahl et al. 2017:n.p.).

They call for communities to be mobilised and to acknowledge and respect children's rights, and to challenge normative cultural and patriarchal practices that do not align to the essence of children's rights (Savahl et al. 2017:n.p.).

Some of their key findings are that safety contributes significantly to children's well-being and is non-negotiable. However, many children find themselves in unsafe environments, threatening their well-being and development (Savahl et al. 2017:n.p.).

Children's perceptions of what can be done for their safety are summarised by Savahl et al. (2017) as follows:

> [S]upervision by trusted adults; children expressed the need for adults to be available to accompany them safely to and from school; adults should be present on the playground to protect children against bullying; more stringent policing of the illicit substance trade and abuse – they felt that alcohol and substance abuse contributed to domestic violence; more visible law enforcement during peak times that children access various spaces – children stated that they could advise on the dangerous places and routes which require visible policing. Parks, green spaces and recreational areas require special attention; creating safe recreational spaces – this would create alternatives for children who take to the street. They felt that getting the children off the 'street' into safe spaces would make a substantial difference to children's safety; [and] they also mentioned a commitment from government and the police to protect them. (n.p.)

The considerations for programmes and social policy are very important and they highlight the following:

> [V]igorously challenge normative cultural practices that compromise children's safety; campaign for the acknowledgement of and respect for children's rights at community level; large scale social reform to address the intergenerational experience of institutionalised social oppression (curtail the trajectory of vertical violence to horizontal violence); design and implement a programme of action to protect and put children's safety and well-being at the top of the social agenda. (Savahl et al. 2017:n.p.)

The last important aspect that should be addressed before we conclude has to do with certain crucial risk factors that children specifically in the WC, the province on which this article focuses, experience.

Risk factors for children in the Western Cape

According to Petro Brink and Gavin Miller,[16] children are unique. One size does not fit all. They reason that child

16. They are from the Directorate: Research, Population and Knowledge Management, Social Development, Western Cape, and can be contacted at: Petro.Brink@ westerncape.gov.za and Gavin.Miller@westerncape.gov.za.

homicide is part of a continuum of child maltreatment (Brink & Miller 2017:n.p.). Although their research (presentation) focuses on the ecosystems approach, lifecycle approach, special needs population and an integrated service delivery model, only their background statistics will be referred to because of its direct relevance for this article.

The total number of children aged 0–17 in the WC is 1 929 701. Children living with both parents make up 54.2%, those living with the mother only 35.6%, with the father only 2.5% and with neither parent 7.7%. Orphaned children are represented as follows: double 0.9%, maternal 1.7% and paternal 4.0%.

Children living in income poverty households with a monthly per capita income of less than R965 in 2015 numbered 34.6%, while children living in non-formal housing constitute 17.1%. Children living in households without an employed adult total 11.3%. The number of social grant child beneficiaries is as follows: child support 1 014 976, foster care 33 330 and care dependency 15 417 (http://www.sassa.gov.za/index.php/ statistical-reports). The percentage of children receiving social grants is 53.3%, and that of children living in households where there is reported hunger stands at 16.0%. Under 18 births make up 5.8% (Brink & Miller 2017:n.p.).

Social risk factors are overcrowding, informal housing, underdeveloped and poor infrastructure, poverty, normalisation of violence and exposure to violence, exposure to bad elements and risk behaviour, anti-social behaviour, and socio-economic issues. Service delivery risks are poor service delivery, inadequate coverage, breakdowns in referral systems, lack of appropriate follow-up, inadequate inter-sectoral collaboration, inadequate risk identification and the lack of a child tracking system. Whether interventions are relevant and appropriate could be asked. Some of the most important household risks are unhealthy family dynamics, relationship instability – never being in a formal family, immaturity of caregivers, social pathology of caregivers, substance and alcohol abuse, unemployment, unaddressed trauma – victim becoming the perpetrator, patriarchy and the status of children. Individual risks are age and gender (pre-school), children with disabilities, exposure to unsuitable caregivers and potential perpetrators who know the child, risky behaviour and bad associations.

Concluding remarks

Although a lot could be added, among other issues, about the link between underperforming schools and socio-economic dysfunction, and how it impacts children and their safety and well-being, it will not be addressed in this article. This is, however, an important aspect that could be researched and developed further.

From that discussed in this article, we have discovered key elements in ensuring every child enjoys their right to live free from violence. Policy-makers and other decision-makers have the power to transform the unfortunate and unsafe

circumstances in which some children find themselves. The richness of existing research and proven interventions can and should be used to develop and implement violence prevention and response policies and strategies that will help bring an end to VAC. The true nature of where a nation stands is how well it attends to its children, especially their safety. When children are hurt, maltreated and killed, the reputation of a society is lessened. On the contrary, when we work together to end violence in the lives of our children, and stop unnecessary homicides, we rise to the best in ourselves.

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