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DESKTOP REVIEW ON VIOLENCE AGAINST CHILDREN (VAC) IN SOUTH AFRICA 2020

**A Synthesis Report of available evidence documented by different
institutions on the State of VAC in South Africa in 2020**

**COMPILED BY THE HUMAN SCIENCES RESEARCH COUNCIL
(HSRC)
PRETORIA**

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ACRONYMS

ACEs	Adverse Childhood Experiences
ACE-IQ	International Questionnaire for conducting Adverse Childhood Experiences
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
CA	Children's Act
CAN	Child Abuse and Neglect
CEFM	Child Early Forced Marriage
CJCP	Centre for Justice and Crime Prevention
CM	Child Maltreatment
CMP	Child Maltreatment Prevention
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
DoE	Department of Basic Education
DoH	Department of Health
DSD	Department of Social Development
DSHI	Deliberate Self-Harm Inventory
FASM	Functional Assessment of Self-Mutilation
GBH	Grievous Bodily Harm
HIV	Human Immunodeficiency Virus
ICDP	International Conference on Population Development
IMC	Inter-Ministerial Committee
IPV	Intimate Partner Violence
ISPCAN	The International Society for the Prevention of Child Abuse and Neglect
LMIC	Low- and Middle-Income Countries
NAI	Non-Accidental Injury
NGOs	Non-Government Organisations
NSVS	National School Violence Study
NSPGBVF	National Strategic Plan on Gender-based Violence and Femicide
OPSC	Optional Protocol on the Sale of Children
OHCHR	The Office of the United Nations High Commissioner for Human Rights
OVC	Orphans and Vulnerable children

PLH	Parenting for Lifelong Health
POA: VAWC	Integrated National Programme of Action Addressing Violence against Women and Children
PTSD	Post-Traumatic-Stress-Disorder
RAP-CM	Readiness Assessment for the Prevention of Child Maltreatment
RCH	Red Cross Memorial Children's Hospital
SAPS	South African Police Service
SeViSSA	Sexual Violence against young girls in Schools in South Africa
SDGs	Sustainable Development Goals
Stats SA	Statistics South Africa
SVRI	Sexual Violence Research Initiative
TCCs	Thuthuzela Care Centres
TTBC	The Tedy Bear Clinic
UCT	University of Cape Town
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
VAC	Violence against children
WHO	World Health Organisation

1. Background and Introduction

Violence against children (VAC) is a global human rights problem that violates children's right to freedom from violence and it negatively impacts the development, health, wellbeing, and survival of children and in the long run undermines developmental goals of society. In the 21st century the commitment to uphold these rights through policies and programmes are more explicit in global and national partnerships for development than in the past. Governments with their development partners have the obligation to promote respect for and protect children's right to violence-free existence by ensuring that children grow up in safe, secure, and nurturing family and public environments. South Africa has high levels of violence including VAC and the country requires urgent actions that include monitoring progress in the implementation of laws and generation of evidence on the state of VAC. In addition, monitoring the effects of laws, policies and programmes implemented to reduce VAC is a necessary practice to measure progress made towards ending violence and identifying any gaps. This requires paying attention to all forms of violence that affect all children, their risk factors, fatal and non-fatal consequences, social relationships, and changing contexts that present threats to children's safety as well as protective factors.

As knowledge about VAC and elements of effective strategies for prevention and response increases, the commitment to eliminate the scourge is clear. The efforts rightly recognise the commitment to the global normative agreements; they involve collaborations between governments, bilateral and multilateral investments for reducing VAC, private investments, and range of voices of many actors who believe in violence-free societies and promote the reality that violence including VAC is preventable. South Africa as a signatory to various international and regional legal agreements and policies mandating states to safeguard children and respond adequately to violence has benefited from some of these collaborations.

The government is mandated by the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare for the Child (ACRWC), the Beijing Plan of Action, the Cairo International Conference on Population Development (ICPD) Programme of Action, and UN Sustainable Development Goals (SDGs) to address violence against children. SDG 5 which addresses gender equality and empowerment

of women and girls has Target 5.2 which aims to “eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation”; and the goal of target 5.3 is to “eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”; while SDG 16 which promotes peace, justice and strong institutions for sustainable development, calls in target 16.2, for an end to abuse, exploitation, trafficking and all forms of VAC (Garcio-Moreno & Amin, 2016). Inclusion of VAC in the global development agenda is a significant milestone and it mandates countries to monitor progress on these targets and act to eliminate VAC.

The requirement to monitor progress has led to various global and country-level initiatives for ending VAC supported by the World Health Organisation and UNICEF. This movement is guided by the understanding that VAC is preventable through effective multi-sectoral approaches which include safety, public health, education, and child welfare. For example, in 2016 the World Health Assembly adopted the WHO action plan for strengthening and scaling up the contribution of public health through health systems and quality health services towards addressing VAC and the achievement of SDGs 5.2, 5.3 and 16.2, including by addressing its health consequences. Given the far-reaching consequences of VAC across the life course, international research involving South Africa has emphasised the need for effective prevention programmes implemented on a large scale, and not only response measures, supported by data and evidence (Mikton, Power, Raleva, Makoe et al, 2013). Today the global community of governments, development partners and NGOs is pursuing the implementation of INSPIRE package which are seven strategies for ending VAC through prevention and response focusing on: Implementation and enforcement laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills (<https://www.who.int/teams/social-determinants-of-health/violence-prevention/inspire-technical-package>). Actions taken by countries in relation to each component of the strategy is what influences change in prevention, risk and protective factors, prevalence, response and consequences of violence against children.

1.1. Purpose of the study

UNICEF South Africa commissioned the Human Sciences Research Council (HSRC) to conduct a desktop review on VAC in South Africa for 2020. The key purpose is to explore and synthesize the variety of research findings from data-driven research conducted by different institutions and scope the trends and levels of VAC in the country based on the available and accessible data. The exploration and synthesis of the research findings was conducted using the following approaches:

- Conducting a desktop review of research undertaken on VAC,
- Compiling a Technical Synthesis Report that will provide South Africa with baseline information on the levels and extent of VAC in its various forms,
- Producing a child friendly version (simplified version) to complement the Technical Synthesis Report (*to be completed*).

The desktop review on VAC in South Africa will provide needed information about how the country performed in reducing the occurrence of and responding to VAC; including evidence on development and implementation of programmes that prevent and respond to VAC in the country in the past decade. The next section of the review outlines the study methodology; this will be followed by the analysis of legal and policy responses, and institutional frameworks that the government developed and consolidated to create an enabling environment for multisectoral and coordinated approaches to VAC between 2010 and 2020.

The next section presents the results of the literature scoping and secondary analysis of data on VAC. Inherently, the data and analysis of the multisectoral response also consider the new and emerging world characterised by digital technology and children's access to the internet and the SARS-Cov-2 pandemic which inevitably impact on the safety and security of children. This is followed by a concluding section and recommendations for the country. This report will be accompanied by a child-friendly version which UNICEF will use for awareness creation and advocacy purposes.

2. Research Methodology

A desktop review of VAC research and quantitative data sources in South Africa was undertaken. The framework-based synthesis was used to collect, combine, analyze, and synthesize data on the prevalence and scope of various kinds of VAC in South Africa as of 2020. This method is based on the framework analysis methodology used in qualitative research – a matrix-based method that involves coding and organizing data or results produced from research studies and reports utilizing theme categories established to code and organize data or findings (Xiao & Watson, 2017). The research population/sample characteristics, social, health, and economic effects of VAC; perpetrators; risk factors, settings, and methodologies employed were all used to identify and collect data on the occurrence and extent of types of VAC. Our search method included criteria for inclusion and exclusion. The searches consider social, legal, and health-related literature (scientific publications and reports) as well as data sources. They also contain related notions such as adverse childhood experiences (ACEs). Hand searches and referrals from experts and practitioners in the field were utilized to supplement electronic searches.

2.1 Scoping data sources and search strategy

To present an assessment of the status of the literature and statistics on VAC in South Africa in 2020, we focused on the previous ten years (from 2010 to 2020) and the most recent evidence available. The review of relevant literature was conducted without regard to research design or quality of the studies. To ensure reliability, the research team attended a literature search training session facilitated by HSRC information consultants prior to commencing the literature search. This entailed demonstrations on how to use various search methods using search engines accessible through institutional online subscription. Three months were set aside for the searching, extracting, and writing phase for the data synthesis stage. Scientific databases such as EBSCOHost, PubMed, Medline, and Google Scholar, Elsevier, Sabinet were used in the search. In addition, related organisational websites and conference abstract archives were searched, such as the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and Sexual Violence Research Initiative (SVRI). Based on these approaches, available studies and data, the team presented an enhanced and up-to-date view of the condition of VAC in South Africa.

These activities were supplemented by manual searches of lead organizations' websites and archives, such as UNICEF, World Health Organisation (WHO), EndViolence, ISPCAN, Childline-SA, South African Police Service, the DHS Program, SA Demographic and Health Survey, Human Sciences Research Council, South African Medical Research Council, UCT Children's Institute, the Red Cross Children's War Memorial Hospital, and the Institute for Security Studies. Snowballing reference lists of articles from our search results also revealed more study and data sources. Finally, the search method entailed a desk assessment of VAC programmes developed and evaluated, and their integration into prevention, response, care and support offered by the government and non-profit organizations.

2.1.1 A literature search using keywords

The following key search words (Box 1) were used to find the sources from different databases.

Box 1: The key keywords

Children; violence; adolescent; youth; child abuse, child emotional abuse; child physical abuse; child sexual abuse; child trafficking; child exploitation; child neglect, child maltreatment, child injuries, child bullying; cyberbullying; child homicide; gun violence and children; homicides; filicide; child self-harm; corporal punishment; ukuthwala; child marriages; home; school; community.

Inclusion and exclusion criteria for literature search

While the search terms were utilized as a starting point for the team, to narrow the literature search, seven-point inclusion and exclusion criteria were followed. The criteria focused on the primary objectives of this project. The following criteria were adopted for inclusion and exclusion purposes:

- i. The source(s) must be published within the period of 2010 to 2020.
- ii. The source(s) must be focused on the South African or global/general context (inclusive of South Africa).
- iii. The source(s) covered the age groups from birth to 17 years.
- iv. The source(s) must clearly highlight methodology as data-driven and key findings.

- v. All study designs were eligible, including those that utilized qualitative or quantitative methods.
- vi. The source(s) must be peer-reviewed and accessible for further reference (especially for the writing phase).
- vii. The source(s) must be published in English.

The afore-described criteria were utilized to clean and evaluate all sources that the team included in their literature scoping activity. Search results that did not meet the criteria were excluded from the writing phase of the literature review for this project.

2.1.2 Scoping review of literature

A total of 111 research articles and reports on violence against children including child maltreatment were identified. Following which the articles were screened by the team. To ensure objectivity, the research team members were each allocated a list of identified articles that they did not identify during the search. Following the exchange of lists, the team screened titles and abstracts for inclusion, independently. A second round of screening was conducted for verification purposes and thereafter, a final list of 99 articles and research reports that met the eligibility criteria was compiled. The search was conducted according to the various themes listed below (Table 1).

Theme	Identified	Included
Child maltreatment (physical abuse, emotional abuse, sexual abuse)	23	18
Child sexual abuse, sexual violence	6	4
Child trafficking	28	25
Child sexual exploitation (child pornography, child online pornography, online sexual exploitation)	9	9
Child bullying, school violence	5	5
Child online bullying	5	5
VAC (nonspecific)	9	7
Child homicide, child murder	5	5
Child suicide, child self-harm	5	5
Child early, forced marriages, <i>ukuthwala</i>	13	13
Child abandonment	3	3
Total	111	99

Table 1: Number of research articles and reports identified and included in scoping review by theme

Eligibility was determined by reading the abstracts of research articles, executive summary/preamble, or introduction chapter of a research report or table of contents. Data were extracted from articles and reports using a purpose-fit table co-created by

the study team for each aspect of the study (Appendix A). The data on different themes were abstracted by child maltreatment, child physical abuse, child sexual abuse, child trafficking, child pornography, child suicide and self-harm, child homicide/ child murder, child bullying, school violence, child online bullying/cyber-bullying, child marriages, *ukuthwala*, online sexual exploitation, child abandonment, and summarized in table formats adopted for various study objectives.

2.2 Secondary data analysis and GIS mapping

Secondary quantitative administrative and survey data from various databases including those accessed through subscribing (RexExplorer, DHS Program, Stats SA, South African Police Service) was analysed to provide recent statistics to reveal the status of VAC in South Africa as well as to scope the trends and levels of VAC in the country from 2010 to 2020. In accordance with the Children's Act 38 of 2005 child age coverage for this study ranges from 0 to 17 years old. Due to data gaps, some statistics and reports only covered subsets of this age group and not the whole group. In cases where subsets were reported, this was indicated along such statistics. Various national datasets and secondary reports that were publicly accessible and available were explored in this report. Although the reference period was 2010 to 2020, some statistics are only available for fewer years within this reference period. More details about sampling and methodologies that were followed for data collection for these various national and provincial datasets that were used in this report can be obtained from their respective reports which are listed in the references.

The South African Police Service (SAPS) is the main custodian of crime data in the country. Both national and provincial datasets on crimes against children were not consistently available throughout the 2010 to 2020 period. For instance, child neglect and ill-treatment data at provincial level was publicly available and accessible from 2010 to 2014 only, from 2015, the data was no longer made publicly available. In the past, moratorium on crime statistics meant that restrictions by political leaders influenced access to violence related data. Child abduction and murder data from 2013 to 2016 at provincial level were also sourced from Children's Institute' publications. Other provincial datasets and reports on other VAC related crimes such as murder, kidnapping, rape, common assault and sexual assault were released for the entire population, not only for children. Other national datasets and reports that were

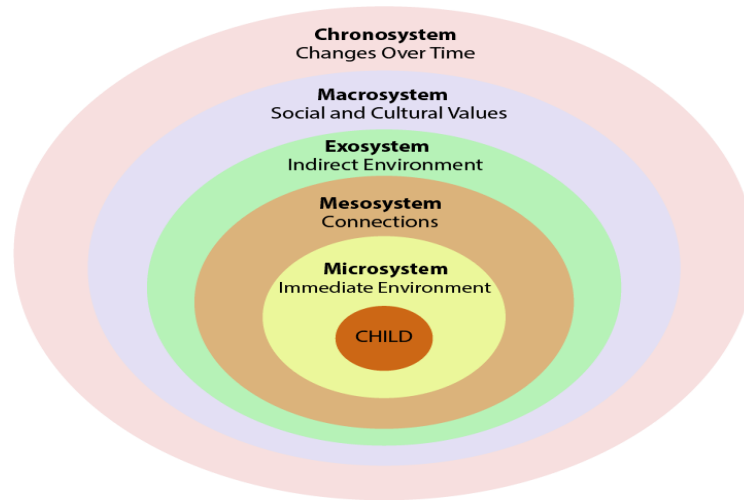
explored such as Statistics South Africa's (Stats SA) Victims of Crime Survey and Demographic Health Survey (DHS) did not yield success on VAC related issues, a problem that could be due to both lack of data disaggregation and study design, respectively. What countries do in relation to generating and safeguarding data is as important as implementing relevant legislation. But policy actions aligned to each component of the INSPIRE strategy to change norms, beliefs, behaviours and social structure influence change in prevention, risk and protective factors, prevalence, response, and consequences for vulnerable children.

2.3 The INSPIRE strategy and the socioecological framework

The implementation of the INSPIRE strategy is a practical way in which children's safe and nurturing environments are built. The use of the socioecological framework as an analytical tool for this review is an attempt to understand and analyse the multiple contributory factors to VAC in South Africa. Further, it is an attempt to match the available research with these accepted approaches.

The Bronfenbrenner ecological framework (Figure 1) of human development allows identification of VAC contributing factors that extend beyond the individual, through multiple levels including family, community, and the broader socio-cultural context. This framework provides a perspective on how governments and partners' actions in child development, child welfare, child protection, child health and human security sectors support implementation of policies and programmes that reduce the occurrence of VAC and children's exposure to violence in homes, schools, care and education facilities and community. In South Africa there is an urgent need for prevention of VAC which is the emphasis of the actions recommended for the implementation of the multisectoral INSPIRE strategies: Implementation and enforcement laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills. The country has adopted the INSPIRE technical package allowing it access to support in its efforts to prevent and respond to violence against children aged 0-17 years. While the outcomes of different interventions and programmes are documented, it is the cumulative impacts of multiple interventions at different levels of influence over time that will benefit children, the government and society.

