A SITUATION ANALYSIS OF CHILDREN AFFECTED BY MALTREATMENT AND VIOLENCE IN THE WESTERN CAPE

Report for the Research Directorate Department of Social Services & Poverty Alleviation: Provincial Government of the Western Cape

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May 2006

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ACKNOWLEDGEMENTS

On behalf of the Child, Youth, Family and Social Development Research Programme at the Human Sciences Research Council (HSRC), we would like to thank those who contributed to this report:

Ms Edna Arends  
Inspector Du Toit Basson  
Ms Melda Berry  
Ms Cheryl Blankenberg  
Captain Alida Boettcher  
Ms Petro Brink  
Mr Patrick Burton  
Mr Imraan Cassiem  
Ms Jill Claasen  
Mr Roger Daniels  
Ms Mertrude De Bruyn  
Ms Portia Engelbrecht  
Ms Lida Grebe  
Ms Adel Hayes  
Ms Pam Jackson  
Mr Sidney Karele  
Ms Narriman Khan  
Ms Marna Knoetze  
Mr Nikelo Makae  
Mr Gavin Miller  
Mr Arrie Odendaal  
Mr Eugene Patientia  
Ms Reneé Roussow  
Ms Stefanie Scholtz  
Ms Quanita Soeker  
Mr Andre Van der Merwe  
Superintendent Fanie Van Deventer  
Mr Percival Wagenstroom

Department of Health  
South African Police Service (SAPS)  
Molo Songololo  
Department of Social Services and Poverty Alleviation  
South African Police Service (SAPS)  
Department of Social Services and Poverty Alleviation  
Centre for Justice and Crime Prevention  
Department of Health  
University of the Western Cape  
Community Law Centre  
Department of Social Services and Poverty Alleviation  
Department of Social Services and Poverty Alleviation  
Department of Health  
Department of Health  
Department of Justice: Kuils River Children’s Court  
Ons Plek Shelter  
Department of Social Services & Poverty Alleviation  
Department of Education  
Safe Schools Call Centre  
Department of Education  
Molo Songololo  
Department of Social Services & Poverty Alleviation  
University of the Western Cape  
Child and Youth Research and Training  
RAPCAN  
Ons Plek Shelter  
Department of Social Development  
Department of Social Services & Poverty Alleviation  
Department of Environmental Affairs and Development Planning  
South African Police Service (SAPS) / South African Centre for Missing and Exploited Children (SACMEC)  
Department of Justice  
Kuils River Magistrate’s Court
<table>
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<th>ACRONYMS</th>
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<tbody>
<tr>
<td>CBD Central Business District</td>
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<tr>
<td>CCI Children’s Court Inquiry</td>
</tr>
<tr>
<td>CMA Cape Metropolitan Area</td>
</tr>
<tr>
<td>CPR Child Protection Register</td>
</tr>
<tr>
<td>DoH Department of Health</td>
</tr>
<tr>
<td>DoJ Department of Justice</td>
</tr>
<tr>
<td>DSSPA Department of Social Services and Poverty Alleviation</td>
</tr>
<tr>
<td>EMDC Education Management and Development Centre</td>
</tr>
<tr>
<td>FCS Family Violence, Child Protection and Sexual Offences</td>
</tr>
<tr>
<td>GBH Grievous Bodily Harm</td>
</tr>
<tr>
<td>GIS Geographical Information System</td>
</tr>
<tr>
<td>HSRC Human Sciences Research Council</td>
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<tr>
<td>IMS Information Management System</td>
</tr>
<tr>
<td>NAHI Non-Accidental Head Injury</td>
</tr>
<tr>
<td>NGO Non-Governmental Organisation</td>
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<tr>
<td>PTSD Post-Traumatic Stress Disorder</td>
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<tr>
<td>SAPS South African Police Service</td>
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<tr>
<td>SASAS South African Social Attitudes Survey</td>
</tr>
<tr>
<td>SSCC Safe Schools Call Centre</td>
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<tr>
<td>TOR Terms of Reference</td>
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<tr>
<td>VC Violent Crime</td>
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<td>WCED Western Cape Education Department</td>
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1. INTRODUCTION

1.1. THE RESEARCH MANDATE

The Terms of Reference for this research were as follows:

To conduct a situation analysis of children in each of four focal areas:

1. Child maltreatment: including abused and neglected children, children on the streets and children found in need of care (includes children under supervision / placement in terms of statutory processes defined by the Child Care Act and the Children’s Bill).
2. Worst forms of child labour: specifically child trafficking and commercial sexual exploitation.
3. Children affected by violence: including domestic, school, and community violence.
4. Abducted and missing children.

In addition, the service provider was required to provide commentary on the availability and quality of administrative data in order to inform information requirements for improved policy and planning.

The TOR called for a brief review of relevant policy and programmes being implemented in terms of the policy and the strategic plans of the province in each focal area. A review of provincial policy is included in a complementary report on indicators for child protection that was conducted in parallel with the current study (Dawes, Willenberg, & Long, 2006). The reader is referred to that document as this information will not be repeated here.

1.2. APPROACH TO THE RESEARCH TASK

Given the limited remit of this investigation, no primary research was conducted. Secondary data analysis was conducted for certain purposes – however, in most instances, existing data is reported without further analysis. Research findings of particular relevance to the Western Cape were sourced, and secondary analysis of existing administrative data was conducted. The latter data was sourced from several departments. In order to ascertain trends over time, attempts were made to source administrative data from 2002 to 2005. This was not possible in all instances due to gaps in information.

Accurate data in child maltreatment is notoriously difficult to obtain. Worldwide, it is recognised that incidence reports to the police or welfare agencies are the tip of the iceberg (Dawes, Willenberg et al., 2006; Richter, Dawes, & Higson-Smith, 2004). No surveillance or community prevalence studies have been conducted in South Africa. In consequence, several sources of data on child maltreatment were considered. They included research surveys and NGO reports. Administrative data was sourced from the Department of Health (Rape Survivor Centres and Tertiary Hospital trauma units), Education (the Safe Schools Call Centre), Justice (Children’s Court Inquiries), and SAPS (for reported crime). The Child
Protection Register was an obvious source, but was not used, as the current data is unreliable (see Dawes, Willenberg et al, 2006).

The South African Police Services (SAPS) can be of use for estimating incidence of violent and sexual crime to children, as well as cases of missing and abducted children. SAPS does not collect data on child abuse and neglect as normally defined in the child maltreatment and welfare literature (Dawes & Mushwana, in press). Some forms of sexual abuse to children may however be subsumed under the crime categories of crimen injuria, attempted rape, rape, and for some offences under the Sexual Offences and Child Care Acts. SAPS data suffers from inaccuracies. We have nonetheless used SAPS crime data with caution for certain purposes in this report in the absence of other sources.

In all instances the provincial administrative data on children exposed to maltreatment and violence is very limited, and much of it does not provide an accurate picture of the situation of children.

In the course of the research it became apparent that the most accurate information on confirmed child maltreatment would be available from statutory inquiries into abuse and neglect conducted in the Children’s Courts (Department of Justice) in terms of the Child Care Act of 1983 (as amended). In contrast to SAPS reported crime, cases of abuse and neglect are only referred to a statutory process when the child needs to be placed in an emergency situation (an immediate risk of maltreatment), or when an investigation has confirmed that the child’s wellbeing will be at risk if she remains with her current caregiver and may need to be placed in alternative care.

Similar to other countries where this is an issue, very few studies on particularly vulnerable populations (trafficked children, sexually exploited children and street children) have been conducted. For example, there is no data on the numbers of children on the streets of the province as a whole. Some (outdated) information is available for the City of Cape Town and surrounds, which was used for this report. Data on trafficking, child prostitution and commercial sexual exploitation is even more scarce. In short there is no reliable data, primarily due to the illicit nature of these practices. Data from the few local studies that exist was sourced.

Information on exposure of children to violence in the school and elsewhere was sourced from several quarters. Apart from research studies, administrative data was sourced from the SAPS (reported violent and sexual crime), and the Departments of Health and Education. SAPS was only able to provide provincial rather than small area level data on crime to children (disaggregated by gender, and by age (those under 12 years of age and between 12 and 17 years)). In order to plot crime at small area level, SAPS Area crime data for 2005 was obtained from the Human Sciences Research council (HSRC) GIS unit. Age and gender disaggregations were not available for this data set.

It was not possible to use police data to establish the extent to which children were exposed to violence in the home. This would require a docket analysis. Children’s exposure to domestic violence was examined using two principal studies: the 2003 South African Social Attitudes Survey (Dawes, Kafaar, de Sas Kropiwnicki, Pather, & Richter, 2004) and the 2005
National Youth Victimisation Survey conducted on children between 12 and 17 years of age in 2005.

Research studies on children’s exposure to violence are frequently not representative of the provincial child population. Most have been conducted in the Cape Town area. Even then they can only provide some guidelines as to the risks that children face. These limitations must be borne in mind when considering the findings. Wherever possible, we have relied principally on those studies we would regard as being representative.

1.3. STRUCTURE OF THE REPORT

An Executive Summary outlining key findings and recommendations is provided under a separate cover. This document contains the main report. It commences with a brief conceptual framework that outlines a systemic approach to the understanding of risks to wellbeing posed to children by poverty and exposure to violence and maltreatment. The findings follow thereafter, presenting data on child maltreatment first, followed by domestic violence, violence in schools and finally in the wider community. The report concludes with an integration of the findings and reflections on data quality. A summary of all the research studies we were able to access on physical abuse and neglect, sexual abuse, domestic violence and physical punishment, children on the streets, child prostitution, trafficking, and exposure to violence in schools is presented in Appendix 1.

A map depicting key data on the situation of children and relevant services is provided in the report. After careful consideration, municipal boundaries were chosen as the spatial unit, as these boundaries were found to be the most convenient for expressing the available data. In addition, we felt that municipal boundaries would make sense to a range of policy makers and other stakeholders who would be able to recognise them by name.
2. CONCEPTUAL FRAMEWORK

Increasingly, it is recognised that policy must be evidence-based. It should be driven by an understanding of the scale of risk to children, the populations who are most at risk, and the sources of risk. In particular, policies and programmes designed to improve the protection of children need to appreciate the way the child’s developmental context either promotes well being or contain risks of exposure to violence, maltreatment and exploitation.

The discussion that follows outlines an approach to understanding the contexts of child development, protection and risk. A more comprehensive presentation is available in the companion child protection indicators report for the Department of Social Services and Poverty Alleviation (DSSPA) (Dawes, Willenberg et al, 2006).

All the problems addressed in this report have significant impacts on children’s physical and mental wellbeing and future development (Kendall-Tackett, Williams, & Finkelhor, 1993; Dawes, Willenberg et al, 2006). For example, exposure to violence is also associated with negative psychological outcomes for children and adolescents, including depression, anxiety, and post-traumatic stress disorder (PTSD) (Martin, Theron, Ward, & Distiller, 2006; Seedat, Nyamai, Njenga, Vythilingum, & Stein, 2004; Ward, Flisher, Zissis, Muller, & Lombard, 2001). The long-term costs into adulthood are also well recognised.

Prevention must therefore be a priority for policy makers. Public health approaches to the prevention of violence such as those developed in the World Health Organisation draw attention to the importance of the following points. They underpin evidence-based approaches to the prevention of exposure to violence and child maltreatment:

- First, we need to understand the factors that are associated with each problem. This information can be used to inform the risk factors that should be monitored as well as whether programmes are appropriately targeted;
- Second, we need to determine the scale of the problem, where it occurs, and the factors that are responsible for its occurrence, using appropriate scientific methods such as epidemiological and incidence surveillance studies;
- Third, we need to assess the scope and effectiveness of current prevention initiatives.

We recommend an ecological approach that seeks to identify factors at the level of the wider society, the neighbourhood, the family and the child, that are associated with each of the problems under review. The multiple factors associated with child maltreatment, exposure to violence, trafficking, commercial sexual exploitation and the reasons why children move to the streets, can be best understood in terms of nested levels of influence as displayed in Figure 1, below. Each level carries risks and protective influences for children’s lives.
It is important to stress that this is an interactive model – no one factor is likely to predispose a child to maltreatment or exposure to violence. Closest to the child are those who care for him or her. The quality of the surrounding community is crucial to child safety. Neighbourhood characteristics impact on the quality of relationships between caregivers and children. The societal level is most distant to children and has its influence indirectly via those persons that are responsible for them. It includes the law that protects children, and also the cultural scripts for parenting and childcare that prevail in the society.

The family and peer group are important sources for protecting children and adolescents from the negative impact of violence exposure in the community (Moses, 2005). However, the family can also be a source of abuse and violence to children - most abuse and neglect occurs in the child’s home, and most sexual abuse is perpetrated by persons known to the child (Straus, 2000; Townsend & Dawes, 2004).

When there are problems in the family, children are more likely to avoid the home and spend more time on the streets (Legget, 2005). Then, children are both exposed to greater levels of community violence, and lack the necessary support structures that may enhance resilience in a violent context.

Certain characteristics of neighbourhoods pose risks for exposure to violence and maltreatment, including the presence of norms that tolerate harsh punishment of children, high levels of interpersonal violence, high levels of poverty and youth unemployment, high violent crime levels, the presence of gangs and drug dealing, and few supportive services for families at risk (Garbarino & Kostelny, 1992; 1994; Garbarino, 1995; Legget, 2005; Pelton, 1994). Areas with poor recreational and related resources for youth (particularly those who are out of school and unemployed), are also prone to presenting risks for children – particularly adolescents (Ward, in press a).

A key problem in the Western Cape is the presence of organised gangs. If present in the community, children are placed at greater risk for being exposed to gang violence, or may
end up joining neighbourhood gangs for protective and / or supportive reasons (Legget, 2005). Status and sex are often powerful incentives for joining a gang. A study conducted among Mannenberg learners found that 86% of them believed that girls were more attracted to gang members (Legget, 2005). Children may also join gangs due to the desire to have access to firearms and protection, and in poverty stricken communities as a mode of survival. Gangs are also associated with the proliferation of weapons, exposing children in affected areas to high levels of armed violence (Legget, 2005). In a survey of youth risk behaviour, 13% of learners in the Western Cape reported that they had been part of a gang (Reddy et al., 2003). Other studies conducted in the Cape Town area have shown that between 20% and 30% of children reported that they had been chased by a gang (Ward, Flisher, & Lombard, 2004; Zissis, Ensink, & Robertson, 2000).

Figure 2 illustrates some links between social conditions at the neighbourhood and family levels expressed in terms of key child outcomes. Many effects of the household and neighbourhood conditions are indirect – they are mediated by the child’s relationship with the caregiver. However some direct effects are evident as when the child leaves an abusive home for the streets. Neighbourhood conditions influence the manner in which the carer treats the child (e.g. attempts at tight control of the child in dangerous areas). However, they also directly influence the child as occurs when there are few positive spaces for children to play or when the youth in the neighbourhood do not provide positive role models.

