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## Children's narratives of violence: Qualitative findings from a violence study with young children in South Africa

Pamela Maluleke<sup>a,\*</sup>, Hannabeth Franchino-Olsen<sup>a,b,c</sup>, Franziska Meinck<sup>a,c,d</sup>, Mpho Silima<sup>a</sup>, Nicola Christofides<sup>a</sup>, Christina Thurston<sup>c</sup>, Kabelo Maleke<sup>a</sup>, Khudejha Asghar<sup>c</sup>, Nataly Woollett<sup>a,e</sup>

<sup>a</sup> School of Public Health, University of the Witwatersrand, Johannesburg, South Africa

<sup>b</sup> College of Public Health, The Ohio State University, United States

<sup>c</sup> School of Social and Political Sciences, University of Edinburgh, United Kingdom

<sup>d</sup> School of Health Sciences, North-West University, Vanderbijlpark, South Africa

<sup>e</sup> Department of Visual Arts, University of Johannesburg, South Africa

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### ABSTRACT

**Background:** Research on violence against children in Africa often relies on adult's qualitative accounts or on quantitative surveys that focus mainly on sexual abuse or on adverse childhood exposures. We seldom hear how young children describe their experiences and their perceptions of violence.

**Objective:** This study aimed to describe children's personal experiences and perceptions of violence.

**Participants and setting:** The study was conducted from 2022 to 2023 in peri-urban and rural Mpumalanga, South Africa with 23 children aged between 6 and 12 years who, together with their primary caregivers, were participants in a larger longitudinal cohort study.

**Methods:** We used in-depth interviews alongside arts-based methods for the children. Interviews underwent reflexive thematic analysis.

**Results:** Children were highly exposed to physical and emotional violence both in and outside of the home. Physical violence was used as a discipline method by teachers, parents, or children's caregivers. Severe occurrences involved adults using objects to discipline children, including steel pipes, shoes, or classroom materials. Most children associated violence with fear and pain. However, they described physical abuse as a morally "right" act if they understood it to be a form of discipline for their wrong behaviours. Attitudes condoning violence also enabled peer-to-peer violence. Children were not confident in reporting cases of violence inflicted by adults due to the fear of sanctions and the belief that violence from adults was "accepted".

**Conclusion:** In this sample, children had limited spaces that they marked as free from violence. Violence was normalised by the adults inflicting it, creating a state of cognitive dissonance among children, leading to victim blaming and, in turn, inflicting violence against same-age peers.

\* Corresponding author.

E-mail address: [pamela.maluleke@wits.ac.za](mailto:pamela.maluleke@wits.ac.za) (P. Maluleke).

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## 1. Introduction

Violence against children (VAC) is a global public health and human rights concern, with adverse effects on children's well-being. UNICEF defines VAC as "any deliberate, unwanted and non-essential act, threatened or actual, against a child or against multiple children that results in or has a high likelihood of resulting in death, injury or other forms of physical and psychological suffering" (United Nations Children's Fund, 2023, p13). This definition considers violence that can affect all aspects of children's lives, including their physical, psychological, social states and their overall ability to grow. Over 1 billion children globally aged 2–17 years old are exposed to violence daily, and over half the children in Africa, Asia, and North America have experienced violence in the past year (Hillis et al., 2016). While research previously focused on extreme cases like homicide or civil wars, when reporting on VAC (Lake & Jamieson, 2016; Mathews & Benvenuti, 2014; Morrow & Singh, 2016), recent evidence shows that children worldwide are frequently exposed to other forms of violence in the home, their communities, or schools (Niu et al., 2024; Noble-Carr et al., 2017, 2021; Turner et al., 2024).

There is a high occurrence of VAC among children of all ages in low- and middle-income countries (LMIC) (Niu et al., 2024) where they are raised in unique and multifaceted environments that have been shaped by social, cultural, and economic factors (Cerna-Turoff et al., 2021). Poverty, social norms, history of oppression, and ongoing social and political unrest are among these factors (Wessells & Kostelny, 2021) and increase the vulnerability of children in LMICs because of their interplay across multiple levels; individual, interpersonal, community, and societal levels. While this is not unique to LMICs, the vulnerability of children in high-income countries may be less severe, with fewer stressors than those in LMICs (Wessells & Kostelny, 2021).

In South Africa, VAC is common, with over 14% of children in a nationally representative sample reporting having experienced sexual violence, which was strongly associated with the occurrence of physical abuse (18.04%), emotional abuse (12.56%), neglect (12.18%), and family violence (24.58%) (Ward et al., 2018). Most of the VAC takes place within their immediate interpersonal circles, particularly at home (Moyo et al., 2025). Perpetrators are often adults in the home, such as parents or caregivers, or in some cases siblings or cousins may be responsible through acts of bullying (Amene et al., 2024). Children are also exposed to family violence by witnessing conflicts between adults, including gender-based violence, which has detrimental effects on the children's well-being (Chander et al., 2017; Noble-Carr et al., 2017). Beyond the home, communities can also be a source of experienced or witnessed violence. This includes bullying in the neighbourhood, witnessing assaults often linked to substance abuse where weapons such as guns or knives are commonly used (McCoy et al., 2024). Schools are also another source of violence, where corporal punishment remains widespread (Cook et al., 2022; De Wet, 2007) in many contexts despite the legal prohibitions.

Patriarchy, religion, and tradition are some of the factors that drive the social norms and attitudes that exist towards VAC in South Africa (Dawes et al., 2005; Maseya & Bhana, 2021). Social and cultural norms where children are viewed as property of their parents as opposed to beings that have a voice and rights (Mathews & Benvenuti, 2014), are widely accepted and promote that children are meant to be silent and not question the authority of their elders (Lake & Jamieson, 2016). The norms are accepted in schools and homes and, more broadly, within communities, placing children in vulnerable positions and at risk of experiencing violence in all spaces they occupy. This also decreases the likelihood of children disclosing any of the violence they experience (McPherson et al., 2025).