Bronfenbrenner's Ecological Systems Theory



(C) The Psychology Notes Headquarters <https://www.PsychologyNotesHQ.com>

Figure 1. Ecological systems theory

3. Understanding the context for the state of VAC in South Africa

3.1. *Legislative-policy environment and institutional frameworks for VAC reduction in South Africa*

The legislative policy environment forms a critical aspect of the socioecological framework for organising and summarising risk and protective factors as well as consequences of violence experienced by children. The South African legislative and policy framework has significantly changed since the onset of democracy and has among others, expanded the notion of VAC beyond the child abuse and neglect (CAN) construct. The expansive approach has reshaped the attitudes towards VAC including, the understanding of threats to and risk factors for children's survival, safety, development, belonging, thriving, reaching their full potential, and wellbeing considering the intrapersonal, interpersonal, sociocultural, technological and policy factors involved. The emerging scientific and inclusive knowledge is increasingly being recognised as integral to thinking in research, advocacy, policy, practice and to a large extent, influences funding arrangements which also appear to have diversified.

In South Africa, an enabling policy environment for addressing VAC entails the on-going domestication of the international and regional normative frameworks such as the Convention on the Rights of the Child or CRC ratified in 1996 – except its Optional

Protocol to the Convention on the communications procedure which South Africa has not ratified; the African Charter on the Rights and Welfare of the Child (ACRWC) ratified in 2000, the Constitution (Act No. 108 of 1996), and ultimately the development of national laws and policies guided by these frameworks. Further, the state legislation and policies in early childhood development, basic education, formal and informal childcare and protection and usage of digital technology highlight an adaptation process by the state to the democratic and human rights culture envisioned by the Constitution.

The intentions expressed in the Children's Act No 38 of 2005 provide a foundation for all developments in the law pertaining to the wellbeing of children. These include:

- to give effect to certain rights of children as contained in the Constitution.
- to set out principles relating to the care and protection of children.
- to define parental responsibilities and rights.
- to make further provision regarding children's courts.
- to provide for the issuing of contribution orders (Children's Act No 38 of 2005).

Creating an enabling legislative and policy environment is a priority of government and substantive law reforms intended to enhance implementation of the Children's Act No. 38 of 2005 are ongoing. The Children's Amendment Act No.41 of 2007 provides for additional pillars of the child protection system envisaged to provide a multisectoral system of services at provincial level. Among the intentions of the Children's Act are to provide for partial care of children; early childhood development; prevention and early intervention; and to make further provision regarding the protection of children by ensuring the development of a multisectoral child protection service delivery system that is properly financed at the provincial level. It may be argued that one of the weaknesses in the system during the review period has been a delay in the development of "a comprehensive inter-sectoral strategy aimed at securing a properly resourced, coordinated, and managed national child protection system" (Children's Act, Section 104) implemented at the provincial level.

3.1.1 Legal instruments enhancing readiness for VAC prevention

- Domestic Violence Act (1998 as amended Domestic Violence Amendment Act No. 14 of 2021)
 - It is a crime to ‘expose a child to domestic violence’; meaning to intentionally cause a child to— (a) see or hear domestic violence; or (b) experience the effects of domestic violence. First instance report of domestic violence that include people in various relationships with a complainant can be an offence or lead to actions such as monitoring of domestic violence by South African Police Service officers (previously, the initial offence would be a breach of the protection order of contempt of court and not for an act of domestic violence itself (South African Law Reform Commission, 2021)
- Criminal Law (Sexual Offenses and related matters) Amendment Act of 2007
 - Statutory rape
- Prevention and Combating of Trafficking in Persons Act 7 of 2013 (Department of Justice, South Africa); National Policy Framework on the Management of Trafficking in Persons Offences.
 - Ukuthwala and under-age marriages
- South African Schools Act No 84 of 1996; The Abolition of Corporal Punishment Act No. 33 of 1997
 - Banned corporal punishment of children in schools and corporal punishment authorised in legislation
 - Constitutional Court made a ruling in 2019 to abolish the defense of ‘reasonable and moderate chastisement’ by parents, thus rendering criminal provisions against assault applicable to children.
 - The Third Children’s Act Amendment Bill includes a recommendation to remove the common law defense of reasonable chastisement by parents and prohibits corporal punishment in the home.

A plethora of policies that constitute separate mandates of different government agencies present challenges for integrated implementation of interventions that reduce VAC. In 2010 the government created an Inter-Ministerial Committee (IMC) led by the Department of Social Development to develop the five-year South African Integrated National Programme of Action Addressing Violence against Women and

Children (POA: VAWC – 2013-2018). The overall goal of this intersectoral initiative was to eliminate all forms of violence against women and children; and provided a framework of actions designed “to prevent VAWC, to improve the implementation of existing laws and services aimed at victims of violence and to provide adequate support services” (Department of Social Development, 2014: p.2).

In many respects, the POA was a turning point in South African government’s approach to preventing and responding to VAC. There was emphasis on the importance of collecting and sharing scientific data including the need for surveillance data and development of VAC indicators. Some key studies were commissioned to generate evidence to inform the immediate, medium- and long-term interventions identified for implementation of the POA. Additionally, the IMC collaborated with academics, researchers, international development partners and civil society organisations through partnerships that led to knowledge transfer and production of tangible outputs. The POA has laid a reasonable foundation for tackling VAC: it “provides a framework for a comprehensive and systemic approach to address VAWC, aiming to achieve substantial and lasting change.” There is ongoing institutional cooperation towards advocacy, improving implementation of laws that affect VAC and funding by the government, private sector through various foundations and international bodies in the country.

With the National Child Care and Protection Policy adopted in 2019 and leading to the gazetting of the Children’s Act *Third Amendment Bill* (Government Gazette No. 42248 of 2019), the Department of Social Development is in the process of developing a national childcare and protection strategic plan. Lack of funding for programmes and coordinated delivery of services are major challenges that limit the implementation of an integrated child protection system in general, and the provisions contemplated in Chapter Eight of the CA. In 2018, there was a proposal to amend the CA No. 38 of 2005 (Third Children’s Act Amendment). The Parliamentary Portfolio Committee on Social Development had already conducted part of public hearings on the Amendment Bill in the first half of 2020 and continued with them between September and December 2021 (Parliamentary Monitoring Group, 2022). One of the recommendations in the Amendment Bill is to address partnerships and funding frameworks for prevention and early intervention childcare and protection services. It

is plausible that this aspect of the implementation of the Act creates challenges to fulfilling the rights of children to care and protection. For instance, the Children's Act recognises the crucial role played by health care services and professionals in identifying and responding to VAC, but South Africa lacks appropriate intersectoral programmes for children and families across the life course.

3.2 *Developing violence prevention agenda and building research*

Several major developments and forums took place at the international level under the leadership of the World Health Organisation (WHO) during the period under review where reduction of VAC was made a priority for research, policy, practitioners, and funding. South African researchers, civil society organisations and policy makers vigorously participated in these initiatives and hosted some of them. For example, the 5th Milestones of a Global Campaign for Violence Prevention Meeting: "Joining forces, empowering prevention" was hosted by the City of Cape Town (6-7 September 2011) in South Africa. Furthermore, the WHO initiated development of an international questionnaire for conducting adverse childhood experiences (ACE-IQ) surveys (WHO, 2018). Adverse childhood experiences are some of the most severe and commonly occurring stressors that children may suffer early in life including forms of VAC such as child abuses, neglect, peer violence, intimate partner violence between parents or caregivers. South Africa participated in the development and pilot testing of the ACE-IQ administered among people above 18 years.

In addition, WHO conducted studies aimed at improving understanding about the distinction between prevention of and response to harm caused to children through their exposure to interpersonal violence in low-and-middle income countries including South Africa between 2011 and 2014 (Mikton et al., 2013). A questionnaire for assessing countries' readiness to implement child maltreatment prevention – Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM) interventions on a large scale was developed¹ and the Child Maltreatment Prevention Readiness Assessment Report: South Africa provided empirical results for a situation analysis of each of the ten dimensions of the CMP readiness model². This contributed knowledge that informed the country's priorities for public investments in VAC

¹ [https://www.who.int/publications/m/item/readiness-assessment-for-the-prevention-of-child-maltreatment-\(rap-cm\)](https://www.who.int/publications/m/item/readiness-assessment-for-the-prevention-of-child-maltreatment-(rap-cm))

² <https://www.who.int/docs/default-source/documents/child-maltreatment/rap-cm-south-africa.pdf>

prevention. South Africa has continued to collaborate with other actors in joint global and local initiatives intended to end VAC.

3.3 Institutional collaborations and funding partnerships for VAC

Significant efforts directed at the prevention of violence and ensuring a safe South Africa, include the country's primary strategic framework for development, the 2012 National Development Plan (NDP)³. Chapter 12 (Building safer communities) envisions that "In 2030, people living in South Africa feel safe and have no fear of crime. They are safe at home, at school, at work and they enjoy an active community life free of fear. Women can walk freely in the streets and children can play safely outside". Implementation of the key multisectoral frameworks for addressing VAC in South Africa: POA: VAWC (2013-2018), the 2011 Integrated Social Crime Prevention Strategy (ISCPS) which provides a framework to address the root causes of crime in a focused and co-ordinated manner with a focus on safety; the National Strategic Plan for GBV and Femicide (NSPGBVF), have unequivocally demonstrated that reduction of violence and mitigation of consequences on public health, economy and safety is dependent on effective and sustainable collaborations nationally and globally. The Department of Social Development is the lead agency in government for the implementation of the POA: VAWC and the National Child Care and Protection Policy (2019). The multi-agency approach to implementation incorporates other departments in the social sector (Department of Basic Education, Department of Health, Department of Home Affairs) and the crime and justice cluster comprising SAPS (Family Violence, Child Protection and Sexual Offences Unit) and the Department of Justice and Constitutional Development responsible for implementing the Domestic Violence Act, the Sexual Offences Act and the NSPGBVF).

There have also been bilateral resource flows from developed countries to South African organisations that prioritise the VAC agenda. This funding enables the implementation of the key strategies outlined above. Apart from the institutional arrangements for prevention of and response to VAC and bilateral assistance, this review has identified institution-researcher collaborations that involve South African academics, researchers, government departments, development partners resident in the country, civil society organisations and private foundations. Evidently, interventions that have been evaluated and known to be effective in the prevention of

³ For details see: [National Development Plan 2030 | South African Government \(www.gov.za\)](https://www.gov.za/news/development/20120620-national-development-plan-2030)

and response to VAC in high-income countries, have been tested in the South African context. Funding sources for large scale studies providing improved understanding about the situation of VAC (e.g., the Optimus Study) and other initiatives for maintaining VAC momentum on the policy agenda include member-organisations of global networks for ending VAC, bilateral and multilateral support to South Africa. The period under review was characterised by sustained social solidarity between South African institutions and funders.

South Africa participates in the Global End-VAC Pathfinders partnership which is a network that brings together governments and other leaders, civil society organisations, funders and individuals including children for concerted efforts in advocacy and actions aimed to create safe, secure and nurturing environments, including the online environment, and to end all forms of violence against all children. The development of the UN Sustainable Development Goals (SDG) agenda gave focus on VAC (Goal 16). Similarly, there were events such as academic conferences and meetings challenging national governments to commit to reduce violence and building a global collaborative agenda. For example, the Joint Violence Research Centre at the University of Cambridge and WHO *Global Violence Reduction Conference in 2014* challenged governments to lower violence by 50 percent in 30 years.

The WHO also recommended that governments should vigorously strengthen the role of health systems within national multisectoral responses to address interpersonal violence, specifically against women and girls, and against children (World Health Organisation, 2016). However, South Africa has not made noticeable changes in implementation of health sector interventions for creating safe and nurturing environments for children. Currently, the Department of Health is recognised as a key stakeholder in the development and maintenance of the child protection system in the country. According to the *Children's Act Guide for Health Professionals* “[H]ealth professionals also have a major role to play in the prevention of violence and in identification, diagnosis and referral” (Jamieson & Lake, 2013). This contribution, however, tends to be predominantly through forensic and psychiatric assessments within the medico-legal justice system as required for the completion of the J88 Form, pre-trial assessments. In the child protection function specifically, Section 110 of the

Children's Act No. 38 of 2005 mandates health professionals to complete Form 22 for *Reporting of abuse or deliberate neglect of child*. Since the Department of Social Development does not publish child protection statistics and SAPS crime statistics do not identify the sources of child abuse and neglect reports, the health sector's role is perhaps underrated.

Other avenues include recognising and acting on domestic violence identified through assessment, screening or reported in the context of health care, are greatly under-utilised. This situation could change with the implementation of the Domestic Violence Amendment Act No. 14 of 2021 which includes the obligations of the state and social functionaries (a medical practitioner, health care personnel, a social worker, an official in the employ of a public health establishment, an educator, or a caregiver) to act as stipulated under the law (Department of Justice, 2022 – Government Gazette No. 45824). As a result of the limited role that the sector plays, collection of administrative data on VAC is a weakness of the childcare and protection information system.

During the period under review, South Africa has not realized reduction in the occurrence of VAC but there has been noticeable change in the ways government, researchers, civil society and funders work towards addressing VAC. Although there are still gaps and incoherence in how some institutions work with children and families facing adversity, there have been significant shifts in the country's child protection system, especially in terms of legal and policy instruments. Although it may be argued that response services for children remain the system's cornerstone, at least cognitively as reflected in policy documents, there is a shift and an expressed appreciation of the differences in design and purpose of each arm of the system, prevention and response services.

There has also been enactment of important child-centred legal instruments that explicitly ban VAC in all public and private settings. This reflects an awareness of the ubiquitous nature of VAC and its unacceptability on all grounds. The challenge is that in South Africa, sometimes child-specific issues concerning violence only become part of the reform agenda as add-ons or at the tail end of such processes. To realise alignment between public and social investments in programming for childcare and protection from violence, and the Constitution, it is crucial to have evidence-based

understanding of the VAC situation in the country. It includes understanding parent or guardian to child, child-to-child, child-perpetrated and authorities-perpetrated violence in various settings, the risk factors at different stages of child development, contextual factors, documented consequences and effective actions, as well as the interplays between them.

According to UNICEF (2014), VAC is a global problem that is underpinned by multiple factors. It manifests in different ways including, physical violence (fatal and non-fatal), sexual violence, exploitation, violent discipline/corporal punishment, emotional violence, neglect and negligent treatment, and bullying, both physical and psychological, and child marriages. Moreover, experiences of VAC and the vulnerabilities thereof, are shaped by various intersecting factors such as disability, ethnicity, race and gender (UNICEF, 2014). In South Africa and elsewhere, violence may be directed to specific categories of children, including the disabled, children from immigrant families, street children, abandoned and unsupervised children, and those affected by HIV/AIDS (Edberg et al., 2017). Research indicates that VAC occurs in numerous settings ranging from the home, schools, work places, communities, to via the internet in the form of cyber-bullying or online sexual abuse (Burton & Mutongwizo, 2009; Tustin et al., 2014).

South Africa has a deeply embedded 'culture of violence'. Significantly high rates of violence in various forms have been reported, as such, it is no surprise that violence perpetrated against children is also common. According to the 2019/2020 statistics from the South African Police Service (SAPS), 943 children were murdered and more than 24,000 were sexually assaulted⁴. In addition, UNICEF media report states that between October and December of 2021, 394 children survived attempted murder and 2,048 children were victims of physical assault⁵. These horrid statistics indicate the extent of violence perpetrated against children and permeation in South Africa. Thus, to enable the development of comprehensive, multi-sectoral preventive and response interventions, the risk factors and underlying causes of VAC need to be considered, and they include the evolving risk factors. In the socioecological model, the individual

⁴ <https://health-e.org.za/2021/03/29/child-abuse-children-demand-protection-against-violence/>

⁵ <https://www.unicef.org/southafrica/press-releases/352-child-murders-ninety-days-are-352-too-many>

level identifies biological and personal factors that increase or decrease the likelihood of becoming a victim of violence. As reflected in the preceding discussion, age, and sex, significantly exacerbate the young girl child's vulnerability to violence - sexual abuse and exploitation. In South Africa, young girls are vulnerable to harmful traditional practices such as ukuthwala (Kheswa and Hoho 2014; Ndindwa 2014), while boys are more at risk of physical abuse (DSD, 2012). Another known risk factor from international research is disability status which may intersect with age and sex of a child, and parent-child healthy relationship.