Children are exposed to abuse and violence across all social classes. However, it is well established that poverty increases the risk of exposure in the home and the surrounding community (Garbarino & Kostelny, 1992; 1994; Garbarino, 1995; Pelton, 1994). That said we must be cautious here. It is most probable that by far the majority of people living in very difficult circumstances are not likely to perpetrate child abuse or neglect, and struggle to do the best for their children in spite of overwhelming odds.
Figure 2: Links between social conditions and key child outcomes

**NEIGHBOURHOOD INFLUENCES**
- Crime/Safety
- Facilities for children
- Proportion of families in poverty
- Availability of positive peers
- Level of social cohesion and local support networks
- School quality

**FAMILY INFLUENCES**
- Income and employment level
- Emotional climate / conflict
- Household density
- Support to parents
- Single parent/ couple family
- Adult literacy
- Religious commitment

**DIRECT**

**CAREGIVER RESPONSE & CHARACTERISTICS**
- Active/passive coping
- Health status
- Psychological well-being
  - Positive/negative temperament
  - Substance abuse

**INDIRECT**

**CAREGIVER BEHAVIOUR TOWARD CHILD**

**CHILD OUTCOMES**
- Health status
- Intellect
- Social skills
- Self concept
- Values
- Social relationships
The evidence is clear that stressful and dangerous neighbourhoods can undermine the coping capacities of adults, impacting on their ability to create a supportive emotional climate for the children (Wandersman & Nation, 1998; Garbarino, 1995). Also, in such areas it is simply a great deal more difficult for parents to protect their children from exposure to violence and abuse of various kinds. Thus children who are subjected to violence or who go missing, are not simply a product of neglectful caregiver behaviour, but this is also a consequence of the dangerous conditions under which parents have to live. For example, studies indicate that in similarly poor communities, those areas that are safer have lower proportions of abused children (Pelton, 1994).

Nevertheless, even in very poor communities, exposure to at least some well functioning families can protect children against the deprivations of their situation. In addition, adults in the community who are less stressed than their neighbours can also offer support to nearby caregivers who are living in difficult circumstances, thereby reducing the risks of child neglect and even abuse on the part of stressed caregivers.

These observations need to be kept in mind when developing interventions to protect children from violence and maltreatment. More detailed points with respect to child abuse, trafficking, street children and commercial sexual exploitation may be found in the child protection indicators report by Dawes, Willenberg et al (2006).

2.1 A NOTE ON REPORTING RATES OF VIOLENCE AND MALTREATMENT TO CHILDREN

It is important to note that the findings report data from a range of sources from research studies to administrative data from the Health Department, Justice, Education, SAPS and Social Services.

When reporting administrative data it is important to standardise the information and also to analyse trends over time. For this purpose incidence rates where calculated where possible.

Incidence rates are based on reported cases within a defined population (e.g. all persons under 18 years) in a particular period. In this study the period was normally a calendar year.

For example, the incidence of child maltreatment can be calculated from the number of cases that come before a Children’s Court in a particular year. It is not enough to report the number of cases. This is because the number of cases will be
related to the number of children in the population that is covered by the Court. Thus the number of children at risk for maltreatment is likely to rise in proportion to the population.

For this reason we calculate incidence rates based on the child population – in this example, for the magisterial district. This permits us to compare magisterial districts with different sizes of child population.

Incidence rates are calculated thus:

- by dividing the number of new cases in a particular period (the numerator) by the population at the same point in time (the denominator – the population in question)
- The resulting figure is then multiplied by a fraction – normally 1,000. Rates commonly express the frequency of the problem per 1,000 (children in this instance), but 10,000 or higher may also be used (particularly if the numerator is large).

The denominator is very important in studies of this nature. Its size plays a critical role in the incidence rate and should be as accurate as possible.

In this study, it is commonly child populations that are the denominators. Throughout the report, child population estimates from the 2001 Census were used. This permitted us to compare different spatial units such as Health districts and Magisterial Districts (data supplied by the DSSPA). It is important to note that the child population estimates are not as current as would be desirable. This is because more recent child population information for the small spatial areas was not available (i.e. below province level). When there have been significant changes in the child population between the time of the Census and the years analysed, this can lead to a degree of unreliability. In this study we cannot know the extent, but for most areas it is not likely to be very significant.

The important point about incidence rates is that they take the size of the population into account and allow for comparisons across time and populations.

As will be evident in section 3 below, minimal use is made of graphics. This is because much of the data needs to be treated with caution and graphic images (bar graphs and the like) can create false impressions when the data is not reliable.

We turn now to the main body of the report which deals with the findings. We deal first with child abuse and neglect, before proceeding to examine domestic violence and violence to children in the schools and wider community.
CHILDREN EXPOSED TO ABUSE AND VIOLENCE IN THE WESTERN CAPE

3.1. CHILD MALTREATMENT, ABUSE AND NEGLECT

In order to develop and implement strategies for preventing child maltreatment, it is necessary to understand the extent of the problem. As will be clear from this discussion, data on the issue is scanty in the Western Cape (as it is in South Africa in general).

Under-reporting is likely to be significant – this is a worldwide phenomenon. Cases go unreported for many reasons, particularly where the perpetrator is known by the child or his/her family. In these instances, abuse is not readily disclosed or reported because the child may fear the perpetrator, or be coerced into remaining silent; the family may be economically dependent on the perpetrator; the family may be offered payment for “damages” by the perpetrator in return for their silence; or the child may have an affectionate relationship with the abuser and remain silent in order to protect that person (Kistner, Fox, & Parker, 2004; van Niekerk, 2005). Regardless of whether the perpetrator is known or not, children may also not wish to speak openly about their abuse due to feelings of shame and fear of being stigmatised. In addition, they may simply not recognise that they are being abused, or that child abuse is considered a criminal offence (van Niekerk, 2005).

Ironically, the criminal justice system itself may play a role in the underreporting of child abuse. Crimes against children often go unreported because children and their caregivers may not have easy and confidential access to police stations or other places where such crimes may be reported. This is especially true for families living in rural areas (Kistner et al., 2004). Where services are accessible, children and their families may lack confidence in the criminal justice process. One of the main fears is the possibility of secondary traumatisation. South African studies have found that in some cases, abused children and their caretakers have expressed regret that they reported the abuse, describing their experiences with the criminal justice system as ineffectual and not victim friendly (van Niekerk, 2005). They cite incidents of verbal abuse and insensitivity on the part of police officers. Children who have come to report child abuse have been turned away from police stations because they “do not have a case” in some instances. As a result, children and their caregivers become reluctant to report incidents (Kistner et al., 2004).

These factors in part explain why the extent of child abuse remains unknown (Bower, 2003). The problem of underreporting is compounded by the lack of
systematic research such as community prevalence or incidence studies, and a fully functioning centralized register that monitors the prevalence of child abuse and neglect (Dawes & Mushwana, in press; Naidoo, 2000).

The causes of child abuse are complex. Key factors include home circumstances, characterised by crowding, domestic violence and substance abuse, and communities within which violence, gangs and drug use are prevalent (Kistner et al., 2004; Parker & Dawes, 2003; Parliamentary Task Group, 2002). Other factors that may play a role include attitudes favourable towards violence against women: dominant social attitudes that are negative or disempowering towards women contribute to women and children being viewed as objects or possessions. In effect, where such attitudes prevail, children and women are at risk for all forms of violence and abuse (Parliamentary Task Group, 2002).

We turn now to Western Cape data on specific forms of neglect and abuse.

**Incidence of physical abuse and neglect**

There are currently no administrative data sources that provide reliable statistics on physical abuse of children, and very few research studies have focused specifically on this form of maltreatment.

Research reports based on reviews of hospital records were sourced for this study in order to gain an indication of the extent and nature of the problem. The sources and details of these studies are presented in Appendix 1. The findings are that:

- Most physically abused children needing hospital treatment are under 5 years of age, and more than half are boys.
- The perpetrator of physical abuse is typically male and someone known to the child, often the child’s father or mother’s partner.
- Most assaults occur in the child’s home.
- Most perpetrators use their fists, hands, or feet to assault the child.
- Children caught up in violent events between intimate adults in the home are particularly likely to suffer injuries of a serious nature than children who are intentionally abused. Partners may even use the child as a shield against the attack.

Hospital data of course only capture those cases that are serious enough to arrive at a trauma unit. Other data on physical abuse could be obtained from Children’s Courts and the Child Protection Register, but neither source has this information readily available. Case records would have to be scrutinised – an important future research project.

**Incidence of sexual abuse**
Trauma units also capture data on the physical injury caused to young children who are sexually abused. A review of child rape survivors presenting at the Red Cross Hospital in the period January 1991 to December 1999, reported that 87% were female, with a median age of 6.3 years (van As, du Toit, Withers, Millar & Rhode, 2001).

Overall, however, sexual abuse data for the province is not readily available. Several sources have been used for this commentary. We do not report on police data here, as technically they do not report sexual abuse data. SAPS data on sexual crime is discussed under the section on crime data.

We commence with data from Childline, which operates call centres for children who call in to report exposure to violence and abuse. In 2000, Childline nationally recorded 1 734 calls relating to child sexual abuse.

- The Western Cape Province accounted for the highest proportion of these calls on the national database, even though their child population is smaller than some other provinces (Redpath, 2004).

The higher call frequency may however be due to greater access to telephones in one of the two most affluent provinces. Also, the call centre may be better known in this province. We do not know the reason for the elevated rate for the province, and we should not conclude that abuse is higher in this region simply because the call rate is higher than other regions.

Childline has also noted the declining average age of the sexual offender. In 2000, 43% of all cases of sexual assault reported to Childline nationally were committed by children under the age of 18 years – many of these perpetrators were survivors of abuse themselves (van Niekerk, 2003; Wood & Netto, 2000).

Childline statistics do not report confirmed abuse and must be treated with caution. However, they compliment other data sources.

Recent research studies on child sexual abuse that have been conducted in the Western Cape are presented in Appendix 1, and also provide some insights (e.g. van As, 2000; van As et al, 2001; Parker & Dawes, 2003). Overall, they suggest that:

- In most cases, perpetrators are known to the victims;
- Children are most likely to be sexually abused in their own homes or in those of neighbours or friends; and
- The numbers of youths arrested for sexual offending may be on the rise.

Further data on sexual abuse of children is available from the Health Department’s sexual assault treatment facilities (sometimes also known as Rape Survivor
Centres). They maintain monthly statistics on sexual abuse and rapes perpetrated against the under-14 and over-14 population. Because of the manner in which the Department of Health stratifies the age data, it is not possible to separate out the 14 – 17 year age category from adults. This is clearly a problem as it does not allow us to provide figures on the total under-18 population or the teenage population.

Owing to problems with data collection, only regions with complete data for the years in question (2001 – 2004) are included here. The denominator used for all years was the child population for each health region in the 2001 Census.

Table 1, below, indicates that:

- In both the Cape Metropole and Southern Cape / Karoo regions, there appears to be an upward trend in reports of sexual assaults at treatment facilities over time.

**Table 1: Sexual assault incidence rates, per 1 000 children, 0 - 13 years, by Health region**

<table>
<thead>
<tr>
<th>Region</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
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<tbody>
<tr>
<td>Cape Metropole</td>
<td>0.51</td>
<td>0.84</td>
<td>1.28</td>
<td>1.63</td>
</tr>
<tr>
<td>Southern Cape / Karoo</td>
<td>0.22</td>
<td>1.44</td>
<td>1.57</td>
<td>1.78</td>
</tr>
</tbody>
</table>

The reasons for the trend are unclear. It may reflect increased reporting, increased awareness that the facilities exist, referral trends, or indeed an increase in sexual assaults to children.

Sexual assault treatment facilities continue to be established. Whether a trend is or is not apparent could be observed if data were assembled for a longer time series.

**Incidence of child abuse and neglect: statutory care data**

There are several potential sources of data on the maltreatment of children that are available from social work investigations and statutory processes. They include data on reported cases of abuse and neglect investigated by DSSPA District Offices, private welfare organisations, the Child Protection Register, and the Children’s Courts.

Given the significant problems with the Western Cape Child Protection Register (CPR) identified in a companion report (Dawes et al, 2006), this potentially useful source was not utilised.
DSSPA District Office statistics were sourced for the report. However, they were not utilised. This is because in many instances data was not complete. Also, once the Children’s Court data had been obtained, it was clear that DSSPA District Office data and Children’s Court data differed. Also the Children’s Courts have full records of all cases that are presented by all services (the police, the private welfare sector and the Departmental Social Workers). In contrast the DSSPA District Offices do not have this full set of data and have to request it from private welfare organisations. The Children’s Courts have the most complete data. That said, it is often not readily to hand in summary form.

Having scrutinised a range of data sources, the research team made the judgement that the Children’s Court records would probably provide the most complete and reliable administrative data. This is because children who come to the attention of the Court have been investigated and have been judged as being at sufficient risk to warrant statutory intervention to determine whether or not they need to be placed in care. Also, the CCI data provided the most complete information for time series analysis. This decision is not meant to reflect negatively on the DSSPA data. Rather the Court data was judged most complete and robust for this purpose.

Numbers of children abused and neglected may be accessed from Children’s Court Inquiry (CCI) records relating to statutory proceedings under the Child Care Act.

As with the CPR and police data, however, CCI information can only provide some sense of the tip of the iceberg of abuse and neglect, because it only includes reported cases.

In the Western Cape, there are 50 Children’s Courts. Each Children’s Court falls within a Magisterial District.

Children’s Court data was directly accessed so as to ensure greater reliability.

All cases of individual children that came before the Court in each year were used. Court findings were not used as this data was not available for all jurisdictions.

The Children’s Court figures in each Magisterial District were aggregated to provide a total for that District. Finally District level data was converted to incidence rates using Magisterial District child populations based on Census 2001 as denominators (data supplied by the DSSPA). More recent denominator data was not available.

Table 2 provides the incidence rates of Children’s Court Inquiries, per 1 000 children in each district over the period 2002 – 2005 (January to December in each case). Blanks indicate missing information for the periods in question.
The raw data for the incidence rates presented in Table 2 and included in Appendix 2.

**Table 2 Children's Court Inquiry (CCI) incidence rates, per 1 000 children (2002 - 2005)**

<table>
<thead>
<tr>
<th>Magisterial District</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
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<td>—</td>
<td>—</td>
<td>0.69</td>
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<td>—</td>
<td>—</td>
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<td>2.17</td>
<td>2.36</td>
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<td>2005</td>
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<tr>
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<td>------</td>
<td>------</td>
<td>------</td>
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<tr>
<td>Provincial Average*</td>
<td>2.71</td>
<td>3.44</td>
<td>3.19</td>
<td>2.91</td>
</tr>
</tbody>
</table>

With adjustments for missing data, the increase between 2002 and 2005 is only 8%. There is no trend evident for the province as a whole – as is evident the years 2003 and 2004 have higher incidence rates that 2005. Further time series data is needed to capture trends.

- In 2005 the number of children involved is: 4 358 (0.3% of the province’s children).

However, it will be evident that three jurisdictions have extremely high incidence rates in the most recent year recorded: Laingsburg (11.51), Cape Town (16.25) and Wellington (26.12). In Wellington, the data shows that nearly 3 in every 100 children were the subject of an inquiry in 2005.

A number of reasons are possible. First, a genuinely high rate of neglect and maltreatment may exist and must be taken seriously.

Then, the rates differ for a range of other reasons. For example, better resourced social work services are able to act on cases and thus produce higher reporting rates. So a high rate, while of concern, may well indicate that the officials in that district are doing their work well. There may be a similarly serious problem in another district, but the officials are just not able to pick it up or if they do, they are not acting on the problem,

Different criteria may be used by officials to refer a case to the courts. This is inevitable to some degree. Where the courts are overloaded and cases take a long

* As will be evident, there are missing values for years 2002, 2003 and 2004. The averages above take this into account through adjusting the denominators to reflect the size of the population for which data is available.
time to process, social workers may be discouraged from referring matters unless they are very serious. Also, it is probable that officials in different jurisdictions may use more or less strict criteria for bringing a child to a statutory process. Strict criteria result in fewer cases coming before the court. For example, if the criteria are very strict in one area and less so in another, the same child would be excluded from a statutory process if she resides in one district, but included in the area where the criteria are less strictly applied.

In some instances the data may not be captured accurately resulting in false incidence figures. Finally, there is some possibility of repeat cases contributing to the figure – but this is likely to be small.

None of these possibilities could be investigated for the current study.