The lack of self-reporting from children undermines the severity of their experiences and takes away the opportunity to understand the detriment that this has on them (Noble-Carr et al., 2021). This is even more important for young children where literature indicates there are very limited studies that consider children as participants, and when it is done, the research often includes adolescents and young people overall, neglecting younger children. (Amene et al., 2024; Arnell & Thunberg, 2023; Franchino-Olsen et al., 2024). Including young children in VAC research ensures their voices and experiences are heard and used to inform policy and interventions meant to alleviate the burden of VAC, thereby guaranteeing that the multiple constitutional protections available in South Africa to protect children against violence are adhered to.

Typically, when VAC is reported in research, young children's experiences of violence are often framed from an adult's point of view (Noble-Carr et al., 2021; Woollett et al., 2024). The argument for asking adults about young children's experiences is based on a belief that directly involving children in research about violence exposes them to undue distress and the risk of re-traumatisation from sharing their experiences (Eliffe et al., 2020; Graham et al., 2015; Powell & Smith, 2009), implying that involving them poses more risks than benefits (McClinton Appollis et al., 2015). However, recent literature indicates that young children are willing and able to engage in this kind of research without exhibiting high levels of distress or dysregulation (Franchino-Olsen et al., 2024). Children as young as four years old can gauge their experience of violence and express this in a research setting (Woollett et al., 2024). Furthermore, engaging in VAC research can be a positive and affirming experience for children as they have adults listening to their personal experiences (Woollett et al., 2024), which is not something many violence exposed children are often afforded. This highlights that some experiences can only be fully captured when speaking to young children themselves (Noble-Carr et al., 2021; Øverlien & Holt, 2019).

While we note the growing interest in research on VAC in sub-Saharan Africa, including South Africa, this research often underrepresents children younger than adolescent age and is often embedded in sexual violence (Amene et al., 2024; Breen et al., 2015; Ward et al., 2018). This study aims to describe the different types of violence encountered by young children, aged 6 to 12, and their understanding, feelings, and help-seeking behaviours in relation to that violence drawing from a longitudinal study on intergenerational violence transmission in South Africa.

## 2. Method

### 2.1. Study setting

Interrupt\_Violence is a mixed-method third wave of a longitudinal and multigenerational study conducted in one health district in Mpumalanga province, South Africa. The three waves of the study were conducted through quantitative questionnaires with adolescents in 2010/2011 ( $n = 1664$ ), 2011/2012 ( $n = 1648$ ), and in 2022/2023 ( $n = 1304$ ). For the third wave (2022–2023), the adolescents were followed up, and their oldest child, along with their childhood caregiver, was also invited to participate in the larger study. For the qualitative analysis, a purposive sample of young adults aged 22–32 years ( $n = 33$ ), who reported experiencing violence in the third wave were recruited. They were then invited to provide consent to qualitative interviews with their participating child if older than 6 years old ( $n = 23$ ). For more information on the study and its protocol refer to (Meinck et al., 2023). The analysis of this study is derived from the qualitative interviews conducted with children during the third wave of the study.

### 2.2. Participants

The study involved the eldest children of young adults, aged 6–12, who were included in the study after their parent was purposefully sampled into the study due to their experience of violence that was reported in the quantitative questionnaire. Parents had already completed the qualitative and quantitative components and were familiar with the interview content before giving consent. Child assent was obtained afterwards. A total of 23 children participated. Most lived in multigenerational households with extended family considered immediate relatives.

### 2.3. Ethics

The Interrupt\_Violence study was approved by the University of Edinburgh School of Social and Political Science Research Ethics Committee (264227), the University of the Witwatersrand Human Research Ethics Committee (M190949) and North-West University Health Research Ethics Committee (NWU-00329-20-A1). Further ethical approval was granted from the Mpumalanga Department of Health (MP-202012-003). All methods were carried out in accordance with relevant guidelines and regulations or the Declaration of Helsinki. Written consent (adults) and assent (children) were obtained from all the study participants or their legal guardians for the study.

### 2.4. Ethical considerations

Children were informed that they could choose to participate or not even though their parents had given consent for their participation. To further ensure that children were not exposed to undue confusion and distress, the first person who had interviewed the child for the quantitative component of the study was involved in introducing the children to the new qualitative interviewers and social workers (who were included in the study team and who were responsible for any possible mandated reporting requirements or support). The branded study vehicle which was used by all the staff in the field also aided as a symbol of trust as it was used when all the interviewers and the study social worker came into the homes. Before each interview started, the children and their parents were informed that in the event of disclosure or observation of potential risk of harm to the child, there would be a mandatory referral to the study social worker as per the South African Children's Act 38 of 2005 and all participants chose to continue with interviews. All children in this sample were referred to and seen by a social worker.

The study employed a comprehensive distress protocol that guided interviewers on how to respond to any signs of distress or dysregulation shown by the child, either spoken or through their behaviour. The social workers attended to all cases individually and linked to existing services where necessary, including local social services support. All the interviews were conducted in the children's home in a space that was chosen by the participant, generally outside in the yard in an area that prevented the conversation from being overheard. For additional safety, we ensured that there was a second interviewer that was nearby during the interview to protect the child's privacy (e.g., the second interviewer would distract anyone who came to see what was happening in the interview) and reduce any risk of harm and distress.

### 2.5. Data collection

Experienced qualitative interviewers participated in an in-depth and in-person 3-day training that included theoretical and experiential content. The theoretical component of the training introduced interviewers to key concepts, including arts-based methods, techniques for conducting qualitative interviews on sensitive topics such as violence, how to take cues from participants, and the appropriate steps to follow when issues requiring mandated reporting arose. The experiential component focused on practice, with interviewers engaging in role-playing exercises with the trainers to build confidence and skills. Following this, participants observed several qualitative interviews conducted by one of the trainers before beginning data collection themselves. One of the three trainers, who is also a co-investigator, is a child therapist.

