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**A systematic review of the impact of physical abuse on the mental health of
children and adolescents in South Africa**

By

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DECLARATION – PLAGIARISM

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All the Glory belongs to God.

DEDICATION

This study is dedicated to all the children and adolescents of South Africa who have lost their lives and those who have fallen victim to the scourge of child physical abuse. To all the adults of South Africa who bear the psychological penalties of being victims of physical abuse. May they find consolation and comfort in knowing that we are keeping them in our hearts and prayers. To all the health care professionals, social service workforces such as the police officers and the United Nations that directly implement laws in the fighting for children's rights, may you carry on with the good work and never get deterred from the goal of making South Africa and the world a safe place for the next generations to come.

ABSTRACT

Physical abuse against children is a global concern that affects children and adolescents worldwide, South Africa is not an exception to this global phenomenon. This systematic review study examines studies published on the impact of physical abuse on the mental health of children and adolescents in South Africa. It also reviews the interventional methods used to mitigate the mental health effects of physical abuse. This systematic review is guided by two specific research objectives: (i) to identify the impacts that physical abuse has on the mental health of children and adolescents' mental health in South Africa; and (ii) to identify interventional methods that are currently available and used to enhance the mental health of children and adolescents impacted by physical abuse in South Africa. A mixed methods was carried out for this study. It covered studies published between 2013 - 2023 in South Africa's four provinces - Western Cape, Eastern Cape, KwaZulu - Natal, and Gauteng. It covered the age groups between 6 years and 16 years. Google Scholar along with Pub Med, SAGE, Ebscohost, APA Psych Info, and Web of Science databases were used for this review. Twelve studies were included in the review using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis screening guidelines. Thematic analysis was used to identify five major themes - (i) the psychological impact of corporal punishment (ii) behavioural consequences, (iii) the cycle of violence (iv) conflict resolution, and (v) parents and caregivers' interventional methods. Results indicated that participants were abused in their respective homes and their institutional settings. There were substantial connotations between the experience of child physical abuse and corporal punishment with poor mental health adjustment. The overall results demonstrated that there is lifelong adverse health, social and economic consequences for survivors. Based on the findings, the study recommends a multi-disciplinary approach to reduce the existing gap in knowledge on studies that explore physical abuse and its impact on the mental health of children and adolescents in South Africa. Future studies can inform policy changes and legal reforms to better protect children. It can help identify gaps in existing child protection laws and policies, leading to improvements in the legal framework. These policies should consider physical abuse and child protection as a human right issue.

Keywords: Child abuse, physical abuse, mental health, corporal punishment, interventional methods, Bronfenbrenner ecological theory.

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LIST OF ACRONYMS

ATCP	Alternative to corporal punishment
AIDS	Human Immune Deficiency Syndrome
CAMH	Children and adolescents' mental health
CBT	Cognitive Behavioral Therapy
HIV	Human Immune Virus
HPA	Hypothalamic–Pituitary–Adrenal
MYPE	Mid -year population estimates
NGO	Non-governmental organisation
PTSD	Post-Traumatic Stress Disorder
PCIT	Parent, child Interaction Therapy () and
PMTO	Parent Management Training Oregon
SA	South Africa
SDC	Sustainable Development Goals
UKZN	University of KwaZulu-Natal
UN	United Nations
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

Physical abuse against children is a global concern that happens in every nation across the world, cutting across culture, class, education, income, and ethnic groups (Unicef, 2005). South Africa is not an exception from this global phenomenon that continues to ravage communities across countries. Physical abuse against children has a lifetime of adverse health, social and economic challenges for survivors which affect their behaviours, expose them to risky sexual activities, impact their mental and physical health, and expose them to criminal activities (Badoe, 2017). Similarly, physical abuse also affects children's relationships with families, and communities, and adversely affects their performance at school. This has been advocated by the United Nations (UN) through its Sustainable Development Goals (SDGs) on human rights, specifically calls for the promotion of children's rights in the world (Badoe, 2017; Winkler & Williams, 2017).

The purpose of this study is to conduct a systematic review that gives a comprehensive synthesis of the current knowledge on the impact of physical abuse on the mental health of South African children and adolescents. The findings of the review can be used to inform policymakers, practitioners, and stakeholders in designing evidence-based interventions and strategies to safeguard the mental well-being of abused children and support their recovery and resilience. The review identifies gaps in the literature, paving the way for future research endeavours and the development of targeted prevention and intervention programs to address physical abuse in children and adolescents as a critical issue in South Africa.

1.2 Background of the Study

South Africa is a developing middle-income country characterized by income inequality, unemployment, poverty, and high HIV/AIDS prevalence. Over the years, the country has been struggling with economic and societal problems. Child abuse emerged as a serious social problem that the country has faced over the recent years. It is a grave and pervasive issue that affects millions of children and adolescents worldwide (Shenderovich et al., 2020). In the South African context, child abuse refers to any act or omission that jeopardizes or impairs the

physical, emotional, or psychological health, development, or dignity of a child. Such acts may include physical abuse, emotional abuse, sexual abuse, neglect, and exploitation (Shenderoviet al., 2020). Unfortunately, child abuse is a deeply entrenched social problem in the country, stemming from various factors such as poverty, social inequality, and a history of violence (Lippard & Nemeroff, 2020). Even though reports of child sexual abuse usually exasperate moral shock, physical abuse of children is predominantly overlooked especially when such abuse takes place in the home and is regarded as ‘discipline to children’ (Brown, 2013).

Physical abuse emerged as a nationwide crisis that is affecting both the social and economic activities of the country as well as the growth aspirations of children. Children who are physically abused suffer severe emotional harm and can develop into severe social problems, such as struggles at school, drug abuse, and juvenile delinquency (UNICEF, 2007; Richter, 2018). Physical punishment is widely practised in South Africa, with approximately 60% of parents reporting that they hit their children with objects such as sticks and belts (Richter, 2018). Over the years, South Africa has witnessed a significant increase in efforts towards combating physical abuse and improving child protection mechanisms (Makoae, Warrieta et al., 2009). However, despite these attempts to eradicate child abuse, the impact of physical abuse on the mental health of South African children and adolescents remains a matter of grave concern (Richter, 2018).

1.3 Research Problem of the Study

Physical abuse towards children remains a national problem that is affecting both social and economic benefits from the state as well as children in South Africa (Chetty, 2019). This crisis can only be mitigated when the extent on the impact and the extent of physical abuse on children and adolescents’ mental health is well understood in the South African context (Richter, 2018).

The study addresses the pervasive issue of physical abuse and its profound impact on the mental health of children and adolescents in South Africa. Despite the recognized severity of physical abuse, there remains a significant gap in understanding the specific mental health consequences, such as depression, anxiety, PTSD, and various behavioural issues that arise from such trauma. Additionally, the effectiveness of current interventions, including

therapeutic approaches like Cognitive Behavioral Therapy (CBT), trauma-focused therapy, and support services such as school-based counselling and community programs, remains underexplored. This systematic review aims to bridge this knowledge gap by synthesizing existing studies on the mental health impacts of physical abuse and evaluating the interventional methods available to support affected children and adolescents. By doing so, the study seeks to inform policymakers, practitioners, and stakeholders in designing and implementing evidence-based strategies that safeguard the mental well-being and recovery of abused children, ultimately contributing to more effective prevention and intervention programs in South Africa.

1.4 Rationale of the Study

The problem to be addressed in this systematic review is to understand the impact of child physical abuse on the mental health of South African children and adolescents. Everyone must become aware of what to look for and who they can go to for advice and support. Child physical abuse generates a serious violation of human rights. Understanding it from the Bronfenbrenner ecological context is a valuable endeavor. This study contextualizes the problem of child abuse by concentrating mostly on the literature that emanates from the South African setting. There are a lot of aspects that contribute to child physical abuse and seeking to comprehend them not only helps depict gaps in information in the body of knowledge but also assists in informing and alerting future research. This review examines the impact of child physical abuse in the country, assesses the adverse effects on mental health, and explores the associated risk and protective factors. By understanding the consequences of physical abuse, the review seeks to highlight gaps and weaknesses in the existing literature on child physical abuse and protection systems in South Africa. The review will advise on the improvements in reporting mechanisms, investigation processes, and the overall support network for victims of physical abuse. The review's findings can also contribute to enhancing mental health services for children and adolescents in South Africa. By identifying the mental health challenges faced by abuse survivors, mental health professionals can develop tailored interventions to address their specific needs and facilitate their healing and recovery. Importantly the proposed systematic review can also serve as a tool to raise public awareness about the severity and long-term consequences of child physical abuse.

1.5 The Importance of the Study

Mental health is defined as the child's capacity to mature and to progress in close and secure relationships to experience, manage and express a full range of emotions, such as cheerfulness, despondency, frustration, and uneasiness and to explore their situation and learn (Benjamin, 2022). Furthermore, Benjamin et al. (2022) suggest that mental health problems happen as early as infancy and are connected to childcare encounters, in preschool establishments, including behavioural problems in school and exertion learning as well as engaging with peers and educational content (Benjamin, 2022). Additionally, Breen et al. (2015) add that physical abuse engenders emotional and behavioural penalties. Being beaten engenders feelings of sadness. Being left to manage their feelings alone is one consequence for children who do not have people to approach for comfort. Going to sleep, going out or just keeping quiet are some of the ways they tried to cope (Breen et al., 2015). Significant numbers of South African children and adolescents are exposed to violence in the community, in schools and the home (Fisher et al., 2012). South African studies indicate that exposure is associated with psychological disorders in children and adolescents (Fisher et al., 2012). While the prevalence of child maltreatment (both physical and sexual abuse) in South Africa is not established, indications are that the rates are high. Maltreatment is associated with negative psychological outcomes during childhood, particularly when chronic (Fisher et al., 2012). As demonstrated by the Adverse Childhood Experiences studies, the effects persist into adulthood (Fisher et al., 2012).

1.6 Research Objectives

This systematic review is guided by the following specific research objectives:

1. To identify the impacts that physical abuse has on the mental health of children and adolescents in South Africa.

This objective focuses on evaluating a range of specific mental health issues, including but not limited to: Depression, Anxiety, Post-Traumatic Stress Disorder (PTSD), Behavioral issues (e.g., aggression, withdrawal), Cognitive impairments (e.g., difficulties in learning and concentration).

2. To identify interventional methods that are currently available and used to enhance

the mental health of children and adolescents impacted by physical abuse in South Africa.

This objective aims to assess the effectiveness of various types of interventions, including Therapeutic Approaches: Cognitive Behavioral Therapy (CBT), trauma-focused therapy, play therapy, support Services: School-based counseling, community support programs, family therapy. Preventive Programs: Education and awareness campaigns, Parenting programs aimed at reducing physical abuse. Legal and policy interventions.

1.7 Research Questions

The main research questions are:

1. What impacts does physical abuse have on the mental health of children and adolescents in South Africa?
2. What are the interventional approaches that are currently available and used to enhance the mental health of children and adolescents impacted by physical abuse in South Africa?

1.8 Clarification of Basic Terms and Concepts

This section explains terms commonly used within the study and enlightens their meaning. The fundamental terms include child abuse, child physical abuse, physical abuse, impacts, mental health, and interventional methods.

Child

According to the Children's Act 38 of 2005, a child is a person under the age of 18 years in South Africa (South African Government, 2010). On the other hand, Webster (2018) has also defined a child as a young person, between infancy and youth.

Adolescence

Adolescence is a different and important period of life, the widespread features of which are mainly determined by biological, physical, and cognitive procedures within social, economic, political, and cultural settings. Adolescence is a time of anticipation, opportunity, a rapid change. Adolescence is conferred to a young person in the process of developing from a child

into an adult (Bennet & Robards, 2013).

Impact

The action of one object coming forcibly into contact with another has a marked effect or influence (Hear, 2016).

Mental health

Mental health is a state of mental well-being that enables individuals to handle life's pressures and realize their abilities to learn well, work well, and contribute to their community. Bhugra et al. (2013) argued that mental health stretches an individual's feeling of worth, as well as an understanding of one's internal and external effective functioning (Bhugra et al., 2013).

Child mental health

This relates to the child's ability or incapacity to attain and preserve the ideal psychological and social functioning. Accepted child mental health is indicated by a sense of identity and self-worth, healthy relationships, and the aptitude to be productive and to learn the capacity to deal with developmental challenges (WHO, 2005).

Child abuse

Child abuse consists of the abuse and neglect that occurs to children under 18 years of age. It embraces all categories of physical or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which engender adverse implications to the child's health and overall development (World Health Organisation, 2022).

Child physical abuse

Child physical abuse is identified as the premeditated use of physical strength against a child and has a high probability of impairing the child's health, survival, development, or dignity. Those acts consist of hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning, and suffocating. Most physical violence against children in homes is inflicted to punish children for wrong actions (WHO, 1996).

Corporal punishment

Veriava and Power (2017) describes corporal punishment as any thoughtful act against children. It also includes discomfort or physical distress intended to punish a child by spanking, slapping, pinching, paddling, or hitting a child with a hand or with an object.

Bronfenbrenner's Ecological Model

Bronfenbrenner's Ecological Model is the ecological theory which explores the affinity of the countless structures such as (microsystem, mesosystem, exosystem, macrosystem and chronosystem), in which an individual interacts with and shapes his or her persona (Santrock, 2009).

1.9 Structure of the Thesis

Chapter 1: Chapter one introduces the topic of the systematic review of the impact of child physical abuse on children and adolescents' mental health in South Africa. This chapter also presents the background, the problem statement, the rationale, the research questions, and objectives. It gives a brief outline of the theoretical framework and an overview of the research methodology of the study. The chapter also provided basic terms and concepts used and finally outlined the structure of the study.

Chapter 2: The chapter provides an overview of the publications in South Africa on the effects of child physical abuse on children and adolescent's mental health in South Africa. The chapter also discusses how Bronfenbrenner's ecological theory is used to guide this study regarding the research objectives of this study.

Chapter 3: Chapter three provides the research methodology used for this study. It outlines the research design of the study and how the systematic review approach is used to answer the research questions of this study.

Chapter 4: This chapter discusses the research findings obtained from the systematic review conducted following the research objectives.

Chapter 5: This chapter presents the conclusion of the study concerning the research objectives

and the theoretical framework identified to guide the study. It also provides the recommendations made from the findings of the study.

1.10 Chapter Summary

The chapter provides an introduction, background, and research problem of the study. It provides the rationale and the theoretical framework of the study. It also highlights the research objectives and research questions that were used to guide the study. The research methodology and research design used by the study are also presented in this chapter. The significance and clarifications on basic terms used in the study are also provided. Finally, the chapter outlines the structure of the thesis. The following chapter presents the literature review and theoretical framework of the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK OF THE STUDY

2.1 Introduction/An overview

The literature review chapter is one of the central sections of this study as it explores similar studies on this research topic to identify existing knowledge gaps that need to be investigated. Therefore, chapter two gives a synopsis of the reviewed works of literature on child physical abuse in South Africa as the baseline for this study. It also reviewed literature on the causes of physical abuse, the impact of child physical abuse on mental health, and interventional methods towards physical abuse in children and adolescents within the South African context. The review will start by providing a brief historical view of the history of physical abuse in South Africa followed by types of physical maltreatment. This will be followed by a review of the prevalence and impact of corporal punishment as a form of child physical abuse. A much more in-depth review of the impact of physical abuse with a focus on political impact will follow thereafter. Specifically, the review also includes the use of Bronfenbrenner's ecological theory as a comprehensive model to get an in-depth understanding of the causes of physical abuse and its effects on child development. The review of the causes of physical child abuse is done according to the levels of development which include microsystem, mesosystem, exosystemic, and macrosystem levels as illustrated in Bronfenbrenner's ecological theory (**Figure 2.1**). Finally, a review of interventional programs for child physical abuse is provided.

2.2 Definitions and Current Statistics of Child Physical Abuse in South Africa

Physical abuse is usually described as the presence of a nonaccidental injury resulting from acts of commission by an adult (Kelly, 1983). Child physical abuse is an extensive universal phenomenon affecting the lives of millions of children all over the world (Stoltenborgh et al., 2013). Corporal punishment is a form of child physical abuse. According to Naz et al. (2011), the term corporal punishment as a type of physical punishment denotes the use of physical force projected to cause some extent of pain or discomfort with the purpose of discipline, correction, and control, altering behaviour. Similarly, the United Nations Committee on the Rights of the Children illustrates corporal punishment as any punishment in which physical force is used to generate pain or discomfort in children. Commonly recognised and used types of corporal punishment involve hitting with a hand or an object such as a whip, stick, belt, or hosepipe,

kicking, grabbing, or throwing, pinching, scratching, biting, pulling hair or ears, compelling children to stay in uncomfortable positions, throwing objects at a learner, burning with hot water or cigarettes (Veriava & Power, 2017). According to Stats SA (2022), the mid-year population estimates (MYPE) indicate that about 28,07% of the population is aged younger than 15 years (17,01 million). Limpopo (33.6%) and Eastern Cape (32.7%) are the provinces reflecting the highest percentage of children younger than 15 years. The highest proportion of youth is found in the urban provinces of Gauteng (21%) and Western Cape (18%), whilst the lowest proportion of youth is found in the Limpopo (15%) and Eastern Cape (14,4%).

2.3 Physical Child Maltreatment

Physical violence or excessive punishment includes poisoning and exposure to life-threatening heat or cold which classically happen in discrete and low-frequency incidents (Kelly, 1983; Wolfe, 1988). Physical child abuse is defined as an intentional or unintentional infliction of physical harm or injury (Perry et al., 2002). Physical abuse is well-defined as direct harm to a child's body. It might be a single act or repeated acts. The physical injuries might be external for example, a laceration or burn or internal such as bruised organs. Physical abuse has major consequences for children's physical, emotional, and mental health cognitive skills, educational attainment, and social and behavioural development. Consequently, physical maltreatment is mostly used interchangeably with corporal punishment to better understand the immediate and long-term effects (English, 1998). Ajisukmo (2021) asserts that physically abused children are also at heightened risk of engaging in risk-taking behaviours such as sexual behaviour, substance use, and aggressive behaviour. Similarly, physically abusive guardians or parents often justify their actions by claiming that children must be taught to differentiate right and wrong and for that most guardians dwell mainly on discipline but turn out to abuse rather than correcting wrong behaviours Ajisukmo (2021). The purpose of punishing a child is to teach them right from wrong and not cause fear or other severe emotional effects such as anxiety.

2.3.1 Corporal punishment as a form of child physical abuse and maltreatment

Corporal punishment also involves denying or restricting a child from using the toilet, denying meals, drinks, and shelter, pushing, or pulling a child by force or forcing a child to do heavy physical exercises (Veriava & Power, 2017). Additionally, Mthanti and Mncube (2014) asserts

that corporal punishment could be described as any physical action that is used as disciplinary action that hurts children. It could mean hitting, slapping, pinching, pushing, shaking, and kicking, depriving the child of food rest or movement, forcing chillies, pouring liquid or other irritating substances in a child's mouth or anywhere on his or her body, and or forcing children to sit or stand for any length of time (Mthanti & Mncube, 2014).

Corporal punishment is interspersed into the way forms of influence that were recognized and embedded historically in South African society. Authoritarian schemes are ideologically grounded on the perception that discipline must be instilled in the form of punishment because most members of the society are incapable of having logical principles and careful reasoning along with self-discipline, as a result, one may need to be trained to be afraid of insubordination (Pete, 1999). This was broadly used in parts of South Africa, which were beneath neo-colonialism (Pete, 1999). Corporal punishment turned into one of the traditions in which the patriarchal, racial, and authoritarian apartheid method embedded itself (Bower, 2002).

There is significant argument and ambiguity around the concept of corporal punishment since it lacks a general explanation and consistent measures (Bower, 2002). Questions of established punishment, how it is demonstrated in diverse social organisations such as in homes, schools, or lawful organisations and at what stage it crosses the limit of "disciplining" into the area of abuse or violence are worrying and not clearly understood (Bower, 2002). While defining corporal punishment some scholars argue for two distinct elements. These include based on making use of enforcing "pain but not injury" and the purpose of the act is to "correct or control the child's behaviour" (Straus, 2001, p. 4). Scholars also indicate that the main purpose of corporal punishment is not to physically injure or harm children but to discipline them (Straus, 2001). This line of argument which emphasizes the manifestation and intention of corporal punishment and its tendency to ignore the lasting impact of any form of punishment on children may rationalise certain categories of abuse that are not physical such as emotional and deprivation. There is evidence that any form of abuse or maltreatment may affect children in future (Straus, 2001). Dawes et al. (2005) illustrate that there is a discrepancy when it comes to the use of the hand to smack, spank or slap the child, and the use of instruments such as the belt or some other item to punish a child. This type of discipline is used to determine what constitutes a child's appropriate level of punishment. To evaluate the prevalence of 'mild'

corporal punishment to children, parents were questioned about the last time the child was physically punished. No matter the time frame any parent who stated that he or she had smacked a child in the family was recorded as using smacking. Similarly, Moyo et al. (2014) argue that corporal punishment can be taken beyond the physical to emotional and psychological domains such as verbal abuse and deprivation of basic needs like food and the use of the toilet in the house. Moyo et al. (2014) also add that corporal punishment can be described as a disciplinary action that is often used as a heavy-handed communication tool to educate children and direct them to good behaviour. These assertions are supported by Breen et al. (2015) who point out that corporal punishment continues to be used as one of the daily realities of children disciplining measures. Children are either the recipients of physical discipline methods at home or in school. Other family members such as older siblings, aunts and uncles are also involved in administering corporal punishment (Breen et al., 2015). Despite different actions used to administer corporal punishment to children, its prevalence remains a major concern in South Africa.