3.4 Sociocultural contributory factors: Cultural norms, discriminatory social and legal practices and patriarchal attitudes

In the rural areas of South Africa, certain cultural beliefs and customs present a risk factor for VAC where children are viewed as the property of adults, thus denying them recognition and rights. For example, scholars have reported that girl children are exposed to early forced marriages and ukuthwala in exchange for financial gains (Rice, 2018). While these practices are informed by certain harmful cultural beliefs, the patriarchal and gender discriminatory climate of the country normalises violence perpetrated against girl children. Thus, understanding patriarchal attitudes that devalue women and girl children as well as toxic masculinities that encourage gendered violence is critical for ensuring social and human security as well as the prevention of VAC in South Africa.

Further, discriminatory legal practices as well as systemic weaknesses may impact reporting of violence and thus, may contribute to repeated victimisation causing irreversible harm to children. For example, system-level factors such as the lack of capacity and training among child protection service providers to address violence victims – have an influence on individual decisions to report VAC and to seek treatment (Edberg et al., 2017).

3.5 Socioeconomic contributing factors: Childhood family structures and processes, poverty and inequalities

South African family structure embodies unique features that may be fertile ground for VAC. For example, child-headed, single-parent, elder female headed families are not unique to South African communities and for this reason Makiwane; Nduna &

Khalema, (2016, p. 4) state that “many South African children grow up in unsafe and insecure families”. The insecurities felt in these families may be exacerbated by poverty, substance abuse, HIV, and weak parenting practices which may ultimately expose many children to various forms of violence. However, the effects of domestic violence within nuclear families cannot be excluded as contributory to violence perpetrated against children (Edberg et al., 2017). Further, poverty and deprivation increases vulnerability to violence and this is felt on various levels of the spectrum. Makiwane, et al., (2016) indicate that 40% of South African families live in extreme poverty with rurality exacerbating the situation. Moreover, in impoverished circumstances, children are exposed to “more turmoil, violence, separation from their families, instability, and chaotic households” (ibid. p. 8). This implies that a multi-sectoral lens ought to be applied for the successful development and strengthening of violence response and preventive interventions.

3.6 Promotion of care, mental health, psychosocial well-being and justice

Inadequate and inefficient violence prevention and response services may contribute to repeated victimisation and irreversible damage to the well-being of child victims of violence. In South Africa, research shows that post-violence treatment, care and support services have been inadequate (Astbury & Jewkes, 2010; Lake & Jamieson, 2016). Astbury & Jewkes, (2010) highlight that child exposure to different forms of violence including intimate partner violence (IPV) can have long-term health and social consequences in the absence of efficient, multi-disciplinary care.

Further, in the context of marital conflict, family instability, and controlling behaviours, children may be further exposed to child neglect, chronic stress, disrupted economic and social support, disrupted health care, and poor child health outcomes. Lake & Jamieson, (2016) highlight other consequences like ‘toxic stress’, which may cause neurological and psychological damage with long-term consequences for learning, behaviour, and physical and mental health. These serious consequences which can ultimately be precursors for the perpetration of violence later in life, can be prevented through efficient early multi-disciplinary interventions.

4. The State of VAC in 2020: magnitude, contributory factors and consequences

4.1. Prevalence of various forms of violence

The assessment of VAC and its consequences is fundamental to developing and implementing appropriate interventions and programmes for reduction of this form of child rights violation at an expanded scale. Integrated investments, shared values and meanings as well as professional practices across various sectors are necessary for improving understanding of the severity of VAC. In this section we analysed available statistical data on different forms of VAC and its fatal and non-fatal consequences during the period under review. It focuses on violent crimes committed against children that were reported to authorities and also generated from research. Data is reported at national and provincial levels where possible and also disaggregated by gender (boys and girls), and by age – infants and toddlers, young children and teenagers or adolescents.

4.2. Violent crimes against children

Statistical data at national and provincial levels was not constantly available across various violent crimes committed against children between 2010 and 2020. Therefore, different sources were explored to give an indication of VAC at national and provincial levels. According to the SAPS Crime Statistics report 2019/2020, the following crimes against children were provided at only national level over a five-year period (from 2015 to 2019): murder, attempted murder, assault with GBH⁶, common assault and total sexual offences which include rape, sexual assault, attempted sexual offence and contact sexual offence (SAPS, 2020a).

Figure 2 shows that regarding sexual offences, rape was the highest reported crime against children over the five-year period from 2015 to 2019 and was the main contributor to total sexual offences incidents. Child murder slightly decreased, and child rape significantly decreased between 2015 and 2019, while common assault and sexual assault recorded a slight increase within the same period. Total sexual offences

⁶ Assault with grievous bodily harm is a violent physical attack with the intention to hurt or cause serious injury to another person's body.

decreased between 2015 and 2019 while all crimes recorded a decrease between 2018 and 2019.

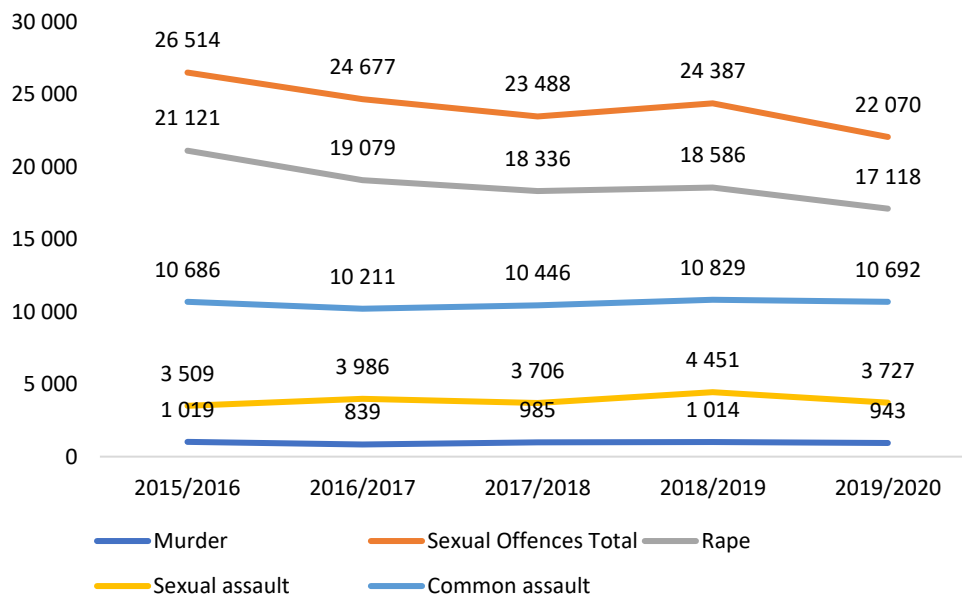


Figure 2: Child murder, total sexual offences, rape, sexual assault and common assault from 2015 to 2019 (Data Source: SAPS, 2020a)

4.2.1. Child homicide and murder

Figure 3 shows that child murder reports were highest in the Western Cape from 2013 to 2016. Free State, Gauteng, North West and Western Cape provinces recorded increases in child murder cases between 2013 and 2016. All the five remaining provinces experienced a decrease in child murder cases between 2014 and 2016.

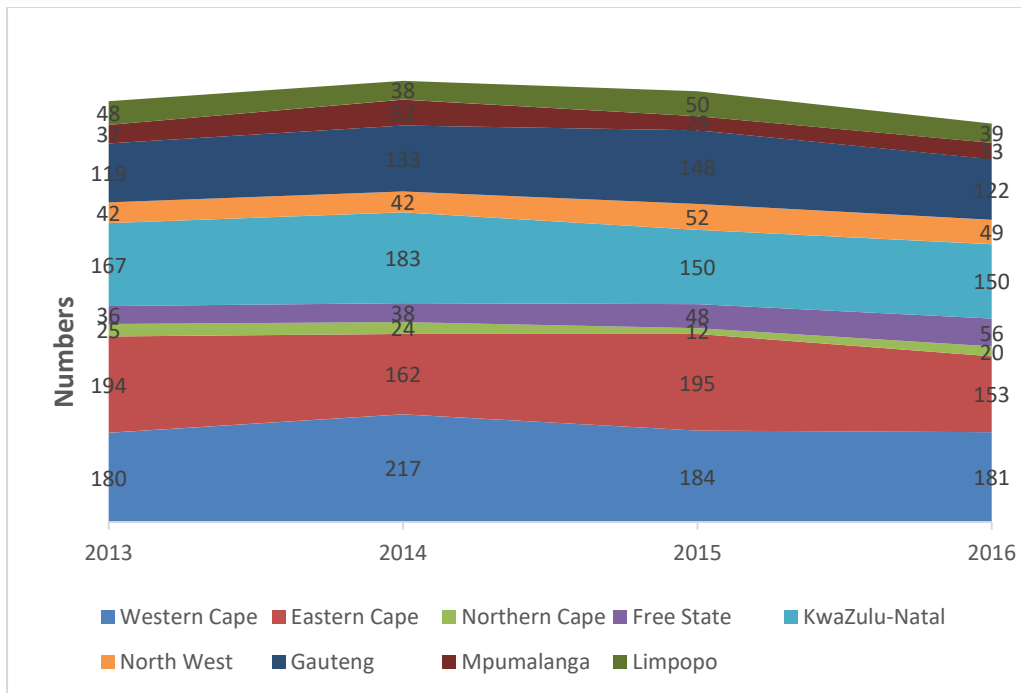


Figure 3: Child murder by province from 2013 to 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018b)

Figure 4 depicts that Western Cape fell under the highest category of 154 to 181 reported child murder cases in 2016, followed by Eastern Cape, Gauteng and KwaZulu-Natal which were under the 57 to 153 band of child murder cases. Northern Cape experienced the least number of child murders with 20 cases.

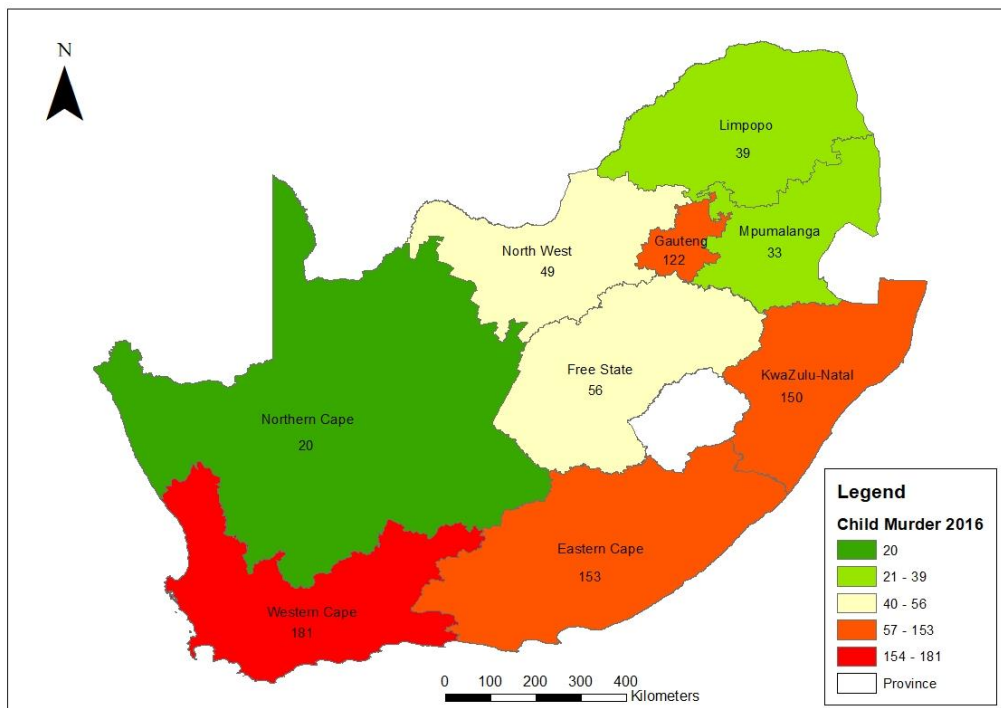


Figure 4: Child murder by province in 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018b)

Figure 5 shows that Western Cape province had the highest child murder rate with 10 cases per 100 000 children in 2016. Eastern Cape, Free State and Northern Cape provinces followed with a category of 5 to 6 cases per 100 000 children while Limpopo and Mpumalanga provinces recorded the least child murder rate with each having two cases per 100 000 children in the same year.

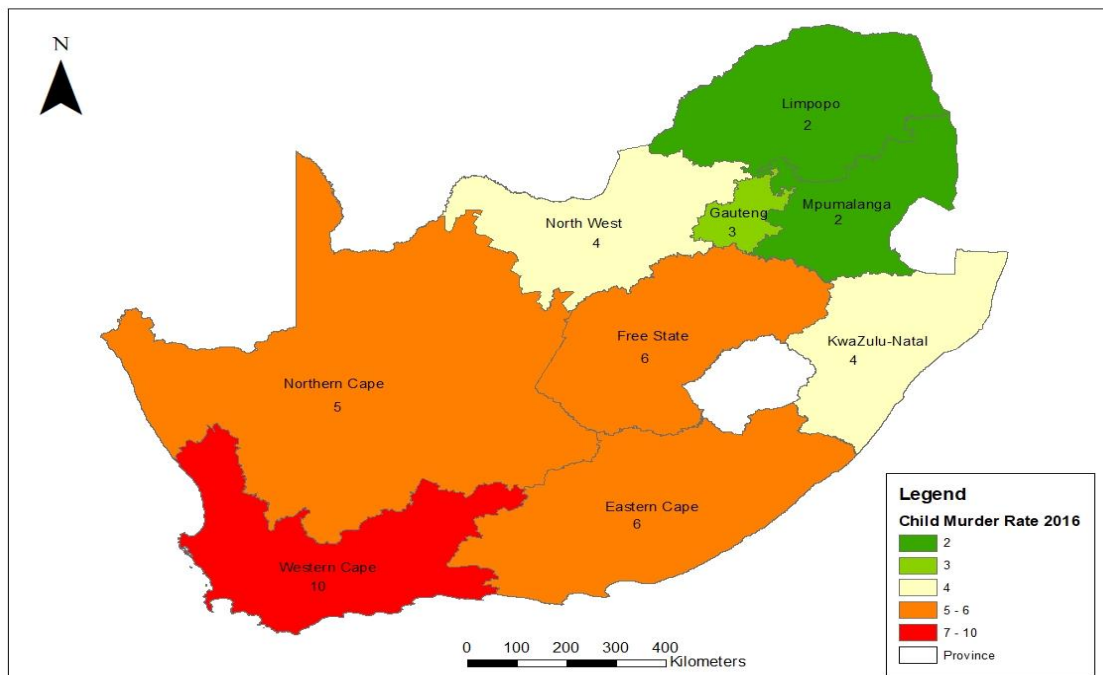


Figure 5: Child murder rate by province in 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018b)

A nationally representative study conducted in 2009 reported high child homicide rate in South Africa recorded as nearly twice the global average, with nearly half of those homicides associated with child abuse and neglect (Mathews et al., 2013). National estimates for murder were used to estimate the rates of child murder for 2020. Figure 6 illustrates an increase in murder between 2010 and 2020 in Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga and Western Cape. In the same period, Free State, Northern Cape and North West recorded a slight decrease in murder cases. In the years 2016 to 2017, the number of murders in South Africa increased by 1320 which was a 6.9% increase (Artz, 2018). In this period, 29 more girls and 117 more boys were murdered (Artz, 2018). In 2016, child murders represented 4% of the total 19 016 murder cases recorded across the country (Lancaster, 2017; Delany & Hall, 2018b). In 2019, police recorded 943 child murders across the country (Mahlakoana, 2020). This accounted for 4.4% of the 21 325 murder cases that occurred in 2019. If

the similar proportion is considered with the total 19 972 national murders that were reported in 2020 (SAPS, 2020b), the 4.4% of the 19 972 murders translates into an estimated 878 child murders in 2020. This would be a slight decrease compared to the total of 943 child murders reported in 2020.