The lead author was part of the trained interviewers, with three other researchers. They conducted semi-structured in-depth interviews that lasted approximately 25 to 60 min. Interviews were conducted in English, Xitsonga, or Siswati, as preferred by the child. The interview guide was informed by a child-focused and rights-based approach that prioritised children's well-being and recognised

the children's different developmental stages. This allowed children to lead in the conversation, with the interviewers receiving cues from children to continue or stop. The questions were open-ended and adapted to suit different age groups. Examples included "Please tell me about anything that is difficult or hard in your life?" and "Tell me about times when you felt worried, or sad or very angry. What happened?", a trauma-informed lens was central to the process. Interviewers were trained to recognize and respond to signs of distress, creating space to pause, adjust, or stop the interview if needed. To further safeguard participants, a process of continuous consent was maintained where children were consistently reminded that their participation was voluntary and they could withdraw at any time.

The interviews were complemented by arts-based methods to collect richer data and included a feeling faces game, sandboxing and kinetic family drawings (KFD). Feeling faces is a game used to help children express different kinds of emotions (Woollett et al., 2023). Four faces drawn on a piece of paper illustrating sad, happy, angry and scared were presented to the children. These feelings were named and together the child and interviewer came up with experiences that might lead to that feeling state (Woollett et al., 2023). This game aided in feeling identification, expression and understanding of feeling states. For the sandboxing method, which was inspired by sand play therapy, participants were given a plastic container half filled with sand and several mixed miniature objects which included representations of human beings, animals, buildings, and plants, etc. Using the sandbox and miniature objects, children were asked to either illustrate their lives or an experience of violence which came to mind (Woollett et al., 2023). For the KFD, participants were asked to draw on a single piece of paper "a picture of their family doing something" (Woollett et al., 2023). This led to a discussion of the drawing and gave interviewers a sense of the family and its dynamic. The use of these methods also made way for rapport building between the participant and interviewer, and helped children express complex feelings and thoughts (Franchino-Olsen et al., 2025; Zhou, 2009; Woollett et al., 2023). None of the children refused participation with any of the methods. All participants were given refreshments during the interview and stickers to thank them for their time.

The data collection process was an iterative process where the interviewers met with other members of the team to discuss the interviews as they happened. These debriefing sessions created a space to share observations, identify challenges, and refine the interview guide in real time and increased the trustworthiness of the data and the findings. Adjustments were then made to incorporate emerging insights while ensuring the guide remained responsive to children's perspectives. This strengthened the quality of the data and informed when thematic sufficiency was reached.

## 2.6. Data analysis

Audio recordings of qualitative activities were translated into English and transcribed by skilled transcribers and three members of the research team. These transcripts were thematically analysed by five members of the research team using MAXQDA 22 (Verbi Software, 2021), while the data collection was still ongoing alongside the quantitative analysis. Two researchers developed an initial codebook based on the interview guide and weekly meetings held during the data collection phase. Three transcripts from one family were chosen to be coded using the initial codebook by all members of the teams, this allowed for the creation of more fine codes using an inductive approach. It also allowed for researchers to have a blend of data and theory driven codes, this together with having multiple coders made way to gain richer and more nuanced insights (Braun & Clarke, 2021). After this process, transcripts were allocated to each member to code independently.

For the current analysis, all children's transcripts ( $n = 23$ ) were analysed further by the lead author to develop themes that were related to children's experiences and perceptions of violence. This process followed Braun and Clarke's (2021) reflexive thematic analysis, which emphasises that developing themes is not a process of presenting predetermined categories from theory, but an interpretive process that is informed by the researchers' engagement with the data (inductive) and their theoretic positioning (deductive) (Braun & Clarke, 2021). The analysis was informed by the ongoing conversations with the team during data collection, that ensured that children's voices were the centre of all the analysis. Combining the deductive and inductive approaches offers a rigorous and comprehensive account of the findings (Braun & Clarke, 2021; Proudfoot, 2023), that allows existing theories to guide the analysis but also allowing insights to emerge from the children's narratives. The analytic framework drew on rights-based, child-focused, and developmental trauma models. These theories informed the coding process and guided theme development, but did not impose a rigid structure or act as a checklist against which the data were judged (Braun & Clarke, 2021). Instead, they provided a flexible orientation that supported the creation of codes and themes that were sensitive to children's perspectives. Initial codes from earlier rounds of analysis were retained, while additional inductive fine codes were generated and refined through iterative discussions. Regular meetings with two members of the research team provided space to interrogate interpretations, refine themes, and strengthen reflexivity, thereby enhancing the richness and trustworthiness of the findings.

### 2.6.1. Positionality

The second level analysis was conducted by Maluleke and Woollett, each bringing unique perspectives shaped by their personal and professional experiences. Maluleke identifies as a Black South African woman with four years of experience conducting qualitative research using multiple South African languages. Her previous work in clinical research and public health involved qualitative interviews with children, giving her a deep understanding of the complexities and sensitivities of working with young participants. As the primary interviewer, her ability to communicate fluently in the participants' languages, and the 'language of play' was instrumental in building trust and fostering an environment where children felt seen and heard.

Woollett is a white South African woman with 25 years of experience in qualitative research and clinical therapeutic practice, particularly with survivors of child, adolescent and family violence. She practiced as a therapist for years before she became a researcher, which brought valuable insights into mental health challenges, trauma and children's presentation. She is trained in the fields of psychology, art therapy and play therapy, supporting these non-verbal and participatory approaches to both therapy and

research. She trained and mentored all researchers collecting qualitative data.

### 3. Results

The study included 23 children, with equal gender distribution. Ages ranged between 6 and 12 years with most participants being 7 or 8 years old. All participants reported attending school, either at a preschool or a primary school level (see Table 1 for demographics).

Children experienced varying levels of violence both at home and in the community, as witnesses or victims. No sexual abuse was reported. The findings are presented in two sections. The first describes the violence that children experienced or witness at home, at school or within their communities. Themes were developed in this section to capture the various forms of violence that occurred. The second focuses on children's perceptions of the violence that they encountered, where more themes were developed to show children's feelings and thoughts about their experiences.

#### 3.1. Children's experience of violence

Children described experiencing and witnessing different forms of violence, both within the home and in the wider community. The seven primary themes identified were 1) Misbehaviour can only be corrected with physical abuse (a beating), 2) Teachers exerting violence using classroom objects, 3) From playing to violence, 4) Witnessing violence at home, 5) Verbal abuse in the place of verbal correction, 6) Violence in the communities.