2.3.2 Prevalence of corporal punishment

A nationally representative household survey of 952 parents on their attitudes to discipline and the use of corporal punishment found that 57% of the parents use corporal punishment (Moyo et al., 2014). On the other hand, a recent study conducted by Richter (2018) confirms the high number of children who are still affected by direct or indirect violence in their lives. Additionally, a Birth to Twenty Plus study carried out in schools illustrated that more than 65% of primary school-aged children and 89% of adolescents are reported to have used violence (Richter, 2018). The investigation determines an overall prevalence of 17% informed by a systematic review carried out in the Western Cape. However, Babatunde et al. (2020) point out that data are scarce on the occurrence of childhood and adolescent mental health disorders in South Africa. Nonetheless, corporal punishment has diverse effects on children and adolescents in South Africa.

2.3.3 Overview of Corporal Punishment Practices and Contexts in South Africa

Moyo et al. (2014) argue that although there is evidence that corporal punishment perpetuates negative emotions which are contrary to the prescripts of the South African constitution, little is known about the impact of these methods. Children get abused by their instructors in trying

to promote a desirable change. As Breen et al. (2015) illustrate corporal punishment arises as an everyday reality for children. Children are either the recipients of physical discipline methods at home or school or they have experienced the use of physical punishment with siblings at home or with peers at school. Other family members such as older siblings, aunts and uncles are also involved in administering corporal punishment (Breen et al., 2015). In the same light, the World Health Organization (1999) also notes that childhood physical abuse often results in physical harm or lack of interaction which is used rationally by parents or caregivers to control children and adolescents. However, despite the known impact of corporal punishment, there are various levels of the impact of physical child abuse in South Africa.

2.4 The Purpose of the Ecological Model for this Study

Bronfenbrenner's (1977) ecological model delivers a valuable and convenient framework for understanding children and adolescents' exposure to violence victimization. Scientists have recognized the importance of a framework that contemplates the assessment of risk and protective factors within multiple contexts (Bronfenbrenner1977). Thus, understanding the behaviours and actions of family, peers, and community, as well as broader level influences, such as cultural characteristics is imperative. The ecological model postulates that children's exposure to violence can be explained by a complex interplay between and among the four nested systems (Bronfenbrenner1977). These systems include the microsystem, which includes the home setting, the mesosystem, which is the home and school setting, the exosystemic level, which is the community, and macrosystems this level implicate the cultural values Bronfenbrenner's (1977). The ecological model can be used as a framework to measure different types of co-occurring victimization experiences at multiple system levels, and to understand the impact of these involvements on adolescents' health. Additionally, the model can be used as a guide to evaluate the developmental levels of an individual and changes in the environment and in determining the prevention and intervention programs for children and adolescents (Bronfenbrenner, 1977).

2.5 Theoretical Framework: Bronfenbrenner's Ecological Theory

The ecological systems theory of human development was developed by a Russian American psychologist called Urie Bronfenbrenner in 1977. The theory, states that a child's environment affects child development (Oswalt, 2008). Moreover, Gallagher (2001) posits that the

ecological paradigm is one of the comprehensive models that can be used to understand child abuse. This assertion is commonly tied to Bronfenbrenner's (1977) pioneering work, in which he outlined that the ecology of human development contains the progressive, mutual accommodation, an active growing human being and the changing properties of the immediate setting. The above procedure is affected by the influences and acquittances between these environments and by the larger extent to which these settings are embedded (Sidebotham, 2001). The importance of an ecological standpoint in the perception of abuse is, firstly, that it widens the boundaries of the unfavourable effects of maltreatment on children beyond just the parent and child affiliation to consider the familial and social context in which such abuse occurs. Likewise, the ecological model is transactional in the logic that it recognises the individual and the immediate setting as well as broadens the effects as actively interrelating with each other (Gallagher, 2001).

The theory scrutinizes the interrelatedness between nature and nurture reflecting on heredity. These four levels of the environment are the microsystem, mesosystem, exosystemic and macrosystem. Erikson et al. (2018) add that Bronfenbrenner also emphasized ecological evolutions in his early texts, such as alterations from one ecological situation to another that a single individual experiences throughout the cycle of life (Bronfenbrenner, 1979). Moments in life like starting a new career at an institution, having a child, marriage, divorce, and receiving a new teacher assist in shaping human development. This theory expands on the transitions that a human being goes through when journeying through life (Bronfenbrenner, 1978). Bronfenbrenner later revised the theory on the philosophies of how the characteristics transact with different settings. The interconnection between nature and nurture was central to redefining the Bronfenbrenner theory (Bronfenbrenner and Ceci, 1994). Genetic legacies are not finished products but interact with the environmental experiences in determining human development. Consistent with Bronfenbrenner and Ceci (1994), human development consists of interaction between the biological and psychological traits that are linked with the physical elements in the environment. The attainment of full human potential is acquired by the connection of the inner and the outer process.

2.6 Bronfenbrenner's ecological levels

Bronfenbrenner and Ceci (1994) also establish a comprehensive relationship between the child,

the family, the teachers, and the society. The existing ecological structures theory is divided into a few diverse stages which are microsystem, mesosystem, exosystemic level, macrosystem and chronosystem. The first level is the microsystem which is the small immediate environment that is directly connected to a child (Sincero, 2012). As an example, a child has the closest relationship with his parents and family which can influence a child’s mental and physical development. The relationship between the child and the teachers, friends or neighbours is also considered to be in the microsystem (Sincero, 2012). The mesosystem consists of the interaction between two microsystems such as the relationship between the child’s home and the school (Visser 2007). The exosystemic level is the level which contains other people and places that may have no direct interaction with the child but still affect the child’s development like his parents’ workplace, the neighbourhood or even the extended family members (Visser, 2007). The macrosystem is a larger level which entails the cultural settings like ethnicity or other effects such as economic impact and cultural influences (Sincero, 2012). All environmental changes and transitions that happen in an individual’s life are included in the chronosystem (Sincero, 2012). Events such as marriage, divorce or others that can affect someone’s life are examples of this system (Sincero, 2012).

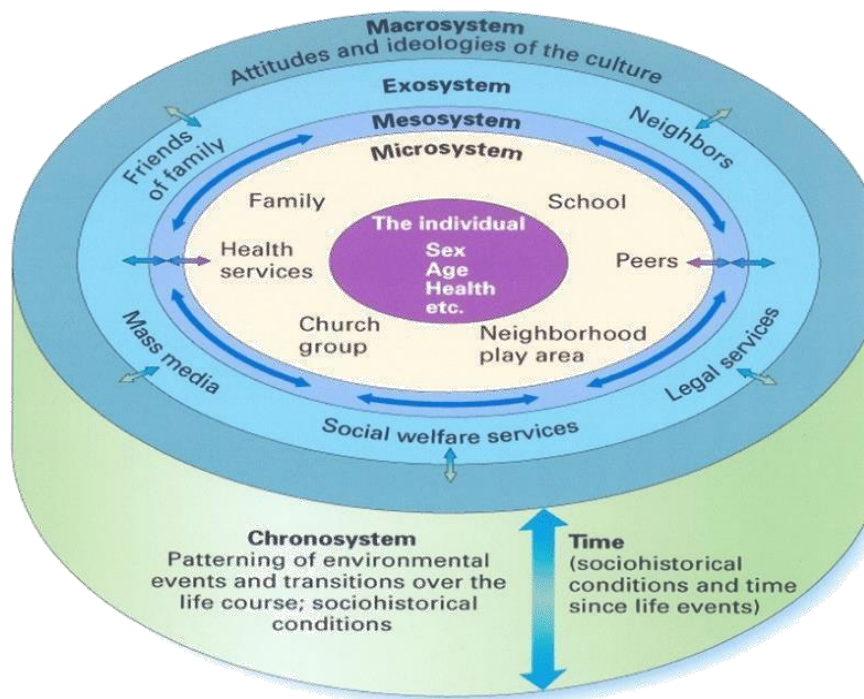


Figure 2.1 Bronfenbrenner’s ecological model

Source: Bronfenbrenner (1979).

2.6.1 The microsystem system level

The microsystem is the system in which an individual lives, it is the system that has a direct effect on the individual. The most direct interactions take place with social agents within this system. This system refers to the interactions that occur within the child's immediate surroundings. It establishes systems such as school, peers, neighbourhood, religion, health services, family, neighbourhood, workplace, and church. Explicit hazardous factors contributing to parents maltreating their children are also considered in the microsystem approach to understanding maltreatment. Bronfenbrenner's predominant layer, or microsystem, refers to the interactions that occur within the child's immediate environment.

The child's genetic and social characteristics affect the habits, behaviour, and patience of their peers. For example, a temperamentally tiresome child could trouble parents or even create friction between them that may be sufficient to damage the marital relationship (Belsky & Crnic, 1995). For instance, the relationship of mother and child in a less troubled family leans towards the child and interacts much more tolerantly, understandingly, and sympathetically with the child as compared to mothers who undergone matrimonial stresses, and have little support from their respective husbands, or feel that they are raising their children on their own (Cox et al., 1992).

2.6.1.1 The setting of the microsystem level

Microsystem identifies that a child's development is affected by the settings in which the child spends time daily. The relationship of the child in the microsystem can be affected in both directions which is being named as the bi-directional effect (Erikson et al., 2018). A child's parents may affect his behaviour or belief, but they can also affect his parents' behaviour or beliefs. Particularly, the child's family is the most indispensable scenery because he spends his time primarily with the family and this affects him, especially emotionally (Erikson et al., 2018). This situation portrays that a child's development is influenced mostly by his family.

Other important settings may influence the child's development such as his extended family, teachers, peers, childcare centre, school, and preschool or kindergarten (Erikson et al., 2018). These settings are in a straight-line intermingling with the child because he will encounter his teachers when he is at the school, or in interacting with his peers in the neighbourhood. The

child's development is based on how a child experiences while spending time in all these settings (Erikson et al., 2018). The parents and the teachers at school are both considered as microsystems from the child's point of view. These two microsystems will interact with each other in such situations as parents-teachers' meetings that are usually held at school. The child probably acts differently in school than at home since he is surrounded by his peers. If the child is having any difficulties or problems at school, the teacher will tell the problems to his parents so that they will acknowledge how their child is doing at school (Erikson et al., 2018) This interaction between both parties is important as it will reflect on the child's development. Importantly the social settings also affect child development (Erikson et al., 2018).

2.6.1.2 Causes of maltreatment at microsystem level

Maltreatment does not often happen without considering these factors interacting in the same household. The risk of abuse increases in any household exposed to substantial stress, irrespectively of the strain from joblessness, poverty, neighbourhood violence, and a lack of social support. Visser (2007) points out that the microsystem system also comprises the immediate experiences and personal interactions of interpersonal relationships within different settings. For example, the microsystem might refer to the direct abuse experienced by the children, where the perpetrator is a family member (Visser, 2007). Therefore, the exposure to physical abuse that happens in the microsystem is where parents, guardians or caregivers are actors of abuse. Consequently, for this study, children's microsystems include any immediate relationships or organizations they interact with, such as their immediate family or caregivers and their schools (Visser, 2007).

2.6.2 The mesosystem level

2.6.2.1 The setting of the mesosystem

The mesosystem involves relations between microsystems or connections between the environment (Santrock, 2009). For example, the relationship between family experiences and the school experiences. The social agents in the microsystem are not simply black and white or isolated. They all influence one another (Visser, 2007). Therefore, the mesosystem attempts to explain the nature of the relationship between the different social agents in the microsystem. So, the mesosystem is the set of linkages between the different microsystems of an individual. According to Visser (2007), Bronfenbrenner proposed that development will be enhanced if

the different settings in which the developing person is involved are strong. Individuals who play a role in the diverse microsystems, interact with each other starting a new experience for the child. If it is a positive relationship, it can promote the development of the child leading to a positive experience (Visser, 2007). However, if it is a negative relationship it can result in a stressful and negative experience for the child. An example of an interrelationship between mesosystems would be the relationship between the child's parent and teacher. If they can work together playing an active role in the child's development the child will not experience development problems (Visser, 2007).

2.6.2.2 Maltreatment at mesosystem level

The parent ensures that the child does his homework thus assisting the teacher, participating in parent-teacher association meetings, and contributing to the school and class events, the child would be motivated to work harder in class (Visser, 2007). His social skills would be improving and there would be a positive experience being provided. On the other hand, if the child does not do his homework and gets punished, and his parents neither ensure that he completes his homework nor complain to the principal that the teacher hardly gives the child work but still punish him, the child may sense the tension between his parents and the teacher, which can be a negative experience (Visser, 2007).

2.6.3 The exosystemic level

2.6.3.1 The setting of the exosystem

The exosystemic level consists of links between the social settings in which the individual does not play an active or direct role and the individual's immediate context (Santrock, 2009). Examples of factors at the exosystemic level include neighbours, legal services, social welfare services, mass media and friends and family. Visser (2007) posits that this system consists of interconnectedness between the micro and mesosystems and those systems with which the individual has no direct contact, but which may affect the functioning of these two systems. Within this exosystemic, awareness campaigns and prevention programmes need to be employed regarding child physical abuse. The most direct evidence linking the world of work with maltreatment comes from unemployment (Belsky & Vondra, 2013). The mere fact that joblessness is associated with frustrating circumstances such as lack of monetary resources may account for the relationship at this level. Moreover, the sense of ineffectiveness resulting

from being removed as a family provider might fuel intrafamily violence (Gelles, 1976).

The exosystem level includes the settings that may be unknown to the child but affect the child. For example, the parents' workplaces or colleagues will affect his growth. It can be demonstrated in the situation when the parents come back home with the stress that they get from their workplaces that will influence the child's thoughts (Ryan, 2001). Irrespective of that, economic factors or the mass media can also affect the child's development. For example, a child can be affected by the animation series on television that leads him to follow what the characters are doing (Ryan, 2001).

2.6.3.2 Causes of maltreatment at exosystem level

At this level the child has had a low level of interface. This level affects the development of the child in several ways (Härkönen, 2001). The child's parents' workplace and the relationships with relatives such as uncles, and aunties form the ecosystem of the child. A child whose parents have a tight schedule might not see his parent for several months (Härkönen, 2001). This can generate less family time or less bonding time, leaving the child anxious for the arrival of the parent. This anxiety can impact his development even though he has little to no interaction with his parents' work or say in the decision-making process (Härkönen, 2001). The next level of the environment Bronfenbrenner is the macrosystem system.

2.6.4 The macrosystem system

The macrosystem can be defined as the wider system of ideology and organisation of social institutions common to a particular social class, ethnic group, or culture (Belsy & Vondra, 2013).

2.6.4.1 The setting in macrosystem level

The macrosystem contains all the levels of the environment. The culture and beliefs of the parents which establish the set of customs, standards, values, and rules also affect and help in shaping values and the upbringing of the child. Bronfenbrenner labelled the macrosystem as a predominant institutional pattern of culture or subculture, such as the economic, social, educational, legal, and political systems of which local micro, meso, and exosystems are the tangible exhibition (Salkind, 2004). The macrosystem can also influence the interactions of all

the other levels of the location. A child's macrosystem may alter as he gets older due to the further development and use of technology. It also assists in shaping the kind of relationships between the child and the family which is associated with the mesosystem (Salkind, 2004).

Within the macrosystem of a community, one can find the views and perspectives that the community has on child trauma. Child protection is regarded as a critical component of the community. The judicial, political, financial, social, and educational systems play an important role in macrosystems. Access to economic resources, health care, childcare, and other services are found at the exosystemic level (Belsy & Vondra, 2013). However, policy decisions strain and disturb children, their families, and communities directly. Family services found at the exosystemic level seldom work in a preventive mode. Spousal conflict, and the parent's unemployment, are some of the factors associated with the maltreatment of children (Belsy & Vondra, 2013). The likelihood of maltreatment rises in families where parents or guardians are exposed to these factors and children are likely to be abused (Belsy & Vondra, 2013). Similarly, unemployment resulting from a global energy crisis and social isolation stemming from the increased social mobility of the population put a lot of strain on parents who end up mistreating their children (Belsy & Vondra, 2013).

This is also the largest system in this theory, which includes cultural values, customs, and laws (Belsy & Vondra, 2013). As an example, a child who has been raised by following the national laws such as the law on illegal drugs or knows that murder is a crime will make the child obey and acknowledge the law and be able to distinguish between wrong and right actions in life (Belsy & Vondra, 2013). The events that happen during the transitions over a lifetime are called chronosystem, which means everything that happens in a child's life while he is growing up may influence changes in his perceptions of things (Belsy & Vondra, 2013).

2.6.5 The chronosystem level

The final level of the environment identified by Bronfenbrenner is the chronosystem. The chronosystem includes natural environmental events, fluctuations which transpire during the child's lifetime, and socio-historical conditions. These can be traumatic experiences for the child. Natural environmental events consist of natural disasters like hurricanes, tornadoes, tsunamis, earthquakes etc (Visser, 2007). They have a huge impact in influencing the

development of the child. Changes which occur during the child's lifetime can be classified as normative or non-normative (Visser, 2007).

2.6.5.1 The reasons for changes

Some of the normative changes include the changes from nursery school to primary school, the adolescent stage of puberty, and early marriages in some cultures and entering the workforce. While non-normative changes would include the sudden death of a relative due to a short-term illness, the separation of the child's parents or family, relocation may interrupt child development as the child moves away from close friends and relatives that remain behind. These changes can either have a positive or negative influence on the child's development. When a child arrives at a higher level of education, he/she makes new friends, maturity is enhanced, and social and communication skills are improved too (Visser, 2007). Parents' separation by death or divorce would negatively disturb a younger child's development. A younger child might not be able to comprehend what happened whereas an older child would quickly adjust (Visser, 2007). Nonetheless, such changes can have a long-term negative impact on the older child too. The older child may start to degenerate, perform poorly in school, or enter a state of depression (Visser, 2007).

2.6.5.2 Socialization agents

As highlighted above, each level of the environment consists of people who play an important role in the socialization process of the child. These people are referred to as socialization agents (Visser, 2007). Socialization agents include the family, peer groups, schools, and mass media. Socialization occurs through the family and peer groups at the primary level of socialization and occurs through the school and mass media at the secondary level (Visser, 2007). Primary socialization occurs from the time that the child is born to the first couple of years of life. The family shapes the child's views and helps the child determine the norms of his society (Visser, 2007). How the child's parents react to certain situations aids the child in defining what is right from wrong and how he/she should behave when at home from in another environment. Socialization by the family is also informal, unstructured, and unorganised (Visser, 2007).

The school and mass media are where the child gains more knowledge and awareness about things, he/she previously knew or did not know is achieved through the teaching, publishing,

and discussion of various subjects (Härkönen, 2001). They are more structured, organised, and formal environments. Urie Bronfenbrenner's theory focusing on the growing and developing child informs these four main socialization agents in several ways (Härkönen, 2001). First, it informs the child's family and teachers on how to deal with and monitor negative situations within the home and school.

For example, student A was playing with a football and student B wanted the football but did not ask to have it and took it away from student A. Student B then wanted student A to play with him, but student A refused. Student B then purposely kicks the football to hit Student A in his face. Student A then retaliates by body-slammng Student B into the ground (Härkönen, 2001). From this observation, a teacher with knowledge of Urie Bronfenbrenner's theory can conclude that student A has a violent mesosystem and his interaction with his parents and other family members may be low and abusive resulting in him displaying this behaviour to others. The teacher would then speak to Student A's parents about the incident and come to a mutual agreement on how to change this behaviour to a positive influence on the child's growth and development (Härkönen, 2001). Punishment of the child for his actions can lead to more aggressive behaviour toward his colleagues and teachers especially if he believes that retaliating that way was the fair thing to do as his parents' beliefs. For instance, many Barbadian parents, teach their children that if someone hits them, they should hit them back (Härkönen, 2001).

2.7 Political impact

The most common type of child abuse in this level is corporal punishment. Throughout the apartheid period, the link between educators and learners was categorised by power and fear as teachers used to beat learners to enforce discipline in public schools (Ngubane et al., 2019). Before 1994, power and authority were the foundation of education for controlling children's misbehaviours. The classroom environment was stringent, and the learners were fearful and anxious. There was no way of speaking out for fear of being beaten. According to the Education Rights Project, child physical abuse has been practiced in South Africa for centuries. The history of slavery, and colonialism has been practiced since the apartheid years in which corporal punishment was used extensively in the classroom. The apartheid education system was based on a violent, anti-democratic and authoritarian philosophy. Young black South

Africans were not considered capable of becoming critical and responsive citizens. As an alternative, they were 'educated' to convert into obedient 'low wage' workers and servants in a racist capitalist structure (Ngubane et al., 2019).

