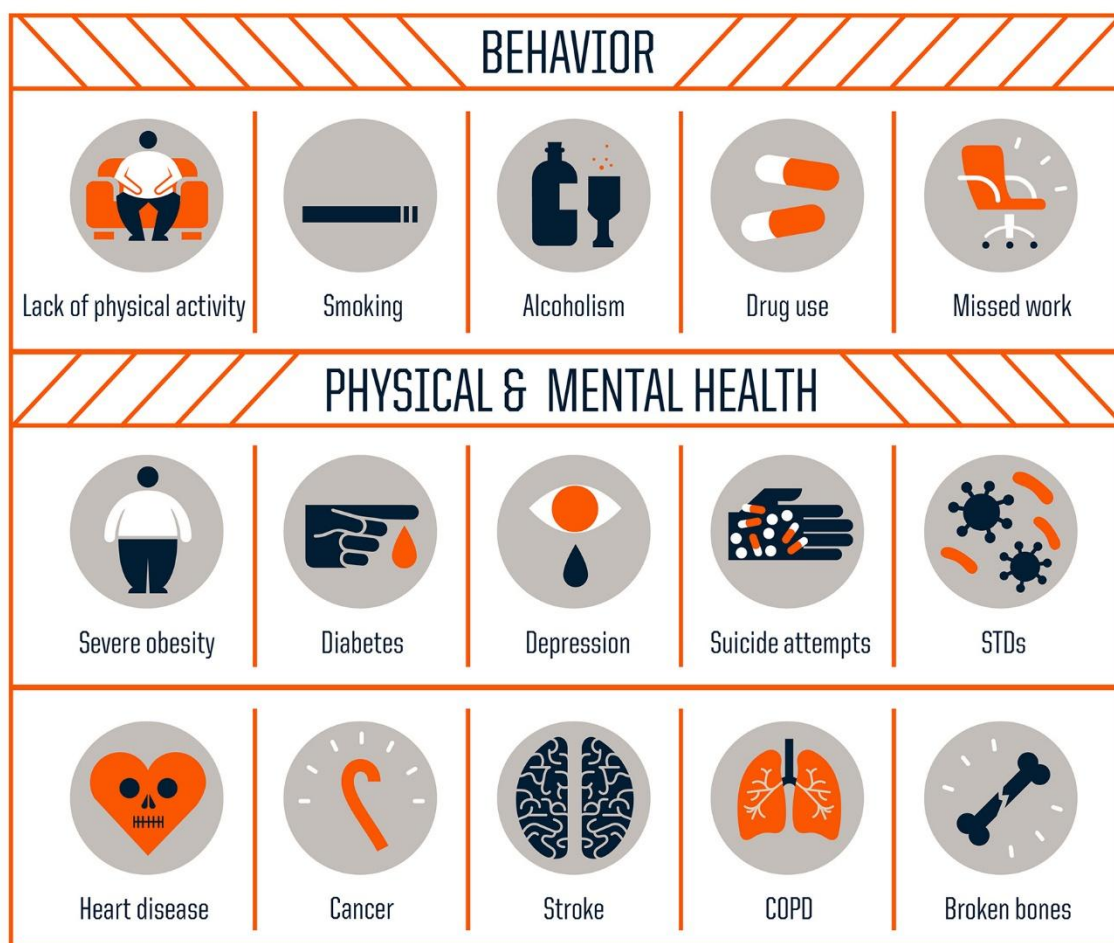




Newsroom card excerpt

A child's behaviour may be the visible surface of a much larger experience. Understanding toxic stress shifts the question from how we respond after crisis to how families, schools and communities can build protective relationships around children before harm escalates.

Every school, clinic and community organisation knows the child whose behaviour seems to arrive before the explanation.

It may be the young learner who reacts intensely to a small disappointment. The teenager who has stopped speaking in class. The child who repeatedly complains of headaches or stomach pain when no clear medical cause can be found. It may be the young person labelled defiant without anyone assembling the fuller story of grief, household violence, hunger, exclusion or instability surrounding them.

We are often trained to respond to what a child is doing.