##### 3.1.1. Misbehaviour can only be corrected with physical abuse (a beating)

Physical abuse at home in place of discipline and punishment was a salient theme in the transcripts. Participants commonly referred to this as receiving a "beating" repeatedly, as this is the common language used in South Africa, and aligns with the use of physical discipline in the country. A (9-year-old girl) who was raised in a multigenerational household, where her grandmother and mother were responsible for discipline, described that "if you misbehave, they beat you", detailing that it is done "With a belt." She shared that, as the eldest daughter, 'beatings' were what happened whenever she or her sister were thought to have done something wrong.

It was common for elders in the family to inflict physical violence on children, often justified by claims that the children were "being naughty" or "being disrespectful". One 10-year-old boy shared how he was punished for expressing that he disliked the mean names his mother called him. Speaking up led to a beating, and throughout his interview he shared how this left him feeling angry and unheard. He also described being very afraid of his uncle, who not only insulted him but frequently hit him, his brother, and his cousins. His mother, who was only 17 or 18 when he was born, acknowledged struggling to connect with her children. "My mom calls me with mean names, when I talk back then she hits me." - (Boy, 10 years old).

Another 9-year-old girl, also her mother's firstborn daughter, described how her grandmother often hit the children and sometimes drank excessively. Unlike the first participant, she does not live with her mother but expressed a desire to do so, believing her mother would not beat her as much.

*I: Okay so you said you wish you could go and live with mom, because granny drinks?*

*P: Yes.*

*I: Has granny ever hit you?*

*P: Yes, she hit me with a stick." - (Girl, 9 years old).*

These beatings were often delivered using objects, such as belts, sticks, garden hose pipes, steel pipes, kitchen utensils, or shoes. One 9-year-old girl, who lives with her grandmother, aunts and uncles described how her aunt hits her younger sister. "She [aunt] hits her [younger sister] with a pipe. Let me show you the pipe [hose pipe used for gardening], that one that is loose" (Girl, 9 years old).

Often, these objects were employed towards relatively minor or developmentally typical child behaviours, and there were no reports of verbal correction to prevent repeated mistakes. This participant, who was an 8-year-old boy living with albinism, did not understand why his uncle hit him for merely removing shoes from one place and putting them in another place. His mother and grandmother, in separate caregiver interviews, also described the uncle as a very violent presence in the household. "I would not have done anything. I took a chair and I sat on top of it, I went to call grandmother to tell her that the pot is burning. When I came I found the shoes on the chair, I took them and put them on the bed. Uncle got angry and he hit me." - (Boy, 8 years old).

**Table 1**  
Demographic information for children's qualitative interviews.

GENDER	Number	Percentage
Boy	11	48%
Girl	12	52%
AGE		
6 years	3	13%
7 years	6	26%
8 years	6	26%
9 years	4	18%
10 years	3	13%
12 years	1	4%

### 3.1.2. Teachers using physical abuse with classroom objects

Participants were exposed to violence outside the home through teachers who disciplined learners using physical abuse at school. This mirrored the violence at home, both in the objects used and the justifications provided for the abuse. Participant shares a story where it was common practice for the principal, the person with the most authority at school, to hit children with a pipe.

*I: So, when teachers see kids hitting other kids, what do they do?*

*P: The principal hits the kids with a pipe [hose pipe].*

*I: Who does he hit?*

*P: He hits disrespectful children with a pipe” - (Girl, 7 years old).*

The objects used to inflict violence also ranged from sticks, board dusters, to pipes, where it can either be a rubber hose pipe or a metal pipe. These objects were not only used to hit them, but also as a way to instil fear when threatening children. The excerpt below narrates how a teacher not only hits the children with a blackboard duster but also threatened the children that their uncles would hit them using a steel shovel if they were disrespectful.

*P: He [teacher] likes hitting children with a duster.*

*I: When does he usually hit children?*

*P: When the children like [name] are being disrespectful [gives an example of who is usually disrespectful].*

*I: Has he ever hit you with the duster?*

*P: He also threatens kids by saying that their uncles will hit them with a shovel- (Girl, 7 years old).*

### 3.1.3. Witnessing violence at home

Participants also reported witnessing violence in the home, particularly intimate partner violence between parents. Two children described witnessing this repeatedly, with fathers named as the perpetrators. One 8-year-old boy recounted seeing such incidents at night, expressing confusion as he believed his mother had done nothing wrong. Throughout his interview, he speaks of his mother also using violence on him as a form of discipline and him experiencing bullying from his friends.

*P: My father hit my mother.*

*I: Your father hit your mother. Why did he hit her?*

*P: Mother didn't do anything.*

*I: She didn't do anything. What did he hit her with?*

*P: A stick.*

*I: When did it happen, when did he hit her?*

*P: It happened at night. - (Boy, 8 years old).*

The second child, also witnessed the violence at night when she was meant to be sleeping, spoke of the different ways in which she had seen her father exert violence on her mother. The participant had seen this happen on only a few occasions, as she visited her mother only occasionally, since she lived with her grandparents full-time.

*P: I heard him when he woke up to go to the toilet at night, he wanted to hit mom at night while we were sleeping, and when he hit her, we were scared.*

*I: How often does Papa hit mom?*

*P: Maybe that was the first time, but he sometimes smacks her and other times he doesn't. He'll throw her with water, other times he'll push her, and she'll fall and hurt herself and then we start crying. - (Girl, 9 years old).*

### 3.1.4. Verbal abuse in place of verbal correction

Emotional violence was evident in how adults spoke to children. Though not labelled as such, children showed distress or discomfort when recalling these experiences. And similar to the physical violence, it is not always clear why children were subjected to emotional abuse. This participant who was already experiencing emotional abuse through his mother name-calling him, also reports that his uncle, who he was very scared of, would swear at him at times. The exertion of emotional abuse was exacerbated when it was used as a mechanism to threaten the occurrence of physical violence.