White children were also cultured to become masters and owners instead of critical thinkers. Over time, many educators and parents came to believe intensely in the usefulness of corporal punishment. Along the way, the practice of corporal punishment became deeply intertwined into the fabric of society at large. Comparatively, Pete (1999) cited in Dawes et al. (2005) corporal punishment is connected to the way models of power were aligned in the history of South Africa. The authoritarian scheme was ideologically constructed with the mindset that discipline must transpire in the form of punishment because most members of society are unable to think critically and lack self-discipline (Dawes et al. 2005). Hence, individuals must be trained to be fearful of disobedience. It was extensively used in parts of South Africa, which were under colonial rule (Dawes et al. 2005). Consequently, Morrell (2001) contends that corporal punishment was a fundamental part of schooling for most teachers and students in the twentieth century in South African schools. It was used overly in white boys' schools and liberally in all other schools except in single-sex girls' schools where its use was limited (Morrell, 1994). The introduction of Bantu education in 1955 exposed black children who had previously largely been outside the education system. to school beatings. Unlike white girls, African girls were not exempted from beatings. (Morrell, 1994).

2.8 Causes of Physical Abuse - The causes of physical abuse relating to Bronfenbrenner's theory

2.8.1. Parental anger - family/domestic violence

According to the concept of microsystem, the understanding of family violence is viewed as the influence that can be explained by the interaction of the abuser with other group members of the family or the whole family system in general. Physical abuse is often caused by parental anger in the direction of the child, and this happens because the child fails to meet parental demands (Abrams, 1981; Kelly, 1983). Consistent with Ugoji (2004), the ignorance of parents and guardians who do not comprehend the emotional needs of their past and who themselves grew up in unsupportive settings, end up missing the mark of offering the child essential emotional support.

2.8.2 Parental stress

Moreover, Ugoji (2004) explains that severe stress can lead an adult to abuse a child. Domestic violence, living with a sick caregiver and orphans are also risk factors associated with both physical and emotional abuse (Meinck et al., 2015). Benjamin (2022) underscores that some of the factors that lead to children being abused are trauma, exposure to violence, poverty, family stress, and abuse of substances (drugs, alcohol).

Furthermore, Meinck et al. (2017) concede that children's guardians who suffer from psychological distress such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety tend also to use harsh discipline on children. However, there is limited research on pathways relating to adolescents. The child's own genetic and social characteristics affect the habits, behaviour, and patience of their peers. For instance, a wearisome infant could alienate their parents or even create friction between them and generate marital tension between parents. Belsky and Crnic (1995) argue that fathers influence the mother and child relationship. Mothers who are well married and have well-disposed relationships with their husbands lean towards interacting much more tolerantly, understandingly, and sympathetically with their infants compared to mothers who have undergone matrimonial stresses strain, little support from their respective husbands, or feel that they are raising their children on their own (Cox et al., 1992).

2.8.3 Single parenting

Young single parents without sufficient emotional support for themselves are more vulnerable to the neglect and abuse of their children. child physical abuse can be done to infants as well and it is very common in children who have not attained yet maturity, boys are at greater risk of physical punishment (Richter & Dawes, 2008).

2.8.4 Biological and disability status of the child

Premature infants, twins and children with disability, children with special needs, are also at bigger risk of physical abuse, possibly because of parental struggle in bonding with them (Richter & Dawes, 2008). Some of these children have special needs, cry persistently or have abnormal physical features, characteristics which also increase the possibility of physical abuse (Richter & Dawes, 2008).

2.8.5 Gender of parent

Richter and Dawes (2008) suggest that women are associated with smacking and beating children more regularly than men. Studies in China, Chile, Finland, India, Kenya, and the USA testify that women are more likely to use physical discipline on children than men. However, men tend to use more severe punishment, leading to more life-threatening or fatal injuries (Richter & Dawes, 2008).

2.8.6 Personality traits and temperaments of family members

Family members' personality traits and temperaments are different, meaning that they can have different experiences in the same system. For instance, a strained parent can take their anger out on a child. Stressed parents might enforce physical pain on children because they are stressed by what is going on in the family dynamic or in the work environment (Richter and Dawes, 2008). The direct influence is the family life or structure that is activating stress and creating some sort of family abuse or violence (Richter & Dawes, 2008). Parental maltreatment constitutes an important risk factor for child abuse (Richter & Dawes, 2008). People engaging in abusive behaviour have experienced abuse which causes them to mistreat their children when they become parents (Caykoylu et al., 2008; Coomaraswamy, 2000). Perpetuating factors are those that affect the family to engage in child abuse and take it as normal behaviour. These factors include the characteristics and behavioural patterns of the parents or caregivers, lack of bonding with the baby, depression or physical or mental health problems, alcohol and drug abuse, inadequate parenting skills, lack of impulse control, rigid thinking, low empathy, and unrealistic expectations of the child (World Health Organization, 2007).

2.8.7 Health of the parents or caregivers

Meinck et al. (2017) advocate that pathways of poverty, caregiver's mental health and HIV/AIDS give rise to authoritarian parenting style. Exposure to the stresses associated with living in households affected by HIV and AIDS is a risk factor for psychological disorders in childhood and adolescence, particularly when children are already coping with other adverse experiences such as poverty (Fisher et al., 2012). The disease of HIV infection in children has emerged as a neuropsychiatric syndrome, including cognitive impairment, developmental delay, attention and concentration problems, serious mental illness, and common mental disorders, including depression, anxiety, and substance abuse (Fisher et al., 2012).

2.8.8 Influences of child physical abuse

The most direct influences of child physical abuse at this level come from interaction with individuals or groups of people. These are direct influences comprising interpersonal relationships within the family, peer groups and school settings. Many studies indicate that parents usually hit children when they are very angry (Breen et al., 2013). Reasons that cause children to be beaten are returning home late, not doing chores, breaking things by accident, and fighting with siblings. On the other hand, children undergo corporal punishment because of coming late from break, not doing schoolwork or homework, bringing cell phones to school, not listening to teachers, not performing in class, making mistakes, performing poorly at school sports activities, and making a noise in class. Teachers use objects such as sticks, planks (small thin pieces of wood), pipes, belts, whips, towels, and shoes, belts in administering the punishment (Breen et al., 2013). Similarly, Mahlangu et al. (2021) in a study conducted in Khayelitsha, a peri-urban township in the Western Cape province in South Africa also found that the wrongdoings that led to corporal punishment at school included not doing school homework, coming late from break, not listening to teachers, giving wrong answers in class, and making noise (Mahlangu et al. 2021).

The microsystem level posits that the individual's relationships may lead one to be abused. These include relationships with peers, partners, and family as well as school-perceived friendships (Jassen et al., 2013). If a parent has struggled with attachment to the child or has trouble with creating healthy support on issues parents face, the parent will tend to be aggressive towards the child. Alcohol and drug abuse is another aspect that affects parent and child relationships (Jassen et al., 2013). These factors have influenced parents to be more violent to their children. There has been a direct link between child physical abuse and violence as the study conducted by Jassen et al. (2013), indicates that 40% of known victims of child physical abuse also experience domestic violence at home. Exposure of children to adult immoralities is another reason for child abuse (Jassen et al., 2013). Children whose parents are involved in behaviours such as drinking, drug addiction, and prostitution frequently imitate them. Some parents make their children run errands like buying alcohol, and drugs such as contraceptives, morphine, and pethidine unwillingly introducing them to such destructive acts (Jassen et al., 2013).

2.8.9 Causes of physical abuse in children and adolescents

Meinck et al. (2015) suggest that alcohol abuse, substance abuse, poverty, poor parental mental health, single parenting, and older parental age are cited as important contributors to physical abuse in children and adolescents. Domestic violence, living with a sick caregiver, inconsistent discipline or lack and knowledge of parenting skills, as well as domestic violence and stress in the parental relationship are also considered risk factors for children's physical abuse (Meinck et al., 2015). Lachman et al. (2017) trace a link between parents who contracted HIV/AIDS through intimate partner violence with neglectful or abusive parenting which lessens the ability for positive interaction between parents and children and gives rise to harsh parenting (Lachman et al., 2017). Correspondingly, Steel et al. (2023) adds that substance abuse by a parent or caregiver generates impulsive and violent behaviour in a child. Poverty from financial stress, unemployment, and lack of income induce feelings of hopelessness and desperation which increase the risk of child abuse. Children who grow up in homes where violence is present are more likely to become victims of child abuse (Steele et al., 2023). Parents and caregivers who lack knowledge and skills on appropriate child-rearing practices are more likely to resort to physical or emotional abuse (Steele et al., 2023).

2.9 Financial difficulty

Financial difficulty also is one of the causes that lead to physical abuse. Single, unemployed, and young parents are also more likely to use physical violence on their children (Jassen et al., 2013).

2.9.2 Religious beliefs

Also, in some social cultures, certain abusive behaviours are legitimated by religious beliefs, cauterizing a child, or inserting sharp objects into a child's body to heal disease or to force out evil spirits (Odhayani et al., 2013).

2.10 The Exosystemic level

The exosystemic level affects the social and legal services, workplace, and neighbourhoods such as parts with high levels of poverty, underdevelopment, mobility, unemployment, high population density and crime which are risk factors for becoming a victim or a perpetrator. Poverty is strongly associated with child physical abuse (Steele et al., 2023). Children in

communities with fewer resources and a higher crime and unemployment rate are at greater risk of physical abuse. Lack of adequate housing and easy access to alcohol and drugs increase the risk of a child being maltreated (Steele et al., 2023).

2.11 Macrosystem level

Breen et al. (2015) argue that at a societal level, culture still approves violence along with the legality of corporal punishment in homes and contributes to its use. The study conducted by Breen et al. (2013) on experiences of corporal punishment to children, found that while the use of corporal punishment is often attributed to individual causes such as the characteristics of the child or parent and teacher, one may consider having societal enablers. Some cultural norms are cited as approving violence and legalising corporal punishment in homes and schools. Similarly, some cultural beliefs about the necessity and effectiveness of physical punishment contribute to the use of corporal punishment in societies. The nature of society raises or lowers the probability that a parent or teacher beats a child to correct misbehaviour. There are also cultural and societal factors that can contribute to child abuse. For example, in some cultures, physical punishment is accepted as a form of discipline, and this can increase the likelihood of physical abuse (Steele et al., 2023). Societal attitudes towards child-rearing, such as the belief that children should be seen and not heard, can also contribute to emotional abuse. Child abuse can also result from intergenerational cycles of abuse, where children who have been abused are more likely to abuse their children (Steele et al., 2023).

2.12 Mental Health

Myers (2021) suggests that mental health concerns are extremely predominant among South African adolescents and young adults between the ages of 15 and above. It is estimated that 30% to 40% of children and adolescents are in danger of depression, anxiety, and substance abuse encounters. Females are linked to mental health challenges due to exposure to numerous social factors associated with hostile circumstances and situations such as poverty, low education, and lack of economic opportunities (Myers, 2021). Being exposed to childhood abuse comes with diverse types of responses to boys and girls. Girls internalize more the encounter which stimulates depression, suicidality, and revictimization whereas boys externalize more experience in delinquency, aggression, and an increased risk of becoming a perpetrator of sexual violence (Mathews et al., 2013). The child's social interactions and ability

to adequately express emotions are affected. For instance, anxiety can interfere with a child's transition ability from a home setting to a school setting. This can result in a child displaying aggressive behaviour when upset. Although anxiety is a normal response to stressful experiences, children usually display aggressive behaviour when upset (Mathews et al., 2013).

2.13 Prevalence of mental health in South Africa

In the study by Kleintjes et al. (2006), the prevalence is 25.0% for adults and 17.0% for children and adolescents. Among adults, the most common unadjusted prevalence rate is for nicotine use (48.0%), followed by alcohol dependence and major depressive disorder/dysthymia (both 15.0%). Anxiety disorders are the next most frequent, with 6.0% for generalized anxiety disorder and posttraumatic stress disorder, and 5.0% for simple phobia. For children and adolescents, the most common disorders were generalised anxiety disorder (11.0%), followed by posttraumatic stress disorder and major depressive disorder/dysthymia (both 8.0%). Shatkin and Belfer summarise the state of CAMH services and policies and note "the relatively new development of knowledge in CAMH, lack of appreciation of a developmental perspective related to CAMH disorders, stigma, fragmented advocacy constituency and the reluctance of professionals to engage in debates over policy" as factors contributing to lack of policy development and implementation in CAMH (Kleintjes et al. 2006).

Children and adolescents go through diverse challenges such as individual, social, and environmental components that impact their mental wellbeing. Safety concerns, being exposed to community brutality, child maltreatment, and gender-based violence are among the factors that contribute to worsening the mental well-being of children and adolescents (UNICEF South Africa, 2022). There are a wide variety of mental health issues faced by South Africans. The most common mental health disorders are depression and anxiety, which affect many people including children and adolescents. These mental health conditions are often seen in conjunction with other medical issues, such as in people who are infected with HIV or have progressed to full-blown AIDS. In the cases of such individuals, depression and anxiety reportedly affect at least 40% of them, though the actual number may be much higher (SACAP, 2019).

In school setups, according to Morell (2001), mental health specialists concede that physical

abuse generates stern emotional destruction taking hold of the self-esteem of learners and negatively affecting their performance at school. Moreover, Steel et al. (2023) adds that child abuse generates significant mental health distress such as depression, anxiety, and PTSD which can increase the likelihood of child abuse. In the same manner, Lines et al. (2023) append that child abuse causes depression, anxiety, and PTSD struggles in relationships. Children who battle with abuse may struggle to trust and form healthy and meaningful relationships in the future. Moreover, these kids perform poorly at school and are more likely to struggle in school, have lower academic achievement, and may be involved in criminal activities and substance abuse (Lines et al., 2023).

The World Health Organisation contends that mental health is an essential and fundamental portion of health, which is well-defined as “a state of well-being where a human being grasps his or her abilities to handle or cope with the normal standard of life. Consequently, individuals can effectively contribute to the emergence of their community” (WHO, 2014 p.1). Furthermore, the understanding of mental health is beyond the absence of mental disorders or incapacities but an ultimate for a better-balanced life (WHO, 2012). Mokithimi et al. (2022) suggested that even though children and adolescents’ mental health is of high concern worldwide, amenities are very limited particularly in low- and middle-income populations and so they need comprehensive consolidation. This involves knowledge of the hardware elements of the system such as human resources, financing, medicines, technology, organisational structure, service infrastructure, and information organisations.

The South African government has made significant progress when it comes to establishing the legal and policy framework for the provision of comprehensive and community-based services for children, adolescents, and adults. Five general intervention strategies include the promotion of a culturally sensitive, safe, and supportive environment, provision of information skills development, and provision of counselling and ensuring access to health services. The guidelines for child and adolescent mental health focus on transforming and making services more accessible to this population through the implementation of a community-based model with three service tiers from primary to super-specialist levels of care. While not dealing specifically with child health services, the Children’s Act (No. 35 of 2005) has several implications for preventive services for children and adolescents in vulnerable circumstances

(Fisher et al., 2012).

2.13 Impacts of Child Physical Abuse on Children and Adolescents' Mental Health

2.13.1 Psychological impacts

Family is the first holding and soothing children's environment and its effect on the personality development of human beings is a well-known factor (WHO, 1999). The impact of child abuse on victims is devastating with deep-rooted effects on society at large (Kraizer, 1996). Victims of physical abuse experience psychological impairment that can last a course of life. The consequence of abuse may consist of chronic depression, anxiety, behaviour, and problems in school. One more alarming feature of abuse is the empirical fetters it places upon the younger ones. In 1962 and 1974, Henry Kempe and John Caffey were the first to define the consequences of physical child abuse on the developing brain, the 'battered child syndrome' and the shaken infant syndrome (Kraizer, 1996). These consequences are more contingent on numerous factors such as the severity of abuse, the age of the child when abused, the relationship with the perpetrator and the duration of abuse. Stress is one of the short-term consequences of maltreatment, which can lead to disruption in early brain development and impaired development of the immune and nervous systems (Kraizer, 1996). Anxiety, depression, aggression, smoking, alcohol and drug abuse, cognitive impairment, unintended pregnancy, low self-esteem, and high-risk sexual behaviour at an early age are only a few examples of the many consequences of physical and sexual abuse of a child (Kraizer, 1996).

A child will be terrified of doing anything new because of the likelihood of being violently attacked in the sense that an abusive parent is strictly monitoring them (Miller 2000). The child will be unable to find one's sense of curiosity and will stop trying new things (Miller 2000). Children who are exposed to violence often suffer symptoms of Post-Traumatic Stress Disorder, such as bed-wetting or nightmares and are at greater risk than their peers of suffering from depression and anxiety (Odhayani et al., 2013). They can show withdrawal tendencies or be aggressive toward other people (Gover, 2004; Post et al., 1980). Kessler, Davis, and Kendler (1997) found that being "physically attacked" (the only act of physical abuse considered) is associated with a broad range of psychiatric disorders, including mood, anxiety, and addictive disorders.

2.13.2 Impact on the child's intellectual ability

The child will also never attain his or her intellectual brilliance (Miller 2000). Numerous potential short-term consequences of physical abuse have been identified such as a perceptual-motor deficit, lower scores on measures of general intellectual functioning and academic attainment, negative social behaviour such as more aggression with adults and peers, and internalizing psychological problems such as hopelessness, depression, and low self-worth (Ammerman et al., 1986; Conaway and Hansen, 1989; Fantuzzo, 1990; Lamphear, 1985).

2.13.3 Impact on the child nervous system

Evidence points to dysregulation of the Hypothalamic–Pituitary–Adrenal (HPA) axis as one underlying source of the adverse health outcomes stemming from early life stresses (Heim et al., 2000). Both increased and decreased cortisol responsivity have been related to maltreatment during critical times of brain expansion in childhood (Heim et al., 2000). Additional syndrome characteristics are reflected by a marked discrepancy between clinical findings and historical data supplied by the parents. Observations that lesions are in different stages of healing, and the fact that no new lesions occur while the child is in the hospital or a protected environment, also contribute to the diagnosis (Heim et al., 2000).

2.13.4 Physical impact

Fontana et al. (1963) extends the definition of the syndrome of child abuse to comprise emotional abuse and neglect. They alerted physicians that cleared signs of being “battered” may not be present in all cases of child maltreatment. Additionally, symptoms may consist of ocular injuries, hypernatremia dehydration, inexplicable ruptures of the stomach, bowel, liver, or pancreas, and poisoning (Fontana, 1984).

2.13.5 Impact on child developing brain

Physically abused children have structural brain changes, including “smaller intracranial and cerebral volume,” smaller lateral ventricles, and smaller corporal callosa. The consequences of abuse might not manifest clinically until later in life (Odhayani et al., 2013). For example, the outcomes for infants who suffer brain damage from shaking can range from no apparent effects to a permanent disability including developmental delay, seizures or paralysis, blindness, and even death. Survivors might have substantially delayed effects of neurologic injury resulting

in a range of impairments mostly evident in children who have unusual psychosomatic complaints or behavioural changes (Odhayani et al., 2013). In such cases, a more in-depth assessment of the child and family might be indicated, it should be noted that not all maladaptive behaviours are an indication of abuse (Odhayani et al., 2013).

2.14 Cycle of violence

A physically abused child at home can also have inappropriate behaviour at school. Moyo et al. (2014) indicate that indiscipline remains a serious challenge for educators and practitioners in South Africa's institutions. Indiscipline is diversely replicated in behaviours such as drug abuse, assault, theft, rape, and murder (Moyo et al. 2014).

Children who endure abuse when growing up are more susceptible to destructively impacting the community at large (Mullen & Fleming, 1998). Society also suffers in numerous ways not just by passing down the heritage of abuse to their descendants but by breaking the family and contaminating society at large with cold-heartedness, disparagement anger and violence, crime, drug abuse, and disease (Mullen & Fleming, 1998). The way of expressing themselves is chiefly influenced by the way other family members behave towards each other. Any problem that is chronic and unsolved within the family could be a predictor of current and later psychological disturbances of the family members (Gelles, 1980; McCauley, Kern, Kolodner, Dill & Schroeder, 1997).

Physically abused children might have unusual injuries on their bodies that are not usually subject to injury such as wounds on the genitals, on the thighs, or around the eyes (Odhayani et al., 2013). Physical abuse might even manifest as serious trauma without adequate justification such as fracture with minimal trauma (Odhayani et al., 2013). In clinical practice, physically abused children might stare at their parents or caregivers and appear apprehensive, as if they are waiting for the next abusive event to occur. Additionally, the way clothing is worn can indicate physical abuse (Odhayani et al., 2013). For example, a child wearing a long-sleeve dress or clothing that covers parts of the body that are not normally covered such as hands, legs, and neck specifically in hot weather (Odhayani et al., 2013).

Having been maltreated as a child is also an important risk factor for becoming a perpetrator

which then creates a cycle of violence. Other occurrences such as being involved in criminal activity, having impractical or no-viable assumption prospects of parenting, and pressure of altering sources of income, loss of sources of income, health problems and detachment from social life are amongst substantial causes of child physical child abuse (Jassen et al., 2013).