In spite of these riders, the high rate in three areas is of great concern – particularly Wellington. Laingsburg shows a clear increase in the past two years, while Cape Town has an uneven but consistently high incidence pattern. The reason for the increase in Laingsburg could be a real change or a consequence of the other factors raised above, and which influence incidence data.

The data suggests that there is a large population of children and families in distress in all three districts, with Wellington being exceptional. Unfortunately no data for previous years was available to the researchers, so it is not possible to say whether or not this is an unusual incidence rate for the area. While it may suggest vigilant surveillance of children at risk (a good thing), it also suggests a magisterial district within which a significant proportion of children are at risk.

Overall, the data for the higher incidence areas is likely to be a strong indicator of the extent to which children are being placed at risk by poverty.

Finally, and despite its potential, this investigation showed that once the child is placed in care, it is virtually impossible to ascertain the numbers of children in care at any one point in time, let alone gauge the services provided. Loffell (in press) remarks: “[At] this stage we have only a hazy idea of the size of the population of children in statutory care, an even hazier knowledge of its demographics, and almost no knowledge at all of the rates and patterns of movement into and out of this system.”

3.2. EXPOSURE TO DOMESTIC VIOLENCE AND PHYSICAL PUNISHMENT IN THE HOME

The home and family environments are important resources, which protect young people against the social pressures and challenges they face in the broader environment. When children are loved, encouraged and supported by adults in
their immediate home environment, it lets children know that they are valued and helps them build confidence and self-esteem (Moses, 2005).

Children who live in violent homes are exposed to violence in numerous ways including overhearing violent incidents, witnessing their parents abusing each other, and seeing the results of abusive incidents such as a parent’s injuries (Bhana & Hochfeld, 2001). Marital conflict may also spill over into child-parent relationships so that parents use and abuse children in order to hurt each other (Bhana et al., 2001). In addition, some abused women may act violently towards their children as a means of diverting their anger and frustration with being in an abusive relationship (Bhana et al., 2001; Dawes et al., 2004).

Intimate partner violence is also associated with negative parenting practices such as the use of corporal punishment (Dawes et al., 2004). Research shows that men who abuse their wives are more likely to maltreat their children than men who do not engage in abusive relationships (Tajima, 2000). In addition, attempts to discipline children that start off as corporal punishment may soon escalate into physical abuse.

Some studies in the Western Cape suggest that the home is one of the more frequently reported sites for children’s exposure to violence (R. Bray, personal communication; Martin et al., 2006). Out of 70 assault cases reviewed in a children’s hospital in Cape Town, 47% of children had sustained non-accidental head injuries as an indirect result of the assault on an adult victim. The assailants were males in all cases, and the victims female in 85% of cases (Fieggen et al., 2004).

**Corporal punishment**

The South African Social Attitudes Survey (or SASAS) is a national study conducted by the HSRC (Pillay, Roberts, & Rule, 2006). In 2003 it was used to examine the prevalence of corporal punishment as a means of child discipline in the home, and has been re-analysed here to provide data about corporal punishment and intimate partner violence in the Western Cape. The percentages given below are for a carefully chosen sample that represents the population of the Western Cape (using the 2001 Census). A sub-sample of respondents with children was used for analyses relating to corporal punishment, and similarly a sub-sample of respondents with partners and children was used for analyses relating to domestic violence. Some key findings are as follows:

- Over half the parents surveyed stated that their child is never smacked (51%). This is higher than the figure for the whole country (43% of parents nationally report never having smacked their children).
• There was a marked difference by gender, with only 43% of women in the Western Cape sample stating that they do not smack their children, as compared with 64% of men.

Studies around the world find that women are more likely to use corporal punishment than men: because women typically play the main role in child care, they are more likely than men to be meting out discipline (Dawes et al., 2004).

Twenty seven percent reported using this form of physical punishment in the last month. Young children are more likely to be smacked than those who are older.

Smacking is less severe than beating with a strap, a belt, a stick or similar object. Again:

• In the HSRC SASAS study (Pillay et al., 2006), 51% of parents said they never beat their children, and 16% said that the last beating had occurred over a year ago, and:

• Men were less likely to report beating (37%) than women (54%).

In total twenty two percent of parents who beat their children reported doing so within the past month. Age-groups at risk for beating were children under three, six-year-olds, nine-year-olds and thirteen-year-olds. Beating a child under the age of three indicates extremely severe abuse, since very young children are far more easily hurt and hurt seriously than older children. It is striking that 40% of women who beat their children for disciplinary purposes admitted to doing this.

In another study, one fifth (20%) of Western Cape households said they used corporal punishment to discipline their children (Western Cape Department of Community Safety, 2002). As both are representative surveys (and the same 2001 Census denominator is used), the reasons for the differences are not clear. They could be due to differences in the manner in which questions were asked. It is very unlikely that the true incidence of corporal punishment is so low. Because these studies used only adult reports of corporal punishment, and because discipline is such a sensitive subject, these figures are likely to under-represent the true prevalence of corporal punishment in the province.

We turn to studies of children’s experiences so as to provide a more balanced view.

In a study of Grade 8 and 11 learners in Cape Town, 21% reported that adults in their homes hit them (Ward et al., 2004).

The 2005 National Youth Victimisation Survey (Leoschut & Burton, 2006), which was recently completed by the Centre for Justice and Crime Prevention, provides estimates of domestic violence exposure reported by a representative sample of
households with young people aged 12-17 years in 2005 in the Western Cape\(^1\). This is the most up to date report on exposure to violence as seen from the child’s perspective (the denominator for all analyses is the 2001 Census 12-17 year old population).

In this study, 17% of the adolescents in the province said they were subject to corporal punishment, and this figure is more likely to reflect the experience of adolescents throughout the province than the study by Ward and her colleagues who focused on Cape Town (note both data sets concern adolescents only). Taking the various studies into account,

- We can conclude that between 17 and 21% of adolescents are likely to experience physical punishment in the home; the surveys of adults suggest that if all ages are considered, the figure is likely to be closer in the region of 40 to 50% of children.

*Partner violence*

We turn now to intimate partner violence.

In analysis of the SASAS survey data (Pillay et al., 2006), we use a sample of adults who had children living with them for this analysis (the 2001 Census provided the population for stratification purposes).

- A total of 16% of the parents in the province stated that they had either perpetrated violence against their romantic partners, or been the victims of such violence. This is lower than the national figure of 20% (Dawes, de Sas Kropiwnicki, Kafaar, & Richter, 2006). Still, it suggests that a significant proportion of homes are characterised by domestic violence. As with physical punishment, it is recognised that surveys of this nature provide under-estimates of the real prevalence.

What about children’s perspectives? The 2005 National Youth Victimisation Survey found that (Leoschut et al., 2006):

- Almost 21% of 12-17 year olds in the province said that they had either been intentionally hurt themselves by someone in their household, or had seen someone in their family intentionally hurt, by another family member. A fifth or 187,247 young people were exposed to violence in the home. This was violence between any category of household member – not just their parents.

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\(^1\) This data has been kindly supplied to us by Patrick Burton of the Centre for Justice and Crime Prevention, and used with their permission. The analysis has been conducted by Catherine Ward, and the text is hers. Copies of the newly released full report may be obtained from: the Centre for Justice and Crime Prevention, P O Box 44702, Claremont, 7735; ph. 021 687 9177; www.cjcp.org.za.
• Girls (25%) were more likely to report exposure than boys (17%) and Coloured respondents reported the highest rates of exposure to domestic violence of all population groups (32%).

• Close to 8% percent of the 12-17 year olds in the province experienced a weapon being used in domestic violence (most often a stick or a knife).

• Some 8% also reported that the perpetrators of the domestic violence were under the influence of drugs or alcohol at the time of the attack.

In conclusion:

• Both studies suggest that at least 16 to 21% of children in the province have been exposed to domestic violence in some form or another.

As indicated above, children who grow up with domestic violence are at serious risk for injury and experiencing psychological trauma. In addition, they learn violent approaches to conflict resolution and there is the risk that the boys in particular will repeat the pattern of partner abuse that they have witnessed as children, in their adult relationships.

3.3. CHILDREN AT PARTICULAR RISK

There are certain groups of children who, due to their circumstances, are at greater risk for abuse and maltreatment. The following section examines data on children on the streets, and those involved in commercial sexual exploitation.

Children on the streets

The definition of a street child in the Children’s Bill is inclusive of both children who have left home to live, work, or beg on the streets, and children who beg or work on the streets but return home at night. The definition implies that, although street children may be perceived as a distinct group, they are in fact part of a much broader group of children living in conditions of abject poverty (Ward, in press b).

Contrary to popular belief, children do not simply choose to live a life on the streets because it gives them greater freedom to do as they please. Although these reasons are cited as attractive features of street life, many children are forced to leave home in order to escape unbearable situations. The breakdown of family systems against a backdrop of deprivation is a primary “push” factor for children who leave for the streets (Roestenburg & Oliphant, 2005; Ward, in press b). Family conflict and violence, substance abuse, overcrowding, and sexual abuse, are some of the key reasons why children leave home (Media & Training Centre for Health, 2002; Roestenburg et al., 2005). Their decision to live on the streets often coincides
with leaving school because parents can no longer afford to pay school fees (Roestenburg et al., 2005).

Although children face considerable dangers on the streets, in many cases they have a greater chance of survival than when living at home. This is because street children often have a better source of income, food, or clothes through being on their own than when living with, and perforce sharing with, their families. Typically, street children live in groups, which serve as networks of support (Ward, in press b). However, the levels of violence that children are exposed to on the streets are high. They are often abused by older street people and the police. Girls on the street are particularly at risk for sexual assault (Media & Training Centre for Health, 2002). Despite a widespread belief that they will never be successful and are destined to remain on the streets, many children express a deep desire to leave street life behind, and at best to return to their families (Media & Training Centre for Health, 2002).

Due to the fluid nature of street life, it is very difficult to determine the prevalence of children living, working, and begging on the streets. Research suggests that the most feasible indicator would be to monitor the number of children who access services (Ward, in press b). This in itself is problematic, considering that there are only 22 shelters for street children currently registered with the Western Cape Provincial Government. It is estimated that there are many more organisations providing services to street children that are not registered (Mertrude de Bruyn, DSSPA, personal communication).

Despite these difficulties, the National Alliance for Street Children did undertake a census of street children in the greater Cape Town area in 1999 (Hooper, 2000). Street children were defined as those living on the streets, and did not include daystrollers, or other children who worked or begged on the streets but lived elsewhere. Data was collected from six municipalities within the Cape Metropolitan Area (CMA) including Cape Town, Tygerberg, Blaauwberg, Helderberg, Oosternberg, and South Peninsula Municipalities. All areas, including informal settlements, bushes, mountains, caves and beaches were covered.

The key findings indicate that at the time of the study:

- A total of 782 children were living on the streets within the greater CMA. Street children therefore constituted nearly 20% of the total street people population (4 133).
- The proportion of male street children (88%) by far exceeded the proportion of female children (12%) living on the streets. Male children between the ages of 6 and 18 comprised the biggest group amongst street children living in the Cape Metropolitan Area.
• Amongst the municipalities in the metropole, Cape Town (293), followed by Tygerberg (241), had the highest numbers of children living on the streets. This is due to the relatively larger central business district (CBD) areas in Cape Town and Tygerberg.

• In Cape Town, the majority of street children (69%) lived in the CBD area.

This research is the most recent attempt at a census of children living on the streets, and it is now seven years since it was completed. It is therefore probable that the numbers and geographical locations of street children have changed seven years later.

Child Commercial Sexual Exploitation

Commercial sexual exploitation of children is distinguished from child sexual abuse in that the former implies the exchange of financial or other rewards in return for sexual relations with a child, whereas the latter does not necessarily involve any specific form of transaction. Normally pimping is involved (Barnes-September, Brown-Adam, Mayne, Kowen, & Dyason, 2000).

The International Labour Organisation has identified the commercial sexual exploitation of children, including child prostitution and trafficking, as some of the worst forms of child labour.

There are many reasons why children are manipulated into commercial sexual exploitation. Poverty is considered as the most important (but not the only) contributing factor (Molo Songololo, 2004). Poverty may result in the migration of children and their families from rural to urban areas where lack of skills and employment place children at a greater risk for ending up in sexually exploitative situations (Molo Songololo, 2004).

Some may remain at home, and are a source of financial support for impoverished families (Barnes-September et al., 2000). As observed in a study conducted by Molo Songololo, one sexually exploited child explained about her mother: “Sy bly vir my sê ek is ’n jintoe but as daar nie vriete in die huis is nie dan vriet sy van die geld wat ek maak” (“She keeps on telling me I’m a prostitute but when there’s no food in the house then she eats from the money that I make”) (Molo Songololo, 2005, p.120).

When children leave the home, a key push factor is violent or abusive domestic conditions. Children leave home for the streets where they are vulnerable to commercial sexual exploitation.
Child prostitutes are a particularly vulnerable group because their protection is impossible to ensure. (van Niekerk, 2005; Barnes-September et al., 2000). Child prostitutes are less able to control the sexual transaction than their adult counterparts, and thus are prone to violence from their exploiters and pimps. They are also more likely to be persuaded or pressured into unsafe sex practices, and as a result, are at greater risk for contracting sexually transmitted infections including HIV/AIDS and unwanted pregnancies. For example, a study conducted in Atlantis found that while most girls were aware of the risks involved in unprotected sex, several continued the practice as clients were willing to pay more for sex without a condom (Molo Songololo, 2005). Reports of abuse by clients were also common. The most frequent reported abuse was being driven to an isolated location and left there without being paid (Barnes-September et al., 2000).

When undertaking the research for this report, it became apparent that there is no data that can provide a picture of the scale of this problem (see Cluver, Bray & Dawes, in press). We have had to rely on small-scale case studies.

Although it is impossible to assess the number of child prostitutes in the Western Cape, research efforts suggest that the numbers may not be insignificant. According to Molo Songololo (2004), the Sex Worker Education and Advocacy Taskforce stated in 2000 that children constituted 25% of sex workers in Cape Town, a similar figure to that suggested by the Cape Town FCS Unit. However, the report provides no information as to how the estimate was derived, and the figure should not be used as if it were accurate.

Once children are caught up in commercial sexual exploitation it becomes increasingly difficult for them to leave without the necessary support. Their ability to secure alternative employment is further hampered by the fact that many of them were forced to leave school because their families could not afford the school fees or uniforms. Even when children are removed from sexual exploitation, or have left of their own volition, the psychological effects of sexual exploitation continue to impact on the child’s wellbeing – long term substance abuse is one of several problem for this group (Molo Songololo, 2005).

**Trafficking**

Trafficking may also be used as a means of recruiting children for a variety of purposes including domestic slavery, illegal adoption, organ trade, and drug trade and commercial sexual exploitation (Cluver, Bray, & Dawes, in press). Trafficking involves the “recruitment, transportation, transfer, harbouring, and receipt of children” (Molo Songololo, 2000). Trafficked children are typically held captive and often have no contact with the outside world (Molo Songololo, 2000).
According to case studies conducted by Molo Songololo in the Western Cape, traffickers include parents, relatives, adult sex workers, teachers, foreign nationals, strangers, gangsters, and minibus taxi drivers (Molo Songololo, 2000). Children are trafficked into both the legal and illegal sectors of the sex industry, including clubs, massage parlours, escort agencies, hotel brothels, trucking routes, harbours, and residences usually belonging to the trafficker (Molo Songololo, 2000).

There is very little data on the scale of the problem (Cluver, Bray & Dawes, in press). Despite the lack of good evidence, it is claimed that South Africa is one of the main trafficking centres in Africa, and is used as both a destination and transit point for trafficked children (Molo Songololo, 2000). It is believed that most trafficking in South Africa occurs within its national borders. Children from rural areas are perceived as an at risk group for being trafficked as a result of chronic poverty (Cluver, Bray, & Dawes, in press). The Western Cape, particularly Cape Town, has been identified as a destination point (Molo Songololo, 2000).