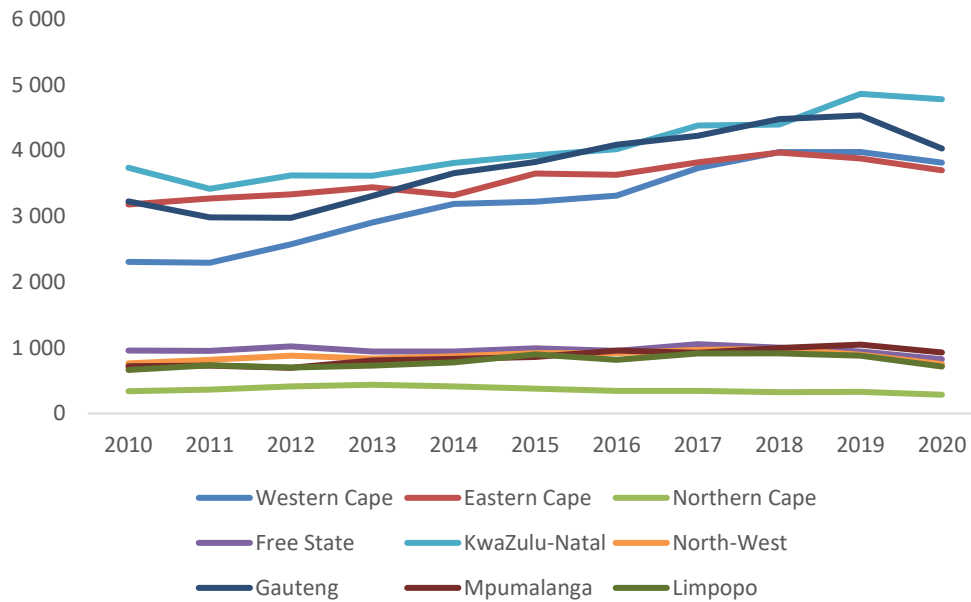


Figure 6: Murder by province from 2010 to 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

Figure 7 highlights that KwaZulu-Natal fell under the highest category of 4030 to 4782 murder cases in 2020, followed by Eastern Cape, Gauteng and Western Cape under second highest category of 929 to 4029 cases. Northern Cape had the least number of murder cases with 285.

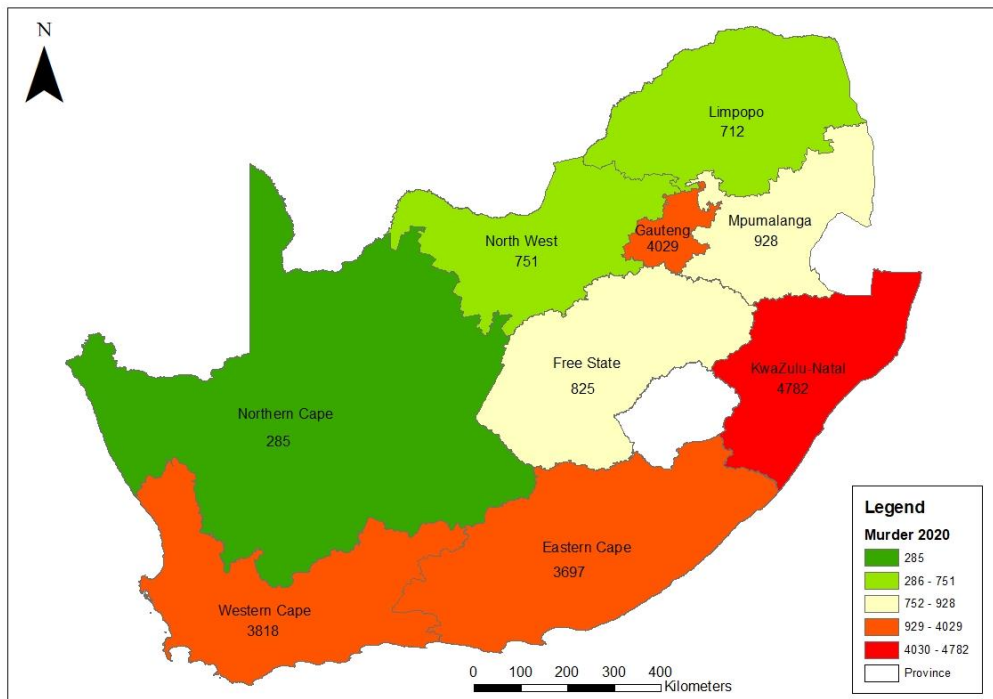


Figure 7: Murder by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

To bring the provincial population into context, the murder rate was calculated using number of murder cases per 100 000 population in 2020. The 2020 population estimates were used for provincial total populations (Stats SA, 2020a). The overall murder rate in was 33 murders per 100000 population in 2020. Figure 8 shows murder rate in South Africa by province in 2020. Eastern Cape and Western Cape had the highest murder rate as they fell under the band of 42 to 55 murders per 100000 population in 2020. KwaZulu-Natal followed under 29 to 41 murder cases per 100000 population while Limpopo recorded the least murder rate with 12 murder cases per 100000 population.

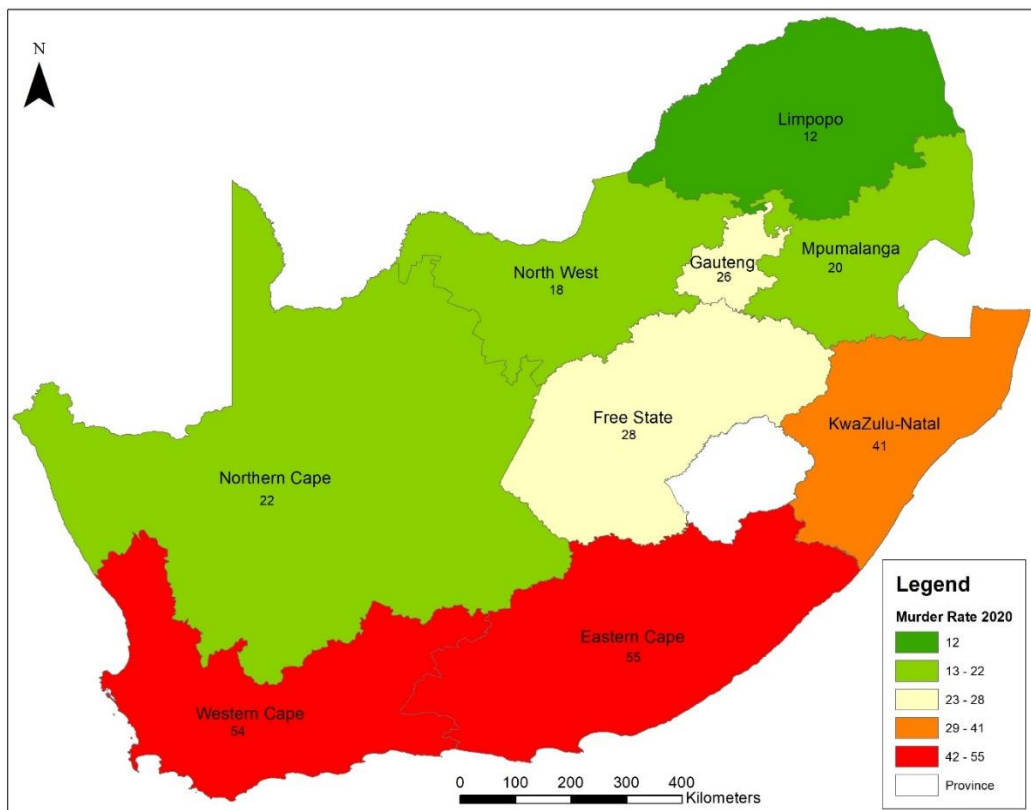


Figure 8: Murder rate by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

4.2.2. *Child neglect and abandonment*

Child neglect refers to “a failure by the parent or caregiver of a child to provide for the basic physical, intellectual, emotional or social needs despite having the means to do so ...” (Jamieson et al., 2017, p. 61). The search for literature on child neglect did not generate any results, however, the search generated five results for child abandonment (Blackie, 2014a, 2014b; Boniface & Rosenberg, 2019; Rosenberg, 2020; Vadivalu, 2014). Child abandonment is related to child neglect but is defined separately to refer to when “a child ... has been deserted by the parent, guardian or care-giver or if the child has had no contact with the parent, guardian or care-giver for at least three months for no apparent reason” (Jamieson et al., 2017, p. 61). Some studies focused on child abandonment in the context of the South African legal framework (Rosenberg, 2020; Vadivalu, 2014) and adoption (Blackie, 2014a, 2014b; Boniface & Rosenberg, 2019).

Blackie, (2014b) explored the experiences and representations of child abandonment in urban Johannesburg, South Africa. The author states that “there is little information about child abandonment in South Africa, and there were no official government

statistics that could reliably point to the number of children who were abandoned annually” (2014b, p. 7). Child Welfare SA estimated that more than 3500 babies were abandoned in SA in 2010, 200 of whom were abandoned in Soweto and other parts of Johannesburg, and only 60 of them were found alive. While this child rights organisation raised concerns about the absence of up-to-date annual statistics on child abandonment, most child protection organizations believed that the numbers had increased significantly over the past decade (Blackie, 2014a).

Similarly, (Rosenberg, 2020) confirms that South Africa has seen a surge in infant abandonment over the last decade. Available news reports indicate that abandoned infants are found in places such as open fields, dustbins, and pit latrines, which often lead to their deaths. The scarcity of research studies conducted on this topic is a telling tale that corroborates the lack of statistics on child abandonment in South Africa. Rosenberg, (2020) points out the weaknesses in the South African legal framework to address child abandonment. The author argues that the current South African law on infant abandonment is reactive because it criminalises it through imprisonment or a fine, yet it fails to provide a safe alternative. Citing three laws, the author indicates that this reactive approach is reflected in 1) section 305(3)(b) of the Children’s Act 38 of 2005 that states that ‘child abandonment is an offence punishable with a fine or three years imprisonment’. In addition, 2) section 113 of the General Law Amendment Act defines concealment of birth as criminal act. Lastly, 3) the Criminal Procedure Act criminalises infanticide. Thus, the study argues its reactive tendency hampers effective response and prevention of child abandonment in the country. Further, the absence of statistics and the existing gaps in knowledge about the circumstances that underlie child abandonment may impede the development of response and prevention interventions. Controversies around some of the clandestine or safer abandonment methods including the illegal baby box in South Africa indicate how ethical and safety concerns collide with knowledge gaps and pragmatism.

4.2.3. Child maltreatment

According to the WHO (2006, p. 7)⁷, “child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power”. (Thurman & Kidman, 2011). Child maltreatment is experienced in multiple forms and results in various serious consequences for children. Yet, until recently in South Africa, prevalence estimates were non-existent. Two important studies using different designs have changed this picture. Firstly, in 2015 a ground-breaking longitudinal cohort study by Meinck et al., (2016) explored the prevalence, incidence, and locations of physical, emotional and sexual abuse perpetrated against adolescents aged 10-19 years in two South African provinces.

4.2.4. Child physical abuse

From self-report questionnaires completed at baseline and one-year follow-up, the study reported prevalence as high as 56.3% for lifetime physical abuse (18.2% past-year incidence), 35.5% for lifetime emotional abuse (12.1% incidence) and 9% for lifetime sexual abuse (5.3% incidence). Approximately seventy percent of children reported experiencing a form of lifetime victimisation and 27.1% reported lifetime multiple abuse victimisation. The study also reported on the main perpetrators of the various forms of abuse, primary caregivers were main perpetrators of physical and emotional abuse, and sexual abuse was perpetrated mostly by sexual partners or other peers. Teachers were the main perpetrators of physical abuse in the school settings. This study highlights the need for targeted and effective interventions to prevent incidence and re-victimisation.

Secondly, in the 2016 nationally representative Optimus Study among a sample of adolescents aged 15 to 17 years old measured physical abuse is ‘the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child’s health, survival, development, or dignity’ (World Health Organization, 2006). They were asked if they had ever been hit, beaten, or kicked by

⁷ World Health Organization. (2006). Preventing child maltreatment: a guide to taking action and generating evidence / World Health Organization and International Society for Prevention of Child Abuse and Neglect. World Health Organization. <https://apps.who.int/iris/handle/10665/43499>

an adult caregiver. The study reports that 1 in 3 respondents reported experiencing this form of physical abuse. It was more likely to be reported by girls, and by coloured and black children, than by boys, white or Indian children (Centre for Justice and Crime Prevention & University of Cape Town, 2015).

Elsewhere, Meinck et al., (2015) also assessed the risk and protective factors for emotional and physical abuse at community, school, caregiver and household levels in poor South African communities. Data were collected through self-report questionnaires with children aged 13-19 years. Factors which include, experience of family conflict, unequal food distribution, inconsistent discipline, living with stepparent, caregiver disability, AIDS related stigma were associated with severe physical and emotional abuse. Authors report that within extremely impoverished and AIDS affected households, emotional pressure was highly likely to increase risk of abuse against children, whereas employment and parental health were protective for child physical and emotional abuse. In addition, Meinck, Cluver & Boyes (2015) explored the extent to which household illness predicted child physical and emotional abuse. A sex disaggregated analysis indicates that sex is a risk factor for experiencing emotional and/or physical abuse amongst boys and girls. Further, child abuse victimisation is exacerbated by poverty and disability within the household.

While these studies shed light on the extent of child maltreatment and the risk and protective factors thereof, several gaps in prevalence estimates remain. In particular, they focus on a single age group – adolescents aged 10-17 – and thus, prevalence of maltreatment experienced by children of younger age groups remain unknown. Further, studies focus on low-resource and rural settings. Child maltreatment in urban middle- and high-income settings remains unknown. For targeted multi-sectoral response and multi-layered prevention of VAC, the extent of violence and its contributory factors amongst various groups of children within various contexts ought to be studied.

Analysis of secondary data indicates that data for child neglect and ill-treatment was only available for 2010 to 2014 years. To get a 10-year overall picture, data from 2005 to 2014 was also considered. Generally, there was a decrease in child neglect and ill-treatment cases between 2005 and 2014 in all provinces (Figure 9). Gauteng and

Western Cape provinces had highest numbers of child neglect and ill-treatment from 2005 to 2014. Mpumalanga was the only province that showed a steady decrease in the number of child neglect and ill-treatment over the ten-year period, however there was a slight increase from 97 in 2013 to 106 in 2014. There were fluctuations in Eastern Cape, Free State, KwaZulu-Natal, Western Cape and Limpopo provinces over the years. There was fluctuation between 2005 and 2007 in the North West province, an increase between 2007 and 2008 and an extended decrease between 2008 and 2014. While these statistics reflect lower prevalence compared to the Meinck et al., (2016) study that reported a significantly high prevalence of child maltreatment amongst adolescents, they do however, indicate the seriousness of the problem in the country, despite the differences in time periods and contexts.

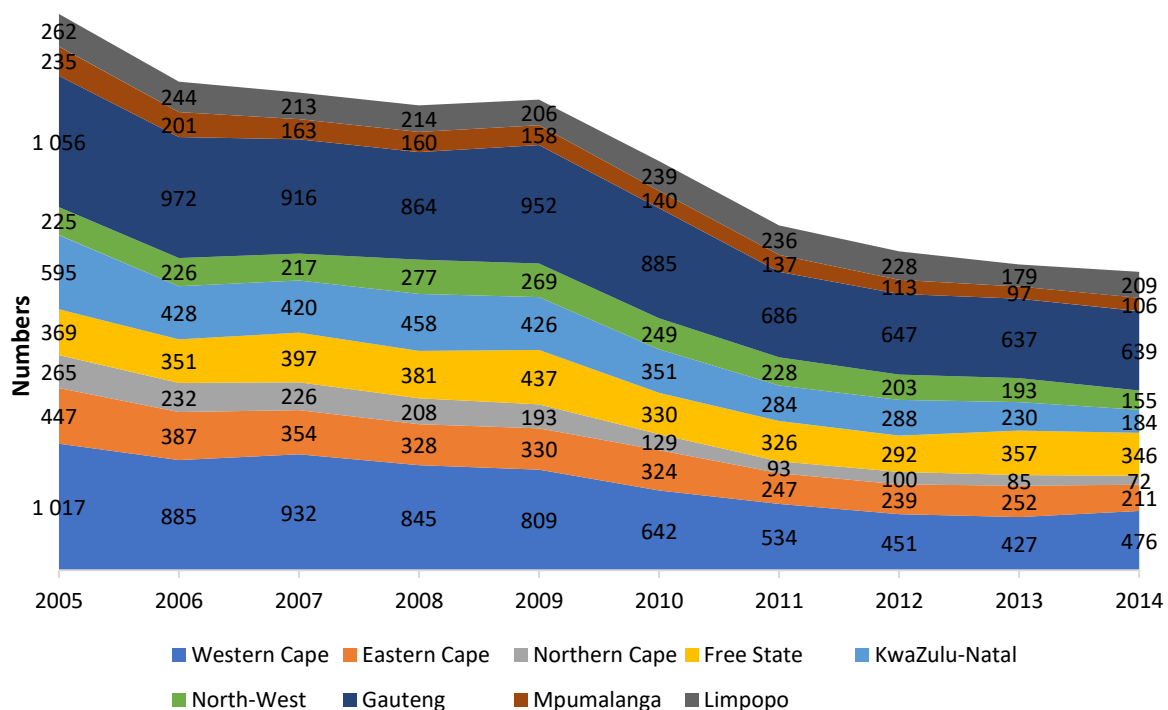


Figure 9: Trends of child neglect and ill-treatment crimes in South Africa, 2005 - 2014 (Data Source: SAPS, 2014 and RexExplorer, 2022)

Figure 10 shows child neglect and ill-treatment cases by province in 2014. Gauteng was under the highest band of 477 to 639 while Free State and Western Cape fell under second highest category of 212 to 476 child neglect and ill-treatment cases.