2.14.1 Behavioural impact

A child growing up in an abusive household learns to solve his or her problems using violence, rather than making use of peaceful means (Margolin, 1998). Some of the long-term effects may include imitating parental role models and behaving in similar destructive ways in their adult relations (Cohen et al., 2008). Children may learn that it is acceptable to behave in a degrading way to other people, as they have seen this happen in the violent incidents they saw (Cohen et al., 2008; Gelles, 1980; Rivera & Widom, 1990). It is a commonly acknowledged act that is lacking in parenting. Low parental warmth and severe discipline styles are related to the expansion of behavioural issues and depressive disorders in children and adolescents (Dodge et al., 1994). Other investigations discovered that these divergent aspects of parenting are common to both conduct problems and depression (Conger et al., 1992). Lansford (2002) conducted an assessment on adolescents considering school scores and standardized test scores. It was found that absences, suspensions, aggression, anxiety, depression, and other psychological problems that led to drug use, trouble with the police, pregnancy, running away, gang membership, and educational aspirations are key problems associated with unacceptable behaviour of young children and adolescents (Lansford 2002). Furthermore, children subjected to physical abuse specifically corporal punishment may engage in more aggression and misbehaviour than those who are not (Lansford 2002).

Several studies in which children were interviewed report that these children do not agree with the use of physical punishment as it causes physical and emotional pain (Dobbs et al., 2006; Saunders & Goddard, 2007; Willow & Hyder, 1998). However, it is the least fair discipline method, when compared to other methods such as reasoning, time out, and withdrawing privileges (Vittrup & Holden, 2010). Children also show high levels of confusion in trying to make meaning of their parent's actions and their views about corporal punishment (Dobbs, 2007), with some children expressing strong negative feelings toward the adult who hit them (Gershoff, 2002).

2.14.2 Interpersonal conflicts

The deterrence theory is concerned more with the severity and reasons for punishment. The present theory shows corporal punishment used by teachers and caregivers plays a role in how children solve their interpersonal difficulties (Ngubane et.al., 2019). At home, disputes between siblings over possessions such as toys or books could end with the older sibling telling the parent. The parent would then beat the younger sibling. Conforming with Conaway and Hansen (1989), abused children have been reported to display an increased incidence of multiple personalities (Wilbur, 1984), poor peer relations (Martin, 1980), disturbed body images (Hjorth & Harway, 1981), and abuse toward their children (Curtis, 1963; Wasserman, 1967). Both maltreated groups have been reported to exhibit an increased incidence of mental retardation (Applebaum, 1977; Sandgrund, Gaines & Green, 1974).

2.15 Negative outcomes

There are negative outcomes that child abuse causes in the lives of children and adolescents in South Africa. Physical, psychological, and behavioural consequences of child abuse carry adverse effects not just on children and families, but on the entire community. The physical effects range from minor injuries to severe brain damage and even death. Physical abuse in infants and children can lead to brain dysfunction and sometimes to death. Child abuse is associated with different forms that negatively affect children and leave profound and lasting marks. Nevertheless, mental health symptoms account for 16% of the global burden of disease in adolescents aged 10–19 years (WHO, 2019). Common mental disorders are evident in the early stages of adolescence's lives (Myburgh et al., 2015; Sevenoaks, 2021).

2.15.1 Leaving home

This can also lead to children leaving home. Myburgh et al. (2015) confirm that there are various factors and family experiences that contribute to children leaving their homes. These factors comprise being physically beaten by caregivers who often abuse alcohol, being incriminated for no reason, poverty, abandonment, and rejection by parents and other family members. Even though being homeless is also associated with a lack or avoidance of formal schooling, many children living on the streets in this study were literate as they had not completed their school education.

2.15.2 Disengagement from school

The negative feelings that physically abused children have cause them to disengage from people and school and give up on normal life. Depression and pessimism possibly drive them to engage in antisocial behaviour. Importantly, the poor psychological status that some physically abused children face correlates with the lack of social competence experienced as compared to their non-abused counterparts. In turn, their lack of social competence potentially helps drive physically abused children to also engage in inconsiderable behaviours and may lead them to have more behavioural problems, less social acceptance, reduced peer relationships, and poor academic performance. Social incompetence is reflected in their parental relationships (Myburgh et al., 2015). Myburgh et al. (2015) perceive that there is an indication of suicide tendencies which is a subtle expression of wishing to die and escape from the difficult life on the street and the fear of being reunited with family members.

2.16 Child and adolescent mental health

According to Babatunde et al. (2020), child abuse and trauma, substance abuse, racial and cultural inequity, poor health services, and rural-urban disparity in the distribution of health resources are the components contributing to poor accessibility of child and adolescent mental health (CAMH) service. The increasing evidence that many mental disorders in adulthood stem from unaddressed mental health needs in childhood and adolescence has inspired renewed attention to child and adolescent mental health in many low- and middle-income countries (LMICs) (Costello et al., 2006). Mental health problems in childhood and adolescence pose a major threat to public health (Fisher et al., 2012). Epidemiological investigations in high, middle- and low-income countries indicate that approximately one in five children and adolescents suffer from a mental disorder that carries on into adulthood (Fisher et al., 2012). HIV infections, substance use, and being exposed to violence increase the chances of mental disorders. Child and adolescent mental health services play a key role in lessening the distress of mental disorders in childhood and later when the child is attaining maturation (Fisher et al., 2012).

2.17 Interventions

Children whose mothers are employed are more self-assured and display more appreciation for their mothers in contrast to those mothers who are not employed (Gottfried & Bathurst, 1994;

Muller, 1995). Studies distinguish a small but comprehensible negative difference in the effect of maths grades if that child's mother was in employment (Gottfried and Bathurst, 1994; Muller, 1995). Yet, this alteration appears to be constructed on the fact that jobless mothers are less absorbed with the workload. They will, therefore, spend more time with their child's work and are less likely to supervise the child's work uninterruptedly after school, compared to a long-lasting deficit brought about by maternal employment in the initial ages. Therefore, the investigation concludes that mothers who are employed can supervise their kids and be involved with their kids' institute affairs in the same manner as the stay-at-home mothers. Gorman-Smith and Tolan's (1998) study conducted in Chicago deals with the effects of divorce. The study finds that family structure and other familial influences had no independent involvement towards the prediction of exposure to abuse in comparison to that of other risk factors such as the breakdown of traditional social processes in the community (Gorman-Smith & Tolan's (1998).

Low-income parents are characterised by contributing on the road to their child's growth. Evans (2004) states that these parents have less time to connect with their children and do not have enough time to engage with children on an intellectual level. They usually turn out to be more aggressive in their methods used to educate children. Poverty was another factor influencing children and adolescents to attain full development. Children do not undergo the same route of attaining full expansion for an illustration, children living under the poverty line are half as expected to recall the alphabet and have the aptitude to count by the time they enter the first years of schooling. This development according to Brooks-Gunn (1995), also appeals to and sustained through adolescence. Older children in poverty are twice as likely as their counterparts to repeat a year of school and are less likely to go on to higher education (Brooks-Gunn 1995).

Children and adolescents who have been exposed to physical abuse at home or school are very likely to display delinquent and violent behaviours in the community at large (Mrug & Windle, 2009). The Mesosystem is the connections or interrelationships among such microsystems as homes, schools, and peer groups. Bronfenbrenner argues that development will be increased by supportive and strong connections between microsystems. For example, children who have secure relationships with parents tend to be accepted by others and to have close, supportive

peers during their development (Perry, 1999). According to McAdoo (1996), a child's competence to learn in a schooling environment is dependent on the quality of the teaching provided, the degree to which their parents value education, and how they interact with the teacher and vice-versa. However, this can also impact negatively at this level when divergent peer groups or friends of the child devalue education. They will tend to undermine the child's school performance despite the teacher and parents' best efforts.

Numerable research has revealed that exposure to abuse has a severe negative impact on a child's academic functioning. Schwab-Stone et al. (1995) conclude that as maltreatment increases it has a direct negative correlation with academic performance. Likewise, Bowen (1999) found that in a sample of over 2000 high school students, exposure to community and school violence put limitations on school attendance, behaviour, and results. Warner and Weist (1999) reveal that children from low-income families who are witnesses to household and neighbourhood violence demonstrate typical symptoms of PTSD, anxiety, and depression. The symptoms continue upon the latter to include typical externalising behaviour such as anger, inability to form relationships and a decline in academic performance.

Surviving on a low income or in a bad neighbourhood does not make it impossible to be a caring, affectionate parent of healthy or sociable children. But it does, undeniably, make it more difficult (Utting & Pugh, 2004). Children from low-income households may display more behavioural troubles than their better-off peers in high-income households. However, according to Gorman-Smith (1998), family factors including parenting practices do not predict children's exposure to violence. He suggests that other community factors rather than their household income will influence and operate on children and those family factors are not powerful enough to mediate or moderate their effects (Gorman-Smith, 1998). Such studies have often found there to be an important correlation between communities in which citizens have described a high level of community cohesion and children's safety, with an increase in child abuse being linked with a negative sense of community identity Gorman-Smith (1998).

The exosystem considers aspects of the environment beyond the immediate system that directly affects the individual. Exosystem consists of a link between two or more interactions or settings, but the individual is embedded in only one (Bronfenbrenner, 1977). Exposure to

violence can be influenced by a larger system, which may not be directly experienced by the individual. Violence exposure in multiple environments is an example of an exosystemic level factor. Certain factors may or may not directly affect the individual but can influence the microsystem that contains the individual such as cultural and customs that are prone to disciplining the child (Bronfenbrenner, 1977).

Bronfenbrenner's exosystemic influences entail situations where children's growth is indirectly impacted by things that are happening in their surroundings. However, the child may not be aware of these. For example, parents' work surroundings constitute the child's exosystemic impact in the sense that it affects children's emotional relationships. At home, the child may be significantly susceptible to whether their parents escalate their work (Greenberger et al., 1994). Correspondingly, children's involvement in school may be predisposed by their exosystemic influence through social integration strategy taken on by the school assembly or by unemployment in their community that engenders a deterioration in the school's earnings. One may also observe the negative impact on the child's development which often happens when the exosystemic level breaks down. Sidebotham (2002) has demonstrated that family circles that are affected by joblessness, underprivileged housing, and deprived societal networks are inevitably intricately linked by child abuse's manifestations.

Furthermore, Beeman (1997) notes that the absence of social resources and the regularity of adverse attitudes towards available networks all subscribe towards the likelihood of being abused. Research has continuously proved that unemployment can put a strain on one's marriage which may lead to an increase in matrimonial conflict, and which engender depression on both parents. In families experiencing divorce, parents seem to be irrational towards their children, displaying less care, and being incompetent at monitoring them. Similarly, children, in turn, respond to this situation by disclosing a sequence of uncommon behaviours that later cause depression, anger, or becoming involved in anomalous behaviours. According to Conger et al. (1992), the likelihood of abuse at all levels shows an increase during times of household unemployment. However, according to Berger (2005), parents who are experiencing divorce but have a supportive framework and emotional support from friends are increasingly more likely to provide a safe and affectionate environment for children in comparison to those who are occupied in social isolation.

Meick et al. (2015) suggest the implications for policy and intervention strategy in South Africa over the harsh and abusive parenting that has a substantial and intergenerational impact on children. It has been reported that parents who encounter abuse as children are also more likely to abuse their children (Meick et al., 2015). Richter (2018) posits that a child cannot distinguish between discipline and physical punishment and children are not aware of the impact that it has on them. Ngubane et al. (2019) also assert that corporal punishment has the possibility of creating a “vicious circle” of conflict and violence that carries on into adulthood. In the case of a child, one cannot distinguish between ‘discipline’ and corporal punishment as it turns to harm a child. Physical punishment causes fear rather than discipline, Children who experience physical punishment are also more likely to exhibit confrontational behaviour (Richter, 2018). Exposure to violence has severe consequences for children including extended periods of stress, powerlessness, and depression which affect school and social adjustment. Exposed children are at risk of becoming insensitive to future violence exposures, uncaring towards others, and becoming violent themselves (Richter et al., 2018).

Long-term effects of abuse include poor mental health, drug and alcohol abuse, risky sexual behaviour, criminality, and neglectful or abusive parenting, leading to a vicious cycle of violence and poor functionality Child aggression, child delinquent and antisocial behaviour, adult aggression, and antisocial behaviour are some of the effects of physical abuse to children and adolescents (Richter et al., 2018). Breen et al. (2015) add that violence can result in serious long-standing physical, emotional, and psychological implications for learners. Some of the psychological effects of physical abuse include low self-esteem, distress, risk of depression and suicide, reduced school attendance, impaired concentration, increased risk of teenage pregnancy, fear, and diminished ability to learn, community disintegration, academic underperformance, and school drop-out. Crime and violence are a severe threat to democracy, peace, and economic stability in South Africa. These effects of violence destroy the social fabric of communities and the nation as a whole and endanger the health of both children and adults. Violence further deepens gender and social inequalities and reduces the overall quality of life (Mthanti & Mncube, 2014). To get a more complete picture of the context and experiences of discipline, it is important to understand children’s perspectives. When children are asked about their experiences of corporal punishment, many report being hit with objects. A few children also indicated that their parents usually beat them when they are very angry.

However, parents argue that they do not hit them when angry (Breen et al., 2015).

Breen et al. (2015) point out that for most children punishment is the first thing that comes into children's minds when reflecting on their relationship with adults in their lives. This has created inferences in children's cognitive growth in the context of chronic stress since children's stress response systems are regularly stimulated without the buffering protection of adult support. Toxic stress interrupts brain construction, exposing children at risk for stress-related illnesses as well as intellectual deficiency (Breen et al., 2015). Since the ban on corporal punishment in 1996, there has still been no remarkable change in learners' behaviour and corporal punishment. Corporal punishment is still largely used in schools, sometimes resulting in hospitalisation of learners (Moyo et al., 2014). Moreover, corporal punishment prompts harmful psychological and physiological reactions. Children do not only encounter discomfort, downheartedness, fear, anger, shame, and guilt but feeling intimidated also leads to physiological stress and the activation of neural pathways that deal with danger (World Health Organisation, 2021). Further, children who have been physically punished have a habit of exhibiting high hormonal responsiveness to stress (World Health Organisation, 2021). A developing child's exposure to violence in interpersonal relationships within the microsystems may directly threaten their physical and emotional safety and reduce the quality of potential learning opportunities in the school and community. Exposure to physical abuse and corporal punishment exposes children to maladaptive coping, to complications in managing interpersonal conflicts, and to amplify emotional reactivity to life stresses. This may lead to counterproductive interactions with others in the microsystem and other system levels, increasing the child's risk of being re-victimized.

2.18 Interventional Programs for Child Physical Abuse

A strong and secure attachment bond with a primary caregiver is the core of developing resilience and a healthy personality. It strengthens a child's ability to cope with stress, regulates emotions, provides social support, and forms nurturing relationships. The world can be experienced as a safe place in which one can explore, grow, and develop independence. The child finds comfort and support from his or her caregiver when going under stress (Odhayani et al., 2013). Research has shown that the quality of exchanges between a caregiver and an infant is the foundation for the infant's signalling system. It influences the child's subsequent

mental and physical health, especially the child's capacity to interact with others and the development of neural pathways for language and higher cognitive functions (Odhayani et al., 2013).

MacMillan et al. (1994) classify the prevention of child abuse into three subsets primary, secondary, and tertiary. Primary prevention comprises any manoeuvre that is provided to the general population or a sample of the general population to decrease the occurrence of child maltreatment (Dubowitz, 1989). According to Caplan's theoretical model of prevention, secondary prevention commonly suggests the early uncovering of a condition to shorten the period of a disorder (Caplan, 1964). Tertiary prevention reports those conditions in which child abuse has previously happened and the prominence of averting the reappearance of impairment ensuing from abuse (Helfer, 1982). The eminence of the surrounding community is critical and vital to childcare. The characteristics of the child's setting and the quality of relationships between caregivers and children are of high importance (Dawes, 2006). The societal level is most distant to children and has its effect indirectly through those individuals who are accountable for them. It comprises the law that defends children, and the cultural scripts for parenting and childcare that prevail in the society (Dawes, 2006). Family and peer groups are important sources for protecting children and adolescents from the negative impact of violence exposure in the community (Moses, 2005). Parents' conduct has an impact on young people's health in the long run, well-being, and future edification (Shenderovich et al., 2019).

Parenting interventions have been revealed to expand child-caregiver associations to promote positive parenting practices and decrease harsh parenting as well as child maltreatment. Effective child abuse prevention and intervention approaches require a systematic understanding of children and adolescents' exposure to violence in multiple contexts. It is significant to realize that child abuse is never the child's fault, and that abusive conduct is a choice made by parents or caregivers. Having recourse to some interventional methods may interrupt the cycle of abuse to improve a child's well-being. Support services such as counselling, support groups, and educational agendas can assist entities to prevail over abusive behaviour and learn fitting childcare (Christian et al., 2018). Averting child abuse necessitates an overcomplex method that involves education, community support, and the delivery of income for families (Zeanah & Humphreys, 2018). This includes providing access to mental

health amenities and support for parents struggling to deliver for their children. It also encompasses educating the public about the signs of child abuse and the prominence of reporting any distrusted cases to the befitting establishments (Zeanah & Humphreys, 2018).

Parenting programs must be culturally relevant to potential recipients and practitioners to guarantee adequacy and efficacy (Castro et al., 2004). Local contextual influences in high-income countries may influence the feasibility of parenting programs due to variations in culture such as language, customs, beliefs, and family dynamics, accessibility like timing, location, and cost and delivery such as institutional support, facilitator training and supervision, and delivery mechanisms. These factors may affect the cultural acceptability, participant involvement, and implementation of programs when transported from one context to another (Castro et al., 2004).

2.18.1 Interventional strategies

Investigations conducted by Benjamin et al. (2022) reveal that anxiety in early childhood is linked to various repercussions in adolescence and adulthood such as giving up on school, substance abuse, anxiety disorders, depression, and suicidal ideation. Therefore, diagnosing the existence of anxiety earlier on and providing the required recommended services could aid in plummeting the adverse impact of unidentified and untreated anxiety in early childhood. This point agrees with a study conducted by Duplessis et al. (2015) who examines the contribution of different forms of violence to incarnate and exemplify symptoms among young adolescents in South Africa. The study also indicates that school learners are exposed to different forms of violence and the gravity of depression, aggression, and conduct disorder indicators (Duplessis et al., 2015). Therefore, schools and community centres should introduce more extracurricular activities and community activities that would shift the child's negative mesosystem and exosystemic level to a positive one (Härkönen, 2001). The child's time and energy would be more focused on positive developmental skills such as learning how to play a new sport and instrument and learning to do new craft projects (Härkönen, 2001). This would also involve interaction with other people or the development of communication skills (Härkönen, 2001). Examples of these would include school fun walks for charity, drug education programs such as Drug Abuse Resistance Education in Barbados, and 4-H, dancing groups. These socialization agents are informed by Bronfenbrenner's theory as they provide counsellors that the child feels

comfortable talking to when he or she cannot talk to the parents about a problem which may disturb his growth and development. In essence, the counsellor would notify the parents and a social worker if the child is showing signs of abuse from home or at school (Härkönen, 2001). Schools and community organizations can also play a role in preventing child abuse by promoting safe and supportive environments for children (Caron et al., 2020). This can include educational programs for children and parents on healthy relationships, consent, and boundaries.

Additionally, community leaders and policymakers can work to create laws and policies that protect children from abuse and provide support for victims and their families. This may include funding for child protective services, strengthening penalties for child abuse, and improving access to resources for families in need. Overall, preventing child abuse requires a collective effort from all members of society (Caron et al., 2020). Working together can create a safer and more supportive environment for children and help break the cycle of violence (Caron et al., 2020). The universal inclination in the direction of the prevention of violence against children may result in the repetition being underreported predominantly where school corporal punishment is illegal (Gershoff, 2017). Consequently, available occurrence data may be an underestimation of the genuine incidence of school corporal punishment (Gershoff, 2017). Notwithstanding this and the fact that very few studies are acknowledged in South Africa. The use of school corporal punishment across both low- and middle income is very significant compared to high-income countries which advocate that school corporal punishment is a continued reality for school students globally (Gershoff, 2017). The banning of corporal punishment in South African schools is one of the responses that developed after the 1976 student uprising, particularly because when resistance to apartheid increased in South Africa, international perceptions and views also began to change. However, the prohibition of corporal punishment has resulted in teachers experiencing various disciplinary problems in schools (Morrell, 1994). Investigations show that the proscription of corporal punishment in South African schools is one of the responses that developed after the 1976 student uprising, particularly when resistance to apartheid swelled in South Africa (Morrell, 1994). Some changes were brought out because of international pressure that changed perceptions of corporal punishment in schools. However, the prohibition of corporal punishment resulted in teachers facing various disciplinary problems in schools (Ngubane et al., 2019).