One of the few studies of the role of gangs in the sexual exploitation of children has been conducted by (Molo Songololo, 2000). It is a small-scale study of 19 girls. The children were abducted by a Cape Town gang and forced into prostitution. The girls were mainly abducted from the Golden Acre or Grand Parade in the CBD area (some were on their way from school or truanting from school). All the girls were taken to the home of the gang leader on arrival, and held there in captivity. They were exposed to extreme levels of violence and sexual assault from the gang members that held them captive. Although all constantly desired to escape, attempts to do so were often thwarted. If caught, or even heard of considering leaving the gang, the girl would be severely punished. Most girls eventually managed to escape, although some remained in captivity until the gang leader was finally arrested and they were free to leave.

These case studies are of importance in probing the role of criminal networks in child commercial sexual exploitation. However, much more research is needed to understand the phenomenon of girls entering the sex industry before we come to clear conclusions as to causes and solutions. At this stage, it is clear that girls growing up in areas with high levels of poverty and gang activity will be at risk.

3.4. EXPOSURE TO VIOLENCE AT SCHOOL

Schools should play a pivotal role in protecting children from the negative effects of violence exposure. Unfortunately, Western Cape schools in some areas (particularly the City of Cape Town) are sites of crime and violence, threatening the well-being of young people.
Research on the nature and extent of crime and violence in schools in the Western Cape suggests that crime and violence are more prevalent in secondary than primary schools (Biersteker & Erlank, 2000).

Data drawn from the 2005 National Youth Victimisation Survey (Leoschut et al., 2006) provides estimates of exposure to violence in school for young people aged 12-17 in the Western Cape (the denominator used is the 2001 Census for the reference population).

- A positive finding is that a relatively low proportion (10%) of young people reported feeling unsafe at school (or work, if they were not at school).
- However, 23.0% (215 334 young people) said that someone had threatened them with harm, scared them or hurt them while they were at school.
- Of the 12.9% of children who felt unsafe in particular places at school, a staggering 46.2% said that they felt unsafe in the toilets.
- Of the 4% (37 449) of young people reporting sexual assaults, 24% (8 988) reported that these assaults had occurred at school.
- Classmates (42%) and other learners (43%) were the most likely perpetrators, with other children from outside the school (7%), a teacher or the principal (7%), or another adult (2%) being far less likely to do this.
- Separate from the assault data above, and in contravention of the law preventing physical punishment in schools, 56% of the children reported that it was a practice of the teachers or the principal to cane, spank or hit them when they had done something wrong.

Some key findings drawn from a range of further studies that are not representative of the whole province are as follows:

- Drug dealing is not uncommon in the schools. A survey of youth risk behaviour found that approximately 20% of adolescent learners in the Western Cape were either offered or reported selling illegal substances on school property (Reddy et al, 2003).

Gendered differences in school violence have also been reported.

- Male learners are more likely than their female counterparts to be involved in violent or criminal activity (as both victims and perpetrators) in schools (Flisher et al, in press). In contrast, females are at a greater risk than males for sexual victimisation (as found in the 2005 National Youth Victimisation Survey).

Notwithstanding acute or extreme cases of sexual violence such as rape, it is the constant threat of sexual violence and persistent sexual harassment that girls at
school have to contend with on a daily basis. These forms of sexual violence and abuse are largely committed by male classmates (Human Rights Watch, 2001).

- In a study involving 20 schools in the Western Cape, female learners were almost exclusively the victims of sexual violence and rape (Eliasov & Frank, 2000).

Turning to findings from administrative data, we draw on the Western Cape Education Department (WCED).

The Safe Schools Division operates a Call Centre, which provides free and confidential telephonic communication to learners, parents and educators around issues of safety, crime, abuse and other school-related matters.

Every call that is made to the Safe Schools Call Centre (SSCC) is logged automatically onto the Cybercall database, which can then produce statistics on the number of calls made to the SSCC on a monthly basis. The other electronic database operated by the SSCC is the Information Management System (IMS). Call centre consultants enter case data onto the IMS while they are taking the call. With more serious cases, data is entered on a desktop form, for later capture onto the IMS.

The Safe Schools Call Centre database provided statistics for child abuse that included physical, sexual, verbal, emotional and, problematically, substance abuse. We were not able to obtain a revised data set without the substance abuse data in time for completion of this report.

Substance abuse is a very different category of event to child abuse and its inclusion distorts perceptions of the scale of child abuse reported to the Call Centre. This sort of data categorisation should be avoided.

The data also includes reports of learner on learner, educator on learner violence as well as on school, and off school incidents.

Table 3 below provides incidence rates (per 10 000 learners), calculated from SSCC statistics for each of the Education Management and Development Centre (EMDC) regions. The denominators (for each year) are the number of learners in each EMDC from Grade R to Grade 12, as well as learners with special needs.

Key findings are:

- Since 2002, there is an upward trend in reporting of Call Centre for ‘abuse’ cases for Metro Central (a highly significant rise) and Metro South EMDCs, as well as for the province as a whole (the report rate has doubled). It is essential to note that this category includes substance abuse. No
conclusions regarding child abuse as normally understood can be drawn from this data.

- The figures indicate that for the year 2005, 7 in every 10 000 learners reported some or other form of abuse or exposure to drugs and violence to the Call Centre.

The trend can be due to a number of factors, which we cannot determine without further study. It may signal an increase in abuse. However, given the novelty of the system, it is likely that it indicates an increase in reporting due to the increasing success of the SSCC programme in providing children with access to a reporting and counselling system.

### Table 3 Safe Schools Call Centre (SSCC) incidence rates for physical, sexual, verbal, emotional and substance abuse, by EMDC, per 10 000 learners (2002 - 2005)

<table>
<thead>
<tr>
<th>EMDC</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro (Central)</td>
<td>4.48</td>
<td>5.93</td>
<td>14.21</td>
<td>19.13</td>
</tr>
<tr>
<td>Metro (East)</td>
<td>4.89</td>
<td>1.63</td>
<td>3.08</td>
<td>4.24</td>
</tr>
<tr>
<td>Metro (North)</td>
<td>3.66</td>
<td>4.26</td>
<td>9.15</td>
<td>8.80</td>
</tr>
<tr>
<td>Metro (South)</td>
<td>3.06</td>
<td>3.05</td>
<td>6.91</td>
<td>9.15</td>
</tr>
<tr>
<td>Overberg</td>
<td>5.31</td>
<td>5.04</td>
<td>6.06</td>
<td>6.14</td>
</tr>
<tr>
<td>Southern Cape / Karoo</td>
<td>2.34</td>
<td>2.32</td>
<td>2.09</td>
<td>0.72</td>
</tr>
<tr>
<td>West Coast / Winelands</td>
<td>0.95</td>
<td>0.71</td>
<td>1.47</td>
<td>0.85</td>
</tr>
<tr>
<td>Provincial Average</td>
<td>3.53</td>
<td>3.28</td>
<td>6.14</td>
<td>7.00</td>
</tr>
</tbody>
</table>
The Labour Relations Directorate of the Western Cape Education Department provides data on violence and abuse by educators on learners, based on complaints lodged against educators. It can further illuminate the exposure of children to violence and abuse in schools. Table 4 comprises annualised (financial year) incidence rates for the sexual assault, sexual harassment and assault of learners by educators (the denominator is the number of educators in post for each year).

- The latest statistics (financial year 2004-05) indicate that approximately 2 out of every 1,000 educators had complaints lodged against them for the alleged occurrence of these types of incidents. No definite trend is evident.

### Table 4 Incidence rates for the sexual assault, sexual harassment and assault of learners by educators

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Educators in posts</th>
<th>Incidence (per 1,000 educators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/2003</td>
<td>60</td>
<td>29,259</td>
<td>2.05</td>
</tr>
<tr>
<td>2003/2004</td>
<td>107</td>
<td>29,568</td>
<td>3.62</td>
</tr>
<tr>
<td>2004/2005</td>
<td>67</td>
<td>29,876</td>
<td>2.24</td>
</tr>
</tbody>
</table>

### 3.5. EXPOSURE TO VIOLENCE IN THE COMMUNITY

**Data from research studies**

Several studies of exposure to community violence have been conducted in the Western Cape with the majority focusing on various areas in the City of Cape Town. The details of studies are in Appendix 1. Only one is representative of the province as a whole (but data cannot be disaggregated to small area level). This is the 2005 National Youth Victimisation Survey (Leoschut et al., 2006).

Children are exposed to violence in two ways, either directly as a victim of violence or indirectly as a witness to violent events.

Regarding indirect exposure, representative sample studies indicate that:

- Sixty eight percent of participants aged 12 – 17 years in the 2005 National Youth Victimisation Survey had seen someone being intentionally hurt outside of their home, mostly in the local neighbourhood. In these cases, 75% of the respondents indicated that they knew the attacker.
• Other research studies indicate that from 58 to 85 percent of children and adolescents in Cape Town, depending on the area, have witnessed violence in the streets and in their neighbourhood (Martin et al., 2006; Seedat, van Nood, Vythilingum, Stein, & Kaminer, 2000; Seedat et al., 2004). Between 2 - 5% of Cape Town learners have witnessed someone being stabbed or shot in their homes; between 29 - 39% have witnessed those same events in their communities (Ward et al., 2004).

Regarding representative studies that have measured direct exposure, the following results are pertinent.

The 2005 National Youth Victimisation Survey data shows that:

- Some 16% of adolescents reported being the victim of an assault in the last 12 months. These assaults were most likely to occur at school and at home. In most cases (58%), no weapon was used in these attacks, but a remarkable 32% reported the use of an axe, stick, panga or club.

- Robbery was experienced by 8% of respondents.

- In total, 4% of the adolescents reported sexual assault (including rape) or to have experienced forced sex. More girls than boys reported such assaults. Sexual assaults were most likely to have occurred at home, followed by school and then in other places. Perpetrators were most likely to have been friends or acquaintances. At the time of the attack a fifth of the perpetrators and 3% of victims were under the influence of drugs or alcohol.

- Given the strong association between drugs and crime, it was disturbing to see that as many as 15% reported that they knew where to buy drugs in their neighbourhood, and 6% stated that they could buy drugs at school or work if they wanted to.

- Schoolmates, followed by known community members and then relatives or household members, were the most common perpetrators. The data is very similar to another study in which family members, followed by acquaintances and finally strangers (in that order), were most likely to be responsible for assaults experienced by Grade 8 and 11 learners in Cape Town (Ward et al., 2004).

A study conducted for the Western Cape Department of Community Safety (2002) corroborates findings that the Cape Flats is particularly dangerous for children:

- Most child victims of theft, robbery, and assault reside in areas in the West Metro region (which includes the Cape Flats).
• In the Western Cape, 8% of households reported at least one child victim of theft, and 5% reported at least one child victim of robbery and assault.

Differences have also been found between girls’ and boys’ levels of exposure to violence, and the kinds of violence to which they are exposed:

• Boys are exposed to greater levels of violence (particularly assault) than girls (3:2 incidents) (Seedat et al., 2004).

• Prevalence rates of girls who report being victims of sexual assault range between 7% and 10%, and between 2% and 5% for boys (Seedat et al, 2000; van der Merwe & Dawes, in press).

Regarding young people obtaining and carrying weapons, key results are provided below:

• A high percentage of participants aged 12 – 17 years in the 2005 National Youth Victimisation Survey indicated that it would be easy or very easy to obtain a gun (5%).

• A national survey on youth risk behaviour reported that 38% of male learners in the Western Cape had carried a weapon, compared to 8% of female learners (Reddy et al, 2003).

A more in depth view of the way violence in communities affects adolescents is reported by Moses (2005) in an ethnographic study on children living in Ocean View in the South Peninsula. The participants expressed particular concern about places where alcohol and illegal substances were sold and consumed (such as taverns and shebeens).

They reported that they lacked safe spaces to socialise and play within their neighbourhoods because many of the available spaces, such as parks and sports fields, were often misused by adults and youth for drinking and taking drugs. As a result, children are frequently exposed to violence in public spaces that are difficult to avoid.

Data from SAPS crime statistics

The South African Police Service Crime Information Analysis Centre (CIAC) provided raw data on reported crime to children under the age of 18 years (stratified further by age [0 – 11 years; 12 – 17 years], sex and race). This data is not available in the SAPS Annual Reports. The child population for the province (under 18 years) in Census 2001 was used as the denominator in all instances (for population groups it is the child population for that group).

SAPS data is reported separately to the research studies as the categories of information recorded by the police are very different to that collected in research.
studies. There is always a gap between office administrative data and the self-report data gathered in research. The latter capture incidents that are not reported to the police and this results in higher and probably more accurate numbers.

SAPS data suffers from many reliability problems. For example, the statistics in the table below are likely to be significant underestimates due to missing data. This problem pertains to all the SAPS data used in the report as will be illustrated below.

Between 2002 and 2004, 34453 crimes were committed against children under the age of 18 years.

However, the true number of crimes to children cannot be known, as during the same period, 55575 crimes were committed against persons of an unknown age (see also Table 5). It can be fairly safely assumed that, were this “unknown” category to be factored in, a higher number of crimes against children would be recorded. The ‘unknown’ category varies across the years, but does decrease over time. The extent of the unknown data is depicted in Table 5. ‘Age unknown’ constitutes the biggest problem. It becomes more obvious in Table 6.

**Table 5 Number of crimes against children (under 18 years), per "unknown" variable, and percentage of crimes (all ages) with an “unknown” variable**

<table>
<thead>
<tr>
<th>“Unknown” variable</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex unknown</td>
<td>4 606 (4%)</td>
<td>5 097 (4%)</td>
<td>3 959 (4%)</td>
</tr>
<tr>
<td>Race unknown</td>
<td>1 581 (1%)</td>
<td>6 (0%)</td>
<td>1 (0%)</td>
</tr>
<tr>
<td>Age unknown</td>
<td>29 130 (25%)</td>
<td>13 237 (11%)</td>
<td>13 208 (12%)</td>
</tr>
</tbody>
</table>

Provided great caution is exercised in interpretation, some SAPS data may be useful for tracking trends as it is one of the few sources available over time. It also allows for disaggregation to small areas where the data is available.

Table 6 below details the incidence rates (per 100 000 children) for key crime categories of interest to this specific report (we did not access data on all crime). Again, and given the ‘unknown’ age problem alone, this information is not a reliable index of crime to children.

Key findings are that:
• There is no overall trend for crimes against children in the Western Cape as a whole across the years for which data was obtained, as the incidence rates fluctuate over time (the significant amount of missing data must be borne in mind).

• There has been concern about an increase in missing children (see also Table 8 below). The relevant crime categories (abduction and kidnapping) do not show an upward trend for the province. This does not mean that it may not be increasing in certain areas of the province (or that numbers are confounded by missing cases). Children reported missing must be distinguished from instances where children go missing and a crime is reported (see below).

• Between 5 000 and 6 000 cases of rape (all ages) are reported in the province each year. The rate of child rape is very unreliable (see the huge amount of ‘age unknown’ cases in the table). For the year 2003, of all cases of rape, the age of the survivor was unknown in 3 273 instances (60%). In 2004, this figure had increased to 4 845 instances - eighty two percent.

• Child rape statistics are currently invalid for all years (especially for 2004) due to the lack of information on victim ages.

The overall incidence rate of crimes to children rose dramatically from 2002 (702 per 100 000) to 2003 (838 per 100 000); it decreased again in 2004 (757 per 100 000) but was still higher than the baseline period. In all instances, note the ‘age unknown’ factor. The change may be a reflection of the periods chosen for analysis, and also reporting patterns. As with the other data reported thus far, improving access to police services should result in an increase in reported crime. Only once service access is of a similar standard over time does it become possible to make sense of these trends.