*P: Who does he swear at?*

*I: He swears [can also be shouting or threatening] at all of us.*

*P: Everyone in the family?*

*I: The kids.*

*P: The kids? Why?*

*I: He says he will smash us against the “meri” [wall]. - [Boy, 10 years old].*

An aspect of emotional abuse was the helplessness children felt when shouted at. They could not respond, as it was deemed disrespectful, and the harsh words used often caused pain and a sense of unfairness. One participant when asked how it feels like when adults shout violently at kids said, “*It hurts because the other person is older than the young one, the young one cannot fight with the older person*” - (Girl, 12 years old).

### 3.1.5. From playing to violence

Children reported experiencing physical violence from their peers. This violence took place in their communities or schools, where there was a presumption of safety to play freely. Participant shared many cases where she was subjected to bullying by her friends, or where she saw her brother being bullied. In the excerpt below, she describes how a boy in her community choked her. “*[friend] choked me. We were playing together, and he started teasing me and said I was too forward [and acting better than his age mates by doing things*

differently from them] and then he choked me.” - (Girl, 7 years old).

Participants who were exposed to violence in the home also reported experiencing peer violence outside of the home. For instance, one participant repeatedly mentioned throughout her interview that her father and her paternal grandfather both would beat her, often without her understanding why. Although she lived with her maternal grandmother, she would visit her paternal homestead from time to time. Below is one of her descriptions of the bullying she would encounter:

*I: Why is he [friend] beating?*

*P: [friends from school] like beating me.*

*I: Why are they beating you?*

*P: I didn't do anything to them.” - (Girl, 7 years old).*

Some children reported resorting to physical violence to defend themselves, their siblings, or friends against peers at school or in play areas. This participant defended himself by hitting his peer after feeling angry over being assaulted by a friend. He also reported that when he had something wrong at home, the response would often be corporal punishment.

*P: I got sent to the staff room for beating up another learner.*

*I: What made you beat them?*

*P: He threw me in the mud. After I punched him, he got a black eye.*

*I: Why did you punch him?*

*P: I punched him because I was... [pointing to the angry face] - (Boy, 7 years old).*

### 3.1.6. Violence in their communities

Some children reported exposure to violence, such as criminal activities, including incidents involving guns that instilled fear and eroded their sense of safety, particularly when these incidents occurred in or at the home.

*P: No, but someone recently shot my uncle, and he had to go to the hospital...*

*I: Yoh... how did you feel when the man shot your uncle?*

*P: I felt like crying...*

*I: Why did you feel like crying?*

*P: ...and I was trembling and cried. Then my grandmother and I went to my other neighbour's house. She told the neighbour what had happened and left me with them because she had to go to the hospital. - (Girl, 7 years old).*

Another participant shared a story of how he hated it when his father left him alone at home, because of the stories he had heard about criminals. He narrated an incident where his neighbour caught a criminal trying to steal a cell phone. Similarly to the child above, this occurrence very close to where he lived.

*“P: There are criminals in the area where I live.... They steal people's mobile phones and laptops.*

*I: Where did you hear this?*

*P: My neighbours once caught a criminal trying to steal a cell phone.” - (Boy, 7 years old).*

## 3.2. Perceptions of violence

Children described how they felt and thought in relation the violence that they witnessed or experienced. The key themes in this section are: 1) The emotional burden of experiencing violence, 2) Violence is a moral act, but it is painful: cognitive dissonance, 3) There should be other ways to discipline children, and 4) Confident in reporting peers but not adults for acts of violence.

### 3.2.1. The emotional burden of experiencing violence

During most of these interviews, children expressed a lot of emotion when asked how they felt about different types of violence that was inflicted on them. Some of the participants were able to articulate well that violence led to pain for children, which, to them, made it wrong. The perceived reasons for violence or abuse were often because the child was being “naughty” or “disrespectful”, this led to children directing their sadness towards themselves for doing that said behaviour instead of towards the perpetrator for hurting them.

*I: Can you tell me how you feel when she [mother] hits you with a belt?*

*P: I feel sad when she hits me.*

*I: Do you feel like this sad (angry) or this sad (with tears coming out) [pointing at emotion faces].*

*P: I feel this sad (with tears coming out).*

*I: Why do you feel this sad?*

*P: Because I was naughty - (Boy, 7 years old).*

Participants also reflected on the emotional impact of witnessing violence, particularly within the home. One participant, a 9-year-old girl, who lived in a multigenerational household where her grandmother was the matriarch, described feeling distressed when family elders, aunt, grandmother and grandfather, quarrelled in her presence while she was already upset about fetching her sick aunt from the hospital.

*“I: how did you feel the time all of this happened?*

*P: I didn't feel well.*

*I: Why.*

*P: they did not have to quarrel in front of me” - (Girl, 9 years old).*

There was also evidence of empathy from the children, as they expressed distress when witnessing harm to other family members. Their emotions regarding violence extended beyond themselves to include concern for their interpersonal relationships. The

participant below, interview that she understood when her grandfather hit her because she had been “naughty,” but she showed sympathy when someone else experienced violence. Throughout the interview, she described her uncle as her favourite person and wished he could become a superhero so they could “fly away together.”

*I: So how do you feel when grandfather slaps uncle?*

*P: I feel like crying.” - (Girl, 9 years old).*

Love and care were also sometimes associated with the lack of violence. Some of the participants felt that if there was violence present, it meant that the person inflicting harm did not love or care for them. One 12-year-old girl, who was being raised by her great-grandmother due to her mother's frequent absence caused by substance abuse, shared her how she saw that someone loved her. She said, “*They do not hit me.*” Her great-grandmother believed in corporal punishment and continued to use it, including towards the girl's mother. Another prevalent emotion was fear, particularly of perpetrators like teachers, or even the principal who assumes the highest level of authority at school.

*I: What about at school? Who are you afraid of?*

*P: I am afraid of the teacher.*

*I: Which teacher?*

*P: The principal. He hits very hard” - (Boy, 8 years old).*

### 3.2.2. Violence is a moral act, but it is painful: Cognitive dissonance

Participants were made to think of violence as a noble act, especially when the violence was inflicted by parents, teachers, and other adults in their family unit because of their misbehaviour. Violence was modelled as an appropriate way to guide them to act in better ways or to show them the right way they should conduct themselves. This participant describes the occurrence of violence as something that is good, when asked what he thinks of adults hitting children he says: “*I think it's good especially when they do not listen.*” - (Boy, 8 years old).