Furthermore, Ngubane et al. (2019) also specify that after the abolition of corporal punishment, teachers were expected to connect with learners in a friendly manner and to enhance a stress-free environment in schools. Ngubane et al. (2019) are confident that it is possible to have a more effective and valuable association of teachers to have a more beneficial learning environment in the classroom which can be highly advantageous for the learner. Importantly, intention and intensity are two factors that are supposed to be considered when one distinguishes between corporal punishment and physical abuse (Ngubane et al., 2019). According to Rossouw, Joubert and Prinsloo (2008) cited in Ngubane et al. (2019) emphasize that historically schools existed as a continuation of the family unit, as educational functions could not be solely left to family members alone. However, good discipline does not come by chance but rather requires one to be purposefully managed which is now the duty performed by parents and schools in shaping children's behaviours. This scholar further highlights that discipline is a teacher-directed activity whereby they seek to lead, guide, direct, manage or confront a learner about behaviour that disrupts the rights of others" (Joubert & Prinsloo, 2008). Discipline is used actively and beneficially when learners receive a corrective approach in which they acquire self-control, and respect for others, and learn to accept the consequences of their actions (Kapueja, 2014). However, common acts of punishment seem to focus on misbehaviours' actions though these end up harming the child psychologically, provoking anger, resentment, and more conflicts (Joubert and Prinsloo, 2008). Finally, SASA abolished the use of corporal punishment in all South African schools. As physical abuse sometimes leaves the child with a perpetual infirmity a child may end up deaf, paraplegic, or having brain or spinal cord injury (Ugoji, 2020).

The new South African constitution put an end to corporal punishment. It instructs that no person shall torment any child, nor shall any person be treated or punished in a cruel, inhumane, or degrading way. It also prompted the publication of a booklet entitled "Alternatives to corporal punishment" which focuses on protecting children from corporal punishment in schools and at home (South Africa, 1996). It is currently used to shape the learning experience in schools by the Department of Education in South Africa. The booklet stipulates that discipline depends on "constructive, corrective, rights-based, positive educative practices" and not on punishment nor on explicit disciplinary activities that can be observed as "punitive, destructive, and negative (Ngubane et al., 2019). Subsequently, the first democratic elections

in South Africa saw the entry into a democracy where a progressive constitution that reassures democratic values and philosophies was a major turning point to child protection in the country. However, important variations were needed in the education system if these democratic philosophies were to be employed (Ngubane et al., 2019). Teachers were thus also “anticipated to pay democratic values in handling learner misbehaviour (Ngubane et al., 2019).

According to Edwards (2008), cited in Ngubane et al. (2019), democratic discipline is characterised by learners’ protection and complete and authentic involvement in all stages of their lives. This scholar further preserves that democratic discipline is also categorised by its being sincerely involved in the teaching program (Edwards, 2008). The learning programme states that the new democracy in South Africa introduced a culture of human rights in the country as “the culture of human rights is incorporated in the South African Constitution and the Bill of Rights. Significantly, discipline is not only learned at school, but children also learn about discipline at home and in the communities in which they live (Edwards, 2008).

The advancement of the national child mental health policy in South Africa occurred in 1977 with the Potgieter Commission. This committee commended intersectoral cooperation early identification of children and adolescents’ mental disorders at the primary healthcare level and in schools and urged the capacity of health and education staff to identify children and adolescents’ mental disorders (Mokitini et al., 2018). The policy on youth health was extended between 2001 and 2003. The policy sets out a three-tier model for children and adolescents’ mental health (CAMH) services and outlines the movement of children between these tiers. The first point of contact is for patients (Mokitini et al., 2018). In their study, Mokitini et al. (2018) report that no South African province had a child and mental health strategy or exclusive completion to come in to support the national child and adolescent mental policy. Provincial comprehensive general health policies address CAMH issues only partially and are developed mainly to address the challenges with HIV/AIDS, TB, maternal and child mortality, and adherence to the millennium development goals. The process of policy development was typically a consultative process with internal and external stakeholders. There was no evidence that CAMH professionals and/or users were included in the policy development process (Mokitini et al., 2018). The same study reports that there are no provincial child and adolescent mental health policies, or implementation plans to support the national children and

adolescents' mental health strategy (Mokitini et al., 2018). Hence, they are unable to identify a dedicated provincial leadership structure for children and adolescents' mental health with no essential medicines available in all facilities, and most children and adolescents had no admission to free facilities (Mokitini et al., 2018).

Corporal punishment has been abolished in South African institutions. SASA brings on a nonaggressive tactic in the instruction domain. The pledges of principals, teachers and parents are very crucial in the implementation of the approach. Stakeholders are required to work hand in hand in the establishment of a new order of conduct (Ngubane et al., 2019). However, in South Africa, strategies that are supposed to prohibit all procedures of corporal punishment have been insignificant in some schools. To resolve this matter, promoting an effective, non-corrupt justice and police system must remain a priority particularly in low- and middle-income countries where these systems often fail. A strong social welfare and social protection system is highly recommended to eradicate the issue of child physical abuse (Ngubane et al., 2019). Multi-disciplinary and multi-sectoral cooperation and collaboration, as the causes and risk factors for violence against children vary (Ngubane et al., 2019). More funding is required for programmes aimed at reducing child abuse. Underlying risk factors for violence in society, including poor socio-economic status, unemployment, and gender inequality also require to be addressed appropriately (Jassen et al., 2013). Society must distinguish the signs of child abuse and take steps to avert it. This can encompass providing support and resources to families in need and increasing public awareness about the issue. Everyone must play a role in identifying and reporting child abuse cases (Seddighi et al., 2021). This can involve being aware of the signs of abuse, such as bruises, injuries, changes in behaviour, and difficulty concentrating (Seddighi et al., 2021).

South Africa is one of the 14 out of 191 countries recognizable and accepted by the United Nations that has passed national children and adolescents' mental health laws to protect children. In South Africa, legislation and the enhancement of policy is done at the National level by the Minister of Health in consultation with a range of stakeholders (Mokitini et al., 2018). The nine provincial Departments of Health are then responsible for developing implementation plans with clear targets, indicators, budgets, and timelines (Mokitini et al., 2018). Provincial departments are also responsible for monitoring and evaluating of the

implemented national policy and legislation (Mokitini et al., 2018). Provincial districts subdivisions of provinces are responsible for the local implementation of interventions under national and provincial priorities. The whole process indicates that the policy is inclusive as diverse views are considered before the law is enacted (Mokitini et al., 2018).

Individuals can also take steps to prevent abuse by volunteering with organizations that support families and children and by spreading awareness about the issue through conversations and social media. It is also important for schools, healthcare workers, and law enforcement agents to have proper training in recognizing and reporting abuse (Lines et al., 2023). Government can play a role in providing funding for resources and services that can help prevent and respond to abuse. Addressing child abuse necessitates a comprehensive and collaborative approach that comprises everyone in society. Working together can create a safer and more supportive environment for children to grow and thrive (Lines et al., 2023).

2.18.2 Program implementation dimensions

Facilitator and participant behaviour that are inter-associated can affect program outcomes. In evaluating facilitator behaviour, there are three characteristics (Shenderovich et al., 2019). Firstly, fidelity is an intervention component that explains whether the intervention was carried out as per agreement. The value of conveyance includes the facilitator's teaching and the procedure in which skills are developed. Secondly, there is adaptation which clarifies ways in which interventions are altered by the facilitator (Shenderovich et al., 2019). Most of these terms have many substitute tags such as fidelity and it is often represented as adherence and quality as the competence of the facilitator among other terms. To measure participant behaviour, relevant aspects included in the model are attendance, the extent of commitment of active engagement with the intervention, home practice, and satisfaction (Shenderovich et al., 2019). Throughout parenting intervention, members perceive, witness, and run through countless methods within a detailed topic (Shenderovich et al., 2019). Therefore, participants need to be active to be eligible to study these inventions such as the incredible years (Shenderovich et al., 2019). The Chicago parent program in the US found that more active attendance and engagement in sessions were linked to better intervention outcomes and had a lot of benefits. The commitment during these sessions played a major role in predicting positive results. Nevertheless, attendance without active involvement may be insufficient to improve

results (Shenderovich et al., 2019).

The intervention manual is based on social learning principles, developed drawing on existing research, and consultations with experts and piloting in South Africa (Shenderovich et al., 2019). Sessions are designed to be participatory, and non-didactic, and they cover topics such as praise and relationship-building, managing emotions and solving family problems. The group sessions include both the adolescents and their caregivers to facilitate change in family relationships and 14 weekly group sessions (Shenderovich et al., 2019). In the ten joint sessions, caregivers and children work together in the same room, while in the four separate sessions caregivers and adolescents are in parallel sessions, ideally out of each other's earshot to promote an open discussion (Shenderovich et al., 2019). Likewise, the participants are given a home practice task after each session to practice new skills (Shenderovich et al., 2019). For example, the facilitators ask adolescents and caregivers to give each other compliments during the week to practice the skill of offering specifically labelled praise. For those who could not attend sessions, home visits are delivered by the facilitators with a summary of the week's topic (Shenderovich et al., 2019).

2.19 Positive parent child interaction

This intervention is an essential prerequisite for positive early childhood development. Children who obtain positive reinforcement, participation warmth and affection, and consistent non-violent discipline are more likely to realize their developmental potential, learn pro-social skills, and make an eloquent involvement in society (Lachman et al., 2016). They are also more likely to transfer these skills to their children, thus strengthening the intergenerational transfer of positive parent and child relationships along with child development. On the other hand, inconsistent and abusive parenting is linked to maladaptive behaviours in children as well as negative adolescent and adult outcomes. This is particularly concerning in LMICs where children experience high levels of violent discipline and psychological aggression (UNICEF, 2014).

2.19.1 Intervention session

The stages involved in this intervention include the identification of common core intervention components in evidence-based parenting programs, formative evaluation using qualitative in-

depth interviews and semi-structured focus groups with local practitioners and low-income parents, and the development of intervention structure, format, and protocols (Lachman et al., 2016). The process occasions a manualized, group-based, 12-session parenting program that combines existing evidence of effective mechanisms within a local, culturally applicable setting. The recommended next steps are rigorous piloting to test feasibility and preliminary intervention (Lachman et al., 2016). The effects are followed by experimental trials to examine intervention effectiveness in a real-world setting. Unfortunate circumstances such as severe parental illness, absence, and death appear to disrupt the efficiency of the parenting curricula (Lachman et al., 2016). The United Kingdom Medical Research Council is a framework for designing and evaluating complex social interventions (Fraenkel, 2006). It is a foundation for program development. The framework's development phase includes three key stages in preparation for pilot feasibility testing. Stage one is about identifying the core intervention components. Stage two is about the formative evaluation of the local population. Stage three comprises the integration of evidence and local context (Fraenkel, 2006).

Stage one examines the meta-analyses, distillation studies, and specific interventions to identify core evidence-based components regarding the content and the delivery that is derived from the theory-driven behaviour to change approaches. In stage two, one engages the local practitioner in a formative evaluation to inform program development. It uses a collaborative model for community-based program development to assess stakeholders' perceptions of content necessary for inclusion in programs (Fraenkel, 2006). Stage three includes integrated findings from the previous stages to establish a balance between fidelity and the existing evidence and fit the local context (Castro et al., 2004). This stage involves the design of program format and content including the annualization of delivery protocols (Castro et al., 2004).

2.19.1 Parenting Intervention Programs

Cluver et al. (2016) argue that several parenting programmes have shown effectiveness in child abuse prevention and reduction. They include the Triple P, Parent, child Interaction Therapy (PCIT) and Parent Management Training Oregon (PMTO). Build parenting skills in behaviour management and promote family problem-solving (Cluver, 2016).

2.19.1.1 Sinovuyo Caring Families' Teen programme

The proposed technique uses a general literature review, community consultation, and proficient sessions with designers of current adolescent programs (Cluver et al., 2016). The Manual is developed by a national NGO, Clowns Without Borders South Africa together with the Universities of Oxford and Cape Town, and in consultation with NGOs including WHO, UNICEF South Africa, the Regional Psychosocial Support Initiative, and the South African National Government subdivisions of Social Development and Basic Education. Community consultations commence with parents and with a suggested group of 20 adolescents from low-income South African civilizations. This intervention uses social learning and parent management training viewpoints. As stated, this intervention technique includes parents and adolescents. It uses a collaborative learning process with deeds that are mostly based on learning, role-play, and exercises that are done at home (Cluver et al., 2016).

The parenting programme called 'the Sinovuyo ('we have joy') Teen Programme' encompasses 12 weekly sessions, each lasting 2–2.5 which are led in local church halls. For eight sessions caregivers and adolescents attend jointly and in four sessions they join in separate caregiver and adolescent groups. The programme follows core principles of evidence-based parenting programmes, including collaborative problem-solving, home practice and discussion, and skills-based active participation. Sessions conducted include praising each other, managing anger and stress, joint problem-solving, non-violent discipline, rules, and routines, keeping adolescents safe in the community, and responding to crises. A crucial point about the program is that it includes using role-plays, simplified session content adding mindfulness-based physical exercises for stress reduction, and additions of culturally relevant songs and games. A peer-support system of 'Sinovuyo buddies' was introduced to help participants between sessions, as low literacy levels limited the use of written materials (Cluver, 2016).

2.19.1.2 Intervention session

The implementation was done in isiXhosa, the local language. Sessions include establishing special time for parents and adolescents, specific and immediate praise, dealing with stress and anger, establishing rules and responsibilities, and responding to crises. Simple stress reduction activities derived from mindfulness-based stress reduction are incorporated into the weekly group sessions and home practice assignments for parents and teens (Cluver et al., 2017). These

actions encompass a body relaxation technique which is a short-term breath-awareness meditation that intensifies socioemotional regulation skills. Disparate from the children's intervention program that only encompasses parents. The high-income countries attest that the inclusion of both adolescents and parents is necessary for the evolving stage (Cluver et al., 2017).

Problem-solving and addressing the anger issue, these sessions could be experienced together. With a combination of joint sessions where skills (such as problem-solving) can be experienced together and detached conferences where developmentally suitable responses (such as addressing anger) can be established. Adaptations encompass role-plays and acted-out situations (Cluver et al., 2017). The first session is about splitting parent and adolescent sessions. The session aims at establishing ground rules, mindfulness-based physical exercise and then practice at home to create family goals and physical exercises (Cluver et al., 2017). Secondly, the two joint sessions are where this session focuses on building trust and spending time together. Parents and adolescents spend time together, following the adolescent's lead. The main activities focus on asking about each other's day and devoting time together such as walking to fetch the water, telling a story, as well as physical exercise. Also praising each other and understanding why praise helps to get better behaviour. This praise involves practising specific praise, immediate praise, and praise without criticism. The practice at home is praising each other once a day and physical exercise (Cluver et al., 2017). The 4th session consists of separating parent and adolescent sessions. This session involves naming feelings and talking about emotions, learning to classify one's feelings and discussing them with families. The practice at home involves commenting on emotions and asking about others' emotions (Cluver et al., 2017). The 5th session is more about awareness and dealing with stress, fear, shame, and anger and working toward productive, beneficial, and positive ways of handling difficult feelings. When feeling anger rise, it is beneficial to practice coping plans and to do something positive such as visiting a support partner, or physical exercise (Cluver et al., 2017).

The 6th session focuses on problem-solving, learning practices for problem-solving together, making plans, and seeing how they work (Cluver et al., 2017). The 7th session is about guidelines, directions routines, and accountabilities. Launching rules for the home and routines such as taking medication. Clear, detailed, and precise responsibilities conferring age and

ability. Creating one rule or routine together. The 8th session is about keeping safe in the community. It involves identifying and discussing together safety apprehensions for adolescents. Also, making plans to keep adolescents safer when they are outside the home, classifying a risk and deciding together to avert it (Cluver et al., 2017).

The 9th session focuses on responding to crises such as using skills learnt in sessions 5, 6, and 8 to stay calm and make plans together when crises happen such as rape and arrest. Make a list together of people in the family and any organizations in the community that can help in a crisis. Learning to move on and celebrate, plan, support each other in an ongoing way, and classify external support (Cluver et al., 2017). The participants must continue to meet as a group or with Sinovuyo partners to support each other with family life (Cluver et al., 2017).

2.19.1.3 Alternatives to corporal punishment

The alternative to corporal punishment (ATCP) emphasises the actual and operative communication, respect, and positive educational interactions between educators and students as recommended (Moyo et al., 2014). The proposed disciplinary procedures are verbal warning, detention, demerits, community work, and small menial physical responsibilities (Moyo et al., 2014). Since the ban on corporal punishment in 1996, there has still been no remarkable change in learners' behaviour and corporal punishment is still largely used in schools, sometimes resulting in hospitalisation of learners. As Maphosa and Shumba (2010) note the growth of the learner indiscipline cases in schools suggests failure by teachers to institute adequate alternative disciplinary measures after corporal punishment was forbidden in South African schools. Research has proven that corporal punishment is still used in schools (Maphosa & Shumba, 2010). The study further argues that the ATCP does not seem to work and raises a fundamental question as to whether the ATCP is an appropriate strategy for instilling discipline in schools (Maphosa & Shumba, 2010).

The ATCP is imposed on other stakeholders. The introduction of the ATCP has also met with resistance in South Africa. Teachers, parents, and cultural and religious groups feel that the government has undermined their right to be consulted as the key role players in the education of their children (Du Preez & Roux, 2010). There has been criticism of the above intervention. The cultural, religious, and personal experiences were not considered when conflict arose with

what parents and teachers stand for and what they would like to see their children become (Moyo et al., 2014). It is important to note that there are critical role players in education who are also against the ban on corporal punishment such as Christian organisations (Moyo et al., 2014), traditional leaders, and there are also learners who are publicly endorsing corporal punishment (Radile, 2007). Some teachers feel that since corporal punishment is outlawed, the power of teachers has been significantly diminished (Radile, 2007). Hence, the debate about how to instil discipline in schools is ongoing and is often emotional as it is fuelled by the perceived belief that the ban on punitive strategies such as corporal punishment is the cause of lack of discipline in schools (Radile, 2007).

There is evidence that in some schools the ATCP is not used and in others, it is wrongly implemented because the envisaged outcome is not reached. At the same time, out of desperation to maintain discipline, many teachers have resorted to using outlawed corporal punishment as a way of disciplining learners. These measures seem to impact various aspects related to rights-based education in schools, and the specific practices and their impact on school leadership seem to have not been investigated (Radile, 2007).

2.19.1.4 Parent child interaction therapy

These programs share a common theoretical foundation based on social learning which views harsh or ineffective parenting as contributing to the development of child behavioural problems (Lachman, 2016). They also use comparable methods that emphasize building positive parent and child relationships before learning nonviolent discipline strategies. By improving the quality of parent and child relationships through positive parenting, children are less likely to misbehave. This reduces the need for parents to enforce limits and use potentially violent disciplinary methods. Parents also learn to regulate their emotions while replacing harsh and inconsistent parenting with nonviolent and consistent discipline strategies (Lachman, 2016).

Similarly, Parker and Becker-Benton (2016) recommend that shifting harsh parenting to more positive parenting practices across communities is the purpose of this intervention. Community mobilization practice is used as a community development process towards social activation methods to gather community members to discuss issues around parenting. The community mobilization approach is an effective tool for tackling public health issues in marginalized

communities by facilitating shared learning about prevention and reduction of health and social risk factors such as child maltreatment (Kleyn et al., 2020). Kelyn et al. (2020) further argues that harsh parenting attitudes towards punishment have undermined children's behaviour and development and consequently engender violence in children. Parent training programs are effective preventive interventions (Kelyn et al., 2020).

Cluver et al. (2018) argue that the mobilization process consists of creating a community-based and community-developed "brand" for positive parenting, alongside several child-oriented community activities to support related prosocial values. Four evidence-based parenting for Lifelong Health parenting skills training programs are offered to caregivers to teach them evidence-based, non-violent, effective strategies for parenting (Cluver et al., 2018). The parenting programs are the following: Thula Sana, a home visiting program starting during pregnancy that improves attachment between mother and child; a cognitive development book-sharing program for toddlers; the Sinovuyo Caring Families Program for children which increases positive parenting and reduces harsh parenting and child behaviour problems. the Sinovuyo Caring Families Program for parents and teens, which reduces violent discipline, and teen aggression (Cluver et al., 2018).

Children who receive positive reinforcement and involvement, warmth and affection, and consistent nonviolent discipline are more likely to achieve their developmental potential, learn pro-social skills, and make a meaningful contribution to society (Lachman et al., 2016). They are also more likely to transfer these skills to their children, thus strengthening the intergenerational transfer of positive parent-child relationships and child development. On the other hand, inconsistent and abusive parenting is linked to maladaptive behaviours in children as well as negative adolescent and adult outcomes (Lachman, 2016) consequently, inconsistent, and abusive parenting is linked to maladaptive behaviours in children as well as negative adolescent and adult outcomes. Poverty and violence are far more widespread in low-income contexts and both compromise parenting and increase the risk of harsh parenting (Lachman et al., 2016).

2.19.1.5 The Inspire strategies

It includes seven strategies for ending violence against children such as implementation and

enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services, and education and life skills (Cluver et al., 2020). These strategies are based on reviews of all effective interventions in the growing evidence base for prevention and response to violence against children, including youth violence and sexual abuse (Cluver et al., 2020). However, implementing the full range of INSPIRE strategies and approaches is a challenge in contexts of limited financial and human resources (Cluver et al., 2020). As a first step, observational data can be used to evaluate associations between community- and family-level protective factors and multiple outcomes. Such evidence could guide future policy or programme selection (Cluver et al., 2020).