That stated, it is clear that:

• Children are most at risk for one or other form of assault (Common and grievous bodily harm, or GBH) and sexual crimes – Indecent Assault and Rape in particular.

• The sudden drop between 2003 and 2004 from 55 to 24 cases of child rape per 100 000 children, has everything to do with incomplete record keeping.
Table 6 Incidence rates for crimes against children, per 100 000, and percentage of crimes per category (all ages) in which age of victim was unknown

<table>
<thead>
<tr>
<th>Crime category</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incidence (Unknown age)</td>
<td>Incidence (Unknown age %)</td>
<td>Incidence (Unknown age %)</td>
</tr>
<tr>
<td>Abduction(^2) (common law or statutory)</td>
<td>2.60 (74%)</td>
<td>3.33 (73%)</td>
<td>3.47 (68%)</td>
</tr>
<tr>
<td>Act on the prevention of family violence</td>
<td>1.00 (94%)</td>
<td>0.60 (93%)</td>
<td>0.20 (93%)</td>
</tr>
<tr>
<td>Any crime of an indecent nature against a female</td>
<td>0.27 (77%)</td>
<td>0.20 (65%)</td>
<td>0.27 (60%)</td>
</tr>
<tr>
<td>Assault GBH</td>
<td>155.54 (18%)</td>
<td>199.42 (1%)</td>
<td>184.61 (0%)</td>
</tr>
<tr>
<td>Attempted murder</td>
<td>19.54 (14%)</td>
<td>18.20 (2%)</td>
<td>11.53 (0%)</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>15.13 (17%)</td>
<td>20.34 (1%)</td>
<td>17.34 (0%)</td>
</tr>
<tr>
<td>Child Care Act (No. 74 of 1983)(^3)</td>
<td>1.47</td>
<td>1.53</td>
<td>2.00</td>
</tr>
<tr>
<td>Children’s Act (No. 33 of 1960)(^4)</td>
<td>2.13</td>
<td>1.47</td>
<td>2.20</td>
</tr>
<tr>
<td>Common Assault</td>
<td>328.70 (18%)</td>
<td>408.30 (1%)</td>
<td>372.10 (0%)</td>
</tr>
<tr>
<td>Domestic Violence Act</td>
<td>0.33 (94%)</td>
<td>0.87 (90%)</td>
<td>1.27 (91%)</td>
</tr>
<tr>
<td>Incest</td>
<td>0.07 (92%)</td>
<td>0.20 (64%)</td>
<td>0.07 (14%)</td>
</tr>
</tbody>
</table>

\(^2\) Abduction refers to the abduction of children for marital or sexual purposes. Abduction (Common Law) may include children previously reported missing, where an individual has been reported to the police for abducting the child. In the Sexual Offences Act, Abduction refers to the abduction of a person under 21 years for sexual purposes.

\(^3\) The sections of the Act that apply include Sections 8(2 & 3), 17(a-c), 19(a-b), 20(1-5), 21(1), 22(2), 23(1), 24(1), 25(1), 26, 38(1a-b), 50(1b & 2), 51 and 52 (including A(1)).

\(^4\) Sections 18(2) (non-support of children) and 19 (corruption of children) apply.
<table>
<thead>
<tr>
<th>Crime category</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indecent Assault</td>
<td>99.41 (14%)</td>
<td>108.01 (2%)</td>
<td>124.87 (0%)</td>
</tr>
<tr>
<td>Indecent or Obscene Photographic Matter Act</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>2.87 (67%)</td>
<td>3.07 (59%)</td>
<td>1.60 (55%)</td>
</tr>
<tr>
<td>Murder</td>
<td>13.73 (18%)</td>
<td>15.07 (9%)</td>
<td>8.33 (8%)</td>
</tr>
<tr>
<td>Rape</td>
<td>56.47 (63%)</td>
<td>55.21 (60%)</td>
<td>24.87 (82%)</td>
</tr>
<tr>
<td>Sexual Offences Act</td>
<td>2.73 (85%)</td>
<td>2.27 (84%)</td>
<td>2.27 (78%)</td>
</tr>
<tr>
<td>Incidence of all crimes to children in the province</td>
<td>702.00 (25%)</td>
<td>838.08 (11%)</td>
<td>757.01 (12%)</td>
</tr>
</tbody>
</table>

Irrespective of the phase of childhood, for each of the years in question, in the Western Cape, male children were two to three times more likely than female children to have crimes committed against them (Figure 3).
According to the police statistics:

- The most common crime for 2004 committed against male children between the age of 0 and 11 years was Common Assault (48%), whereas, for the corresponding group of female children, it was Indecent Assault (48%) (see Figure 4).

This finding tallies with the reports by male children cited earlier in the report that violence is one of the most common traumatic events they experience. It also concurs with the high levels of sexual harassment reported by girls in the various studies cited earlier.

![Figure 4: Most common crimes against children, 0 - 11 years (2004)](image)

Kidnapping cases may also include children previously reported missing once a case has been opened.
Where the age data was available, for adolescent children, Common Assault accounted for over 50% of crimes committed against them, for both males and females (see Figure 5).

Population group data is problematic for a number reasons. In the first instance it may serve to entrench the racist categories of apartheid – nonetheless the ‘race’ labels remains in use. Second it is very likely to be a proxy for social class. This must be born in mind when examining Figure 6 below.

The key findings (bearing in mind the inaccuracies contributed by unknown ages in the SAPS data) are that Coloured children were at least two times more vulnerable than any other racial grouping of children, while Indian children were the least vulnerable of all.
Interestingly, historical disadvantage would have predicted that black children would have been the most vulnerable, which this analysis has shown, is not the case. ‘Unknown’ data about population groups of victims does not play a role here. A key question is, why is it that Black children, arguably as or more disadvantaged than coloured children, are less at risk according to this data?

In part the explanation must lie in the data source. As will be recalled, the 2005 National Youth Victimisation Survey reported above concluded that similar numbers of black and coloured children aged 12 to 17 years reported being the victim of an assault in the last 12 months (16%). This is likely to be a more accurate reflection of children’s exposure to violence than the police reported crime data.

Nonetheless the Coloured – Black difference is very striking. It may be that SAPS is capturing more crimes to Coloured children than for their Black counterparts due to better access to the police. We do not have the answers at this stage.

**Neglect and ill-treatment of a child**

According to Table 7, between 2001 and 2004, there appears to have been an increase in the number of cases of neglect and ill-treatment of children reported to SAPS. In 2001, the overall provincial figure stood at 47 per 100 000 children, which had doubled to 105 per 100 000 children in 2004. Again, we are not sure what the reasons for this increase are.

However, this data, like the Children’s Court data, shows an upward trend for child abuse and neglect (see above). These two data sources taken together permit us to say with some confidence that:

- The incidence of abuse and neglect of children may be rising.

The data for the SAPS Areas below was compiled by the GIS Unit of the Human Sciences Research Council (HSRC) for purposes of this study. Unfortunately, child population figures for each of the four SAPS Areas were not available. Incidence rates for each area could therefore not be calculated (but was possible for the total province as shown above). While the raw numbers show an increase, this could be due to a real rise in the neglect and ill treatment of children as well as a rise in reporting or better data capture.
Table 7 Reports of neglect and ill-treatment of children, by SAPS Area

<table>
<thead>
<tr>
<th>Area</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boland</td>
<td>222</td>
<td>266</td>
<td>339</td>
<td>349</td>
<td>1 176</td>
</tr>
<tr>
<td>East Metro</td>
<td>216</td>
<td>340</td>
<td>632</td>
<td>555</td>
<td>1 743</td>
</tr>
<tr>
<td>Southern Cape</td>
<td>149</td>
<td>179</td>
<td>263</td>
<td>239</td>
<td>830</td>
</tr>
<tr>
<td>West Metro</td>
<td>129</td>
<td>254</td>
<td>466</td>
<td>440</td>
<td>1 289</td>
</tr>
<tr>
<td>Total</td>
<td>716</td>
<td>1 039</td>
<td>1 700</td>
<td>1 583</td>
<td>5 038</td>
</tr>
</tbody>
</table>

Provincial incidence / 100 000 children

(Source HSRC GIS unit).

Missing Children

Missing children have been of some concern to the Department. The data was provided by Western Cape Crime Stop separate to that provided by SAPS CIAC. We were not provided with the raw data, but with a table provided by Crime Stop. The validity of the data therefore cannot be checked.

According to Table 8 below:

- The number of children reported missing in the Western Cape has increased steadily from 10 per 100 000 in 2001, to 26 per 100 000 in 2005 (nearly a three-fold increase).

These figures may mean that more children have gone missing. The alternative is that the actual numbers of missing children have not gone up, but more are being reported than before. We are unable to assess the accuracy of these figures as we were not provided with the raw data.

It should be noted however, that:

- Crime Stop reported that ninety percent of missing children were recovered in 2005. Most reports of missing children do not involve criminal matters, and often involve children visiting friends or running away from home due to family problems.
This suggests that while reporting has increased, perhaps due to greater awareness of the issue, the recovery rate is excellent (data supplied by Western Cape Crime Stop, SAPS).

Also, according to records captured since October 2005, most reports of missing children do not involve criminal matters, and often involve children visiting friends or running away from home due to family problems.

In October 2005, SAPS introduced a new recording system for missing children that captures additional information such as reporter, missing child and investigating officer details, as well as details around the recovery of the missing child. This has increased the accuracy of the data and our understanding of the problem.

| Table 8 Number and incidence rates of reported missing children, per 100 000 |
|---------------------------------|---------|---------|---------|---------|---------|
| Missing children                | 2001    | 2002    | 2003    | 2004    | 2005    |
| Number                          | 153     | 138     | 245     | 290     | 404     |
| Incidence                       | 10.20   | 9.20    | 16.33   | 19.33   | 26.93   |

In concluding this section, it is necessary to note once more that the SAPS data is a very coarse indicator of violence exposure for children and has several accuracy problems. If these were sorted out at the point of capture when the crime is recorded SAPS data would be much more useful than it currently is for use in child protection work. Currently it is not possible to know the crime risks to children at neighbourhood level, because the age data is so frequently missing.

However, SAPS Area data which includes all victims regardless of age goes some way to pointing out areas in which children as well as adults are at risk.

As noted at various points in this discussion, the SAPS data on crimes to children must be examined in relation to other data so as to triangulate the information as far as possible. We have attempted to do this through this section of the report.

3.6. THE PATTERN OF RISK TO CHILDREN IN THE MUNICIPALITIES OF THE WESTERN CAPE

In this section of the report we have provided a provincial map based on Municipal boundaries.
It illustrates patterns of vulnerability to children by depicting poverty levels (moderate and severe, by municipality), violent crime (for all persons in 2004) and Children’s Court Inquiries (for 2005). The latter point to the risk of neglect and abuse of children in each municipality (court locations are marked on the map). Violent crime (VC) and Children’s Court Inquiries (CCI) are represented on this map as incidence rates in each municipality (per 1 000 people and children respectively).

Key services to children are plotted, including FCS units, sexual assault treatment facilities, Children’s Courts, and DSSPA District Offices.

Also plotted are some key towns, represented by yellow flags. Plots for the City of Cape Town Metropolitan Municipality were excluded, as this would have led to considerable cluttering of the map.

Violent Crime (VC) rates were calculated by combining Murder, Rape, Assault GBH and Robbery with Aggravating Circumstances statistics for 2004. Scatterplots on the map represent instances where a municipality’s VC rate was above the provincial average (12.48 per 1 000 people).

As is clear from the map, the West Coast, Breede River and Overberg municipalities had the highest VC rates. The City of Cape Town Metropolitan Municipality had the highest CCI incidence rate.
3. CONCLUSIONS & RECOMMENDATIONS

4.1 KEY FINDINGS

Policy must be evidence-based and prevention must be a priority for policy makers. The following points underpin evidence-based approaches to the prevention of exposure to violence and child maltreatment:

- First, we need to understand the factors that are associated with each problem. This information can be used to inform the risk factors that should be monitored as well as whether programmes are appropriately targeted.

- Second, we need to determine the scale of the problem, where it occurs, and the factors that are responsible for its occurrence, using appropriate scientific methods such as epidemiological and incidence surveillance studies.

- Third, we need to assess the scope and effectiveness of current prevention initiatives.

The current study focused on the first two points. A summary of key findings is presented below.

**Child Maltreatment: abuse and neglect**

Reviews of hospital records were sourced for this study in order to gain an indication of the extent and nature of physical abuse. The key findings are that:

- Data on the extent of this form of abuse are not available.

- Most physically abused children needing hospital treatment are under 5 years of age, and more than half are boys;

- Hospital studies show that the perpetrator is typically male and someone known to the child, often the child’s father or mother’s partner and most assaults reportedly occur in the child’s home.

**Sexual abuse** data is not readily available. Several sources were used. The key findings are:

- Data from Childline shows that the Western Cape accounted for the highest proportion of all calls in the country relating to sexual abuse (27%);
approximately one fifth (22%) of all calls received were in regard to this issue;

- Data from sexual assault treatment facilities is not available for all centres over time. Where this is available (Cape Metropole and Southern Cape / Karoo regions), there appears to be an upward trend in reports of sexual assaults on children under 13 years. Again reasons are not known. The most recent incidence rate of for these two regions is 1.6 and 1.8 cases per one thousand children respectively.

- Data for period 1991 – 1999 collected by the Red Cross Hospital shows that in the region of 700 children (under the age of 12) had been admitted with injuries following sexual assault over the nine year period (an average of 78 cases per annum. Eighty seven percent were female. There has been an increase in admissions since the study was completed.

- Between 5 000 and 6 000 cases of rape (all ages) are reported in the province each year from 2002 to 2004.

- SAPS child rape crime statistics must be regarded as unreliable for all years and (especially for 2004) due to the lack of information on victim ages. For example, in the year 2003, the age of the rape survivor was unknown in 3 273 instances (60%). In 2004, this figure had increased to 4 845 instances - eighty two percent of cases.

Rates of child abuse (all forms) and neglect may be estimated from statutory processes undertaken by the Children’s Courts. An advantage of this data is that the abuse and neglect has been confirmed (unlike Childline and police reports). The key findings are:

- Data provided by the Children’s Court is probably the most reliable administrative data available at present on abuse and neglect incidence, because it is the sole source of data regarding confirmed cases of abuse and/or neglect, and because every case is reliably logged in the data system (which is not the case in other sources of data);

- However, it is virtually impossible to ascertain the numbers of children in the statutory care system once they have been placed in care.

- There is no clear trend in the number of Children’s Court Inquiries opened since 2002. However 3 in every 1 000 children were the subject of a Children’s Court Inquiry in 2005. We cannot be sure of the causes. What is certain is that the data is likely to be a strong indicator of the extent to which children are being placed at risk by poverty, and possibly the incidence of HIV/AIDS.
Exposure to violence in the home

The HSRC South African Social Attitudes Survey (SASAS) is a national study that in 2003 was used to examine the prevalence of corporal punishment as a means of child discipline in the home. Secondary analysis of the Western Cape data indicates that:

- Over half the parents surveyed stated that their child is never smacked (51%). This is higher than the figure for the whole country (only 43% of parents nationally report never having smacked their children).
- Of the women who use a strap, a belt, or a stick to beat their children, 40% admitted doing this to children under three years. This is a major concern as young children are most at risk for serious injury from this practice.

One Red Cross Hospital study of children under 12 admitted for traumatic injury following sexual and physical abuse, showed that:

- Perpetrators were typically male and known to the child; most assaults occurred in the child’s home.

Regarding children’s exposure to intimate partner violence, the following findings are most pertinent:

- A total of 16% of parents in the province admitted they were in violent relationships, meaning that significant numbers of children would be exposed.