This was modelled to an extent where some children saw hitting as the only acceptable form of punishment in response to misbehaviour. This child thought reprimanding, a health manner of disciplining, is not enough but hitting children helps.

*I: Do you think reprimanding helps children to be good?*

*P: No, it doesn't help. Hitting the child helps.” - (Boy, 9 years old).*

In fact, some children did not view being hit as “actual” violence but rather as justified punishment. When asked if their parents hit them, they initially denied it but later justified instances of hitting as discipline, distinguishing it from hitting without reason.

*I: Who hits you here at home.*

*P: No one, they hit me when I did something wrong.” - (Girl, 12 years old).*

Participants often expressed acceptance of the violence, as the perpetrators are people that they care about “*However, I let it go because she is still my mother, it doesn't matter whether she shouts at me or hits me, she will always be my mother.*” - (Girl, 10 years old).

### 3.2.3. There should be other ways to discipline children

While some children accepted hitting as a form of discipline, others viewed physical violence as unacceptable. Some participants suggested alternative forms of punishment which they perceived as less harsh, although these often-involved other forms of violence, such as shouting, or using objects that they deemed less painful to other objects.

*I: What other ways can adults make sure that children listen?*

*P: They can shout and reprimand them and maybe not hit them.” - (Boy, 8 years old).*

Another participant expressed,

*I: How do you see that she (teacher) likes you? Or that you get along?*

*P: She not always hitting us, and that she doesn't slap us, she only hits us with a stick.” - (Girl, 10 years old).*

Other participants acknowledged that hitting children was wrong. One 7-year-old boy said that it hurt when parents hit children, and they therefore should not do it.

*I: What do you think about parents hitting their kids?*

*P: Since it hurts, I think it's wrong” - (Boy, 7 years old).*

Another participant called the physical violence that he experienced “abuse”, this was the only participant to refer to the physical punishment as abuse. This child's view was different from most of the children in the study, where he was able to identify this as abuse even though the adults in his home had normalised this. This same child shared that he was physically and emotionally abused by his mother and uncle.

*P: When we tell him [uncle that hits children in the family] or warn him that he is hitting us he tells us that he is an adult.*

*I: So, he hits you because he is older than you. Do you think adults should beat children?*

*P: No.*

*I: Why.*

*P: They abuse us.” - (Boy, 8 years old).*

### 3.2.4. Confident in reporting peers but not adults for acts of violence

There were differences in comfort in disclosing violence by the age or relative power of the perpetrator over the child. The participants seemed comfortable disclosing violence that was perpetrated by someone close to them in age, like a sibling or a peer. This would be reported to a teacher when they were at school or a caregiver and would be their first action after the incident.

*I: who swears at you? You can show me in the picture [from a KFD].*

P: *This one* (points at sister).

I: *This one?*

P: *Yes this one, she swears, you have no idea!*

I: *Okay boy, so when this one swears at you what do you do?*

P: *I tell my mom and she reprimands her.*" (Boy, 8 years old).

This was consistent across the interviews where children were confident in reporting violence incidences that were inflicted on them by their friends, peers or siblings.

"P: *Because they stabbed me with a bottle.*

I: *How did you feel when they did that?*

P: *Angry.*

I: *Angry. Who did you tell?*

P: *I told my teacher*" - (Boy, 7 years old).

In stark contrast to this, when the perpetrator was an adult or someone with more power over the child, they were not comfortable disclosing the occurrence of violence. For instance, an 8-year-old girl expressed that fear prevented her from disclosing the violence she experienced from her teacher, citing that she "did not tell anybody" when her teacher hit her because he was "scared to say anything."

#### 4. Discussion

Our paper aimed to describe young children's personal experiences and perceptions of violence, including rationalizations, in their interpersonal spaces. We aimed to describe the different types of violence they encounter and their understanding, feelings, and help-seeking behaviours in relation to violence. The findings showed that children are frequently exposed to violence in various spaces at home and outside of home, in the form of physical and emotional abuse, neglect, exposure to domestic violence and violence in their communities. The occurrences of these violent exposures were entrenched to an extent that children rarely had a place that they could mark as safe from violence.

The frequency with which children referenced the use of objects such as sticks or pipes to enact physical abuse, evidences the normalisation of severe forms of physical abuse in the home and schools. This is aligned with the findings from the paired quantitative study where over half of the children in the sample had experienced some form of physical abuse (55.4%) (Franchino-Olsen et al., 2026). The use of objects for physical punishment was mentioned naturally by participants, as if it were an expected aspect of such discipline. Several researchers have cited this as a common practice across communities and schools (De Wet, 2007; Hunter & Morrell, 2021; Mahlangu et al., 2021). While this practice is heavily normalised, the use of heavy objects like steel pipes guarantees that the children will suffer physical harm. This also goes against the legal standards that deem corporal punishment unlawful since 1996 in public spaces in line with the South African Schools Act (Constitutional Court of South Africa, 2000). And more recently in 2019, the Constitutional Court confirmed that the common-law defence of "reasonable and moderate chastisement" is unconstitutional as it violates sections 10 and 12(1)(c) of the Constitution (The Constitution of the Republic of South Africa, 1996, 1996). This makes it unconstitutional for physical violence to be inflicted on children in private spaces, including at home (Ramaccio Calvino, 2021).

Punishments of this severity for minor mistakes not only pose a risk for physical harm but also inflict emotional trauma (Thulin et al., 2020). Both consequences impact a child's development and their ability to form a healthy attachment to the perpetrator, who in this case is often a parent, guardian, or a teacher (Amene et al., 2024; Durrant et al., 2020; Thulin et al., 2020). A safe attachment is necessary for healthy psychological development and can be a mechanism to reduce mental health issues that may arise as children grow (Wambua et al., 2018). Physical abuse by adults responsible for children is commonly cited in literature as an accepted form of discipline, punishment, or a way to communicate boundaries with children (Durrant et al., 2020; Falb et al., 2022; Hillis et al., 2016; Hoeffler, 2017). This phenomenon has been proven to stem from social norms that consider this to be an acceptable strategy for disciplining children (Guedes et al., 2016). The adults who inflict this abuse do not view it as abuse but as an act of love and care to help guide children in the right way (Dawes et al., 2005; Dobbs, 2007; Mahlangu et al., 2021).