2.19.1.6 The Skhokho program

The Skhokho program supports the success of teachers' ability to teach the life orientation curriculum by making use of positive discipline and endorsing respect for human rights and the parent-teenager affiliation to prevent intimate partner violence among teenagers (Mthanti & Mncube, 2014). The school component of the intervention provides teachers with training on positive discipline and behaviour management, stress, and coping, and implementing policies and values into action (Mthanti & Mncube, 2014). The intervention also offers workshops for parents and their adolescent children facilitated by trained facilitators where contributors learn about communication skills, conflict resolution, positive parenting, positive discipline, and adolescent development (Mthanti & Mncube, 2014). The above intervention was rolled out in secondary schools in Tshwane District, Gauteng (Mthanti & Mncube, 2014).

In the same manner, Kleyn et al. (2020) posit that effective intervention towards reducing violence is improving parenting skills. Training programs for parents can be used to reduce the violence that children experience from parents and caregivers (Kleyn et al., 2020). The approach has huge benefits in preventing the development of violent behaviour among parents and caregivers. Training programs are used as a parenting intervention model that could be designed to engage an entire community (Kleyn et al., 2020). It has the potential to adjust social norms and establish a lasting shift towards positive parenting that is centred on eliminating harsh and inconsistent parenting behaviour (Kleyn et al., 2020). Through training programs, the social network is formed in the process. Some of the interventions include parent-child

interaction therapy, parent management training-Oregon, and Triple P Positive Parenting Program (Kleyn et al., 2020).

2.20 Chapter Summary

The reviewed literature indicated that there are wide research studies that were conducted on the impact of physical abuse in South Africa. Most of the studies were on child physical abuse mostly covering corporal punishment as a form of child abuse. Studies also showed that physical abuse during childhood and adolescence presented complex symptomology to children and adolescents in South Africa. Child abuse is a common problem worldwide, and its physical and psychosocial effects are felt by abused children, their families, and their communities. It has been linked to changes in the victims' mental and behavioural development throughout their lives, putting them at risk of engaging in potentially dangerous behaviour in the future. This is consistent with Bronfenbrenner's ecological model which states that the root of physical abuse is a complex act. However, there are limited studies that link physical abuse and mental health in children and adolescents in South Africa. The following chapter outlines the methodology and research design adopted to achieve the research objectives of this study.

CHAPTER 3

RESEARCH METHODOLOGY OF THE STUDY

3.1 Research Design

The methodological approach for this study was a systematic review. This method is very critical as it assisted in understanding the extent to which the topic understudy was covered. Systematic review studies aim to assess, compile, and assemble applicable information by assessing and evaluating existing studies (Xiao & Watson, 2019). Xiao and Watson (2019) underscored that a systematic review is a review of the evidence on a formulated question that uses systematic and explicit methods to identify, select, and critically evaluate relevant primary research, and extract and analyse data from the studies that are included in the reviews.

Furthermore, Salmond and Cooper (2017) argued that when articles are independently reviewed, it may be possible that they provide little insight. Therefore, a systematic review aims to provide a comprehensive and consistent analysis of the given topic across many studies and articles (Salmond & Cooper, 2017). A systematic review of previous studies is, thus, appropriate for this review, as it allowed the researcher to accumulate all available articles and then synthesise the studies that fit the inclusion criteria (Salmond & Cooper, 2017). Systematic review provides a high-quality compilation of evidence-based peer-reviewed literature that is relevant to the research topic (Salmond & Cooper, 2017). The systematic review follows inclusion and exclusion criteria in identifying articles for a particular study (Salmond & Cooper, 2017).

3.1.1 Research paradigm

The Cochrane Framework (Higgins & Green, 2011) was used to lead the research methodology and assist in the minimization of bias. Research paradigms can be understood as philosophies of science which assist and guide the researcher by providing guidelines in terms of ontology such as how reality is viewed, epistemology which focuses on how the nature of knowledge is conceived, methodology which includes ethical obligations that constitute good research, and last but not least, the methodology which focuses on the process of conducting research and obtaining data (Park et al., 2020). The proposed study will make use of the interpretivism paradigm which holds the belief that reality is socially constructed by human beings.

The interpretivism paradigm refers to theories about how the human mind can obtain knowledge of the world. It also refers to the meaning that human attaches to their actions. This paradigm assumes the belief that the meaningfulness of the research findings will be dependent on the interpretation of the researcher. The researcher will analytically disclose the meaning of the findings while showing how its meaning is configured to generate observable outcomes (Rehman & Alharthi, 2016). This research paradigm suited the objectives of the study as the researcher identified and examined qualitative articles that referred to the impact that child physical abuse had on the mental health of children and adolescents (Rehman & Alharthi, 2016). The researcher aimed to capture children and adolescents' experience that cannot be measured quantitatively (Rehman & Alharthi, 2016). It also assisted in identifying the current interventional methods that are being used to enhance the mental health of abused children and adolescents (Rehman & Alharthi, 2016).

3.1.2 Selection criteria

The selection criteria for articles were identified using the PICOS acronym (Participants, Interventions, Comparisons, Outcomes and Study) cited in the Cochrane Handbook (Higgins & Green, 2011). Due to the inclusive nature of the review, participant and outcome criteria were removed. Therefore, the selection criteria of this systematic review included empirical, peer-reviewed literature (study) addressing Child Physical Abuse (Intervention) from 2013 up to 2023. Additionally, this study reviewed articles that were published in the English language (Higgins & Green, 2011).

3.1.3 Search methods

This systematic review involved a three-phase search strategy taken from the JBI Reviewers Manual (Aromataris & Munn, 2017). The strategy included:

Phase 1: Initial key terms to perform the first search were identified based on the researcher's knowledge of the field. Key terms located in the titles and abstracts of the first search were then listed.

Phase 2: The new key terms extracted in Phase 1 were then used in database-specific searches.

Phase 3: This phase required evaluating and reducing search items based on the abstract and content applicability. Reference lists of full text of articles meeting the selection criteria were

examined and used to search for additional studies (Aromataris & Munn, 2017).

3.1.4 Electronic searches

A systematic search was performed on the following electronic databases: The search engine Google Scholar along with the UKZN databases such as Pubmed, SAGE, Ebscohost, APA Psych Info, and Web of Science recognized as a single search.

3.1.5 Search terms

Both key terms and controlled vocabulary were used in the search strategy. The search was limited to literature produced from 2013 until the end of 2023. The following keywords and phrases were combined in different ways with the truncated term: “child abuse,” “mental health”, “impacts”, “children,” “adolescents,” “corporal punishment,” “South Africa,” “child physical abuse,” “Child maltreatment,” “impact,” “mental wellbeing.” The titles and abstracts of all articles identified by this search strategy (n=364) were each reviewed by two different reviewers and rated as being relevant for inclusion or not. This was based on whether they described the impact of child physical abuse on children and adolescents' psychosocial or the intervention programs to eradicate the issue that had been carried out with a South African sample. In the few cases where there was a disagreement, this was discussed with a third expert until a consensus was reached. This selection process yielded 28 studies. These studies were then reviewed in further depth to establish whether they met the criteria. 12 studies met all the inclusion criteria.

3.1.6 Search limitations

The search was limited to literature produced from 2013 until the end of 2023. The described search was discontinued at the point at which a redundancy was met. That is, through the systematic exclusion of consecutive articles.

3.1.6 Data extraction

The data extraction process was completed using a self-constructed data extraction sheet, which was based on the objectives of the study and the different levels of the analysis. The inclusion and exclusion of literature were recorded in detail at all stages to maintain accuracy in reporting and reproducibility of research. To illustrate the reduction strategies and results of

the search, the Cochrane Handbook (Higgins & Green, 2011) suggested the use of a flow diagram. Therefore, the PRISMA flow diagram was used for this systematic review study (Moher, Liberati, Tetzlaff & Altman, 2009). Only 12 studies met all the inclusion criteria. The search and selection strategy were summarised in Figure 3.1.

3.1.7 PRISMA diagram

The extracted data was analysed using a thematic analysis analysis. Concurrent and contradictory relationships between categories were identified and research findings were also discussed (Morse & Field, 1995, as cited in Hsieh & Shannon, 2005).

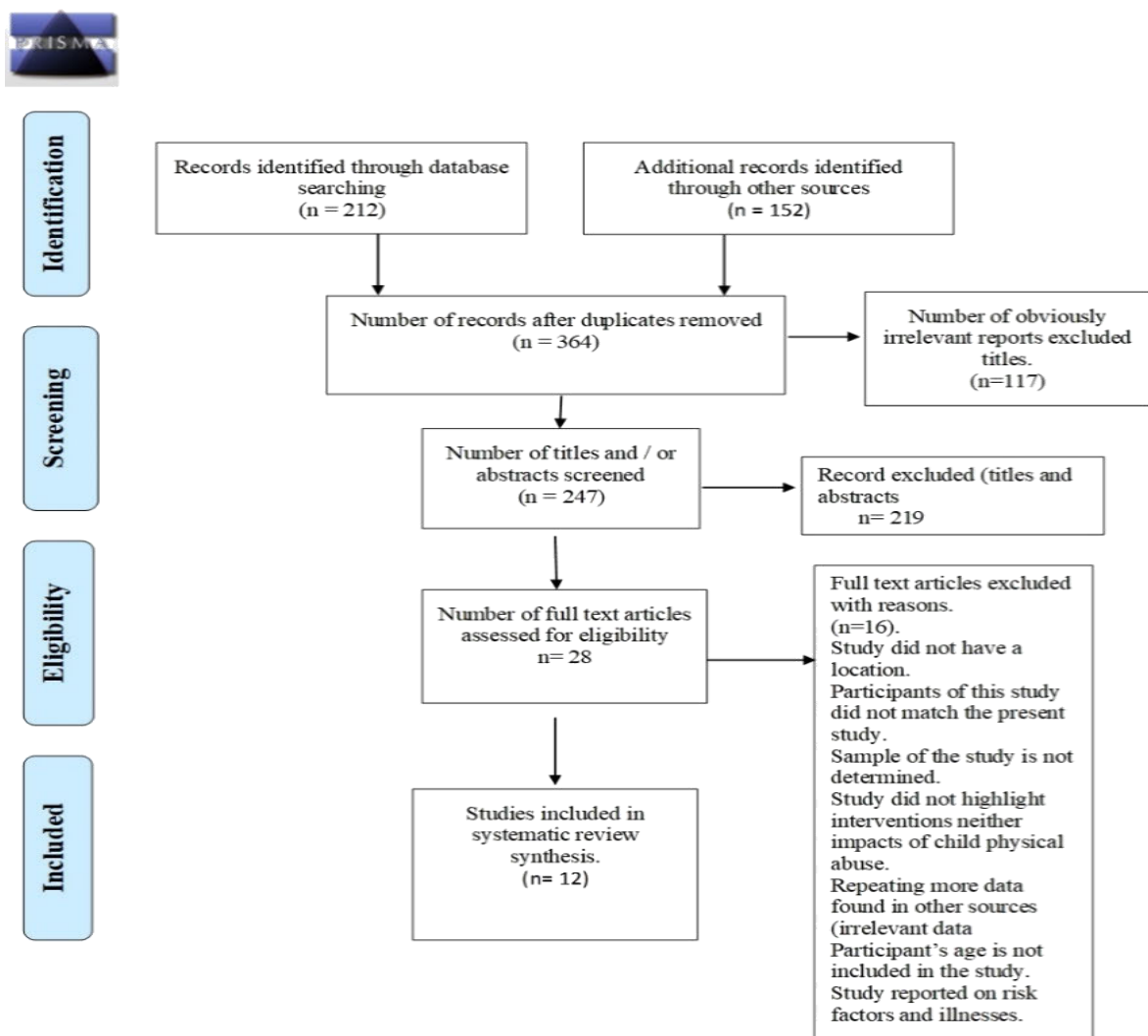


Figure 3.1 PRISMA Diagram

3.1.8 Method of the Review

Two independent reviewers were used during the evaluation process. Each reviewer gave feedback independently. This approach was used for this study consistent with Aromataris and Pearson (2014) who stated that more than one reviewer is crucial to be used for certifying methodological validity. This led to deciding whether articles were to be included or excluded. For this study, evaluation results were compared after each stage had been completed and recorded accordingly. Discrepancies regarding articles that had been considered for inclusion were evaluated objectively and according to the validity of each article.

Researchers must illustrate the strategy that was used to account for transparency (Walsh & Downe, 2005). The PRISMA Figure 3.1 above displays a flow chart that outlines the levels of the review and the operational steps at each level. This flow chart is an indication of the above-mentioned method that was used to maximise authenticity, relevance, and validity. The flow chart is an amended version of the one recommended by the preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) as proposed by Higgins and Green (2006).

3.5 Quality Assessment

As the inclusion criteria were limited to peer-reviewed articles, the quality of this search remains assured. Quality assessment conducted for this study is shown on the table below.

Table 3.1 Quality assessment

Author & Year	Was there a clear statement of the aims of the research?	Is a Qualitative / Quantitative Methodology Appropriate?	Was the recruitment strategy appropriate for the aims of the research?	Was the researcher design appropriate to address the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a statement of findings?	How valuable is the research?
Kleyn et al., (2020)	1	1	1	1	1	1	1	2	1	1
Shenderovich et al., (2019)	1	2	2	1	2	1	1	1	1	2

Makhasane & Chikoko, (2016).	1	1	1	1	1	1	1	1	1	1
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Ngubane et al., (2019)	1	2	1	1	1	1	1	2	1	2
Lachman et al., (2016)	1	1	1	1	1	2	2	2	2	2
Cluver et al., (2017)	2	2	1	2	2	2	1	2	1	2
Breen et al.,	1	1	1	1	1	1	1	1	1	1

(2015)										
Moyo et al., (2014)	1	2	1	1	1	1	3	1	1	1
Cluver et al., (2020)	1	1	1	1	1	1	1	1	1	1
Cluver et al., (2016)	1	1	1	1	1	1	1	1	1	1

Meinck et al., (2015)	1	1	1	1	1	1	1	2	1	1
Ritchter et al., (2018)	1	2	1	1	1	1	1	1	1	1

Note:

Rating scale across domains: 1= Good, 2= fair

3.6. Data Analysis

This study employs conventional thematic analysis to interpret the data. Thematic analysis involves identifying, analyzing, and reporting patterns (themes) within data (Braun, & Clarke, 2006). By adhering to this method, the study ensures a rigorous and systematic approach to data analysis, enhancing the reliability and validity of the findings.

3.6.1 Approach to data analysis

The data analysis process was revised to incorporate both qualitative and quantitative data, ensuring a strong and comprehensive synthesis of the findings. The study utilizes thematic analysis to interpret qualitative data. Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data. It is particularly suitable for examining perspectives across research participants, highlighting similarities and differences, and generating unanticipated insights (Braun & Clarke, 2006).

The analysis process follows Braun and Clarke's (2006) six-phase framework:

1. **Familiarization with data:** This phase involves transcribing the interviews, reading the data multiple times, and noting initial ideas.
2. **Generating Initial codes:** In this step, initial codes are generated systematically across the entire data set, collating data relevant to each code.
3. **Searching for themes:** This phase involves collating codes into potential themes and gathering all data relevant to each potential theme.
4. **Reviewing themes:** Themes are checked for consistency with the coded extracts and the entire data set, generating a thematic map of the analysis.
5. **Defining and naming themes:** Ongoing analysis refines the specifics of each theme, generating clear definitions and names.
6. **Producing the report:** The final phase involves the selection of vivid, compelling extract examples, conducting the final analysis of selected extracts, relating the analysis back to the research question and literature, and producing a scholarly report.

Meta-Analysis

For quantitative studies, a meta-analysis was conducted to aggregate the data and quantify the effects of physical abuse and the effectiveness of interventions (Field & Gillett, 2010). Effect sizes were calculated for key outcomes, such as levels of depression, anxiety, and PTSD.

3.6.2 Data analysis for this review

The data extracted was analysed using a thematic analysis along with Nvivo in this thesis. For the analysis of the data, articles were transferred to the Nvivo for Windows program and then coding, and theme groups were made within the program. The data was organized according to communal or shared similar themes by thematic analysis. The Nvivo software assists researchers in organizing and coding the collected data. Moore (2003, p. 469) believes that “it is important to listen to the ‘life stories’ that children tell, as these stories are informed by their interaction within a particular social and cultural context”.

The data was completed through a step-by-step process, using themes and codes. Firstly, articles were transcribed into Nvivo whereby themes and codes were formed. The researcher in this phase familiarised herself with the data by repeatedly reading through the articles (Braun & Clarke, 2006). Secondly, themes or current ideas were inferred from the data, identified, and then organised using clear codes for each aspect of experience the participants spoke about (Braun & Clarke, 2006). At this stage, the researcher had a good understanding of the data from immersion in the data and was familiar with the extracts and topics that arose.

In the third phase the researcher recognised and induced common threads from the data. Induction refers to the process of inferring general rules or classes from specific incidents (Braun & Clarke, 2006). During this process, the data was coded according to relationships between one or more of the themes. The fourth phase of analysis involved further examination of the themes for consistency and coherency (Braun & Clarke, 2006). For each group of meaning units, a word or brief phrase stating the meaning shared in all instances was identified. The theme phrase was revised to fit the overall meaning of the original meaning units. In the fifth phase, a narrative summarising the main issues was created around data quotes, which described the content and relevance to the research question (Braun & Clarke, 2006). In the last phase of the analysis, the researcher wrote up the thematic analysis in the final report which

was supported by the theoretical understanding drawn from the literature reviewed (Braun & Clarke, 2006).

3.6.3 Inclusion criteria

Smith and Devane (2011) suggest that identifying and retrieving relevant literature is essential for the success of a systematic review study. This is the consistent idea that reviewed articles used to inform recommendations and conclusions for the study. This review study used a mixed methods approach where quantitative and qualitative insights were to be reviewed to understand the extent to which studies of the impact of physical abuse on the mental health of children and adolescents were done in South Africa. The idea was to get the experience that participants in those studies felt or were impacted by physical abuse and its implications on their mental health. The inclusion criteria were also used to consider which studies to include that were conducted during the period under review for this study (the year 2013-2023). The criteria also included whether articles included the effects of physical abuse and were limited to specifically physical abuse on children and adolescents' mental health. The inclusion criteria also included an age range between 6 to 19 years of age. Publications from all disciplines and a wide range of databases were also included and used to identify as many relevant citations as possible.

The inclusion criteria for this systematic review also included academic online articles and journals as well as electronic reports that were relevant to the research objectives of this study. The articles, journals, and reports used for this review study were those available in full text and published in the English language and published in South Africa. All academic resources used were identified consistent with the aim and objectives of this systematic review study. Importantly, studies that were included for review also entail male and female children, and adolescents who have been exposed to physical abuse directly. Since the articles used for this study focused on the impact of physical child abuse on the mental health of children and adolescents, all participants that took part in the identified studies were within the 6–19 years age category. Similarly, this systematic review identified the impact of physical abuse on children and adolescents' mental health and interventional methods that are currently available and used to enhance the mental health of children and adolescents affected by physical child abuse. Therefore, articles that referred to interventional methods regarding mental health

relating to physical abuse were included in this study.

3.6.4 Exclusion criteria

The use of exclusion criteria is critical to ensure high-quality research (Clement et al., 2015; Booth, 2016; Iribarren et al., 2017). In this systematic review study, a comprehensive exclusion criterion was used to identify appropriate studies for this review. Excluded criteria for this review study included studies that were not published within the proposed time frame (2013 - 2023). It also excluded studies that were not peer-reviewed and those that were not found within the UKZN database or in the reference list of related articles. Studies were also excluded if they did not relate precisely to the topic of this study. For example, studies that looked at adults and their exposure to trauma. Likewise, studies on the prevention of trauma and abuse and intervention programmes were excluded. Furthermore, articles that were excluded in terms of analysis for this systematic review were those that were not yet published (conference papers) and were non-academic related such as newspapers.

Since the systematic review only included electronic articles, journal articles and reports, all hard-copy books were not used to respond to the research objectives and assist in answering the research questions of the study. All articles that provided only the abstract or required membership subscription or required purchase to obtain full access were not considered for this systematic review study. Any article published before 2013 and in a language outside of the English language was not considered. Since the systematic review focuses on the impact that physical abuse has on the mental health of children and adolescents, any articles on various other medical conditioning or any other age group were excluded. Articles that refer to interventional methods regarding mental health concerning other medical illnesses were not considered for the review.

3.6.5 Addressing the inclusion of quantitative studies

Upon reviewing the included articles, it was noted that several quantitative studies were inadvertently included. To maintain the integrity of the review, these studies were re-evaluated, and the methodology was adjusted to reflect a mixed-methods systematic review. This approach allows for the integration of both qualitative and quantitative findings, providing a more comprehensive understanding of the impacts of physical abuse and the effectiveness of

interventions.