The 2005 National Youth Victimisation Survey shows that:

- A fifth of the children in the province between the ages of 12 and 17 have been exposed to domestic violence of all kinds (not solely intimate partner violence).
- Eight percent of all teenagers in the province have been exposed to domestic violence in which a weapon was used.
- Eight percent of all teens in the Western Cape reported that the perpetrators of the domestic violence were under the influence of drugs or alcohol at the time of the attack.

Children who grow up with domestic violence are at serious risk for injury and experiencing psychological trauma. They learn violent approaches to conflict resolution and there is the risk that they will repeat the pattern of partner abuse that they have witnessed as children, in their adult relationships.

Exposure to violence at school
Research on the nature and extent of crime and violence in schools in the Western Cape suggests that they are more prevalent in secondary than primary schools. Provincially representative studies indicate that:

- Twenty three percent of children aged 12 – 17 in the province have been threatened with harm, have been fearful of being harmed, or have actually been hurt in a violent incident while they were at school. Learners are the most likely perpetrators of violence (2005 National Youth Victimisation Survey).

- In contravention of the law preventing physical punishment in schools, 56% of children aged 12 – 17, report that teachers or principals hit them when they have done something wrong (2005 National Youth Victimisation Survey).

- Twenty percent of adolescent learners in the Western Cape were either offered or reported selling illegal substances on school property (2002 Youth Risk Behaviour Survey).


- Male learners are most likely to be involved in violent or criminal activity (as both victims and perpetrators); female learners are at much greater risk than males for sexual victimisation in school (2002 Youth Risk Behaviour Survey).

- In 2005, 7 in every 10 000 learners reported to the Safe Schools Call Centre that they had been exposed to either physical, sexual, verbal, or emotional abuse, or to substance abuse (some may be repeat callers).

- Education Labour Relations statistics (financial year 2004-05) indicate that approximately 2 out of every 1 000 educators had complaints lodged against them for abuse and violence to learners.

**Exposure to violence in the community**

- Sixty eight percent of children aged 12 – 17 in the province report having seen someone being intentionally hurt outside of their home, mostly in the local neighbourhood; 75% of the respondents knew the attacker (2005 National Youth Victimisation Survey).

- Between 29 - 39% of City of Cape Town learners have witnessed someone being stabbed or shot in their communities (various research surveys).

- Sixteen percent of children aged 12 – 17 in the province report being the victim of an assault in the last 12 months; 31.7% reported the use of an axe,
stick, panga or club in the attack (2005 National Youth Victimisation Survey).

- Four percent of adolescents in the province report having been sexually assaulted (including rape) or having experienced forced sex. Perpetrators were most likely to have been friends or acquaintances, and in 20% of cases perpetrators were under the influence of drugs or alcohol (2005 National Youth Victimisation Survey).

- A national survey on youth risk behaviour reported that 38% of male learners in the Western Cape had carried a weapon, compared to 8% of female learners (2002 Youth Risk Behaviour Survey).

- According to SAPS data, between 2002 and 2004, 34 453 crimes were committed against children under the age of 18 years. This is an underestimate as the SAPS data is not reliable for estimating the incidence of crime to children. During the same period, 55 575 crimes were committed against persons of an unknown age making it impossible to derive accurate incidence estimates.

- There is no overall trend for crimes against children in the Western Cape as a whole for the period 2002 – 2004 (the significant amount of missing data must be born in mind).

- The SAPS reports that the number children reported missing in the Western Cape has increased nearly threefold from 10 per 100 000 in 2001, to 26 per 100 000 in 2005. This may be due to increased notifications (and greater access to good reporting systems), or to a real rise in cases.

- Crime Stop reported that ninety percent of missing children were recovered in 2005. Most reports of missing children do not involve criminal matters, and often involve children visiting friends or running away from home due to family problems.

Children on the streets

There is no data for the province as a whole. The most recent census conducted in the greater Cape Town Metropolitan Area in 1999 revealed that:

- A total of 782 children were living on the streets, and constituted nearly 20% of the total street people population (4 133); 69% lived in the Cape Town CBD; males aged 6 - 17 years constituted 88% of the street child population.

Child Commercial Sexual Exploitation and Trafficking

There is no reliable data on these populations. Small case studies indicate that:
• Poverty is considered as the most important contributing factor to child sexual exploitation; child sex workers can become a means of financial support for impoverished families; the data is limited, but gangs may play an important role in trafficking and the sexual exploitation of children.

• Like many children on the streets, a large proportion of prostituted children are likely to have run away from abusive home circumstances.

• Despite the lack of good evidence, it is claimed that most trafficking in South Africa occurs within its national borders; children from rural areas are perceived as at risk groups for being trafficked as a result of chronic poverty; it has been suggested that Cape Town may be a key destination point.

It is clear, from this analysis, that children are exposed to high levels of violence in this province. It is therefore critical that we investigate ways in which to safeguard them from the negative effects of violence exposure in the home, at school, and in their communities.

4.2 RECOMMENDATIONS

The aim of research of this nature is not only to provide us with a broad overview of children in the province, but ultimately to inform the development and implementation of prevention and intervention strategies that effectively address the needs of children in the Western Cape.

The study has pointed to numerous problems in accessing quality administrative data on children affected by abuse and violence, as well as those in particularly vulnerable circumstances. Improvements in all administrative data sources are needed.

Research on violence to children in the Western Cape is uneven. Surveillance studies on child abuse and neglect incidence (numbers of reported cases in the child population at a point in time) do not exist. Nor are there any good prevalence studies (the extent of the problem in the child population at a point in time, whether reported or not).

Data on children’s exposure to domestic, community and school violence is more readily available, even though the corpus of knowledge that can be used for evidence-based policy and interventions is very small. There is very little data that can be used for planning in children’s neighbourhoods.

Few studies are representative of the provincial population of children. Representivity in research is important if one wishes to estimate the extent of the problem throughout the child population as accurately as possible. Exceptions to
the rule are mainly concerned with children’s exposure to violence in the home, school, and community.

For certain groups of children, particularly those considered as at high risk (street children, trafficked children and children in commercial sexual exploitation), the data is very scanty.

**Recommendation 1:** There is the need for improved quality of research in the areas surveyed. In addition, research needs to go beyond counting numbers of children to investigate the causes of the problems so as to inform solutions.

**Recommendation 2:** A comprehensive research strategy pertaining to the situation of children in the Western Cape is required to inform evidence-based policy for child protection.

Existing research and statistical information regarding the extent of abuse and maltreatment of children in the Western Cape is best referred to with caution. Because of the inherent difficulties in investigating child abuse, research involving parents of abused children or retrospective studies with adults who have been abused is recommended. In addition, the link between domestic violence and child abuse must be explored further.

**Recommendation 3:** Child abuse and neglect surveillance studies are required for baseline information. Adult retrospective prevalence studies are also required.

Scant research of quality has been conducted on children living, working, or begging on the streets; trafficked children; commercial sexual exploitation of children; and children in statutory care services.

**Recommendation 4:** Updated research on the incidence and situation of children on the streets is required that extends beyond the City of Cape Town. Studies on child trafficking and commercial sexual exploitation of children are very difficult to conduct by virtue of their illicit nature. Nonetheless research of high quality is required in both areas.

**Recommendation 5:** Stakeholders should avoid making claims as to estimates of the scale of these problems. The available data permits no valid claims as to scale to be made at this time.

Administrative data sources on exposure of children to violence, abuse and neglect are, with few exceptions, not adequate for reporting and monitoring purposes. Information is available that could be of use to the province in child protection planning, but much of it is not readily accessible.
**Recommendation 6:** At all levels and in all sectors, efforts must be made to improve the quality of data capture and information access. Data capture and information processing capacity appears to require support, particularly in the SAPS.

Regarding the Justice Department Children’s Court Inquiry data, of the 50 Children’s Courts in the province, 13 were unable to provide comprehensive statistics. This appears to indicate some difficulties with data collection, management and circulation. The reasons for these data gaps are not clear, but they do suggest that it would be important for the Department of Justice to provide its Children’s Courts with adequate and appropriate human and technical resources for data capture, integration and reporting.

**Recommendation 7:** Children’s Court Inquiry data is probably the most reliable for estimating the incidence of child abuse and neglect. However, it is difficult to access, and there is no data readily available on children in care. These matters should be attended to as soon as possible.

DSSPA data was not included in this analysis. Although canalization officers at the District Offices maintain statistical records of Children’s Court Inquiries, these figures do not correspond to the statistics that are provided by the Children’s Courts. District Offices reported to the research team that they lack administrative support and that, when administrative clerks are appointed, this is done on a temporary basis – the result is that such clerks apply for other posts of a more permanent nature. One District Office also pointed out that there was no uniform record-keeping system for canalization officers, while another referred to difficulties around obtaining statistics from private welfare organizations.

Another potential data source within DSSPA is the Child Protection Register (CPR). However, as was pointed out by Dawes, Willenberg et al (2006), current data on the CPR cannot be regarded as an accurate, valid and reliable record of reported child abuse in the province. There are inadequate human resources for data capture at both District and Head Office level, the Form 1 / 25s are often completed incorrectly, while the Head Office data capturer’s security clearance is too low to correct, update or close cases. As recommended in the companion report (Dawes, Willenberg et al 2006), it would be very advantageous for the DSSPA to establish a Child Protection Information Unit that would permit the coordination of child protection data between state departments – this will prove to be of benefit to decision-makers, practitioners and researchers alike (see also Dawes, 2003). The DSSPA should further conduct a full quality audit on the CPR. Additionally, the Department must provide appropriate human and technical resources for data capture, integration and reporting at District and Head Office level. Proper design, implementation and monitoring of protocols regarding the
dissemination of data from facilities to District Offices and, finally, to Head Office, is of critical importance. Efforts must also be made to get private welfare organizations to buy into the information management system, which will result in the more regular submission of their statistics to the District Offices (see Dawes, 2003). Standardization of data collection instruments and procedures should, likewise, be considered a priority.

**Recommendation 8:** As recommended in our companion report, this mechanism has much potential but needs to be strengthened as a matter of urgency (see also Dawes, Willenberg et al, 2006).

Regarding SAPS, there are a number of concerns. SAPS data on crimes to children that was available for the study was in many respects fatally flawed, as in most instances, the age and gender of crime victims was unknown. Data on crimes to children is not routinely available for the province, for SAPS areas or precincts. Only total population crime figures can be used for planning purposes. While this is helpful, having data on children is necessary to track the risks of crime to children. However before this can be done, data collection needs to be improved at source. A crime category that is of particular concern – rape – has the highest proportion of instances where the age of the victim is not known. This renders it impossible to track how well the child protective services are doing in bringing down rates of sexual violence to children. The validity of various child statistics is fundamentally compromised. SAPS needs to ensure that the relevant staff are adequately trained in the comprehensive capture of case data.

**Recommendation 9:** Attention to these problems is urgent. SAPS data is used regularly in public presentations and this study has shown that at least as far as data on children affected by violence is concerned, it would appear to be very unreliable. SAPS needs to ensure that the relevant staff are adequately trained in the comprehensive capture of case data, because it is most probable that this is where the source of missing data occurs.

**Recommendation 10:** SAPS data on crimes to children in the Western Cape should be readily accessible without the need for secondary analysis. Data should be available on an annual basis at Zone / Area and precinct level.

Rape Survivor Centre data provided by the Department of Health has potential. However, at present it cannot provide numbers of children less than 18 years. Only those under 14 years are disaggregated from the total population of those who seek help at such Centres.

**Recommendation 11:** Department of Health rape survivor statistics must be disaggregated as follows: by gender and age: 0-12; 13 – 18).
The WCED’s Safe Schools Call Centre (SSCC) data could be a helpful source of information on reports of violence and abuse by learners. Call Centre (SSCC) data is not integrated with Education Management and Development Centre (EMDC) data. EMDCs are supposed to forward their data on children affected by abuse and violence in schools to the SSCC. However, as of late 2005, this had not been carried out. As a result, available departmental statistics clearly underestimate the extent of learner abuse. It is therefore vitally important that protocols be implemented and monitored regarding the forwarding of EMDC data to the SSCC.

As observed in the report, the Safe Schools Call Centre (SSCC) data sent to the researchers for analysis included substance abuse in the data captured for forms of child abuse. Clearly this confounds the ability of the researcher to tease out the calls regarding abuse from matters involving substance use.

**Recommendation 12:** The SSCC database needs to capture and report incidents of substance abuse exposure to violence and sexual abuse separately. A mechanism is needed to identify repeat callers in the same calendar year so as to avoid double counting.

## 4.3 CREATING A PROTECTIVE ENVIRONMENT FOR CHILDREN

Beyond recommendations regarding data sources, the Department may wish to consider the eight elements of a protective environment for children formulated by UNICEF as it embarks further on its plans for child protection [http://www.unicef.org/protection/index_environment.html (Accessed May 10, 2006)]. Each may be used as the focus of research questions, for policy and strategic interventions, and each may be used for monitoring outcomes. They are quoted in full:

1. **Attitudes, traditions, customs, behaviour and practices:** The environment will not be protective for children in societies where attitudes or traditions facilitate abuse. For example, if attitudes condone adults having sex with minors or violence against children, this facilitates abuse. Children are more likely to be protected in societies where all forms of violence against children are taboo and where the rights of children are broadly respected by custom and tradition.

2. **Governmental commitment to fulfilling protection rights:** Government commitment to respecting, protecting and fulfilling child protection is an essential element of a protective environment. Very often governments will deny that there is a problem in their country, when in reality exploitation of children is found all around the world. Instead, governments need to show commitment to creating strong legal frameworks that comply with
international legal standards, policies and programmes and enforcing and implementing them to protect children.

3. **Open discussion and engagement with child protection issues**: At the most immediate level, children need to be free to speak up about child protection concerns affecting them or other children. At the national level, media attention and civil society engagement with child protection issues strengthen a protective environment. Non-governmental organizations (NGOs) need to take up protection as a priority. The silence must be broken.

4. **Protective legislation and enforcement**: An adequate legislative framework designed to protect children from abuse, its implementation and enforcement are essential elements of a protective environment.

5. **The capacity to protect among those around children**: Health workers, teachers, police, social workers and many others who interact with children need to be equipped with the motivation, skills and authority to identify and respond to child protection abuses. The capacity of families and communities to protect their children is essential in a protective environment.

6. **Children’s life skills, knowledge and participation**: Children are less vulnerable to abuse when they are aware of their right not to be exploited, or of services available to protect them. With the right information, children can draw upon their knowledge, skills and resilience to reduce their risk of exploitation.

7. **Monitoring and reporting**: An effective monitoring system records the incidence and nature of child protection abuses and allows for informed and strategic responses. Such systems are more effective where they are participatory and locally-based.

8. **Services for recovery and reintegration**: Child victims of any form of neglect, exploitation or abuse are entitled to care and non-discriminatory access to basic social services. These services must be provided in an environment that fosters the health, self-respect and dignity of the child.
REFERENCES


Hooper, P. V. (2000). *Cape Metropolitan Council Street Field Workers Project. Report prepared by Co-ordinated Action with Street People (CASP) for the Social Development Department of the Economic and Social Directorate of the Cape Metropolitan Council.*


van As, S. (2000). Red Cross Children's Hospital Figures: Sexual assault cases pile up. *ChildrenFIRST, 32*.