The science of Adverse Childhood Experiences asks us to look further: what has happened to this child, what has been happening around them, and what protective support may have been missing?

When stress becomes toxic

Stress is not always harmful. A healthy stress response helps a child react to danger, meet a challenge or adapt to change. Ideally, once the event has passed, a safe and responsive adult helps the child settle and return to a regulated state.

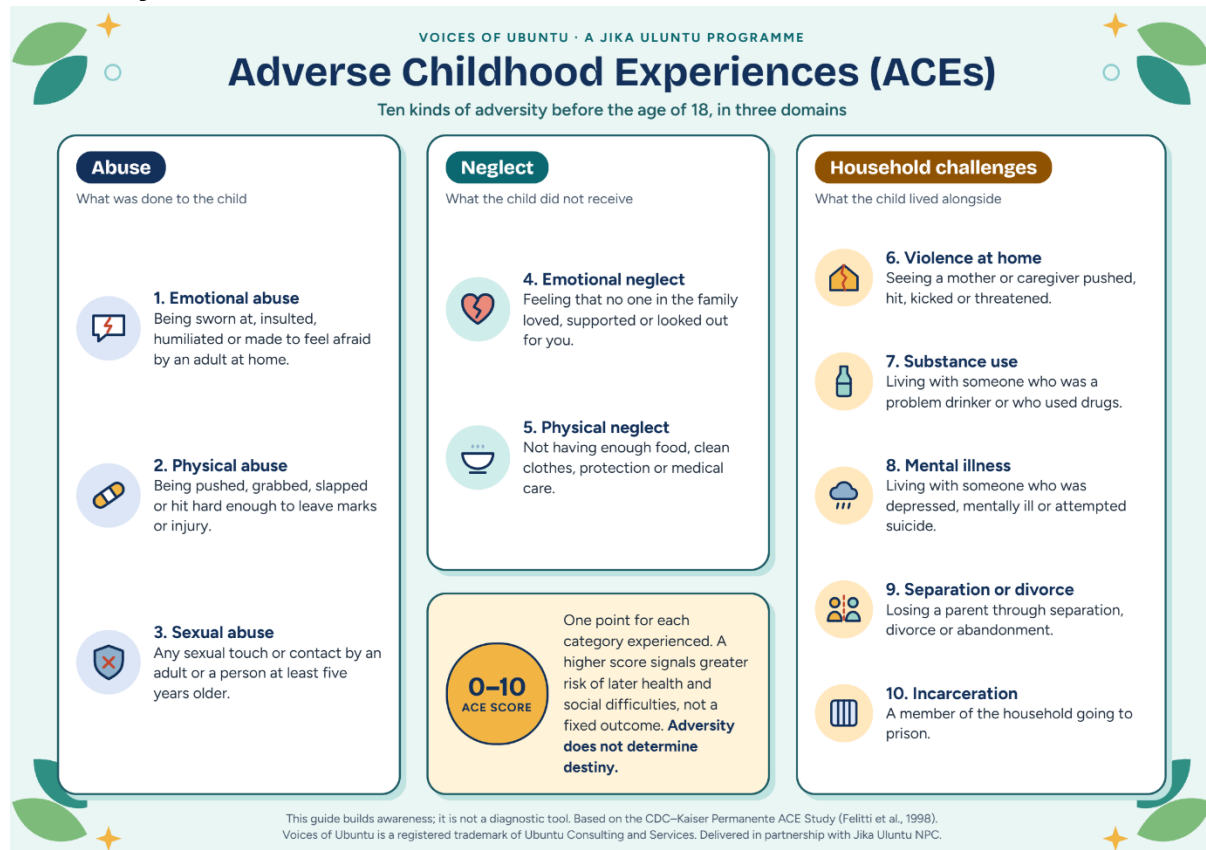
Toxic stress develops when fear, violence, neglect, humiliation, grief or instability are strong, frequent or prolonged—and when the child does not have a reliable protective relationship to help them recover.

The body's stress-response system can then remain activated for extended periods. The child may become unusually alert to danger, struggle to pause before reacting, find it difficult to concentrate or learn, or move between aggression, fear, withdrawal and emotional shutdown.