Furthermore, the way the children spoke of these cases strongly brought forward the idea that there was little consideration for alternative forms of discipline which were not rooted in violence. Alternatives that children gave were beating without objects or beating with objects that were perceived to be less harmful. Lamentably, these alternatives were just as harmful as physical violence from objects perceived to be harmful (Durrant et al., 2020). And ultimately, any and all forms of physical violence masked as discipline is more harmful than it is beneficial (Gershoff & Grogan-Kaylor, 2016; Sahin, 2006), regardless of children's perception that it may be less harmful. Shouting was another alternative given, which was also used as a form of discipline. This is a form of emotional abuse that is equally damaging to physical abuse to a child's development and attachment to the adult caring for them (Dube et al., 2023; Trickett et al., 2009), with specific risk factors for young children developing severe mental health issues and poor conflict resolution skills in adulthood and adolescence (Amene et al., 2024; Zhu et al., 2023).

However, it is no shock that children have these terms of negotiation because positive discipline methods have not been modelled for them, and they had the desire to escape and avoid the immediate pain that came with harsh physical punishments. Although children—and seemingly caregivers—in our sample struggle to identify alternative forms of discipline beyond these harmful methods, research from similar communities in South Africa indicates that individuals in these communities are open to learning and adopting alternative, non-harmful parenting strategies (Cluver et al., 2018). This suggests that with the right resources, education, and support, there is potential to shift disciplinary practices towards more positive and constructive approaches (Cluver et al., 2018).

Adults not verbally correcting children when rendering corporal punishments, elicited the children to acknowledge the reasoning why the harm occurred at face value. There was, however, a sense of cognitive dissonance, as the children held two conflicting beliefs

at once. Cognitive dissonance has been previously noted in a study about children's disclosure of physical abuse (Thulin et al., 2020). While the participants in this current study and the cited study (Thulin et al., 2020) seemed to perceive or had been made to believe that their behaviour justified the violence against them, they also expressed fear, sadness, and anger when asked about their feelings towards violence. This was made worse as in some cases it was not clear for the children what the bad action was and how they could change that behaviour. This is another critical influence on the child's attachment pattern to the perpetrator, especially when it's someone who is meant to love and care for the child. In fact, children often end up blaming themselves for this occurrence in order to protect the perceived image of that adult as reported by Schorr and Goldner (2023). However, being older in age seemed to lead to having more agency as the children that stood against the occurrence of abuse were part of older children in the study. Despite having the agency to stand against violence, there were sanctions to this as it was not behaviour that was normalised in communities that hold the social norms that children are meant to listen to adults—meaning accept their words and behaviours without questions or pushback—and not vice versa (Lake & Jamieson, 2016). The lack of support for children who are against this violence creates an environment where the occurrence of the abuse is inevitable to the children (Winters et al., 2020).

Additionally, the experiences of physical punishment played a critical role in how children managed interpersonal conflict (Breen et al., 2015), especially with their peers or siblings. In this case, we found that children's first actions when someone had wronged them was to exert physical harm to the next person. This phenomenon is similar to findings of a study that showed children perceived retaliation towards someone who did something wrong to them as an acceptable action (Herzberger & Hall, 1993). Because using physical abuse as a way to show disapproval of actions had been modelled to them by the adults around them as something right, they mirrored that behaviour, where violence was used to express disapproval of wrongdoing. This mirroring behaviour can be supported by Vygotsky's Sociocultural Theory, which provides a framework to understand the role in which a child's environment and community shape what they know, and therefore act (Mijlof et al., 2020). The theory asserts that knowledge, and therefore behaviour, is developed through a child's interpersonal interactions. One of the core principles of the theory is scaffolding, which shows how adults guide children inadvertently by how they conduct themselves; therefore, while adults do not directly teach violence, their behaviours scaffold what children see and understand as permissible and effective (Morcom, 2015). In this study, children observe their parents and teachers using violence to correct their behaviour. They then imitate this with their peers, who are similar to them in age and status, when they believe those peers have done something wrong. In this current study, children see their parents and teachers using violence to show them, as children, that their actions are wrong, so children do the same when their peers, who are the same as them, do something wrong. The accompanying quantitative study illustrates the harm in peer-to-peer violence through the significant relationship that is found between trauma scores and violence experiences from peer and sibling bullying (Franchino-Olsen et al., 2026).

The modelling of violent behaviours influences help seeking behaviour, where power plays a critical role. It is well documented that in communities that are rooted in social norms in support of corporal punishment, adults have power over children and thus strip away the child's autonomy (Macdonald, 2017). Falb and colleagues describe the power hierarchy as a ladder of power where children are at the very bottom with little to no power, voice, or influence in the home (Falb et al., 2022). Therefore, disclosing abuse by someone who holds power over you or someone who is meant to care for you and whom you love is unlikely for the children, which was supported by our sample where a few children spoke of seeking help for violence perpetrated by a peer or a teacher but not from a parent or caregiver. This is also reflected in the quantitative sample, where children were more than twice as likely to report disclosing violence to an adult when experiencing bullying by a peer or sibling compared to their disclosure of violence between adults in their home (Franchino-Olsen et al., 2026). This can be linked to the fear of further victimisation, being seen as disrespectful or the conflicting feelings they have towards this person of love and the idea that this person is meant to care for them (Thulin et al., 2020). Thulin and colleagues further assert that in cases like this, children are more likely to report abuse by someone who is outside of their family structure than those within, like peers they play with. (Thulin et al., 2020).

