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## NOTE FROM PRACTICE

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## Digital parenting interventions to prevent violence against adolescents: Lessons from the *ParentApp for Teens* trial for South African social work practice

### ABSTRACT

Violence against children remains a critical challenge in South Africa, with disproportionate impacts on marginalised families. This note from practice reflects on the *ParentApp for Teens* trial in Tanzania — a blended digital parenting programme adapted from the *Parenting for Lifelong Health* model — and considers its implications for South African social work. Preliminary insights suggest the intervention may reduce adolescent physical, emotional, and sexual abuse, improve caregiver and adolescent mental health, and decrease caregiver intimate partner violence, at a delivery cost of approximately USD 6 per family. This commentary examines how such a model can support prevention-focused social work, extend services to underserved communities, and align with the profession's ethical mandate for empowerment and social justice. Key considerations for implementation include addressing the digital divide, safeguarding and data privacy, cultural adaptation, and workforce readiness. The findings suggest that digital interventions, when ethically and contextually adapted, can be a valuable addition to South Africa's violence prevention strategies.

**Keywords:** digital parenting; mobile delivery; prevention; social work practice; South Africa; violence against children

## INTRODUCTION

Violence against children (VAC) is a profound public health, social, and human rights concern, with far-reaching consequences that span the individual, family, and societal levels. Globally, an estimated one billion children experience some form of physical, sexual, or emotional violence each year (World Health Organization, 2020). This staggering figure represents over half the world's population of children aged two to seventeen, and the burden is disproportionately borne by children in low- and middle-income countries. Within the African continent, the prevalence of childhood sexual violence ranges from 22% to 38%, while rates of physical and verbal abuse remain among the highest worldwide (Cluver et al., 2025). The social and economic costs are equally severe — from increased health service burden to reduced national productivity — with global estimates placing the annual cost of VAC at up to USD 7 trillion.

Reducing VAC is both an ethical imperative and a strategic priority for South African social work, given the long-term harm caused to individuals, families, and communities (Ward et al., 2016). Evidence from multiple randomised trials shows that parenting programmes are among the most effective prevention strategies for VAC (Meinck et al., 2022; Shenderovich et al., 2021). Yet scaling such interventions remains challenging due to high delivery costs, human resource constraints, and barriers in reaching rural or informal settlements. The emergence of digital delivery models offers an opportunity to overcome barriers to reach, cost, and sustainability.

The *ParentApp for Teens* trial in Tanzania offers important lessons for overcoming these barriers. As a mobile-based, offline-capable adaptation of the *Parenting for Lifelong Health* (PLH) programme, *ParentApp* combines positive parenting content with modules on sexual violence prevention, adolescent empowerment, and gender-equitable norms (Cluver et al., 2018). This note from practice reflects on the trial findings and explores their implications for South African social work.

## DIGITAL PARENTING INTERVENTIONS: AN OVERVIEW

Parenting programmes have consistently demonstrated their value in preventing violence against children by strengthening protective factors — such as positive parenting practices, communication skills, and non-violent discipline — while reducing risk factors including parental stress, harsh punishment, and family conflict (World Health Organization, 2023). The PLH suite of interventions, developed collaboratively by academics, practitioners, and global agencies, is notable for its open-source design, cultural adaptability, and rigorous evidence base. Fifteen randomised trials in low- and middle-income countries have shown significant reductions in child maltreatment, improvements in parent–child relationships, and even reductions in intimate partner violence (Cluver et al., 2020).

Yet, despite this evidence, large-scale delivery of in-person programmes has been hampered by high human resource demands and logistical challenges. These barriers became particularly acute during the COVID-19 pandemic, which disrupted face-to-face services at a time when family stress and violence risk were rising sharply.

Digital or hybrid interventions have the potential to bridge these gaps by delivering evidence-based parenting content through mobile technology, supported by remote facilitation where needed. In sub-Saharan Africa, rapid growth in smartphone access — projected to reach 67% of the population by 2029 (GSMA, 2024) — increases the feasibility of such approaches. Digital models can be low-cost, accessible in geographically isolated areas, and adaptable for offline use, thereby overcoming many of the barriers that limit traditional service delivery.