APPENDIX 1 SUMMARY OF KEY RESEARCH STUDIES AND REPORTS IN THE PUBLIC DOMAIN RELEVANT TO THE WESTERN CAPE 2000 TO 2005

**Physical Abuse and Neglect**

<table>
<thead>
<tr>
<th>Source</th>
<th>Summary</th>
<th>Findings</th>
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| (Naidoo, 2000)  | **Location:** Children’s hospital in Cape Metropole area. **Sample:** Hospital records of 300 cases of children with non-accidental injuries from 1992 – 1996. | - The majority of cases (56%) occurred in children aged 0 – 4 years old, with a slightly higher proportion of boys (54%) than girls (46%).  
- The child victims usually made contact with the perpetrators in their own (the child’s) home.  
- Perpetrators were typically male (79%) and nearly all perpetrators (90%) were known to the victim.  
- In 56% of the cases, the father, step-father, or mother’s partner had reportedly abused the child. The child’s mother was responsible in only 12% of cases.  
- Thirty five percent (35%) of the perpetrators were reported as being under the influence of drugs and alcohol when the incident occurred.  
- Many children had multiple injuries – 65% suffered from serious injuries, 49% required hospitalization, and 4 children were critically injured and died.  
- In most cases, no weapon or instrument was used against the child, with 56% of perpetrators using hands, legs, or fists instead. |
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<th>Source</th>
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<td>(Fieggen et al., 2004)</td>
<td><strong>Location:</strong> Red Cross Children’s Hospital in Cape Town.</td>
<td>• A high proportion of children (53%) were intentionally assaulted, and their median age was 2 years old.</td>
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<td><strong>Sample:</strong> Hospital records of children under the age of 13 presenting with non-accidental head injury (NAHI) during the period June 1998 – June 2001.</td>
<td>• The majority of injuries (65%) were as a result of direct blows, and 24% were due to falls or being thrown against a wall.</td>
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<td>• Of the 70 assaults recorded, 81% were committed by men, usually by the child’s father (44%).</td>
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<td>• In 85% of the cases, the assault occurred in the child’s home.</td>
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<td>Sexual abuse</td>
<td><strong>Location:</strong> Red Cross Children’s Hospital Trauma Unit in Cape Town.</td>
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<td>(van As, 2000; van As et al, 2001)</td>
<td><strong>Sample:</strong> Cases of rape among under-12 patients between 1996 and 1999.</td>
<td>• The majority of children (66%) treated for non-accidental injuries during the period in question were found to have been sexually assaulted.</td>
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<td>• In almost all cases of child sexual assault (99%) the assailants were men.</td>
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<td>• A large proportion of children (75%) knew their assailants, and neighbours proved to be the most common group of perpetrators (23%).</td>
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<td>• Over 50% of the incidents occurred near or inside the children's own homes, or the homes of neighbours and friends.</td>
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<td>Source</td>
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| (Fredericks, 2003) | **Location**: Farming communities in the Overberg / Western Cape region.  
**Sample**: A survey of 163 living or working on 35 different farms. | • Of all the females and males surveyed, 9% and 8% respectively reported that they knew about harassment of children under the age of 16, either as a personal experience of affecting someone they knew.  
• Amongst respondents aged 10-17 years, 10% reported that they had experienced sexual harassment.  
• A high proportion of respondents (61%) refused to answer whether they knew of any incidents of child sexual abuse. Of those who responded (63), 50% reported that they were aware of child sexual abuse on the farms.  
• Child sexual abuse in farming communities affects both working and non-working children. However, in the majority of reported incidents of sexual abuse, most children were living but not working on the farms. |
| (Parker et al., 2003) | **Location**: Atlantis, an impoverished community in the Cape Metropole region.  
**Sample**: Statistics and administrative data on child sexual abuse from the social services department, the police, a hospital, and an NGO in Atlantis between January and June 2001. | • Key service providers in Atlantis reported that child sexual abuse in the area were related to alcohol abuse, community and domestic violence, poor socio-economic conditions, and intimidation of victims and their families.  
• During the six-month period, 8 cases of child rape were reported.  
• The researchers were unable to document the true extent of child abuse in Atlantis.  
The study illustrates the difficulties inherent in measuring the prevalence of child abuse where inconsistencies amongst key service providers exist with regard to recording administrative information for child abuse cases they are involved in. |
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| (Redpath, 2004) | **Location:** Provincial study of the Western Cape.  
**Participants:** An analysis of Department of Correctional Services figures for sentenced and unsentenced child sex offenders in the Western Cape province, between January 1998 and December 2001. | • Over the four-year period, children arrested for sexual offences in the Western Cape represented 6% of the total (8 971) reports of rape, attempted rape, and indecent assault in the Western Cape, and 0.1% of all such reports (56 993) in South Africa.  
• In March 2001, child sex offenders constituted 2.3% of all sex offenders in custody at the time in the Western Cape.  
• The statistics indicate an upward trend in the number of children arrested for sexual offences, as well as in the total number child sex offenders in prison between 1998 and 2001.  
• Only 5% or fewer children arrested for sexual offences were diverted from the criminal justice system.  
The outcomes of nearly a quarter of all arrests of child sex offenders were accounted for or simply unknown. |
| (Redpath, 2004) | **Location:** The Western Cape’s East Metropole area.  
**Sample:** An analysis of sexual crimes data recorded by the Child Protection Unit (CPU) in the East Metropole area between April 2000 and January 2002. | • Children (persons 17 years and younger) accounted for 23% of all arrestees in the East Metropole area.  
• Of all the indecent assault cases reported (428) during the period in question, 25% were committed by children.  
• Similarly, of the total rape cases reported (373), in 22% a child was charged for the offence. |
| (Wood et al., 2000) | **Location:** Young sex offenders from urban and rural areas in the Western Cape.  
**Sample:** 20 male sex offenders aged 7 to 15 years old. | • The average age of the young sex offender was 12 years, with ages ranging between 7 and 14 years.  
• The young male sex offender typically lived in an environment characterized by over-crowding (60%), domestic violence (60%), alcohol abuse (75% reported that one or more family members abused alcohol), and are frequently exposed to violent behaviours within their communities (80%).  
• All the offenders were attending school, although 95% had failed one or more
### Source Summary Findings

- While only one-fifth of the sample reported that they had been sexually abused, under-reporting of abuse was strongly suspected.
- The most frequently occurring sexual assault was rape (45% of offenders), followed by sodomy (30%), and fondling (20%).
- The majority of victims were female (65%) and very young children. The mean victim age for the sample was 7 years.
- All the offenders knew their victims as schoolmates (48%), persons living in the same neighbourhood (26%), a relative (17%), or as a family friend (9%).
- A third of the incidents occurred at the school that both the victim and offender attended.
- Half of the sample reported that they had previously committed a sexual offence, and 70% of them fell in the 12 – 15 years age group. None of the offenders had been charged for these previous offences.
- Thirty percent (30%) of the repeat sex offenders reported that they had assaulted the same victim.
- Sex offenders younger than 12 years old were more likely to express remorse for their actions.

### Domestic Violence and Corporal Punishment

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| (Fieggen et al., 2004)  | **Location:** A hospital-based study conducted at Red Cross Children’s Hospital in Cape Town. | - Over the 3-year period, 70 cases of assault and 68 children with NAHI were reviewed.  
- Eighty six percent (86%) of the injuries occurred in the child’s home.  
- In nearly half of all the cases (47%), children were assaulted unintentionally, |
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<td><strong>Sample:</strong> Children under the age of 13 presenting with non-accidental head injury (NAHI) during the period June 1998 – June 2001. and said to have sustained “shield” injuries.</td>
<td>• In the shield group, boys and girls were equally likely to have sustained injuries. However, girls were less likely than boys to be targets of direct or intentional assault. • Four children in this group were stabbed in assaults that were directed at adults. No children were intentionally stabbed. • In all the shield cases (33), the assailant was a male (100%), and the intended victim was most likely female (85%). • The typical scenario identified the man usually as the child’s father, who assaulted the mother at home, and the child was harmed during the course of domestic violence. • Younger children are particularly vulnerable to shielding injuries as they are more likely to be picked up or carried. The median age for children in the shield group was 9 months, compared to 2 years in the intentional assault group. • It is difficult to distinguish whether children were used deliberately as “shields” to ward off assailants, or whether the injury was accidental. Further research is required.</td>
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<td><strong>Location:</strong> A provincial survey, conducted between January 2001 and March 2002, of 4 regions in the Western Cape – Boland, Southern Cape, East Metropole, and West Metropole. <strong>Sample:</strong> A large representative sample of 4,5454 households.</td>
<td>• Children receive corporal punishment (get smacked, beaten, or receive hidings) in 20% of households in the Western Cape. • This occurred in 13% of black households, 22% of white households, and 25% of coloured households. • In households inhabited by adult men and women, 14% reported that women get smacked or beaten by their male counterparts.</td>
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(Western Cape Department of Community Safety, 2002)
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| (Ward et al., 2004) | **Location:** 39 public high schools in Cape Town.  
**Sample:** A representative sample of 946 learners in grades 8 and 11. | • A high proportion of children reported witnessing domestic violence. The majority (43%) of children witnessed adults in their homes screaming at each other, and 18% had seen adults in their homes hit each other.  
• In terms of direct exposure to violence, 35% reported that were beaten by a family member, although they may not necessarily have been beaten by their parents, or have been beaten in their homes.  
• A further 21% of children reported that adults in their homes hit them, and 32% reported being screamed at. |
**Children on the Streets**

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| (Hooper, 2000)  | **Location:** Six municipal areas in the Cape Metropolitan Area (CMA) including Cape Town, Tygerberg, Helderberg, Blaauwberg, Oostenberg, and South Peninsula municipalities. **Sample:** Groups of adults and children living on the streets in 1999. Day strollers and others who do not live on the streets but are sometimes found there were excluded from the study. | • At the time of the study, a total of 782 children living on the streets within the greater CMA. Street children constituted nearly 20% of the total street people population (4133).  
• The proportion of male street children (88%) was much greater than female children (12%) living on the streets.  
• Male children between the ages of 6 and 18 comprised the biggest group amongst street children in the CMA.  
• Cape Town (293), followed by Tygerberg (241), had the highest numbers of children living on the streets. This is due to the relatively larger CBD areas in Cape Town and Tygerberg.  
• Blaauwberg and South Peninsula municipalities had the lowest numbers of street children, consisting of 14 and 20 children respectively.  
Cape Town  
• Male boys and adolescents were the biggest group in Cape Town, with a total of 232 street children in this group alone.  
• There were nearly equal numbers of male (22) and female (18) infants (aged 0-6) living on streets with their parents.  
• The majority of street children (69%) lived in the CBD area.  
• Other areas of note were Mitchell’s Plain, Sea Point, and Green Point.  
Tygerberg  
• Adolescent males (106) were the biggest group, followed by boys aged 6-14 |
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<td>years (67).</td>
<td>• Amongst infant children living on the streets, the number of infant boys (32) more than doubled the number of infant girls (12) on the streets.</td>
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<td>• The majority of street children (73%) lived in Bellville CBD, Parow/Tygerberg, and Elsies River.</td>
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<td>• All female adolescents (14 – 18 years) lived in Bellville’s CBD area.</td>
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<td>• The majority of girls aged 6-14 years lived in Elsies River. There were no boys in this age group living in this area.</td>
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<td><strong>Blaauwberg &amp; South Peninsula</strong></td>
<td>• These areas had similarly low levels of children living on the streets.</td>
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<td>• In both areas, street children were almost exclusively male boys aged 6-14 years.</td>
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<td>• In Blaauwberg, all street children lived in Bloubergstrand. There was no distinct area in South Peninsula that street children occupied.</td>
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<td><strong>Helderberg</strong></td>
<td>• This area had the lowest number of female street children, with only 5 females.</td>
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<td>• Male boys and adolescents (96%) made up the highest proportions of street children.</td>
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<td>• The majority of street children (59%) lived in Somerset West, although this was largely made up of boys aged 6-14 years.</td>
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<td>• The majority of street children living in Strand were male adolescents.</td>
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<td>• There were almost no street children living in Gordans Bay.</td>
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<td><strong>Oostenberg</strong></td>
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|        |         | • There were a little less than 100 street children living in this area. This number was relatively high considering that the area was small and lacked CBD areas found in other municipalities.  
• The majority of street children (81%) were male boys and adolescents.  
• Most street children lived in Brackenfell, Kraaifontein, and Kuilsriver. |
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| (Molo Songololo, 2005) | **Location:** Atlantis, a peri-urban community situated on the Cape West coast, approximately 50km from Cape Town.  
  **Sample:** Young females involved in commercial sexual activities, have exited prostitution, and who are highly at risk for future involvement.  
  A case study of females participating in an | involved in prostitution shortly after leaving school.  
  • None of the girls had a high school diploma since many left school at a very young age; the average grade for leaving school was Grade 8.  
  • Seven girls were recruited into prostitution by their friends, three girls decided on their own to become involved, and the remainder were recruited by pimps.  
  • Of note, the majority of pimps were female, and some were relatives.  
  • On average, girls were paid between R30 and R80 per “client”, depending on the area, what the client wanted, and the girls’ race, age, and class. Although children who worked for pimps saw very little of this money.  
  • Reports of abuse by clients were common. The most frequent reported abuse was being driven to an isolated location and left there without being paid.  
  • Several respondents also reported abuse by the police, including threats, abusive remarks, and being arrested or charged with “public nuisance”.  
  • All of the respondents described feeling trapped in their position, and 70% believed that prostitution was their only means of income.  
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<td>intervention programme.</td>
<td>prostitutes and establish an exploitative relationship with them over time.</td>
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<td>• While most girls are aware of the risks involved in unprotected sex, several continue to engage in unprotected sex as exploiters are willing to pay more for it.</td>
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<td>• Of the girls who experienced sexual exploitation, presently and in the past, 75% were exposed to domestic violence, verbal and emotional abuse, and substance abuse in the home. The majority of girls had been sexually abused at an early age, had absent fathers, and lived with their parents at the time of their sexual exploitation.</td>
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**Child Trafficking**

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<td>(Molo Songololo, 2000)</td>
<td><strong>Location:</strong> A group of children trafficked in Cape Town.</td>
<td>• The primary methods of trafficking were abduction by male gang members.</td>
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<td><strong>Sample:</strong> 18 female children who had been trafficked into a gang.</td>
<td>• Most girls were abducted from the Golden Acre or Grand Parade located in the city centre.</td>
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<td>• They were typically abducted in groups of 3 or 4 by a group of 4 or 5 gang members, including the leader himself.</td>
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<td>• The girls were exclusively coloured, most living in relatively stable homes. None of the abducted girls reported a history of sexual abuse.</td>
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<td>• The majority of girls came from working class areas on the Cape Flats.</td>
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<td>• All the abducted children were taken to the home of the gang leader on arrival, and held there in captivity.</td>
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<td>• The girls were required to display their affiliation with the gang by dyeing the hair blonde, tattooing the gang leader's name on their hands, and getting nose and ear piercings on the left-hand side.</td>
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|        | • While all of the girls were expected to “work on the street” at some point, this was not expected of them on arrival.  
• However, they were exposed to high levels of violence and sexual assault from the gang members that held them captive. They reported frequent beatings, and many were raped.  
• Sometimes the girls would be involved in acts of violence against clients, as well as disobedient gang members. One girl described her involvement in the murder of a boy gang member.  
• The consumption of alcohol was a daily occurrence. Not only did this ensure the girls’ compliance, but it also helped them survive the constant abuse they faced on a daily basis.  
• Relationships with boys, whether they were gang members or not, were completely discouraged.  
• However, the gang leader would often have sexual relations with the girls himself, sometimes impregnating them. The gang leader was described as a jealous man who saw the girls as his possessions.  
• Although all the girls constantly desired to escape, attempts to do so were often thwarted. If caught, or even heard of considering leaving the gang, the girl would be severely punished.  
• Most girls eventually left, some only after the gang leader was arrested. The girls’ periods of captivity in sexual exploitation ranged from 3 to 9 months. |
## Exposure to violence in schools

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| (Eliasov et al., 2000) | **Location:** 8 primary and 12 secondary schools in the Western Cape. **Sample:** A representative (although small) sample of 60 educators and 75 learners. | The extent and nature of crime in schools:  
  - Fifty eight percent (58%) of secondary and 50% of primary schools were rated as having high levels of crime.  
  - The most common types of crimes reported were theft and burglary (all schools), vandalism (90%), and drug abuse (90%).  
  - Drug trafficking reportedly took place in 40% of schools.  
  - Sexual harassment and intimidation was reported in most schools, while sexual violence was reported in 40% of schools.  
  - Rape was reported in 5 high schools, and was mostly instigated by outsiders to the school (i.e. not by staff or pupils).  
  - Female learners were almost exclusively the victims of sexual violence and rape.  
  - Gang-related activities was reported in the majority of schools, with internal gangsterism (involving school learners) reported almost exclusively within disadvantaged schools.  