3.7 Levels of the review

Appropriate and successful information retrieval is fundamental when conducting a systematic review (Siddaway, Wood, & Hedges, 2019; Munn et al., 2018). Importantly, before the literature search began, the researcher formulated an effective search strategy. For this study, the adopted search approach was divided into three levels. These included the search for appropriate titles, the screening of abstracts, and the evaluation of the full texts. This search technique assisted the researcher in meeting the requirements of the systematic review to ensure a comprehensive, objective, and thorough synthesis of the retrieved data (Smith & Devane, 2011). This approach was also in agreement with Lipp (2003) who pointed out that systematic review must be approached impartially to ensure objectivity by reducing any possible bias of the researcher. The following sub-sections provide a narrative of the strategies and instruments that were used at each level.

3.7.1 Identification

According to Smith and Devane (2011), search terms for a systematic review should be clearly defined to obtain optimal results. In this systematic review study, the researcher used the following steps embedded in the retrieval strategy to ensure that appropriate articles were identified. Firstly, keywords relating to the title and the research question were used in the preliminary search. These keywords also included synonyms and other related keywords that could be considered. Smith and Devane (2011) illustrated that keywords used in the retrieval of studies should be done in such a way that it is broad enough to retrieve all relevant data but concise enough to minimise extraneous data. For this study, the researcher set out a refined list of keywords based on the results of the preliminary search. The keywords were ‘impact of child physical abuse’, and ‘child mental health’. These refined keywords were used to create the following Boolean strings to assist the data retrieval process by enhancing the potential matches sourced. The following Boolean strings “Child physical abuse AND mental health”, and “Effects of child physical abuse AND mental health” were used. Secondly, a comprehensive search was conducted with the identified Boolean strings to obtain conclusive results. The search engines such as Google Scholar together with the University of KwaZulu-Natal (UKZN) such as Pub Med, Ebscohost, SAGE, Springer, Sabinet APA Psych Info, and Web of Science

were used for this review. These databases are arranged according to their disciplines (UKZN Library, 2023). Lastly, the researcher also used the reference lists of articles that were considered relevant to source additional data. This is a process that is defined as reference mining. All potential articles as identified per the inclusion criteria were evaluated according to the aim, objectives, and research questions of this study. All data that met the inclusion criteria were identified and passed on to the next level of the review. The title summary extraction sheet was used to gather the relevant information from all the titles searched, and it shows the recommendations for either inclusion or exclusion in this study.

3.7.2 Screening process

The articles that were obtained in the preceding stage were screened according to the inclusion and exclusion criteria of this study. The next elements were measured to categorise the articles further. Their time frame, whether full-text articles were available and whether they focused on the impact of child physical abuse on children and adolescents' mental health was used to guide the screening process. Only studies that satisfied the necessities of the inclusion criteria proceed to the next stage (eligibility) of the review.

3.7.3 Eligibility

Articles that were successfully screened in the previous stage were retrieved from the database and underwent full-text assessment for methodological quality using a critical appraisal tool. This tool is used by researchers to make sense of the evidence. They are specifically designed to be used when reviewing research studies and published articles. The critical appraisal tool that was used in this study was outlined in the quality assessment table along with the threshold score that was set for the inclusion criteria.

3.8 Validity of the Study

According to Hayashi et al. (2021) ensuring the validity and transparency of qualitative research is not specific to any single stage of the research instead, it should be part of all research stages. Validity in qualitative research refers to data that is credible, acceptable, and defensible (Hayashi et al., 2019). Validity is described as the accurate presentation of a particular context or event as described by the researcher. A valid study is one with sincere data interpreted accurately to reflect and present the real world (Hayashi et al., 2019). In the

present study, the researcher had the interview schedule assessed by the supervisor as well as the University of KwaZulu-Natal's Ethics committee to ensure that it is adequate for capturing the participant's true experiences, therefore ensuring content validity.

3.9 Reliability of the Study

Reliability is concerned with the findings of the research and relates to the credibility of the findings (Hayashi et al., 2019). Reliability assesses the consistency of results over time, it contains a particular embedded notion of stability of the results found.

3.10 Chapter Summary

The methodology chapter presented the research method used in conducting the study. It highlighted systematic review as the technique used to conduct this study. The chapter outlined the research design used in carrying out a systematic review to ascertain the extent to which the impact of physical abuse on children and adolescents' mental health was conducted in South Africa. It provided the inclusion and exclusion procedures used to identify and exclude previous publications for the review. All included articles were written in English. Qualitative peer-reviewed studies published between 2013 - 2023 were included in this review. The studies covered ages between 6 to 19 years to be included in the review. Excluded articles were those not written in English, published before 2013, and non-academic papers. Articles covering the impact of child physical abuse on the mental health of children and adolescents were included. Chapter three also gave different measures used to identify, screen, and evaluate criteria, and data extraction methods of published articles suitable for the study. Different methods of reviews and data analysis methods used were provided in this chapter. The proceeding chapter discusses and interprets the findings of this systematic review study.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.1 Search Results

The inquiry process for this systematic review began on the 15th of May 2023. The process involved yielded a total of 364 articles. Upon the removal of any duplicates, the articles available were then reduced to n=247. The abstracts of each article were screened according to the abovementioned search criteria, following which n=218 texts were excluded. This left a total of 117 potentially eligible full texts to be assessed. A total of 16 articles were excluded from the reviewed full-texts due to the repetition of articles or article irrelevance. Thus, the final number of full-text articles included in this review was n=12.

The first subset of articles studied the impacts of physical abuse on child and adolescent's mental health. In the qualitative studies, several themes emerged. First participants across several studies increased in emotional pain, physical abuse appeared to have caused negative behavioural impacts, it also appeared to generate a cycle of violence, it has also appeared to be a way of resolving conflicts as children look after their primary caregivers and parents' interventional programs. In summary, participants across the qualitative studies noted an increase in psychological pain. Additionally, participants displayed negative behaviours and conduct. Six studies used quantitative methods to address the interventional methods to eradicate child physical abuse.

4.2 Setting

The following are the results of the analyses of the included studies. Details of all included studies are presented in Table 3.2. Discussing study characteristics first, the modal study was of a quantitative design, with 50% of included studies using such designs. Another 41.6% of studies used qualitative designs and the remaining 8.3% utilized mixed methods. Of the 12 included in this study, the Eastern Cape province ((41,6%) (n=5) followed by Cape Town (25%) (n=3), the KwaZulu-Natal province (16,6%) (n=2), and thereafter, Gauteng (8.3%) (n=1). There is a considerable gap between the percentage maintained in the Eastern Cape province and the Gauteng province, only one article was explored. Data was available from the following articles: Makhasane and Chikoko (2016), Breen et al., (2015), Moyo et al., (2014),

Ngubane et al. (2019), Cluver et. (2016), Meicnk et al. (2015), and Richter et al., (2018). The groundwork of this systematic review was initially based on the five constructs or themes that have been identified in the study namely: the psychological and emotional impact of child physical abuse, behavioural impacts of child physical abuse, ways of resolving conflicts, cycle of violence, and parents and caregivers' interventional program. These themes will be discussed in turn. Extracts from the original study participants are presented in italics. The reviewed research on child physical abuse has been supported by Urie Bronfenbrenner's ecological theory expanded the limitations of the hostile effects that surround the physical abuse on children and adolescents and goes beyond just the parent-child association to consider the familial and social setting in which such abuse transpires. This theory recognised the individual and the immediate influences as actively interrelating with each other.

Nevertheless, research on adolescent victimization is inconsistent in classifying what age group falls under adolescence. Meicnk et. al, (2015) specified that adolescents' ages were grouped between 13–19, whereas Kleyn et al. (2020) stated that children's ages vary between 2 and 9 years of age (Klyen et al., 2020). Cluver et al. (2016) added that adolescent's age varied between the age of 10 to 17 years. Breen et al. investigated mostly the impact of corporal punishment on children and the children's age varied between 8 and 12 years. Moreover, Cluver et al. (2017) adolescents varied between the age of 10 to 17 years.

A standard approach, therefore, is required to address inconsistencies in research findings examining the age-specific outcomes of child physical abuse and to efficiently highlight developmental, health, and behavioural problems of children and adolescents at different developmental stages. Results attained in some studies may also not be generalized to other populations due to sampling issues. For instance, many community violence studies exclusively focused on inner-city samples. Researchers needed to continuously examine how interaction among factors at multiple levels of the social ecology places children and adolescents at risk for physical abuse and negative health outcomes. For instance, victimization at the exosystemic level or macrosystem was likely to predict victimization occurring in the child or adolescent's immediate microsystem environment. Researchers must categorise protective factors within ecological contexts that can mitigate adverse outcomes, such as internalizing and externalizing behaviours. An ecological approach to understanding

victimization can be used as an assessment tool for identifying context-specific risk factors, which can result in effective prevention and intervention strategies. However, not all studies found a statistically significant effect of participant attendance and engagement on treatment outcomes. Generally, even in studies that recognised an important relation, the dose-response pattern was present for some but not all outcomes (Shenderovich et al., 2019).

4.3 Psychological and Emotional Impact of Child Physical Abuse

Meinck et al. (2016) assess self-reported child abuse through a large community-based sample in South Africa. The study found that the main perpetrators of physical abuse are primary caregivers and teachers. Children have illustrated to have experienced uncertainty in explaining physical abuse and their parents' actions. Children described what might be labelled as emotional strain. The dejection and anxiety that children experience when exposed to corporal punishment at home as well as in the educational institution is a major concern of children (Breen et al., 2015). Corporal punishment emerges as an everyday reality for the children. They are either the recipient of physical discipline methods at home or school or they witness it with siblings at home or with peers at school. Other family members such as older siblings, aunts and uncles are also involved in administering corporal punishment (Breen et al., 2015). Indiscipline remains a seriously problematic issue that South African institutions are facing. Teaching and learning are affected, and learners' academic performance is worsening radically (Moyo et al., 2014).

The study conducted by Breen et al., (2013) and Ngubane et al., (2019) highlighted some of the emotional harm that physical abuse has generated in children. Here are some participants' experiences. The emotional consequences of being beaten, in many cases, were negative. Extract from Breen et al., (2013): "She my mother beats me, and I cry, and I become sad" Extract from Breen et al., (2013).

Anxiety at the expectation of being beaten, sadness about being alone, fear, having lost one of the parents. An investigation conducted by Afifi et.al. (2012) suggested that harsh physical punishment was associated with increased odds of mood disorders, anxiety disorders, alcohol and drug abuse, dependence, and several personality disorders after adjusting for sociodemographic variables and family history of dysfunction (adjusted odds ratio: 1.36–2.46).

Approximately 2% to 5% of Axis I disorders and 4% to 7% of Axis II disorders were attributable to harsh physical punishment. Moreover, the study conducted by McCullough et al. (2010) indicated relationships between childhood emotional abuse and cruel physical punishment and symptoms of generalized anxiety disorder and panic disorder.

“It sometimes happens when someone is going to get beaten, I become anxious as if I am the one who is going to be beaten”. “When I do not do my homework, I fear that I will be beaten” Breen et al., (2013). A study conducted by Dawes et al., (2005) found that corporal punishment generated confusion when it came to love with pain and anger with submission. Similarly, the World Health Organisation (2021) outlined that corporal punishment causes detrimental psychological responses. Ammerman et al. (1986) asserted that children went through pain, sadness, fear, anger, shame and guilt, physiological strain and the instigation of neural pathways that deal with danger. Abused children developed intellectual deficits and the way they performed academically. Also, children exhibited a variety of disorders such as depression, anxiety, isolation, aggressiveness and conduct problems.

Kempe, Silverman, Steele, Droegemueller, and Silver (1962) were the first to describe the “battered child” syndrome. Manifestations of the syndrome include subdural hematoma (with or without fracture of the skull), fracture of the long bones, multiple soft tissue injuries, poor skin hygiene, malnutrition, and poor general health. Neurological impairment, poverty, disruptive family systems, stress, and inadequate parenting skills which may all contribute to psychological maladjustment (Martin & Beezley, 1974). Psychological impairment ranges from emotional maladjustment to delinquency. A consistent finding, however, is the prevalence of aggressive behaviour in maltreated children (Ammerman et al., 1986).

4.4 Behavioural Consequences of Child Physical Abuse

Child physical abuse disposed learners to carry on with misbehaving while others confirmed to have abandoned the undesirable behaviour out of fear. School corporal punishment was significantly associated with increased odds of violent behaviour, and it has been more illustrated mostly in the male figure.

“The more they beat me the angrier I become, and this causes me to make more noise in class” (Ngubane et al., 2019).

“If the teacher beats me for something I did not do I lose respect for that teacher and give them attitude during the lesson” (Ngubane et al., 2019).

Students depicted disobedience and some exhibited more hostility and insolence at the end of instructors when they were exposed to corporal punishment. There are numerous behavioural penalties associated with abuse such as delinquency, poor academic attainments, early pregnancy, ‘don’t-care’ attitudes, drug abuse, mental-related health disorders and childhood mortality (Ngubane et al., 2019).

4.5 Cycle of Violence

Significant numbers of South African children and adolescents are exposed to violence in the community, in schools and the home (Fisher et al., 2012). South African studies indicate that exposure is associated with psychological disorders in children and adolescents (Fisher et al., 2012). While the prevalence of child maltreatment (both physical and sexual abuse) in South Africa is not established, indications are that the rates are high. Maltreatment is associated with negative psychological outcomes during childhood, particularly when chronic (Fisher et al., 2012). As demonstrated by the Adverse Childhood Experiences studies, the effects persist into adulthood (Fisher et al., 2012).

Indiscipline is variously reflected in behaviours such as drug abuse, assault, theft, rape, and murder. Morell (2001) contends that being beaten at school is linked with the child’s environment. Being beaten at home leads to being beaten at school. However, a child who is taught good manners at home can distinguish what is wrong and right. Experiences in these levels affect children’s attitudes among learners who experience corporal punishment either at home or at school. When corporal punishment is commonly used domestically, it is prospectively to be tolerated in a school context by those getting it in home settings. As stated earlier, some other consequences of child abuse influence brain development. Child abuse can disturb the usual development of a child’s brain, causing cognitive and behavioural problems. Low self-esteem is also evident in children who are abused and negative self-image which can disturb their ability to progress in their lives (Christian et al., 2018).

Moreover, these children struggle to establish attachments. Individuals who go through abuse may have trouble forming attachments to others and struggle to develop strong relationships when maturing (Christian et al., 2018). The danger of being involved in substance abuse is also evident in children who have been abused (Christian et al., 2018). They are expected to undertake drugs and alcohol to numb the struggle in their daily lives (Christian et al., 2018). Victimization is also a major problem where children who have been abused are likely to be violent in their relationships with others (Christian et al., 2018). Children who have been physically disciplined tend to exhibit high hormonal reactivity to stress, overloaded biological systems, counting the nervous, cardiovascular, and nutritional systems, and changes in brain structure and function (Christian et al., 2018). Physical abuse causes violent or criminal responses. The mistreatment and neglect make a child form cohesive dissociation from the family and a high possibility of engaging in physical abuse later in life. Children learn various activities and they might interpret physical abuse or domestic violence as appropriate methods of resolving conflicts and responding to stressful situations (Miller & Perrin, 2007).

Corporal punishment has been standardised for learners, thus accepting the use of physical violence as an indication that there is a high likelihood that they will beat their children in the future. Consequently, the cycle of violence could continue from generation to generation. Similarly, in the study conducted by Breen et al. (2013), one child expressed the wish to be a teacher when she grew up, “I also want to beat the children, because I too was beaten when I was young” (G, 9yr, 16) (Breen et al., 2013). In two studies Breen et.al, (2013) and Ngubane et al., (2019), participants in these investigations both children and parents described the wish to repeat the same abuse to the future generation either as a parent or a teacher. Abuse does not happen to everyone the same way or the same manner. The cycle of abuse is due to the power of imbalance in a relationship, in which one individual threatens and behaves to control another person (Walker, 2006). The results also showed that women who had a history of abuse in childhood are at an increased risk of abusing their children; a similar relationship has been reported by other researchers as well (Browne and Herbert, 1997; Egeland, Bosquet & Chung, 2002). Indeed, the links between the history of abuse in childhood and child abuse were well recognized and where both types co-occur, the severity and frequency of violence increased (Browne & Hamilton, 1999).

4.6 Prevalence of Cycle of violence

In one study, 41% of abusive mothers reported a family history of child abuse compared to 18% of non-abusive mothers (McCormack et al., 2006). According to another estimate, 25% to 35% of parents were victims and abused their children (Herzberger, 1990). Most parents who were maltreated did not abuse their children. There appeared to be little research on the 65% to 75% of parents who do not repeat the same pattern. Herzberger (1990) suggested that the current presence of emotional support generated a relatively low level of stress and some attempted to gain perspective on how their abusive history can help (Herzberger, 1990). Nevertheless, this does not mean that every child who was victimized would repeat the same pattern with the next generation. Moreover, Gagne et al. (2007) asserted that there was some evidence that parents who remembered the unpleasantness of their abusive upbringing were motivated to ensure they did not subject their children to the same treatment.

An overall violence score based on six categories of violence, excluding perpetration, was calculated by assigning a score of zero if the child did not report any instance of violence for any of the six classes and a score of 1 if the child informed any instance of exposure to violence in any one category across time points. A maximum score of 6 referred to exposure to all categories of violence. Less than 1% of the sample had not practiced violence in any of the six groups and 36% had practiced all six groups of violence. The violence score fluctuated by gender the differences in proportions between each of the six categories of violence and sociodemographic variables: maternal age, education and marital status, household socioeconomic status, and population group. More black children reported experiencing domestic violence (91.4%; $\chi^2(3) = 12.8165, p = 0.005$) and personal violence (90.9%; $\chi^2(3) = 13.3859, p = 0.004$) than any other population group. The lower socioeconomic groups reported higher proportions of sexual violence (lowest 53.8%, middle 47.6%, highest 38.1%; $\chi^2(2) = 24.3942$, less likely to experience sexual violence compared with the lowest household SES group. They were also less likely to experience peer violence (middle OR 0.70, 95% CI 0.54 - 0.90; $p = 0.006$, highest OR 0.64, 95% CI 0.48 - 0.84; $p = 0.002$). To examine the concentration of violence exposure and experience across time, the data were classified into quartiles, with the highest quartile (quartile 4) reporting violence across all time points by answering yes to >75% of questions in the respective violence category; the lowest quartile answered yes. Makhasane and Chikoko (2016) found that corporal punishment did not benefit

learners in anything but rather generated pain and stigma. On the other hand, teachers found it a necessary evil and not as somewhat a method of violence. Moreover, corporal punishment constituted a culture for both learners and teachers (Makhasane & Chikoko, 2016).

4.7 Conflicts Resolution

Dawes et al. (2005) contended that one among other impacts of corporal punishment was the heartening violence in the sense that parents or caregivers always started with a slight slap when children were still very young. That slap transmitted the message that violence was the proper way to resolve or retaliate to conflicts or to get rid of undesirable behaviour. Aggression breeds aggression. Moreover, Dawes et al. (2005) found that children exposed to physical punishment were more likely than others to be hostile towards others at home with their sisters or brothers, bully others at school, be part of anti-social behaviour in adolescence, treat their respective spouses with hostility, and then later breaking the country's law by committing crime.

Ngubane et al. (2019) and Breen et al. (2013) discussed that corporal punishment used by teachers and caregivers played a role in how children solved their interpersonal problems which then impacted how they solve disagreements with siblings at home. Children and adolescents have opted for conflict resolution as they have learned from the behaviour demonstrated by their parents. Consequently, physical discipline communicates disagreeable behaviour in conflict resolution. Notwithstanding principles, physical discipline is an effective technique to eradicate unwanted child behaviour or to persuade a child to acquiesce to parents' requirements. There was no reliable or steady scientific indication or suggestion that proved that physical discipline makes children more or less likely to terminate an unwelcome behaviour or to behave in a good manner in a short period.

A study conducted by Dawes et al. (2005) found that encouraging violence was among other messages that corporal punishment used to carry. Moreover, it also signified that the appropriate response to resolve conflicts was violence and aggression. Corporal punishment gave rise to aggression in children and adolescents. This could have been perpetuated to the upcoming generation causing violence towards their spouses and their children and committing violent crimes. An investigation conducted by Ngubane et al. (2019) highlighted the experiences of

some learners at the non-stop use of corporal punishment. Some respondents were adamant that it has negative effects.

4.8 Parents and Caregivers' Interventional Programs

Five studies across this systematic review described the intervention methods that are currently in use in South Africa and that eradicate the negative outcomes of child physical abuse including corporal punishment. These studies include those by Kleyn et al. (2020), Shenderovich et al. (2019), Lachman et al. (2016), Cluver et al. 2017, Cluver et al. (2020), and Cluver et al. (2016). One parent stated, "You can never feel yourself as a parent because they do not obey you" (Lachman et al., 2016). The present narrative traced a link that explained respect for parents was a major component in the child and parent relationship. Parents had to administer corporal punishment so they could feel respected. Managing the child's behaviour was the main disruptive behaviour that led to physical abuse. Disrespect, insolence, stealing, violent behaviour, and tantrums, were associated with a low sense of parental self-efficacy and increased stress in their lives. However, many parents recognized that their children's negative behaviour was directly linked to their actions as the statement narrated, "You must be the first one to know the right way to behave" (Lachman et al., 2016).