### **The *ParentApp for Teens* intervention**

*ParentApp for Teens* was developed as a mobile-based, offline-capable adaptation of the PLH programme for parents and adolescents aged 10–17 years. It incorporates the core PLH components — such as promoting positive parenting, reducing harsh discipline, improving communication, and strengthening problem-solving — alongside additional modules on adolescent sexual violence prevention, empowerment, and self-protection skills.

Its development was highly participatory, involving caregivers, adolescents, facilitators, and implementing partners from rural South African communities and across fourteen African and Asian countries. This co-creation process ensured cultural relevance and responsiveness to community needs. Features such as low data requirements, offline accessibility, and compatibility with low-cost smartphones were central design considerations. The Tanzanian adaptation — the focus of the trial discussed here — integrated content from other evidence-based programmes, including self-defence strategies, bodily integrity, HIV prevention, and bereavement support. The final design allowed for both self-guided use and structured group facilitation via WhatsApp, providing flexibility in delivery and accommodating varying levels of digital literacy.

### **PRELIMINARY FINDINGS**

The pragmatic cluster-randomised controlled trial in urban and peri-urban Tanzania enrolled 2,396 caregiver–adolescent pairs (Baerecke et al., 2024). The intervention was low-cost (~USD 6 per family for large-scale delivery) and adaptable for low-resource settings. Caregivers and adolescents participated in interviews at baseline (pre-intervention), one month and 14-months post-intervention. Preliminary analyses at 1-month post-test suggest the intervention group demonstrated reductions in experiences of violence and poor mental health compared to a control group. Final analyses are underway.

### **IMPLICATIONS FOR SOUTH AFRICAN SOCIAL WORK PRACTICE**

The profession of social work, as defined by the International Federation of Social Workers, is committed to promoting social change, social cohesion, and the empowerment and liberation of people. The findings of the *ParentApp* trial speak directly to this mandate, offering practical and scalable solutions to one of South Africa’s most persistent social challenges:

#### **Shifting to prevention**

South African social work often focuses on statutory interventions after harm occurs. Digital

parenting tools can help rebalance service delivery toward prevention, consistent with global evidence that early interventions reduce risk trajectories.

### **Extending reach**

Offline functionality enables delivery in areas with limited internet or infrastructure, expanding practitioner reach to households excluded from conventional services.

### **Promoting gender-transformative practice**

By addressing sexual violence prevention and promoting gender equity, *ParentApp* reflects a holistic violence prevention approach that aligns with gender-transformative frameworks.

### **Optimising resources**

Low delivery costs make *ParentApp* a viable option for resource-constrained service environments, supporting wider prevention coverage without overburdening budgets.

## **IMPLEMENTATION CONSIDERATIONS**

- **Digital divide:** Despite growing smartphone access, disparities in device ownership, digital literacy, and internet affordability remain. This can make digital intervention challenging. However, with budgets for social services under constant strain, an intervention costing USD 6 per family represents a rare opportunity to extend evidence-based support to thousands of households at a fraction of the cost of in-person programmes.
- **Data privacy and safeguarding:** Confidentiality and data security are paramount when working with vulnerable families. Robust protocols must be established to protect sensitive information and to ensure that disclosures of abuse trigger appropriate safeguarding responses.
- **Cultural relevance:** Content should be locally adapted for South Africa's linguistic, cultural, and socio-economic diversity. A South African version of *ParentApp* that includes online sexual violence prevention content is underway.
- **Training and support for social workers:** Effective use of digital interventions requires that social workers are confident in navigating the technology and in integrating it into holistic service plans. Training must address both technical and practice integration skills.

## **CONCLUSION**

Early insights suggest that digital parenting interventions can meaningfully reduce VAC while being cost-effective and adaptable for low-resource contexts. For South African social work, adopting such tools could expand the reach and impact of prevention services, provided that ethical, access, and cultural considerations are addressed. Embracing these innovations aligns with the profession's commitment to social justice, empowerment, and early intervention, offering a pathway toward safer, more nurturing environments for all children. The Tanzanian trial concluded in July 2025 and we expect results to be published later this year.

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