Joining the dots? Use of multiple data sources to estimate child maltreatment incidence in the Western Cape: 2002-2005

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Outline of Presentation

1. Evidence-based Policy
2. Study Objectives
3. Methods
4. Findings
5. Recommendations
Evidence-Based Social Policy Interventions

Define the Problem and its scale (need good data)

Define the Causes (need good data)

Implement & Evaluate

Develop Evidence-based Policy and Implementation Strategies to address the problem and its causes
A hierarchy of interventions to improve Child Protection

- Legislation; Protection Policies; Social Protection; Budgets; Advocacy
- Community Awareness & Prevention
- Early Intervention
- Statutory
- Re-int
Study Focus: Child Maltreatment

A key problem for policy and intervention: No incidence or prevalence studies have been conducted on Child abuse & Neglect (cost).

Objectives:
1. to provide an evidence base for child protection (Western Cape) that does not rely on high cost studies;
2. to provide information on districts in which children may be particularly at risk for Child maltreatment (abuse & neglect);
3. to comment on admin data quality and make recommendations for improvement.
Child Abuse data: The Tip of the Iceberg

Thanks to Peter Dudding Child Welfare Canada for the graphic
**Study Methods**

1. Several sources of data for the period 2000 – 2006 accessed:
   - Provincial Government administrative data (*SAPS; DSD; Education; Health; Justice*)
   - Peer reviewed research (very little);
   - data from child protection NGOs.

2. Secondary analysis admin data to construct incidence rates and trends if possible;

3. Possible High risk areas identified

4. Comment on admin data quality
Findings: Maltreatment

Physical Abuse: Health Admin Data
Tertiary Hospital data tells us that:

- Most physically abused children are typically male and under 5 years;
- The perpetrator is typically male and often the child’s father or mother’s partner;
- Most assaults occur in the child’s home.

Data on the extent of this form of abuse is not readily available.
Findings: Maltreatment

Sexual Abuse: Health Admin Data
Red Cross H.: Data 1991 – 1999: an average of 78 cases admitted per annum (87%F);

Other sources: Childline: Western Cape accounted for the highest proportion of all calls in the country relating to sexual abuse (22% of all calls received were in regard to this issue);

Justice Department Children’s Court Inquiry (CCI) Data could assist us to get a rough picture of incidence?
CCI Data: Incidence of Probable Maltreatment per 1000 children by selected districts
District Patterns

What could affect the high or low incidence figures?

• Rates may be low when SW. services are under-resourced?
• Rates may be up when S.W. services do their work well?
• Affected by criteria used by officials to control case flow to courts.
• Poor data capture.
• Repeat cases within the reporting year.
CCI Incidence data suggests:

- 3 in every 1,000 children were the subject of an inquiry during 2005 (4,358 children).
- If UK data is considered: only 5% cases of maltreatment likely to reach a Court Inquiry;
- So: True W.C. rate is likely to be much higher (≈ 87 per 1000 or 86,000 children).
- But we do not know the % referred for maltreatment.
- Even so, we should be seeing much higher reporting rates.
- Note: The 2005 Western Cape ratio for (all) social workers in post to children is: 1 : 2,200 Half that required for a minimum level service.
SAPS Crime Data – is it useful for Estimating child rape incidence?

In data supplied for this project by SAPS, the age of the rape victim was unknown in:

• 60% of cases for 2003;
• 82% of cases 2004 .............!
Recommendations

1. Investigate CCI data further (current);
2. Improve admin data quality;
3. Develop a comprehensive research strategy to inform evidence-based policy for child protection (including incidence and prevalence studies);
4. Investigate the causes so as to inform appropriate solutions;
5. Budget to support child protection services.
6. Identify high risk communities and families for preventive and intensive intervention.
Where we want to be: Local level evidence-based Intervention

Areas where young children are at most at risk

Services should be here!