Mpumalanga and Northern Cape had the least cases as they were under 72 to 106 category.

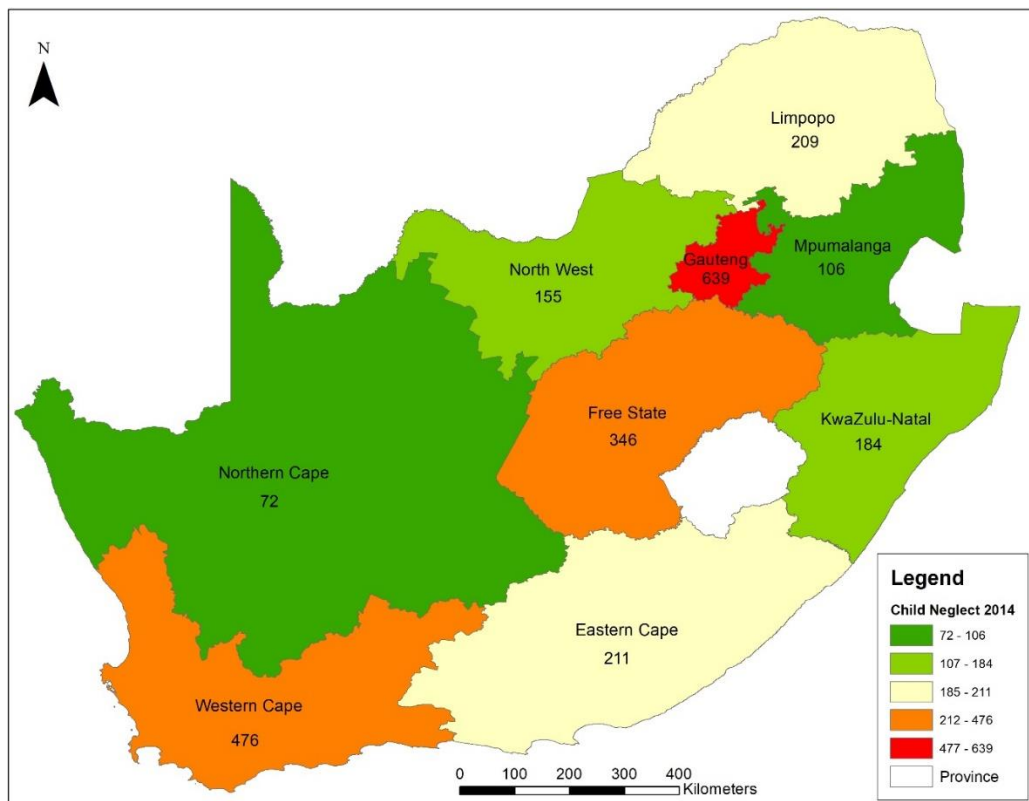


Figure 10: Child neglect and ill-treatment by province in 2014 (Data Source: SAPS, 2014 and RexExplorer, 2022)

4.2.5. Child sexual abuse

Research studies indicate that sexual violence against girl children and its consequences is generally overlooked (Reza et al., 2009). The reality is that even though the consequences for girl children may be more than for boy children, society should pay attention to both sexes. In South Africa prior to 2016, there was a lack of comprehensive and nationally representative data on the prevalence of child sexual abuse. A retrospective violence measure of lifetime and last-year prevalence of sexual abuse among children aged 15 to 17 years was provided by the findings of the Optimus Study (Ward et al., 2018).

This ground-breaking study explored national prevalence and correlates of child sexual abuse in South Africa. The study population consisted of 9 717 adolescents (ages 15 - 17 years) recruited nationally from schools (n=4 086) and households (n=5 631). Prevalence of sexual abuse as high as 36.8% for boys and 33.9% for girls were

reported, showing that sexual abuse of children and adolescents is widespread in South Africa. That is, overall, 35.4% – one in every three adolescents – reported having experienced some form of sexual abuse at some point in their lives. Interestingly, the study reports that boys and girls face the same risk of experiencing sexual abuse – contrary to commonly reported literature. However, it also reports differences between boys' and girls' experiences of sexual abuse. Girls were more likely to experience forced and penetrative sexual abuse, and other forms of sexual abuse that involve contact with the abuser (contact abuse), while boys were more likely to report forced exposure to sexual acts and material (non-contact abuse).

Contrary to common understanding that sexual abuse is once off, Ward et al., (2018) report that multiple sexual abuse incidents occur over the life course and may be perpetrated by different people in different contexts. Further, the study also reports greater risk for sexual abuse to be associated with rural location, disability, school enrolment, socio-economic variables such as having a flush toilet, parental substance abuse, and lack of parental supervision.

Meinck et al., (2017) explored the predictors of contact sexual abuse through self-report questionnaire administered at baseline and one-year follow-up, to a random community-based sample of children aged 10 to 17 years (N = 3,515, 56.6% female). The study found that for girls, previous sexual abuse, baseline school dropout, and physical assault in the community predicted sexual abuse at follow-up. Peer social support was protective for sexual abuse amongst girls. Previous contact sexual abuse was the strongest predictor of subsequent sexual abuse victimization. By contrast, for boys, no longitudinal predictors for sexual abuse victimization were identified. These results indicate that the most vulnerable girls—those not in school and with a history of victimization—are at higher risk for sexual abuse victimization. High levels of peer support reduced the risk of sexual abuse victimization and acted as a moderator for those who had experienced physical assault within the community. These findings highlight the need for interventions aimed at reducing school drop-out rates and re-victimization as they may help in the prevention of contact sexual abuse of girls in South Africa.

In the secondary data analysis of sexual assault trends between 2010 and 2020, results showed that only three provinces of Eastern Cape, Limpopo and Mpumalanga recorded an increase in number of sexual assault cases (Figure 11). The rest of the provinces experienced a decrease in sexual assault cases between 2010 and 2020. KwaZulu-Natal and Western Cape experienced a sharp decline in sexual assault cases between 2019 and 2020. There were 3727 sexual assault cases against children that were reported in 2019, which was 48% of the total 7749 sexual assault cases. If there was no major change in child cases in 2020 where the total of 7025 sexual assault cases were recorded for the entire population, it would be estimated that child sexual assault cases would be 3379 cases in 2020 (48% of 7025). This would be a decrease from 3727 child sexual assault cases that occurred in 2019.

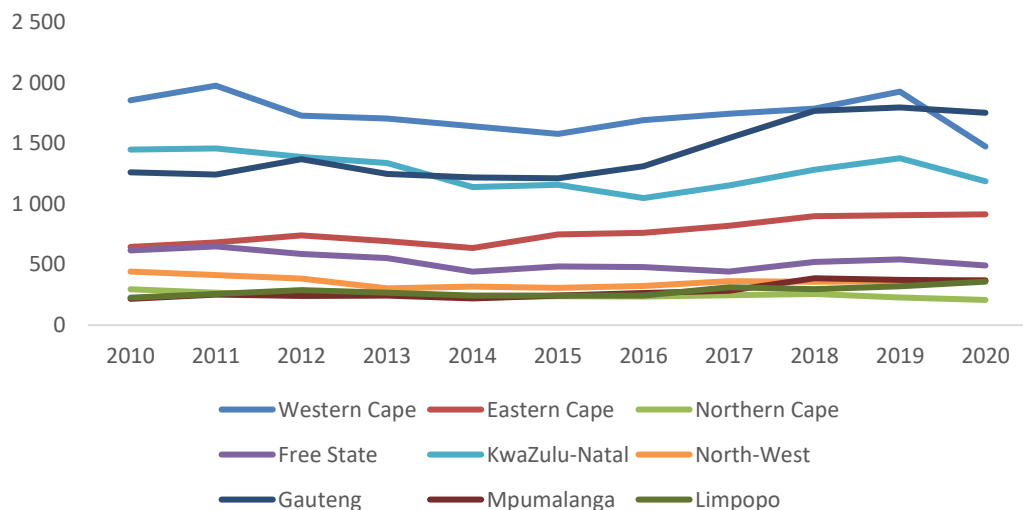


Figure 11: Sexual assault by province from 2010 to 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

Gauteng and Western Cape fell under the highest category of 1188 to 1751 sexual assault cases in 2020 (Figure 12). These two were followed by Eastern Cape and KwaZulu-Natal under second highest category of 494 to 1187 cases. Northern Cape had the least number of sexual assaults with 208 cases.

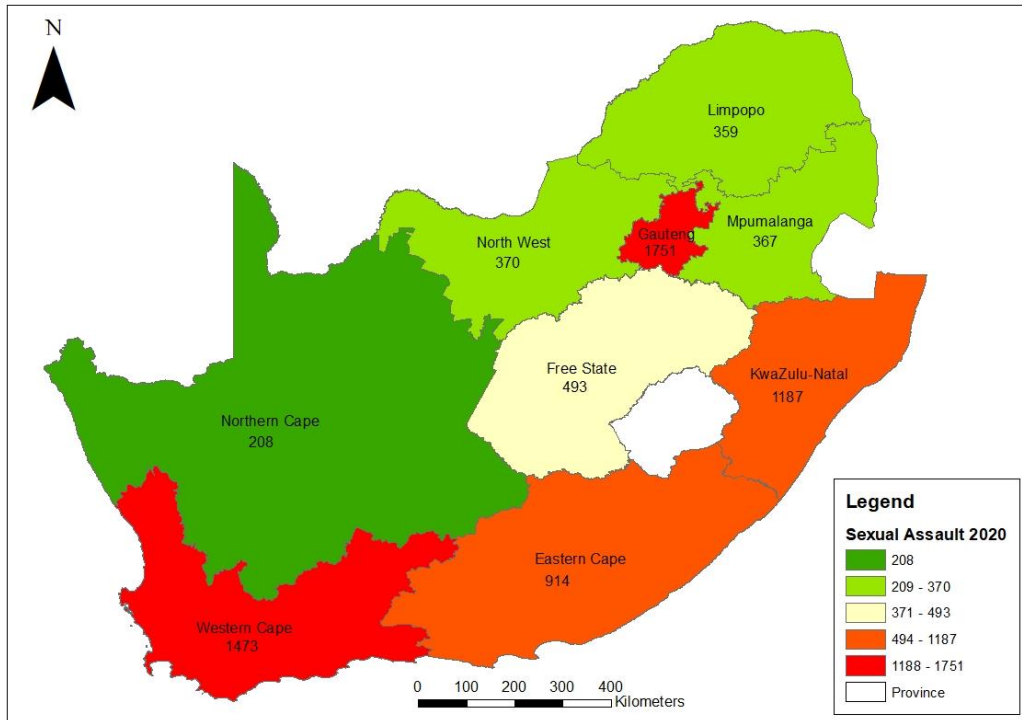


Figure 12: Sexual assault by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

Figure 13 highlights sexual assault rate in South Africa by province in 2020. The overall sexual assault rate was 12 cases per 100000 population in 2020. Western Cape had the highest sexual assault rate with 21 cases per 100000 population in 2020. Free State and Northern Cape followed with a category of 15 to 17 sexual assaults per 100000 population while Limpopo recorded the least sexual assault rate with six sexual assaults per 100000 population.

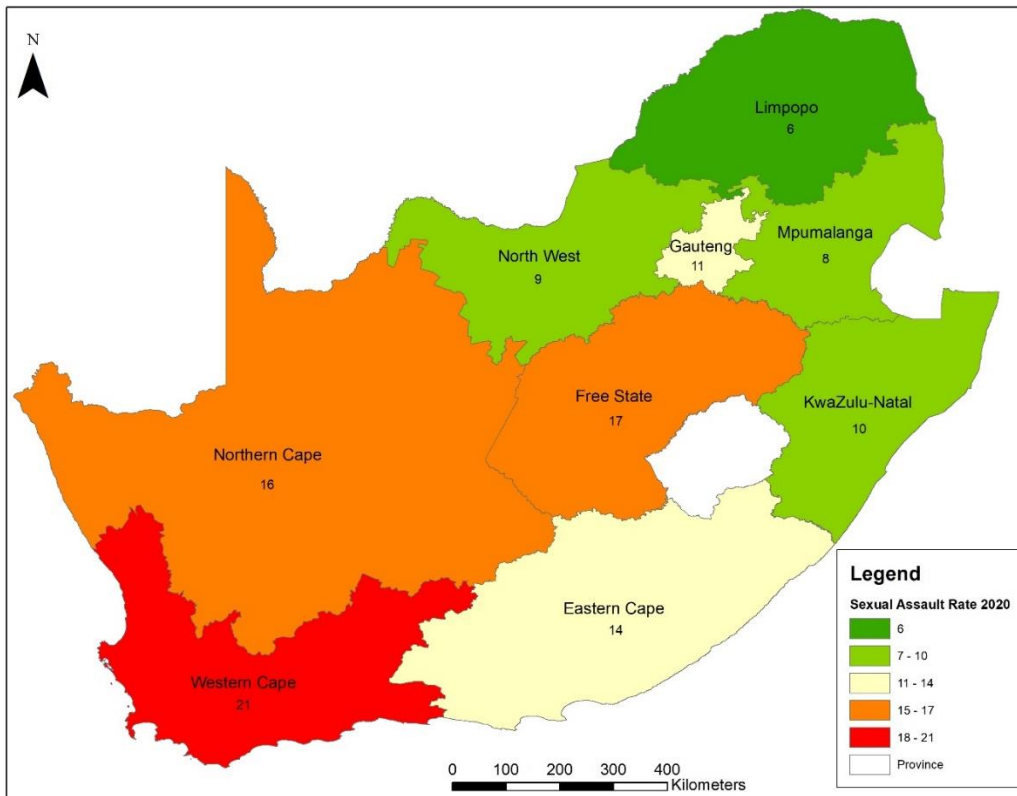


Figure 13: Sexual assault rate by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

4.2.6. Sexual Offences

These are group of crimes that are related to sexual activities which have been combined. They include rape, sexual assault, contact sexual offences and attempted sexual offences. A ten-year review of total sexual offences showed that there is a decline in overall sexual crimes in all provinces between 2010 and 2020 (Figure 14). Although all provinces recorded a decline in sexual crimes from 2019 to 2020, the following provinces (Eastern Cape, Gauteng, KwaZulu-Natal, and Western Cape) recorded a sharp decline in this period. In 2010, there were 28128 all sexual offenses against children across the country (SAPS, 2011). In 2013, there were 18524 cases of reported child sexual abuse (Artz et al., 2016). There were 22070 children that were sexually abused between April 2019 and March 2020 in South Africa, with rape being at the top of sexual offences (Mahlakoana, 2020). This constitutes 41.4% of the 53293 total sexual offences that occurred in that period. The total sexual offences that occurred between April 2020 and March 2021 in South Africa were 46214 cases. If same proportion of children were affected as it was in 2019, the 41.4% of 46214 sexual offences would constitute an estimated number of 19135 sexual offences against

children in 2020. This would be a decrease from 22070 child sexual offences that were reported in 2019.