What adults interpret as disobedience, lack of motivation or poor discipline may therefore be a stress response expressed through behaviour.

This does not mean that every difficult behaviour is caused by trauma. It means that behaviour should be read as information before it is treated only as misconduct. An Adverse Childhood Experiences score is also a lens for understanding risk and resilience—not a diagnosis, a label or a prediction of a child's future.

Adversity does not remain inside the home



Adverse Childhood Experiences commonly include abuse, neglect and instability within the household. In South Africa, the picture must also account for poverty, food insecurity, community violence, caregiver absence, migration, illness, bereavement and unequal access to support.

Research from the Birth to Twenty Plus cohort found that 88% of the young adults studied reported at least one adverse childhood experience, while 35% reported four or more. The Optimus Study also found that more than four in ten South African adolescents reported experiencing some form of abuse or neglect during their lifetime. These experiences do not stay neatly contained within the family.

Schools encounter them as poor concentration, aggression, absenteeism, withdrawal and dropout.

Clinics may encounter them as sleep difficulties, headaches, stomach pain and other stress-related symptoms without necessarily seeing the household circumstances behind them.

Child-protection services may encounter them only after harm has escalated to a statutory threshold.

Communities may experience the longer-term effects through normalised violence, fractured relationships, substance use and repeated cycles of harm.

When we design education, youth development, safeguarding, public-health or community programmes, we are therefore already working with the consequences of childhood adversity—even when our programme documents do not use the language of ACEs or toxic stress.

The protective power of buffering relationships



The hopeful finding within the science of toxic stress is that adversity does not determine destiny.

Safe, stable and nurturing relationships can buffer a child's stress response. A caring and predictable adult can help a child feel seen, protected and emotionally held. Over time, this supports the child's capacity to regulate, recover and make sense of difficult experiences.

Buffering can happen through:

- a caregiver who responds without humiliation;
- a teacher who sees distress beneath behaviour;
- a mentor who remains present and consistent;
- an emotionally safer classroom;
- play, movement and creative expression;
- cultural belonging and identity;
- non-violent discipline;
- caregiver-child repair;
- access to mental-health and social services;
- supportive peer relationships;
- and a community that knows how to recognise and respond to harm.

The paper describes supportive relationships, sleep, nutrition, physical activity, reflective or mindfulness practices, access to mental-health care and time in nature as important conditions that can help regulate the biological stress response.

Healing is therefore not located only in a consulting room. It is also carried through everyday relationships, predictable routines, safe spaces, responsive institutions and communities that know how to protect.

From an adversity surplus to a buffering deficit

South Africa undoubtedly carries a high burden of adversity. But the challenge can also be understood as a **buffering deficit**.

Too many children have too few safe, trained and emotionally available adults positioned close enough to them to matter. Too few have structured spaces where they can find language for what they are carrying, practise regulation, express themselves safely and experience adults responding with consistency.

This framing changes the central question.

Instead of asking only:

How do we treat children after they have been traumatised?

we can also ask:

How do we build protective capacity around children before distress becomes crisis?

Community organisations, schools, youth programmes, caregivers and local practitioners are particularly well placed to respond to this second question.

Why established responses do not always reach far enough

Clinical care, schools, awareness programmes and statutory child-protection services are essential. The problem is not that these responses are wrong. The problem is that they are often expected to operate within an implementation environment very different from the one in which they were originally designed.

Clinic-based responses may assume the availability of psychologists, safe transport, private consultation rooms and consistent follow-up.

School-based programmes may depend on teachers who are already carrying heavy workloads and curriculum pressures.

Awareness campaigns may increase knowledge without giving people repeated opportunities to practise different responses or repair relationships.

Imported models may be scientifically credible but assume stable institutions, large professional workforces and an individual-therapy culture that cannot be taken for granted in every South African community.

Statutory child-protection systems remain indispensable, but they are often required to respond once harm has already reached a serious threshold.

The need is therefore not to discard professional or statutory services. It is to build an earlier layer of community buffering around children, families and institutions—connected to those services, but not dependent on a clinician being present in every interaction.