Low reporting or poor help-seeking behaviour from the participants in this study was also influenced by the lack of sanctions when the perpetrators were adults. The children shared instances where it was modelled that children can do wrong and get punished, but the same is not shown for adults. When adults are the perpetrators of violence and they face no sanctions for it, it sends a message to the children that those adults are above accountability. This double standard can take away children's sense of agency to report. Violence is so accepted when it is presented by those in charge that authority figures in one setting (school) are not only comfortable and empowered to use violence themselves, but they feel empowered enough to threaten that they can make the violence follow the children home or inflict it in public on children who are not theirs. This normalisation of violence by adults not only further strips away the children's sense of safety, but is in fact an illegal act since 1996 and is a reportable offence. (Constitutional Court of South Africa, 2000; Ramaccio Calvino, 2021). However, children do not hold this knowledge and without it they are less likely to recognize the violence against them as unlawful or feel empowered to speak out against it.

There were no reports of sexual abuse in these findings. Children's non-disclosure of sexual abuse experiences in qualitative interviews reflected their reporting of abuse experience in the quantitative questionnaire, where only 5.7% of children reported experiencing sexual abuse (Franchino-Olsen et al., 2026). The lack of reports in the qualitative data and the minimal reports in the quantitative data on sexual abuse do not corroborate with national study findings where it is noted that 1 in 3 children have experienced sexual abuse at some point in their life in South Africa. However, it is important to note that the national study included both contact and non-contact sexual abuse, whereas our quantitative study used a prescriptive approach tailored to include both adolescents and younger children (Franchino-Olsen et al., 2026). Additionally, this statistic is inclusive of research that has shown that sexual abuse is often experienced at the adolescent level between 14 and 17 years old, a higher age range than the children included in the qualitative component of the study (Finkelhor et al., 2013; Gewirtz-Meydan & Finkelhor, 2020).

In all these settings, except for criminal activities, the inflictors of violence were adults with close proximity to the children, ranging

from parents, caregivers, to teachers. This finding is consistent with other studies that have been conducted in the global South (Breen et al., 2015; Hoeffler, 2017; Pells et al., 2018). These individuals who are responsible for the children's wellbeing and safety are often the ones exerting this violence, removing the children's safety net and affecting their attachments to caregivers, as in turn they are unable to confide in them (Robinson & Breaux, 2019).

## 5. Limitations

The interview guide did not openly ask children about cases of sexual abuse that they may have encountered and therefore made room for children not to speak about its occurrence at all, but trained interviewers ensured they probed for all sorts of violence that children may have experienced. Additionally, questions around sexual violence were included in the quantitative component of the study, where all children who reported sexual abuse were referred to the social worker and these children were not part of the qualitative study. The interviewers for the qualitative study were not from the communities, this may have introduced bias, as some of the children might have given responses that they would perceive as correct, often referring to interviewers as “ma'am” or “sir”. However, the interviewers took time to build rapport with the children, ensuring that they understood that there were no wrong or right answers, and the methods used enhanced clarity in communication. The interviewers also spoke to the children in their preferred languages, which included Siswati, Xitsonga and English ensuring a certain level of comfort and rapport.

## 6. Implications

Findings from this study and the accompanying quantitative study show that there is a deeply entrenched normalisation of violence from those that inflict the violence and the children who are on the receiving end (Franchino-Olsen et al., 2026). Even when the children acknowledge that the violence comes with pain for them. The occurrence of this violence has implications for child development, emotional well-being, and social behaviour (Durrant et al., 2020). Without intervention, children exposed to violence are likely to internalise aggression as a normative response to conflict, perpetuating cycles of abuse into adulthood (Tsheole et al., 2023). There is a need to intervene at an early age and ensure that the cycle of violence is broken (Guedes et al., 2016; Zhu et al., 2023). We need targeted advocacy and stronger protective mechanisms. Given that evidence shows that parents and teachers in communities similar to this one are open and receptive to learning and practicing better parenting skills (Cluver et al., 2018), there is a need to bring parenting interventions into the communities whilst ensuring that the children's voices are the centre of such interventions. Schools, caregivers, and policymakers must work collaboratively to enforce existing child protection laws, implement non-violent discipline approaches, and create environments where children feel safe, heard, and valued.

## 7. Conclusion

Children experience physical and emotional violence both within and outside the home in South Africa, with few, if any, spaces which are safe from violence. Normalisation of such violence leads them to anticipate its occurrence in their lives, however such normalisation is not indicative that children agree with or accept the existence of this violence. The experience of receiving violence while being told that such harm is justified from adults responsible for their care and safety may lead to cognitive dissonance among children and internalisation of victim-blaming and shame. By understanding young children's experiences and perceptions of violence, solutions can be designed that are more effectively suited to them. Challenging norms which justify use of violence, supporting children's voice and rights, and creating safe spaces for children which model healthy relationship-building and conflict resolution may help prevent violence against children and protect children's mental health and wellbeing in the face of such violence.

## CRedit authorship contribution statement

**Pamela Maluleke:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation, Conceptualization. **Hannabeth Franchino-Olsen:** Writing – review & editing, Supervision, Conceptualization. **Franziska Meinck:** Writing – review & editing, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition. **Mpho Silima:** Writing – review & editing, Project administration. **Nicola Christofides:** Writing – review & editing, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition. **Christina Thurston:** Writing – review & editing, Project administration. **Kabelo Maleke:** Writing – review & editing. **Khudejha Asghar:** Writing – review & editing, Project administration. **Nataly Woollett:** Writing – review & editing, Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

## Ethical approval and informed consent

The Interrupt\_Violence study was approved by the University of Edinburgh School of Social and Political Science Research Ethics Committee (264227), the University of the Witwatersrand Human Research Ethics Committee (M190949) and North-West University Health Research Ethics Committee (NWU-00329-20-A1). Further ethical approval was granted from the Mpumalanga Department of Health (MP-202012-003). All methods were carried out in accordance with relevant guidelines and regulations or the Declaration of Helsinki. Written consent (adults) and assent (children) were obtained from all the study participants or their legal guardians for the study.

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## Declaration of competing interest

The authors have no conflicting interests to declare.

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## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2026.107992>.

## Data availability

Data will be made available on request.

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