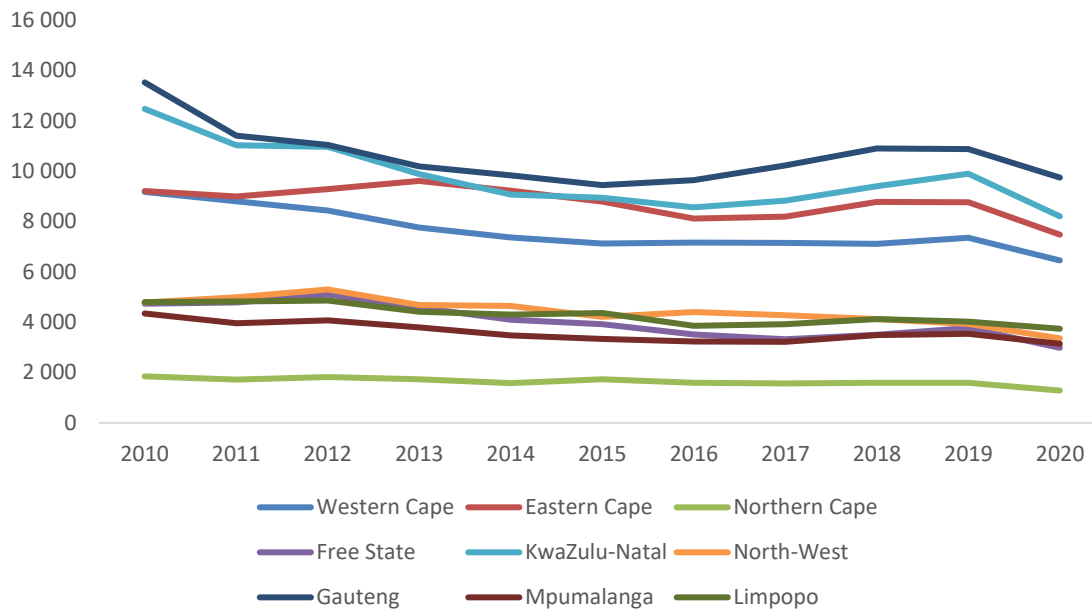


Figure 14: Sexual offences by province from 2010 to 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

Figure 15 depicts that Gauteng was under the highest category of 8209 to 9754 sexual offences in 2020, followed by Eastern Cape, KwaZulu-Natal and Western Cape under second highest category of 3742 to 8208 cases. Northern Cape had the least number of sexual crimes with 1284.

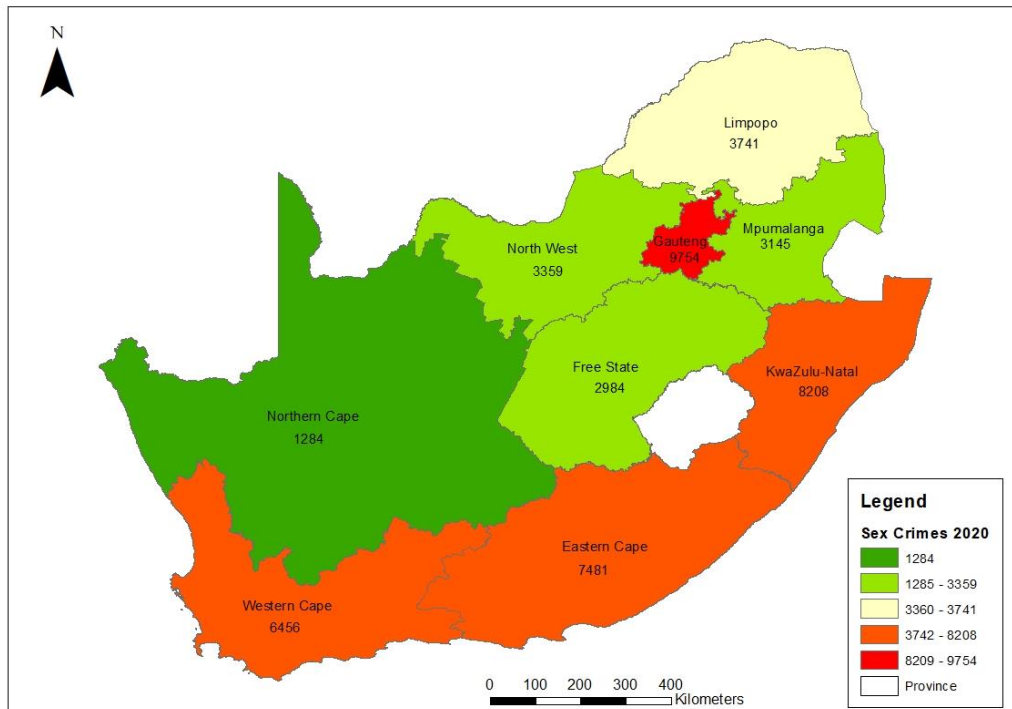


Figure 15: Sexual crimes by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

Figure 16 highlights sexual crimes rate in South Africa by province in 2020. The overall sexual offences rate was 10 cases per 100000 population in 2020. Eastern Cape had the highest sexual offences rate with 111 cases per 100000 population in 2020. Free State, Northern Cape and Western Cape followed with a category of 83 to 102 sexual offences per 100000 population while Gauteng and Limpopo recorded the least sexual offences rate with a category of 63 to 64 sexual crimes per 100000 population.

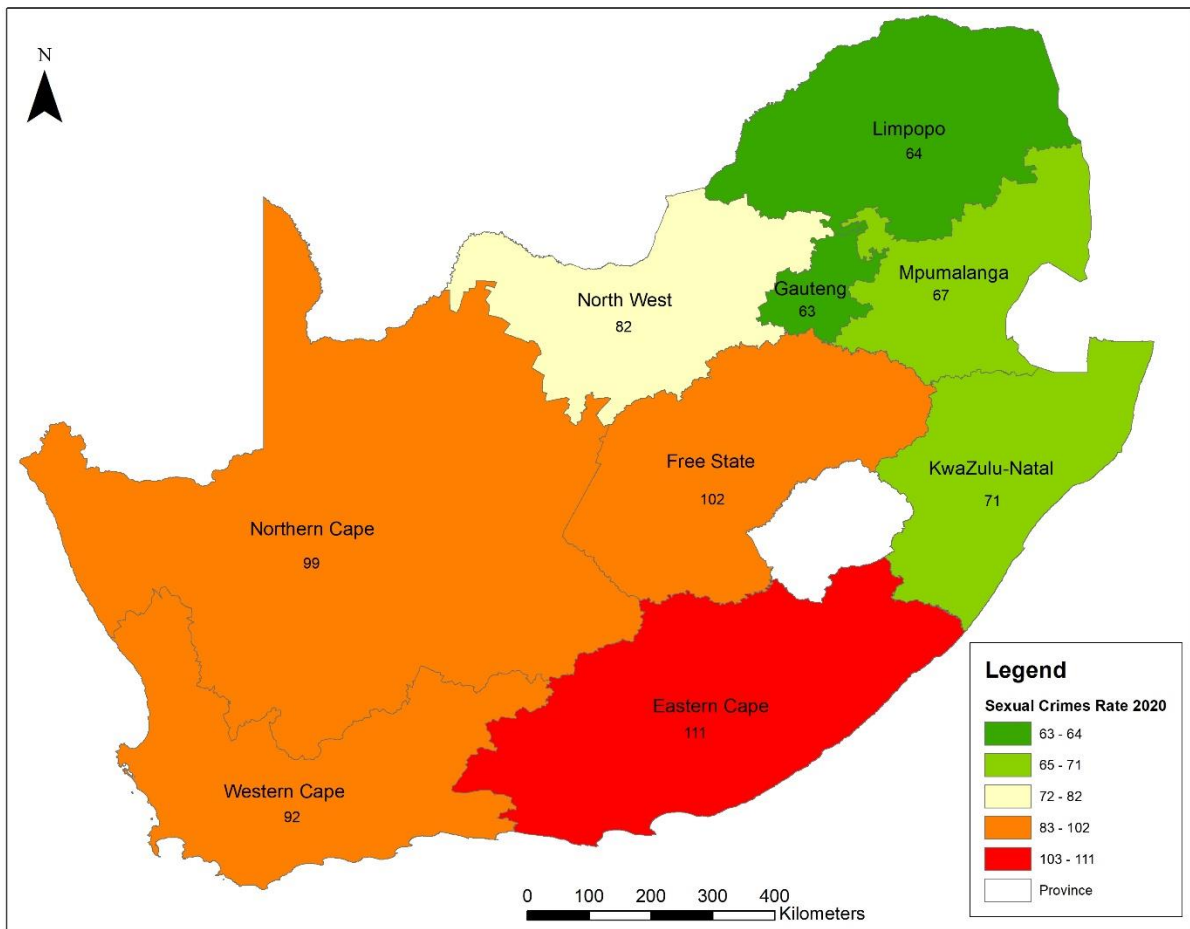


Figure 16: Sexual offences rate by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

4.2.7. Child deliberate self-harm and attempted suicide

Self-harm refers to “the deliberate, direct destruction or alteration of body tissue without conscious suicidal intent, but resulting in injury severe enough for tissue damage to occur” (Pretorius, 2012, pp. 1-2). On the other hand, suicide is defined as “the act of deliberate or intentionally taking one’s own life. Suicidal behaviour is a continuum from ideation, to attempts, to completion” (Shilubane et al., 2014, p. 153). Both forms of self-induced violence are prevalent amongst South African youth, however, prevention programs are lacking. The seriousness of suicide in particular, was reported by the 2008 National Youth Risk Behavior Survey (Reddy et al., 2010). The results showed that 20.7 % of high school students had considered attempting suicide and 16.8 % had planned to commit suicide 6 months prior. Further, the prevalence of suicide differed according to locality with rural areas showing a higher prevalence compared to urban areas. Despite these high rates of suicide ideation, the search for South African research studies only generated five articles (one on self-

harm, four on suicide ideation). Some studies used mixed methodology and sample sizes ranged between 10 and 14 participants (for qualitative) to approximately 600 - 1000 participants (for quantitative).

Shilubane et al., (2012, 2014) explored the behavioural and psychosocial correlates of suicidal ideation among adolescents in Limpopo. The survey used a two-stage cluster sample design to establish a representative sample of 591 adolescents. The findings highlight that suicidal ideation is prevalent among adolescents, more boys (27 %) than girls (18.2 %) reported to have attempted suicide at least once. Reported contributing psychosocial factors include perceived lack of social support and negative feelings about the family and the behavioural factors include, forced sexual intercourse and physical violence by the partner were found to increase the risk of suicidal ideation. Depression mediated the relationship between these psychosocial and behavioural risk factors and suicidal ideation. These findings were corroborated by the qualitative interviews with 14 adolescents (eight girls and six boys) who recently attempted suicide (Shilubane et al., 2012). Lack of knowledge of available counsellors, conflicts in interpersonal relationships, perceived accusations of negative behaviour, inadequate social support, past family and peer suicide attempts and poor living circumstances were factors found to be related with suicide attempts (Shilubane et al., 2012).

Further, a recent study by Casale et al., (2019) explored suicide ideation and attempts amongst adolescents living with HIV in a low resource setting. The study tested the potential (a) effects of stigma on suicidal ideation and attempts, both direct and mediated through depression and (b) direct and stress-buffering effects of social support resources on depression and suicidal ideation and attempts, among 1053 HIV-positive 10–19-year-old adolescents. This clinic and community-based survey found that HIV stigma was a risk factor for depression and for suicidal thoughts and behaviour. As reported in other studies, perceived support availability was directly associated with less depression. Thus, all studies highlight the need for interventions aimed at strengthening multiple social support resources for adolescents including those living with HIV to help protect them from experiencing poor mental health and suicidal tendencies.

Pretorius, (2012) explored three aspects concerning deliberate self-harm in the South African context, 1. The perceptions of adolescents in children's homes concerning the possible contagion of self-harm; 2. the frequency, methods, duration and severity of self-harm among adolescents in children's homes; 3. the motivations of adolescent self-harm in children's homes. The findings of the study indicate that 10 of the 12 adolescent participants have experienced either the acquisition or episodes of co-occurrence of self-harm through contagion, both outside the children's homes and within the children's homes. The contagion of self-harm is influenced by the desensitisation and growing prevalence of self-harm, frequent observations of self-harm, close personal relationships between individuals who self-harm, and the influence of the visual media. Further, contributory factors for self-harm include experiences of physical, emotional and sexual abuse, parental unavailability, the observation of parental alcoholism, as well as the experience of human trafficking. Participants in this study also attempted suicide following instances of perceived ineffectiveness of self-harm.

All reviewed studies highlight the pervasiveness of self-harm or suicide ideation amongst adolescents with experience of violence and lack of psycho-social support being the main precipitating factors. The studies also highlight the pervasiveness of these acts of self-harm among a cohort of adolescents within an institution – school setting or children's home. However, Shilubane et al., (2015) report the absence of skills and knowledge amongst teachers about dealing with suicidal adolescents. The results from the focus group discussions indicate that teachers lack knowledge to identify the warning signs of suicidal behaviour among students. Further, teachers do not know how to support students in the event of attempted or completed suicide of another student. These findings not only point to the urgent need for psychosocial support but also capacity building and knowledge sharing within the school setting. The range of risk factors also indicate the need for targeted multidisciplinary approaches to dealing with child self-harm and suicide. Nonetheless, the review also points to a gap regarding the extent of suicide ideation and self-harm amongst children in other settings other than schools, for example, school drop outs, and what community-based support structures are available to them.

4.2.8. *Child trafficking*

According to The Palermo Protocol, 'Trafficking in children refers to the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery'. The scoping review highlights that South African literature on child trafficking focuses predominantly on sexual exploitation (Kennedy, 2010; Kruger & Oosthuizen, 2012; Lulya, 2010; Van der Watt, 2020) and labour exploitation (Allais et al., 2010). Other studies have reviewed the South African trafficking related legal framework and child protection policies to assess their effectiveness in curbing child trafficking (Allais et al., 2010; Buthelezi, 2015; Sigfridsson, 2012). Whilst some studies have focused on addressing the gaps in knowledge around child trafficking and have highlighted the inconsistencies that make it difficult for effective policy implementation. Van der Watt, (2020) raises critical questions about what is known about child trafficking and what is missing? What counts as 'evidence' and who decides? How much is 'enough' to qualify as a 'problem'? Drawing on available literature, and police data from between 16 December 2007 and 12 December 2017 and 10 cases selected from 21 successfully prosecuted child trafficking the article concludes that the conceptualisation of child trafficking and sex trade is flawed. This has significantly "constrained efforts to substantiate the prevalence of both adult and child trafficking in the sex trade and, arguably, have rationalised harm" (Van der Watt, 2020).

Other research focuses on the identification of trafficked child victims and their linkage to care and social support services (Warria, 2016; Warria et al., 2014, 2015; Warria, 2020). Warria et al (2014) argue that the lack of appropriate rapid identification measures puts trafficked children at further risk and hampers the achievement and protection of their rights. The author also points out the gaps in service availability for victims of trafficking whereby there is overemphasis on repatriation of child trafficking victims to their countries of origin. As a long-term strategy, this may be ineffective because the vulnerabilities that enabled trafficking are not addressed. An analysis of the Trafficking Act of 2013 reveals further gaps in terms of services developed specific to address the needs of children. This ineffectiveness with regards to response to child trafficking, calls for the need to understand the vulnerabilities of trafficked children and the impact that trafficking has on their wellbeing.

Studies exploring child trafficking fail to report the prevalence because as stated by Van der Watt, (2020), “As with other forms of human trafficking, reliable statistical data on the exact scope of child trafficking and children in South Africa’s sex trade simply does not exist” (p. 58). Considering this, most studies that focus on child trafficking do not quantify the prevalence but simply refer to a ‘significant’ number of children (Buthelezi, 2015; Kennedy, 2010; Van der Watt, 2020; Warria, 2016, 2017; Warria et al., 2014, 2015; Warria, 2020) that are trafficked. Kennedy, (2010) states that “Child sex trafficking affects hundreds of thousands of people, especially in the Republic of South Africa, and is considered to be a modern form of slavery” (p. 2). The ECPAT International, (2019), confirms that data on human trafficking, and more specifically, trafficking of children for sexual purposes is scarce in South Africa because there is no official database on human trafficking in the country. Yet, as has been reported by the US State Department’s TIP report⁸, over the past five years: “South Africa is a source, transit and destination country for men, women and children subjected to forced labour and sex trafficking”.

In most identified cases, victims come from poor rural villages to be exploited in urban areas like Cape Town, Durban, Bloemfontein or Johannesburg. For example, the report highlights that in 2018, girls from poor rural villages in Northern Cape, were recruited with promises of economic opportunity. However, once they arrived in Gauteng province, girls were forced to take drugs and work in sexual slavery (ECPAT International, 2019). Thus, for effective policy development, contributory factors and vulnerabilities of trafficked children should be explored in depth. Over and above the commonly known pull factors of poverty, and unemployment (Allais et al., 2010; Kennedy, 2010; Kruger & Oosthuizen, 2012; Luty, 2010; Mabaso & Maluleke, 2017), Allais et al., (2010) highlight that the demand for sexual services or sex tourism significantly fuels the trafficking of children and youth in South Africa. In particular, the authors argue that the demand for younger sex workers specifically and the perception that younger females (some prepubescent and many drawn from rural areas) are less

⁸ United States Department of States. (2018, June). Trafficking in Persons Report. 390. Washington DC: United States Department of States.

likely to be infected with HIV, significantly contribute to the trafficking of girl children and youth.