How Voices of Ubuntu translates the evidence into practice

Voices of Ubuntu is a research-informed, culturally rooted and arts-based programme designed to strengthen the protective conditions around children, young people, caregivers and communities.

It works within a deliberate developmental space: not clinical therapy, not conventional schooling and not entertainment, but structured participatory work that uses Ubuntu, relationships and creative expression to help people name what is happening, understand one another and practise more constructive responses.

The current Voices of Ubuntu architecture consists of four developmental stages and Ubuntu Mentor Training as a capstone pathway:

Talking Hands uses puppetry, story, movement and play to help young children name emotions, notice body signals, develop empathy and practise safer responses.

In Character uses applied drama and Forum Theatre to help young people and communities explore bullying, violence, GBVF, exclusion, substance use, family pressure and other recognisable challenges. Participants become spect-actors who enter the story and rehearse possible responses.

Walk in My Shoes combines experiential exposure, reflection circles, interviewing, podcasts and digital storytelling to strengthen perspective, empathy, communication and civic awareness.

Who Am I uses identity work, story, movement, nature, cultural grounding and collective witnessing to help young people explore who they are, what has shaped them and how they want to contribute.

Ubuntu Mentor Training prepares youth leaders and practitioners to hold safe groups, facilitate reflection, protect child and youth voice and carry the methodology into their own schools, organisations and communities.

Together, these stages create repeated opportunities for emotional language, supportive relationships, movement, creativity, cultural belonging, reflection and community participation.

Why arts and culture matter

Difficult experiences are not always processed through conversation alone.

A puppet may allow a young child to name a feeling before they are ready to speak directly to an adult. A theatre character can hold a conflict without requiring one participant to expose a personal experience. Movement can make tension visible before words are available. A story can be paused, questioned and rewritten. Music, rhythm and circle can create belonging before a difficult conversation begins.

These cultural and creative forms are not decoration added to an intervention. They are trusted ways through which people have long expressed grief, joy, conflict, memory, identity and hope.

In Voices of Ubuntu, they become structured pathways through which participants can move from automatic reaction towards awareness, expression, connection and choice.

The model is group-based, community-delivered and culturally rooted. This allows one trained facilitator to strengthen a wider group, brings the work closer to where people live and learn, and uses forms of participation that are familiar and accessible within the local context.

Building protection around the child

The Voices of Ubuntu theory of change works across four connected groups.

Children gain emotional language before crisis—the capacity to name feelings, regulate and seek help.

Young people gain voice and rehearsal—the experience of questioning harmful patterns and testing different responses.

Caregivers gain opportunities for listening, repair and more responsive relationships.

Communities gain protective capacity through trained facilitators, Ubuntu Mentors, collective problem-solving and clearer safeguarding pathways.

The intention is not to erase what has happened or suggest that one programme can remove every source of adversity. It is to reduce the stress load, strengthen protective factors, support recovery and increase the number of safer relationships surrounding children.

Over time, a young child who first encounters Talking Hands may become a young adult capable of supporting others. The person who once received protection can grow into one of the adults who helps provide it.

That is the compounding logic of community buffering: every cycle builds more protective capacity within the community itself.

A different measure of progress

Community organisations are often required to count how many people attended, how many sessions were delivered and how many referrals were made.

Those figures matter. But the science of buffering invites another question:

How many safe, trained and consistent adults are now positioned around children because this programme exists?

The answer may include a caregiver who has learnt to listen differently, an educator who recognises distress beneath behaviour, a facilitator who can hold a difficult conversation, an Ubuntu Mentor embedded in the community or an institution with a clearer safeguarding response.

No child develops in isolation. No organisation can build protection alone.

Community buffering begins when families, schools, organisations, services and local practitioners recognise that healing is relational—and deliberately build the capacity to respond together.

Related calls to action

Explore Our Approach →

Download the Full Conference Paper →

Discuss a Voices of Ubuntu Programme →

Suggested SEO title

From Toxic Stress to Community Buffering | Voices of Ubuntu

Suggested meta description

Learn how toxic stress may appear through children's behaviour and how safe relationships, arts, culture and community participation can strengthen protective conditions around children.