The extent and nature of violence in schools:  
  - In most schools, the extent of violence was rated higher than the extent of crime.  
  - The majority of schools reported problems with fighting and physical violence (95%), bullying amongst learners (80%), and intimidation (75%) by learners toward teachers, as well as amongst learners.  
  - The problem of aggressive cliques was most commonly reported in formally private (ex-model C) schools. These cliques largely consisted of racially homogenous groups that intimidated and bullied other learners. Most incidents
were said to be racially motivated.

- The prevalence of weapons was widespread across all schools.
- Knives were the most common weapon, and were reported as present in all schools.
- Fifty five percent (55%) of schools reported that learners were in possession of firearms.
- Some educators explained that the possession of weapons at school was commonly accepted because teachers and pupils may need to defend themselves, especially when leaving the school premises. In one school, teachers came to school armed and locked their weapons in a safe during school hours.
- Weapons were particularly widespread where gangsterism and drug abuse was prevalent, illustrating the pervasiveness of violence in the surrounding environment in which the school is located.

(Reedy et al., 2003)

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<th>Source</th>
<th>Location: National survey of youth risk behaviours.</th>
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| Sample: A large representative sample of 188 high schools and 10 699 learners (Grades 8 to 11) across the country. In the Western Cape, 22 schools and 1 432 learners participated. | • In the Western Cape, 7% of learners reported that they had carried a weapon in the month preceding the survey. This provincial prevalence rate was lower than the national average prevalence of 9%.
• Twelve point five percent (13%) of learners reported that they had been threatened or injured at school by someone with a weapon.
• The Western Cape had one of the lowest provincial prevalence of learners who had engaged in a physical fight at school (18%), while learners in Mpumalanga had the highest prevalence rate (24%).
• Many learners reported feeling unsafe on their way to and from school (18%), although significantly more learners felt unsafe while they were at school (23%).
• While less than 10% of learners reported that they had used alcohol and less than 5% had used cannabis on school property, approximately 20% of learners in the Western Cape were either offered or reported selling illegal substances on school property.
• The prevalence for drug trafficking in schools (20%) was significantly higher in |
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| (Biersteker et al., 2000) | **Location:** 22 primary and secondary schools in disadvantaged communities in the Western Cape.  
**Sample:** Teachers and principals from 11 primary and 11 secondary schools. | - Crime and violence were more prevalent in secondary than in primary schools.  
- The most common crime and violence-related problems in secondary schools were vandalism, drugs, theft, and fighting.  
- In primary schools, the most frequently reported crime and violence-related problems were drugs, gangsterism, and the presence of weapons.  
- The majority of schools used a number of measures to secure the school premises (only 2 schools reported that no security measures were taken).  
- The most common security measure was erecting a fence securing the perimeters of the school property. Most secondary schools (63%) also used burglar bars and safety gates, while 80% of primary schools had alarm systems.  
- Only 8 out of the 22 schools participated in the WCED’s Safe Schools Programme, which aims to create safer school environments through capacity building. |
| (Flisher et al., ) | **Location:** 111 secondary schools from 3 urban areas (Cape Town, Durban, and Port Elizabeth), 60 secondary schools from 3 rural areas (Mankweng, Queenstown, and Umtata).  
**Sample:** A large representative sample of grade 8, 9, and 11 learners. In Cape Town, 1 437 grade 8 learners and 1 449 learners in grade 11 participated. | In Cape Town:  
- Learners in Cape Town reported some of the highest rates of school violence in the study.  
- Amongst male learners in Grade 8, Cape Town had one of the highest prevalence rates of knife carrying (10%), along with 8% of learners in Durban.  
- A higher proportion of boys (10% and 11% in grade 8 and 11 respectively) than girls (1% and 1% in grade 8 and 11 respectively) in both grades had carried a knife to school in the month preceding the study.  
- Bullying was a major problem amongst learners in Cape Town. Learners in grade 8 (42% and 36% of males and females respectively) were significantly more likely than grade 11 learners (27% and 27% of males and females respectively) to report being a victim of bullying. |
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| (Phillips, 2004)              | The study analyses WECD expulsion referrals according to the WECD Circular for 2001 – 2003.                                 | • The majority of expulsion referrals of learners in the Western Cape (36%) were associated with problems of assault, theft, and immoral conduct, as well as substance abuse on the school grounds (25%).  
• An increasingly high proportion of expulsion referrals were for learners in grades 9 and 10, from 46% in 2001 to 62% in 2003.  
• Across the 3 years, there were more drug-related (46% in 2003) than alcohol-related (10%) expulsion referrals.  
• Expulsion referrals for drug trafficking in schools had increased from 9% in 2001 to 12% in 2003, while drug use had decreased from 18% in 2001 to 8% in 2003. |
| (Human Rights Watch, 2001)    |                                                                                                                                     | • In South Africa, girl learners are far more likely to be sexually assaulted by one or more male classmates than by a teacher.  
• Documents one case in which a 9-year old girl was raped in the toilets at her primary school located within a township in Cape Town. The perpetrators were 2 male students aged 12 and 14 years old. The school response was typically poor, and the school principle attempted to conceal the incident by convincing the parents not to press criminal charges. The girl still attends the same school as her family cannot afford to send her to another school. The school authorities did not counsel or discipline the two boys even after they admitted to raping her, neither did they do anything to ensure the security and well-being of the rape victim at school.  
• Girl learners are prevented from being assertive and standing up for themselves by boys who use violence to scare girls into submission. One 14-year old learner from Mitchell’s Plain explains how a male classmate had punched her on the arm and slapped her in the face because she refused to let him in on a conversation between her and another female classmate.  
• Learners also described “persistent, unwanted fondling or touching by their...
A 15-year old girl from the Cape Flats explained that unwelcomed sexual touching were everyday experiences for most girls at her school.

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**Exposure to community violence**

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| (Western Cape Department of Community Safety, 2002) | **Location:** A provincial survey, conducted between January 2001 and March 2002, of 4 regions in the Western Cape – Boland, Southern Cape, East Metropole, and West Metropole. **Sample:** A large representative sample of 45454 households. | - Most child victims of theft, robbery, and assault reside in the West Metro region in the Western Cape, which includes the Cape Flats.  
- In the Western Cape, 8% of households reported at least one child victim of theft.  
- Similarly, 5% of households reported at least one victim of robbery and assault.  
- Twenty incidents of rape and sexual assault were reported in the study, however, only 9 incidents were reported to the police. |
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| (Martin et al., 2006)          | **Location:** 4 primary schools in a high-violence community in Cape Town. **Sample:** 377 learners in grade 6, aged 11 – 15 years. | - The majority (68%) of learners had witnessed and were also victims of violence.  
- Learners most often reported witnessing violence in the community, but were victimized more often in the home.  
- Witnessing violence was positively associated with Depression and Anxiety, whereas being a victim of violence was positively associated with Depression, Anxiety, and Conduct Disorders.  
- Because children were most often victimized in their homes, social support from parents was not associated with child and adolescent outcomes in this study.  
- The peer group and school environment were identified as key areas for intervention strategies enhancing children’s resilience to violence exposure. |
| (Van der Merwe & Dawes, )      | **Location:** 3 schools (a primary, intermediate, and secondary school) in a high violence community in the Western Cape. **Sample:** 305 learners aged 9 – 16 years, and their primary caregivers (213). | - Children and adolescents most frequently reported being exposed to violence in the neighbourhood, as opposed to violence exposure at school or in the home.  
- Boys were exposed to violence, both directly and indirectly, more often than girls.  
- Girls (7%) were more exposed to sexual assault and rape than boys (5%).  
- Perpetrators of violence were most frequently reported to be adults known by learners.  
- Parenting attitudes had a greater impact than violence exposure on child and adolescent outcomes.  
- Social support from family, peers, and teachers were associated with more positive outcomes and enhanced resilience in children and adolescents. |
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| (Zissis et al., 2000) | **Location:** 5 primary schools in Khayelitsha, an informal settlement in Cape Town. **Sample:** 504 Xhosa-speaking youth aged 9 – 20 years. | • Youth living in Khayelitsha were exposed to high levels of taxi violence, in addition to other forms of community violence.  
• 61% reported exposure to taxi violence either directly and indirectly.  
• 97% reported ever having heard gun shots and 22% had been chased by gangs.  
• 72% had witnessed a stranger being stabbed or shot.  
• 20% reported that a stranger had threatened to stab or shoot them.  
• Nearly the entire sample (98%) reported symptoms of distress.  
• Notably, 26% felt that life was not worth living and wished to be dead.  
• Youth who were exposed to violence in the form of taxi shootings had markedly higher levels of distress symptoms than youth who were not exposed to taxi shootings. |
| (Ward et al., 2001) | **Location:** 4 private high schools in Cape Town. **Sample:** 104 learners in grade 11. | • A higher proportion of learners witnessed violence perpetrated by a stranger (82%) than by someone they know (62%).  
• Learners more often reported being victimized by a known person (48%) than by a stranger (31%).  
• Exposure to violence was associated with a reduced sense of safety in the community.  
• Learners who were exposed to violence, both directly and indirectly, were more likely to report symptoms of PTSD and Depression.  
• Being a victim or witness of violence perpetrated by a known person was directly associated with symptoms of PTSD, Anxiety, and Depression, whereas being a victim of stranger violence was not. |
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<td>(Reddy et al., 2003)</td>
<td><strong>Location:</strong> National survey of youth risk behaviours.</td>
<td>• The Western Cape had the highest provincial prevalence of learners who carried a weapon in the month preceding the survey (20% of learners, compared to 13% of learners in Gauteng).</td>
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<td><strong>Sample:</strong> A large representative sample of 188 high schools and 10 699 learners (Grades 8 to 11) across the country. In the Western Cape, 22 schools and 1 432 learners participated.</td>
<td>• 19% had carried a knife and 9% had carried a gun.</td>
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<td>• 13% of learners also reported being part of a gang.</td>
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<td>• Boys were much more likely than girls to report that they had carried a weapon, and that they were a member of a gang.</td>
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<td>• Girls (46%) were more likely than boys (37%) to report being bullied.</td>
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<td>(Seedat et al., 2004)</td>
<td><strong>Location:</strong> 18 schools in Cape Town and Nairobi (7 public and 2 private schools in each city).</td>
<td>In Cape Town:</td>
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<td><strong>Sample:</strong> A representative sample of 1140 learners in Cape Town, and 901 Kenyan students, all in grade 10.</td>
<td>• 83% of learners had experienced at least one severely traumatic event.</td>
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<td>• The most common trauma reported (58%) was witnessing violence in the community, followed by being robbed or mugged (34%).</td>
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<td>• Boys had a higher mean number of trauma exposures and higher rates of exposure to assaultive violence than girls.</td>
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<td>• 22% of learners had a full PTSD diagnosis, and 12% displayed some symptoms of PTSD.</td>
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<td>• Sexual assault and physical assault by a family member (as opposed to community violence exposure) were most likely to be associated with a PTSD diagnosis for boys and girls respectively.</td>
</tr>
<tr>
<td>Source</td>
<td>Summary</td>
<td>Findings</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</table>
| Ward et al., 2004 | **Location:** 39 public high schools in Cape Town.  
**Sample:** A representative sample of 946 learners in grades 8 and 11. | • In the year preceding the study, 78% of learners had witnessed a violent event, and 54% had been a victim of violence.  
• 82% of learners had ever heard gunshots, and 28% reported ever being chased by a gang.  
• 66% had witnessed a stranger being beaten, and 50% had witnessed someone they know being beaten.  
• 39% reported seeing a stranger being stabbed, and 26% had witnessed someone they know being stabbed.  
• 19% have been beaten by a stranger, and 22% had been beaten by someone they knew but were not related to, and 35% were beaten by a family member.  
• Learners who had recently experienced violence were at risk for developing PTSD.  
• Females, black learners, and older learners (i.e. those in grade 11) were identified as groups at greater risk for PTSD, Anxiety, and Depression, regardless of whether or not they were exposed to violence. |
| Seedat et al., 2000 | **Location:** 3 secondary schools (one lower and two higher socio-economic schools) in the Western Cape.  
**Sample:** 307 learners in grade 10. | • 77% of learners reported ever experiencing a traumatic event.  
• The most frequently reported trauma (63% of learners) was witnessing violence in the street, neighbourhood, or school.  
• More boys than girls reported being physically assaulted by someone that they were not related to.  
• More girls than boys reported sexual assaults.  
• Exposure to violence was associated with a diagnosis for PTSD in 68% of learners who presented with PTSD.  
• Socio-economically disadvantaged learners had higher rates of violence exposure and PTSD symptoms.  
• Female learners had more PTSD symptoms than males. |
<table>
<thead>
<tr>
<th>Source</th>
<th>Location</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Moses, 2005     | An ethnographic study of Ocean View, an economically disadvantaged community in Cape Town that was previously designated as a “coloured” zone during Apartheid. | - Most children experienced their community as an unsafe place, especially at night.  
- They described high levels of community violence including muggings, stabblings, and rape.  
- Substance abuse in the community was regarded as a major concern, as it was associated with high levels of conflict and violence.  
- Children lacked safe places to socialize and play because these spaces were often misused by adults and youth for drinking and taking drugs.  
- Children are therefore frequently exposed to violence in public spaces that are difficult to avoid.  
- High levels of poverty and the lack of an affordable transport system means that children living in Ocean View have limited access to more positive environments beyond their immediate surroundings.  
- Access to supportive adults and peers who are encouraging, help build self-esteem, and are trustworthy were critically important and protected children from the negative aspects of the community or home environment. |
| Legget, 2005    | Manenberg, an impoverished community and notorious gang area in the Cape Flats. | School survey:  
- 19% of boys and 13% girls reported that someone living in their home was a gang member.  
- Youth are exposed to high levels of armed violence as a result of the proliferation of firearms in the community.  
- 32% of boys and 22% of girls knew where to obtain an illegal gun.  
- Two-thirds of all learners had seen someone been shot, and just under half had witnessed someone being killed.  
- Status and sex were powerful incentives for joining a gang. 86% of learners believed that girls were more attracted to gang members.  
Gang member interviews:                                                                                                                                                                                                                                                                                                                                                             |
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<th>Summary</th>
<th>Findings</th>
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|        |         | • The age of gang involvement has decreased, the typical age now being 13 years old.  
• All gang members were armed immediately upon entering the gang in order to prove their worth to and gain respect from senior members.  
• This means that youth are engaged in armed violence at a very young age.  
• One of the main reasons identified for children joining a gang was for defensive purposes and the desire to have access to firearms.  
• Another reason was that children who have problems at home often spend more time away from home and on the streets. As a result, children seek extended kin networks outside the home, and gangs often function as surrogate families. |
Appendix 2: Children’s Court Inquiries 2002-2005.

2002

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<th>Incidence (per 1 000 children)</th>
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<td>Number of children in MD (Census 2001)</td>
<td>Incidence (per 1 000 children)</td>
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*Denominator for Provincial Average Incidence is based on districts with data for the year = 996 272
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*Denominator for Provincial Average Incidence is based on districts with data for the year = 996 272

2004
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