Further, the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (OPSC) defines the sale of children as: “any act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration” (ECPAT International, 2019, p. 20). The ECPAT report highlights that there is a gap in terms of statistics on the sale of children for sexual purposes in South Africa. Nonetheless, in October 2016, the Committee on the Rights of the Child recommended that South Africa develops and implements a strong, integrated, and effective system of data collection and analysis on the sale of children, and all forms covered by the OPSC, to be used by law enforcement authorities. In addition, the Committee also recommended South Africa to define and criminalise the sale of children, through illegal adoption, transfer of organs for profit, and for child labour. Further, it specified that these forms should have their own definition and not only be addressed under responses for trafficking of children (where they are currently defined).

4.2.9. Child abduction

Child abduction is defined as ‘removing a child from his or her parent or guardian for the purpose of sexual intercourse or marriage’ (Delany and Hall, 2018a). Figure 17 shows that child abduction was highest in the Western Cape from 2013 to 2016. In 2016, child abduction was declining throughout all the provinces. Gauteng and KwaZulu-Natal are the only two provinces which had recorded a continuous decrease from 2013 to 2016. Eastern Cape, Limpopo, North West and Western Cape recorded an increase in child abduction cases between 2013 and 2014. Furthermore, these four provinces had a steady decrease in child abduction cases from 2014 to 2016. Northern Cape shows a slight increase between 2013 and 2015, however between 2015 and 2016 there is a decrease. The Missing Children South Africa organisation highlighted that the number of abductions is increasing nationwide (Qukula, 2022).

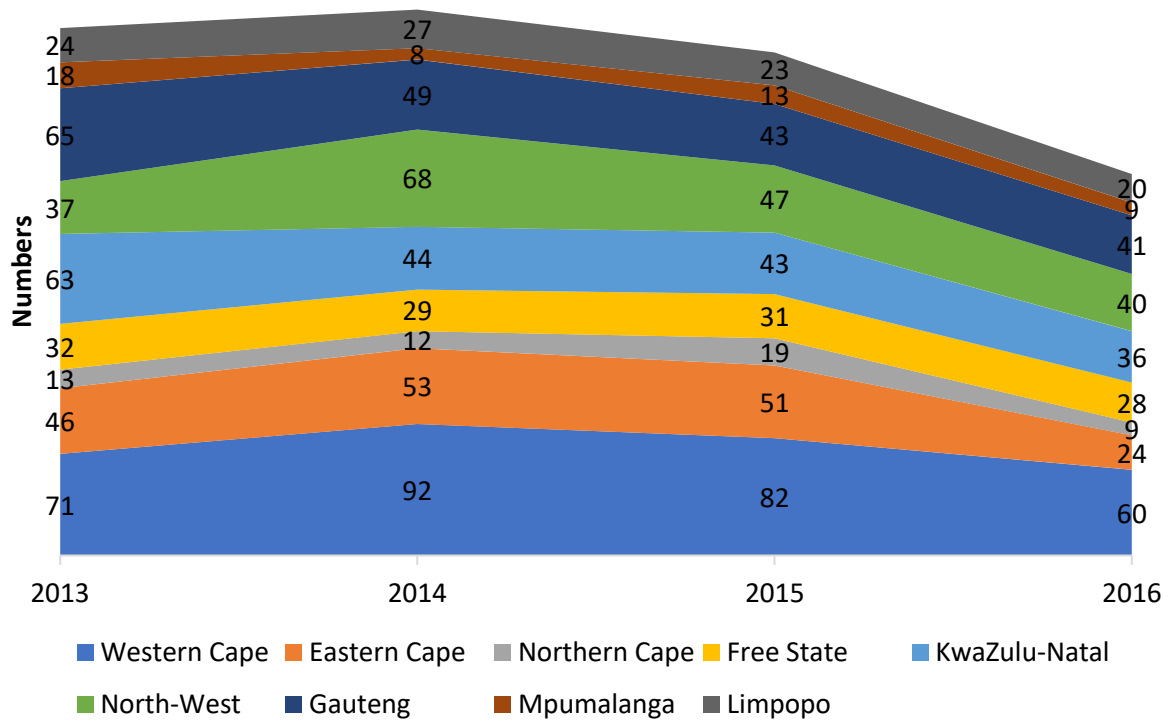


Figure 17: Child abduction by province from 2013 to 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018a).

In terms of age, child abduction mostly occurred with children in the ages of 13 to 17 years from 2013 to 2016 (Figure 18).

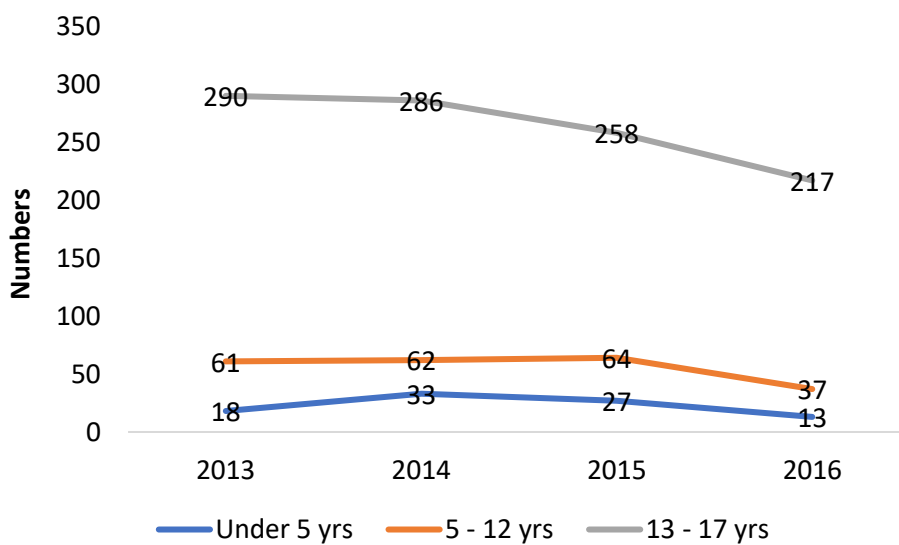


Figure 18: Child abduction by age from 2013 to 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018a).

Figure 19 highlights child abduction by sex from 2013 to 2016. The trends show that abduction occurred more in female children than male children throughout the reference period from 2013 to 2016.

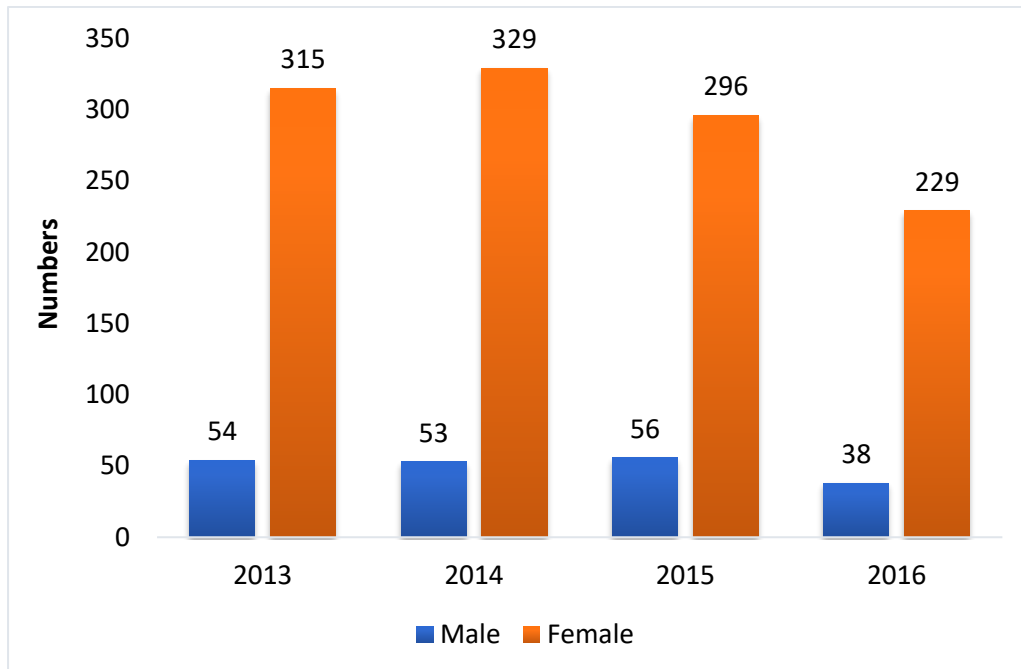


Figure 19: Child abduction by sex from 2013 to 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018a).

A closer look at 2016 provincial statistics, indicates that Western Cape had the highest number (60) of child abductions, followed by Gauteng and North West with 41 and 40 cases respectively (Figure 20). Mpumalanga and Northern Cape had the least cases with each recording 9 cases of abductions.

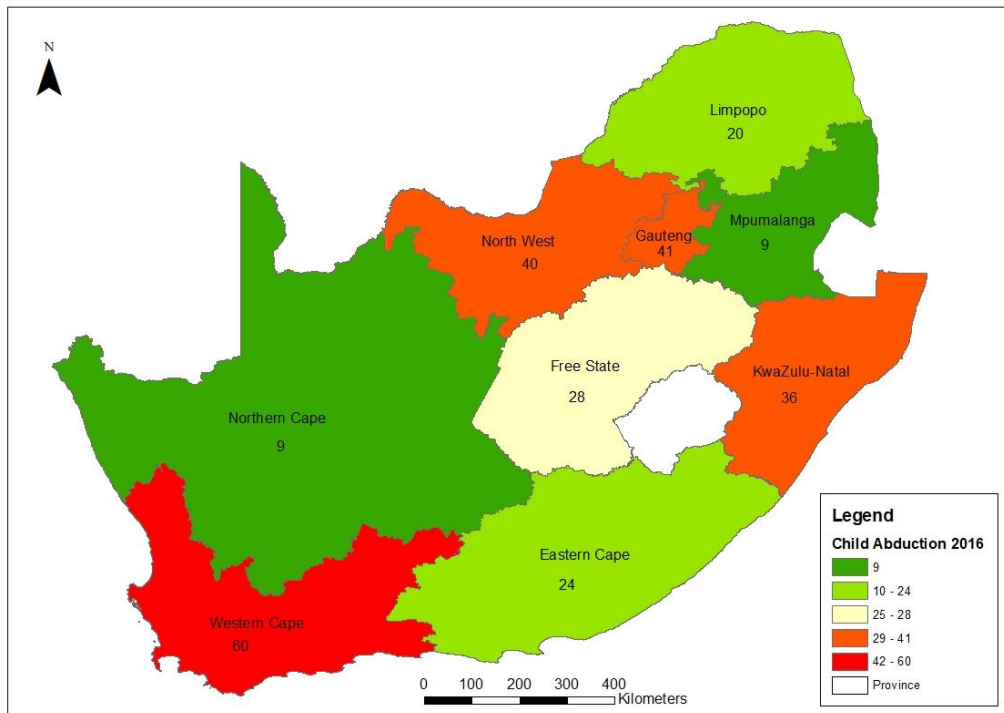


Figure 20: Child abduction by province in 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018a).

The abduction rate for South Africa in 2016/17 was calculated using number of child abduction cases per 100000 children in 2016 (Delany and Hall, 2018a). The overall abduction rate was one abduction per 100000 children. In 2016, the abduction rate reported to be highest in the Free State, North West and Western Cape with all accounting for the child abduction rate of three per 100000 children (Figure 21).

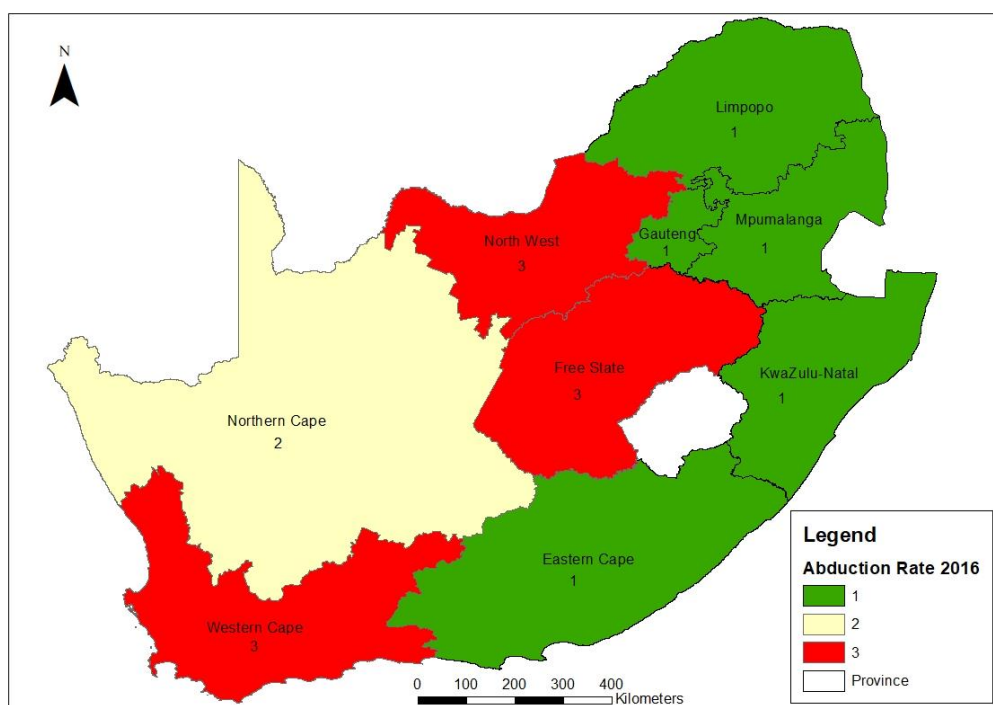


Figure 21: Child abduction rate by province in 2016 (Data Source: SAPS, 2016 and Delany and Hall, 2018a).

4.2.10. Child marriages and *ukuthwala*

The Office of the United Nations High Commissioner for Human Rights (OHCHR) describes child, early and forced marriage (CEFM) as: “any marriage where at least one of the parties is under 18 years of age...marriages in which one and/or both parties have not personally expressed their full and free consent to the union”⁹. In the South African rural context, CEFM has in recent times come to be known as *ukuthwala*. A significant number of research articles explored the practice of *ukuthwala* (Karimakwenda, 2013; Kheswa & Hoho, 2014; Maphalala, 2016; Matshidze et al., 2017; Mhlauli, 2019; Mkhuseleli et al., 2018; Monyane, 2013; Mwambene, 2020; Mwambene & Kruuse, 2017; Mwambene & Sloth-nielsen, 2010; Mwambene & Sloth-Nielsen, 2011; Ndindwa, 2014; Nkosi & Buthelezi, 2013; Prinsloo & Ovens, 2015; Rice, 2014, 2018; Smit, 2017; Van Der Watt & Ovens, 2012). Traditionally, this involves the abduction of a young woman or girl as a precursor to marriage.

While some studies distinguished between a ‘traditional’ and ‘harmful’ form of *ukuthwala* including an old-age traditional practice wherein the maiden and her suitor, collude to elope without the consent of parents – also known as *ukugcagca* (Mhlauli,

⁹ OHCHR. Child, early and forced marriage, including in humanitarian settings.

2019; Mwambene & Kruuse, 2017; Nkosi & Buthelezi, 2013). The majority focused on the harmful practice that is often featured in media reports wherein young girls are abducted and forced into early marriages with older men (Karimakwenda, 2013; Kheswa & Hoho, 2014; Maphalala, 2016; Matshidze et al., 2017; Mkhuseleli et al., 2018; Monyane, 2013; Mwambene, 2020; Mwambene & Kruuse, 2017; Mwambene & Sloth-Nielsen, 2010; Mwambene & Sloth-Nielsen, 2011; Ndindwa, 2014; Prinsloo & Ovens, 2015; Rice, 2014, 2018; Smit, 2017; Van Der Watt & Ovens, 2012). These studies report *ukuthwala* to be predominantly practiced some Nguni ethnic groups in some rural parts of the country especially the Eastern Cape and KwaZulu-Natal.