Results indicated that there is a high frequency of corporal punishment in school, although research on the consequences of school corporal punishment is restricted. Student punishment is essentially related to numerous behavioural issues and discipline glitches that may enthusiastically restrict instruction and learning. There is a need for a psychoeducational programme that targets parents, teachers, and communities. It is very authoritative to account for misrepresented insights of what teachers refer to as class discipline and a means to optimise the learning environment in childhood and into adulthood. Evidence that school corporal punishment is associated with violent practices such as school shootings and intimate partner violence suggested that the practice may be a potential contributor to the wider cycle of violence that is pervasive in many societies today and further emphasises the importance of intervention (Lachman et al., 2016).

Corporal punishment and other discipline strategies need to be addressed (Lachman et al., 2016). Although corporal punishment was alleged as normative, parents described an extensive

range of attitudes towards harsh discipline. Some respondents viewed corporal punishment as an integral part of a parent's responsibility to teach children appropriate behaviour. Parents in the investigation revealed that one of the reasons children were beaten was because they were also beaten. The cycle of violence was generated and passed from generation to generation (Lachman et al., 2016). Parents conveyed a wide range of approaches towards harsh discipline. Some respondents viewed corporal punishment as an integral part of a parent's responsibility to communicate children's appropriate behaviour. Others reported using a combination of verbal commands with violence (Lachman et al., 2016).

Cluver et.al. (2020) portrayed that of the six hypothesised protective factors from the INSPIRE framework, three aspects were strong-minded such as positive parenting, parental monitoring and supervision, and food security were meaningfully associated with a lower likelihood of some types of violence. For girls, each unit increase in positive parenting was related to a minor likelihood of physical abuse.

Discipline was a last resort to administer compliance. Yet, some parents explained that they used corporal punishment because they lacked substitute skills. On the other hand, others voiced the desire to break the intergenerational transfer of harsh parenting skills. Some parents opted for nonviolent practices when they understood that corporal punishment was unsuccessful. Others reinforced positive conduct by using recompenses (Lachman et al., 2016). Parents voiced that they did not know another technique for reinforcing good behaviour rather than punishment they had to beat them since it is the only way they knew. Moulding positive relationships between parents and children improved child behaviour along with cognitive and social development. These techniques developed a sense of mutual trust and open communication. Others explained how using verbal encouragement increased child compliance. Many parents lacked the skills to engage with their children. Some parents struggled to praise their children: "Parents find it hard, as they were not praised themselves" How can they give what they never had?" (Lachman et al., 2016).

The investigation conducted by Kleyn et al. (2020) depicted that caregivers who joined the parenting skills training programs were expected to tell their friends and neighbours what they had learned and so spread the positive parenting insights outside the immediate stimulus of the

programs themselves. The result of an intervention is related to the degree to which caregivers can be strained as actors to generate change processes. Kleyn et al., (2020) described the benefit of being exposed to an interventional program that could enhance change to the whole community. The most important thing was to modify parents' discernment about corporal punishment. Science has revealed that when parents play with their child, the hormone, oxytocin, the "hormone of attachment" is released. Oxytocin relates to trust and relationship building. Additionally, it responds to the effects of stress, reducing blood pressure, anxiety, and fear (Dewar, 2019).

4.9 Recommendations for Future Research

While the findings provide significant insights, there is a need for further research to explore long-term outcomes of the interventions and to identify additional factors that may influence the effectiveness of these interventions. Investigating the role of socio-economic and cultural factors in the mental health of abused children could also provide a more nuanced understanding of the issue.

4.10 Chapter Summary

The results of this study provide valuable insights into the mental health impacts of physical abuse on children and adolescents in South Africa and the effectiveness of various interventions. Key findings include:

Prevalence of Mental Health Issues

A significant proportion of physically abused children and adolescents exhibit symptoms of depression, anxiety, and PTSD. Behavioural issues such as aggression and withdrawal are also commonly reported.

Effectiveness of Therapeutic Approaches

Interventions like Cognitive Behavioural Therapy (CBT) and trauma-focused therapy show considerable promise in mitigating the adverse mental health effects of physical abuse. These therapies are effective in reducing symptoms of depression and anxiety and improving overall mental well-being.

Support Services

School-based counselling and community support programs play a crucial role in providing immediate and accessible mental health support. These services are instrumental in creating a supportive environment that can help alleviate the psychological burden on affected children and adolescents.

Preventive Programs

Education and awareness campaigns aimed at reducing physical abuse are essential. Parenting Programs that educate about non-violent disciplinary methods and legal interventions that protect children's rights are also crucial in preventing abuse and promoting mental health. These findings underscore the need for comprehensive and multi-faceted approaches to address the mental health impacts of physical abuse. Future policies and practices should integrate therapeutic, supportive, and preventive measures to effectively support the mental health and well-being of children and adolescents in South Africa. In this section, key findings of the study are presented in Table 4.1. This table summarizes the mental health impacts of physical abuse on children and adolescents as identified through the analysis. It highlights the prevalence of various mental health issues and the effectiveness of different interventions.

Table 4.1 Matrix Table of the Study

Included articles.

Author(s) & Year	Title	Purpose	Study design	Intervention	Sample	Study location	Future study	Data collection	Mental Impacts
Kleyn et al., (2020)	Using Longitudinal Social Network Analysis to Evaluate a Community-Wide Parenting Intervention	The intervention program in Touwsrante was aimed at promoting warmer, more positive parenting in all the individuals within this setting	Quantitative study	Thula Sana, (2) a cognitive development book sharing program for toddlers (3) the Sinovuyo Caring Families Program for children aged 2–9,	1 year and half to 18 years of age	Touwsrante/Western cape	Future research would take the form of a larger-scale randomized controlled trial, across more sites, and with a no-treatment control group.	The study used a longitudinal design, with two waves of data collection.	-

Shenderovich et al., (2019).	Delivering a Parenting Program in South Africa: The Impact of Implementation on Outcomes	The paper first, describe the implementation of the intervention, it examines the impact of variation in observer-rated fidelity, attendance, and engagement on participant	Qualitative	The Sinovuyo Teen, a parenting intervention for families with adolescents	Primary caregivers and adolescents	Eastern Cape, South Africa.	Suggestions for future research on parenting programs include examining therapeutic alliance alongside program fidelity and facilitator skill as well as systematically recording program adaptations.	Interviews	-
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Makhasane & Chikoko, (2016).	Corporal punishment contestations, paradoxes and implications for school leadership: A case study of two South African high schools.	This paper reports on contestations and paradoxes regarding the use of corporal punishment arising from a qualitative study in two high schools, and the implications thereof for school leadership.	Qualitative study Individual face-to-face Interviews, focus group interviews.	-	School principals Teachers and learners	Rural and township areas of KwaZulu-Natal	Future studies to focus on stronger and more distributed leadership and practice of and other disciplinary.	Interviews	. Violent behaviour. . Learners may become angry, hostile and aggressive against teachers. Destroys self-esteem, emotions and academic performance. Developing Of negative attitudes
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									towards education.
Ngubane et al., (2019)	Perceptions and Experiences of Learners on the Banning of	To uncover the continued illegal practice of corporal punishment	Qualitative studies	-	30 learners 15 learners, 15 selected from grade	Pinetown District in the KwaZulu-Natal	Future studies should adopt an inclusive engagement in designing a code of conduct	semi-structured interviews	Aggressive, delinquent and antisocial behaviours.

	Corporal Punishment in South African Schools.	in some schools. To highlight consequences of violence on young people by exploring its effects on them through their views and experiences			11 to grade 12 aged 16-19 - 8 boys and 7 girls		that include participation of learners. Life skills education to include topics on ethical issues, tolerance, conflict management, and problem solving.		Perpetuate a culture of violence.
Lachman et al., (2016)	Integrating Evidence and Context to Develop a Parenting	-	Qualitative study	1.The Incredible Years 2. Parent-Child	Parents to be isiXhosa speaking, aged 18	Cape Town, South Africa.	1.further research is required prior to wide-scale implementation	Parents Interviews.	-

	<p>Program for Low-Income Families in South Africa</p>			<p>Interaction Therapy</p> <p>3. Parent Management Training-Oregon</p> <p>4. Triple P Positive Parenting Program</p>	<p>years or older, and identified as the primary person responsible for a child aged three to eight years</p>		<p>and dissemination of the Sinovuyo program (qualitative and quantitative study)²</p> <p>Randomized controlled trial test intervention.</p> <p>3. To involve policy makers, practitioners, parents, and children as equal partners</p>	<p>Parents Focus group.</p> <p>Practitioner focus group.</p>	
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							in the development and evaluation process		
Cluver et al., 2017	Development of a Parenting Support Program to Prevent Abuse of Adolescents in South Africa: Findings from a Pilot Pre-Post Study	Violence against children increases in adolescence, but there is a research and practice gap in research-supported child abuse prevention for the	A pre-post design to test initial effects quantitative study	Sinovuyo Caring Families Teen Programme”	30 adolescent s– caregiver dyads (adolescents aged 10–17)	Eastern Cape South Africa	-	pre-post design with standardized questionnaires.	-

		adolescent years.							
Breen et al., (2015)	Children's experiences of corporal punishment: A qualitative study in an urban township of South Africa	The aim of the study was to elicit children's experiences of daily life in South Africa, a country facing a significant burden of morbidity and mortality arising from violence and injury.	Qualitative study	-	24 Xhosa speaking children (11 boys and 13 girls), aged 8–12 years.	Khayelitsha, a peri urban township near Cape Town	To develop sensitive methods to explore and measure trends of corporal punishment in South Africa.	Interviews	Aggressive behavior physical and emotional pain high levels of confusion strong negative feelings toward the adult Anxiety/

									feeling of sadness.
Moyo et al., (2014)	Disciplinary practices in schools and principles of alternatives to corporal punishment strategies	The aim of the study was to determine the consistency prevailing between the disciplinary practices in the schools and the principles of the alternatives-to-Corporal	Mixed methods	-	Grades 5 – 7 pupils	Public primary schools in Buffalo City Metropolitan Municipality.	-	Interviews	Corporal punishment perpetuates negative emotions

		Punishment strategy.							
Cluver et al., (2020)	Violence prevention accelerators for children and adolescents in South Africa: A path analysis	This study provides the first evidence on which protective factors may be targeted to achieve improvements across	Quantitative study	-	INSPIRE (for preventing and responding to violence against children.	Children and adolescents (10-19)	Eastern Cape	interviews	-

	using two pooled cohort	different child abuse types of violence.							
Cluver et al., (2016)	Reducing child abuse amongst adolescents in low- and middle-income countries: A pre-post-trial in South Africa	This research to identify indicative effects of the programme on child abuse and related outcomes, investigated on the programme	Quantitative study	-	Parenting for Lifelong Health’ The parenting programme, named ‘the Sinovuyo.	Adolescents aged from 10 to 17	Eastern cape	Interviews	academic performance Undermine respect and patience
Meinck et al., (2015)	Risk and protective	The objective of this study	Quantitative study	-	-	Adolescents aged 13–19	Cape Town	Interviews	Suicide, delinquency,

	factors for physical and emotional abuse victimisation amongst vulnerable children in South Africa	was to establish risk and protective factors for severe physical and emotional abuse amongst a large cross-sectional community sample of South African youth.							substance abuse HIV, Depression, personality disorder
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Ritchter et al., (2018)	A longitudinal perspective on violence in the lives of South African children from the Birth to Twenty Plus cohort study in Johannesburg-Soweto.	Taking advantage of a large corpus of longitudinal data collected in the Birth to Twenty Plus (Bt20+) cohort, to give a perspective of exposure to and experience of violence, as well as perpetration of violence,	Quantitative	-	280 data points	Preschool, primary school years, adolescence, and young adulthood	Soweto Johannesburg	Data collection instruments	Poor psychological adjustment and a range of social difficulties, including adverse effects intergenerationally
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		across the time span of childhood							
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CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

The discussion chapter interprets the findings presented in the results chapter, connecting them to the broader literature and theoretical frameworks. This section will also present the integrated findings from both qualitative and quantitative studies, ensuring a comprehensive overview that addresses the study's objectives. It will later discuss the findings of the systematic review in the context of Bronfenbrenner's ecological theory and highlight the limitations of the study. It concludes with implications for practice, policy, and future research.

5.2 Interpretation of Findings

The systematic review's findings align with the theory that physical abuse of children and adolescents has a detrimental impact on their mental health. The study identified five main themes: the psychological and emotional impact of child physical abuse, behavioural impacts of child physical abuse, ways of resolving conflicts, the cycle of violence, and parents and caregivers' interventional programs.

5.2.1 Psychological and emotional impact

Children and adolescents who have experienced physical abuse often suffer from depression, anxiety, PTSD, and low self-esteem. These psychological and emotional impacts disrupt their daily lives and hinder their development. Consistent with Bronfenbrenner's ecological theory, these impacts are influenced by the interplay between the child's immediate environment (microsystem) and broader societal factors (macrosystem).

5.2.2 Behavioural impact

Physical abuse leads to various behavioural issues, including aggression, withdrawal, and difficulties in social interactions. The disruption in brain development caused by maltreatment further exacerbates these problems. Bronfenbrenner's theory suggests that these behavioural issues are not just the result of the abuse itself but also the child's interactions with family, peers, and community.

5.2.3 Resolving conflicts.

The study found that resolving conflicts in non-violent ways is crucial for breaking the cycle of violence. Interventional programs focusing on conflict resolution skills for children, parents, and caregivers can mitigate the adverse effects of physical abuse and promote healthier relationships.

5.2.4 Cycle of violence

Many parents who use corporal punishment were themselves subjected to similar discipline as children, perpetuating a cycle of violence. This intergenerational transmission of abusive practices is a significant finding, emphasizing the need for interventions that address historical and cultural norms around discipline.

5.2.5 Interventional programs

Effective interventions identified include therapeutic approaches like CBT and trauma-focused therapy, support services such as school-based counselling, and community programs. These interventions align with Bronfenbrenner's ecological model, which highlights the importance of multi-level strategies that involve the individual, family, and community.

5.3 Limitations of the Study

The reviewed studies had several limitations including:

Single-source data: Data collection often relied on a single source, preventing triangulation, and potentially introducing bias.

Retrospective design: Most studies were retrospective rather than prospective, limiting the ability to establish causality.

Sampling issues: Many studies used convenience samples, affecting the generalizability of the findings.

Limited scope: Few studies explored the long-term consequences of abuse or the effectiveness of various interventions comprehensively.

Broad a definition of “physical abuse”: Even some advocates of positive/progressive parenting might not consider sitting in the preverbal “naughty chair/corner/timeout” to be

physical abuse/corporal punishment/physical discipline.

5.4 Linking Findings to Bronfenbrenner's Ecological Theory

The findings of this systematic review are consistent with Bronfenbrenner's ecological theory, which posits that a child's development is influenced by various environmental systems. The review highlights the need to consider multiple levels of influence, from immediate family interactions to broader societal factors, in addressing the impacts of child physical abuse.

5.5 Chapter summary

In conclusion, the systematic review underscores the profound impact of physical abuse on the mental health and development of children and adolescents in South Africa. Effective intervention requires a multi-faceted approach that includes therapeutic, supportive, and preventive measures. Future research should continue to explore the ecological context of abuse, identify protective factors, and develop comprehensive intervention strategies that address the needs of affected children and adolescents.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDIES

6.1 Introduction

The previous chapter discussed and interpreted the findings of this systematic review study. This chapter presents the conclusion of the study and points out recommendations for future studies on the impact of physical abuse on children and adolescents' mental health in South Africa.

6.2 Summary of the Study

The primary aim of this study was to investigate the impacts of child physical abuse on mental health in South Africa, and to identify effective interventions, framed within Bronfenbrenner's ecological theory. The following conclusions are drawn based on the findings:

6.2.1 Objective 1: Investigate the psychological and behavioural impacts of child physical abuse.

The study confirmed that child physical abuse has profound psychological and behavioural impacts:

Psychological impacts: Children and adolescents subjected to physical abuse exhibit significantly higher levels of depression, anxiety, PTSD, and low self-esteem. These findings are consistent across both qualitative and quantitative studies, highlighting the severe emotional toll of physical abuse. Disrupted brain development, as discussed in the literature, further contributes to cognitive and behavioural problems.

Behavioural impacts: The reviewed studies showed that physically abused children are more prone to aggressive and antisocial behaviour, as well as social withdrawal. This dual pattern of externalizing and internalizing behaviours underscores the complex ways in which physical abuse affects children's interactions and development.

These findings are in line with Bronfenbrenner's ecological theory, which emphasizes the influence of immediate family and broader social environments on a child's development.

6.2.2 Objective 2: Identify effective interventions for mitigating the impacts of child physical abuse.

The study identified several effective interventions for addressing the mental health and behavioural impacts of child physical abuse:

Cognitive Behavioural Therapy (CBT) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT): These therapies were found to be highly effective in treating symptoms of depression, anxiety, and PTSD among abused children. The quantitative data supported significant improvements in mental health outcomes following these interventions.

School-based counselling: Providing support within educational settings was shown to be beneficial in addressing both psychological and behavioural issues. The availability of mental health resources in schools can help mitigate the adverse effects of abuse and support the child's overall development.

Family therapy and parenting programs: These interventions are crucial in breaking the cycle of violence. Educating parents about non-violent disciplinary techniques and improving parent-child relationships can significantly reduce the incidence of physical abuse and promote healthier family dynamics.

These interventions align with Bronfenbrenner's ecological model, which advocates for comprehensive strategies involving multiple levels of the child's environment.

6.3 Implications for Practice and Policy

The findings have several implications for practice and policy:

Integrated approaches: Effective intervention strategies must be multi-faceted, involving not just the child but also their family, school, and community. This holistic approach is essential for addressing the complex and interrelated impacts of physical abuse.

Policy development: Policies should focus on the implementation of school-based mental health programs and parental education initiatives. There is a need for targeted efforts to train educators and mental health professionals in identifying and responding to signs of physical

abuse.

Further Research: Continued research is necessary to explore the long-term impacts of physical abuse and the effectiveness of various interventions. Future studies should aim to include larger, more diverse samples and employ mixed more comprehensive understanding.

6.4 Recommendations

This systematic review identified that child physical abuse in children and adolescents is often interconnected with other issues like child neglect, sexual abuse, and domestic violence. This review recommends that conducting more studies on physical abuse among children and adolescents in South Africa is essential to address a pressing societal issue, inform effective policies, and protect the rights and well-being of the country's youth. This study noted that existing studies have not captured the full extent of the problem and its impact on the mental health of children and adolescents in the South African context. Conducting more research can provide a clearer picture of the prevalence and patterns of physical abuse, helping policymakers and organizations allocate resources effectively. South Africa's rich cultural diversity means that the cultural context of physical abuse can vary widely. Further research can help develop culturally sensitive interventions and raise awareness of harmful practices. Given South Africa's diverse cultural and socioeconomic landscape, tailored interventions are required. Similarly, studies can help develop culturally sensitive interventions and raise awareness of harmful practices to children and adolescents. More studies can provide insights into the unique needs of different communities and demographics, allowing for more effective intervention strategies. The research findings can be used to educate the public and change societal norms, encouraging a shift away from violence towards children.

Understanding the long-term consequences of physical abuse on children and adolescents and its effect on mental health is crucial. It is essential to investigate how physical abuse affects mental health, education, and future life outcomes. Child protection is a human rights issue. Future research can provide evidence to support advocacy efforts and raise awareness about the violation of children's rights. This systematic review recommends policy improvement. Future studies can inform policy changes and legal reforms to better protect children. It can help identify gaps in existing child protection laws and policies, leading to improvements in the legal framework. However, early interventions are equally important towards reducing

physical abuse and its long-term impact on children and adolescents in South Africa. Identifying the early signs and risk factors of physical abuse can lead to earlier interventions, potentially preventing further harm to children and adolescents.

Further research can inform the development of prevention strategies, focusing on addressing the root causes of abuse and equipping families and communities with the skills to prevent it. This systematic review also acclaims a multi-disciplinary approach to reducing the existing gap in knowledge on studies that explore physical abuse and its impact on the mental health of children and adolescents in South Africa. Collaborative research involving psychologists, sociologists, educators, healthcare professionals, and legal experts can provide a comprehensive understanding of the issue and improve the quality of care for physically abused children. This review also recommends the use of data-driven research studies. Data from studies can help identify trends and hotspots of abuse, enabling targeted interventions in areas with higher rates of physical abuse. Ultimately, the most compelling reason for more research is the well-being of children and adolescents. Every child deserves to grow up in a safe and nurturing environment, free from violence and abuse.

6.5 Chapter Summary

The study provided a comprehensive understanding of the psychological and behavioural impacts of child physical abuse and identifies effective interventions within the South African context. By aligning with Bronfenbrenner's ecological theory, the study emphasizes the importance of multi-level intervention strategies. This chapter calls for integrated approaches involving families, schools, and communities to effectively address and mitigate the adverse effects of child physical abuse.

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