According to the South African Law Reform Commission discussion paper (2015)¹⁰, the real prevalence of *ukuthwala* and child marriage in practicing communities is unknown because “*ukuthwala* cases are believed to be concealed”. Therefore, research studies included in the review do not cite exact prevalence of *ukuthwala*, instead they refer to it as being ‘rife’. Surprisingly, as reflected in the preceding section, secondary analysis of abduction data reveals lower abduction cases among adolescent girls in Eastern Cape and KwaZulu Natal where *ukuthwala* is reported to be high. This may be reflection of incongruent definitions of abduction including among professionals, that may exclude *ukuthwala*. In other words, it raises questions about existing VAC surveillance systems and how *ukuthwala* is defined and monitored by interdisciplinary task teams and systems in practicing provinces.

Some of the scholarship highlights that *ukuthwala* in many settings happens in the context of poverty wherein families collude with abductors of their young girl children in exchange for money (Maphalala, 2016; Mbete, 2020; Mhlauli, 2019; Rice, 2018). Further, *ukuthwala* is associated with various forms of gendered discrimination, physical and sexual abuses and other acts that are unlawful (Mgidlana, 2020; Mhlauli, 2019; Mwambene & Kruuse, 2017; Smit, 2017). The new and more violent turn that the practice has taken in recent years, has been associate with kidnapping, rape, sexist exploitation and human trafficking, to a violation of young women’s and girls’ rights. Thus, some scholars (Jokani et al., 2018; Matshidze et al., 2017; Prinsloo & Ovens, 2015) have examined the South African legal framework and questioned its

¹⁰ <https://www.justice.gov.za/salrc/dpapers/dp132-UkuthwalaRevised.pdf>

readiness and appropriateness for eliminating cultural practices that are harmful and perpetuate violence against girl children.

Other scholars also emphasize the long-term socio-economic consequences of *ukuthwala* which include forcing young girls out of school and burdening them with childbearing at young age. This, scholars argue, reproduces the cycle of poverty and domestic violence (Karimakwenda, 2020; Mbetse, 2020; Mgidlana, 2020) and as such, reproduces gender inequality.

4.2.11. Kidnapping

Kidnapping is one of the common crimes in South Africa. From analysing the trend for kidnapping over the ten-year period (2010 – 2020), there is an increase in kidnapping between 2010 and 2020 for all provinces (Figure 22). Gauteng and KwaZulu-Natal had experienced a gradual increase in kidnapping from 2010 till 2019. In 2020, both provinces recorded a decline in kidnapping cases. Other provinces also experienced a slight decline in kidnapping cases from 2019 to 2020 except Western Cape and Mpumalanga which recorded an increase in this period. Northern Cape did not have major variations throughout the ten-year period. The Missing Children South Africa organisation recently cautioned that kidnapping and human trafficking are currently on the rise and both children and adults are being targeted (Qukula, 2022).

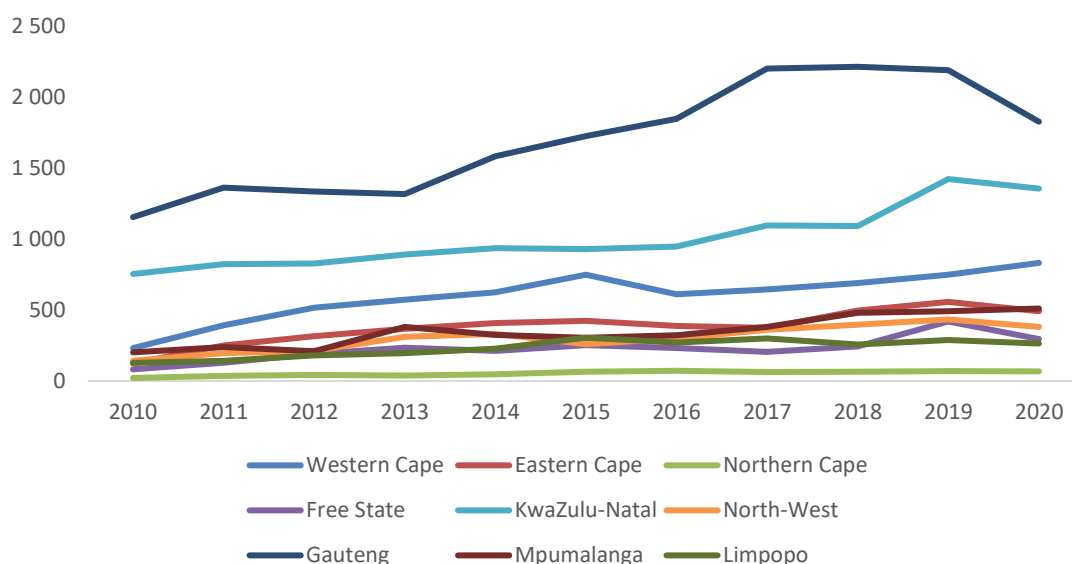


Figure 22: Kidnapping by province from 2010 to 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

Figure 23 shows that Gauteng and KwaZulu-Natal provinces fell under the highest category of 833 to 1828 kidnapping cases in 2020. These two were followed by the Western Cape province under second highest category of 511 to 832 cases. Northern Cape had the least number of kidnappings with 68 cases.

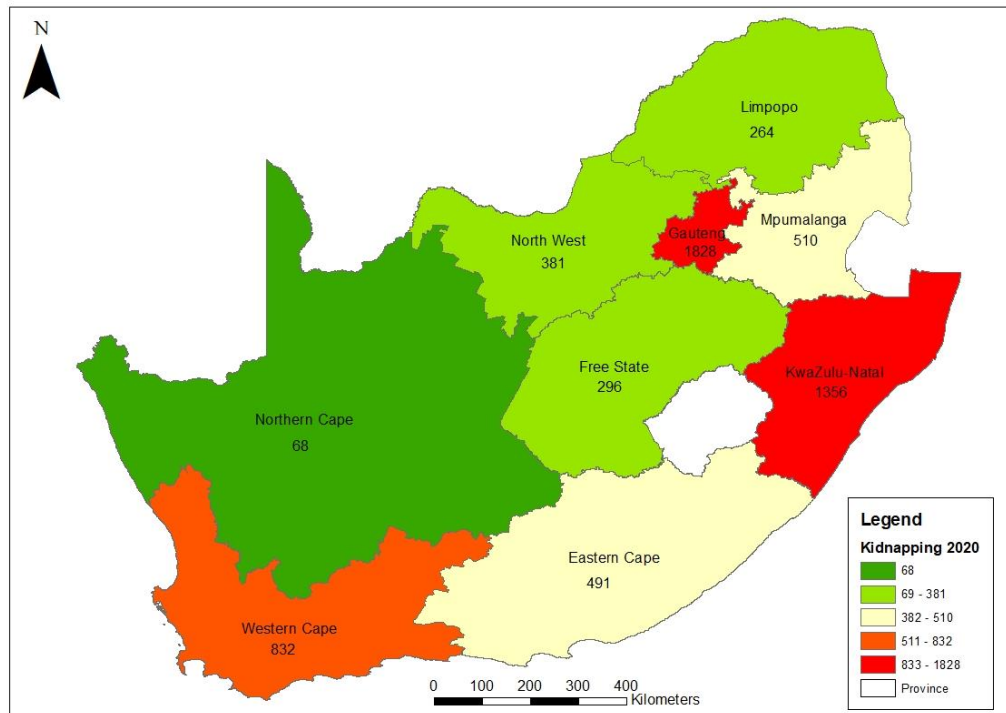


Figure 23: Kidnapping by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

Figure 24 depicts kidnapping rate in South Africa by province in 2020. The overall kidnapping rate was 10 cases per 100000 population in 2020. Gauteng, KwaZulu-Natal and Western Cape had the highest kidnapping rates with each recording 12 cases per 100000 population in 2020. Free State and Mpumalanga followed with a category of 10 to 11 kidnapping cases per 100000 population while Limpopo and Northern Cape recorded the least kidnapping rate of 5 per 100000 each. In 2017, South Africa had the third-highest rate of kidnappings with 9.6 per 100000 population when compared to 65 countries where official statistics were available (Lancaster, 2022).

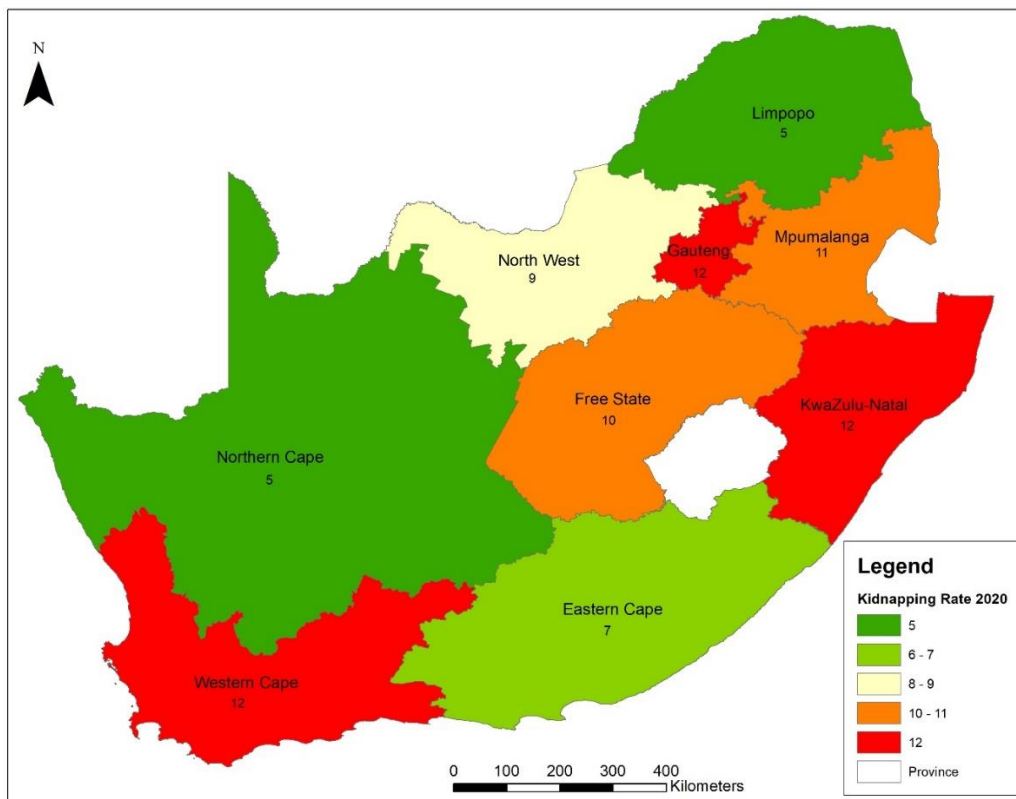


Figure 24: Kidnapping rate by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

4.2.12. *Child online sexual exploitation*

According to UNICEF “there is no internationally agreed definition of online child sexual exploitation and abuse...the term is used interchangeably with ‘technology-facilitated child sexual exploitation and abuse’ to refer to child sexual exploitation and abuse that is partly or entirely facilitated by technology, that is the internet or other wireless communications”. This is a form of child sexual exploitation referred by ECPAT International, (2019) as an incident in which a child is involved in a sexual activity in exchange for gain or benefit, (or even the promise of such) from a third party, the perpetrator, or by the child her/himself. While the era of internet and mobile cellular phones has been commended for contributing positively to social and economic development, this progression however, potentially exposes children to new vulnerabilities in the form of online child sexual exploitation. The misuse of available online technologies gives perpetrators new avenues to groom and exploit children. This is exacerbated by the anonymity of the Internet facilitates that give child sex offenders the opportunity to share and disseminate child sexual abuse material.

The ECPAT International (2019) report highlights that in 2016, the Centre for Justice and Crime Prevention piloted the Global Kids Online research tools with 913 children aged from nine to 17 years and 532 parents. The study aimed to explore the impact of the Internet on the lives of South African children. It reported that 51.2% of children reported having seen sexual images and 30.5% reported having received sexual messages via the Internet. Moreover, the study showed that more boys than girls experienced unwanted sexual contact such as, shared links to pornographic content, but more girls had been asked unwanted sexual questions about themselves. The study also found that 57% of parents had never suggested any guidance for safe use of the Internet to their children. Nearly 50% of child participants had never spoken to their parents about their Internet use and 86.7% of the parents did not consider that their child could experience any harmful situations online. Thus, the report highlights that this limited awareness of risk by parents exacerbates children's vulnerabilities to sexual exploitation online.

Further, the report highlights that the Cybercrime Unit of the South African Police Service's Family Violence, Child Protection and Sexual Offences department refers to an incident in 2018, wherein a Western Cape man was arrested and recorded in the National Sexual Offenders register for cybercrime. Nonetheless, beyond anecdotal and media reports that sometimes involve parents as perpetrators, these two sources provide limited research indicating the scope and context of online child sexual exploitation¹¹ in South Africa (ECPAT International, 2019). However, the report states that the African Union is coordinating research that maps the nature and extent of online child sexual exploitation across the continent.

4.2.13. *Child-to-child violence: bullying*

Violence in schools has garnered considerable media attention in South Africa in recent years (Burton & Leoschut, 2013, p. xi). Burton & Leoschut, (2013) report findings of the National School Violence Study (NSVS) conducted by the Centre for Justice and Crime Prevention (CJCP). This 2012 study came four years after the first

¹¹ "Child sexual abuse becomes sexual exploitation when a second party benefits monetarily, through sexual activity involving a child. It includes harmful acts such as sexual solicitation and sexual exploitation of a child or adolescent in prostitution activity". United Nations Children's Fund (2021) *Ending online child sexual exploitation and abuse: Lessons learned and promising practices in low- and middle-income countries*, UNICEF, New York.

cycle of the study, which was conceptualised to provide empirical data on the nature and extent of violence in South African schools. The sample comprised 5,939 learners, 121 principals and 239 educators. More than a fifth of learners had experienced violence at school. Basically, 12.2% had been threatened with violence by someone at school, 6.3% had been assaulted, 4.7% had been sexually assaulted or raped and 4.5% had been robbed at school. Further, school violence affects not only those who are directly victimised but also those who witness the violence occurring at schools. This creates an atmosphere of fear and worry, which interferes with learning. The findings also point to familial and community instigators who encourage violence in schools, by the time learners perpetrate violence in school, they have been exposed to violence in the community and/or family.

With the increased access to ICT technology and internet-based communication by young people and children, online cyber violence and bullying¹² is a concern for child protection authorities. The CJCP study states that although cyber violence is not confined to school environments, the study results highlighted the relationship between online violence and other traditional forms of violence (for example physical violence). This suggests that “cyber violence is just one part of a broader spectrum of violence affecting learners in South Africa” (Burton & Leoschut, 2013, p. xii). It is part of peer violence that affects both boys and girls, sometimes leading to death. Accordingly, one in five (20%) learners had experienced some form of cyber bullying or violence in the past year. One specific form of cyber violence is cyber bullying which Burton & Mutongwizo, (2009, n.p) define as “bullying that has since entered the realm of cyber space or the emergence of various kinds of harassment through virtual media”. Various South African scholars (Oosterwyk & Parker, 2010; Popovac & Leoschut, 2012; Reyneke & Jacobs, 2018; Smit, 2015; Tustin et al., 2014) have explored cyber violence in the school context. Oosterwyk & Parker, (2010) point out that “cyber-bullying, seems to be on the rise and has become a major concern in schools”. Tustin et al., (2014) explored cyber bullying amongst a representative sample of 13-to-18-year-old secondary school learners in Gauteng and the Western Cape. The study reports that everyone regardless of gender and age was prone to cyber bullying and that upsetting messages, rumours, and gossip (mostly female

¹² Cyberbullying is when someone or a group uses the internet, cellphones, online games, social media such as Facebook or technique similar to threaten, tease, humiliate or upset someone else.

learners) and name calling (mostly male learners) are the most common types of cyber bullying experienced by learners.

4.2.14. Common assault

Almost all the provinces experienced a decrease in common assault cases between 2010 and 2020 (Figure 25). North West was an exception as it recorded an increase in common assault cases during this ten-year period. Gauteng, KwaZulu-Natal and Western Cape experienced a sharp decline in common assault cases between 2019 and 2020. In 2010, there were 13 387 common assaults against children across the country (SAPS, 2011). This was about 7% of the total 184 103 common assault cases in South Africa in 2010. In 2019, the total number of common assault cases declined to 165 494 and 10 692 of these cases were against children (SAPS, 2020a). Child common assaults accounted for about 6% of the total common assault cases in 2019. If the same proportion was anticipated in 2020, the 6% of 149 442 would translate to an estimated 9 655 child common assault cases in 2020 across the country. This would be a decline from 10 692 cases that were reported in 2019.

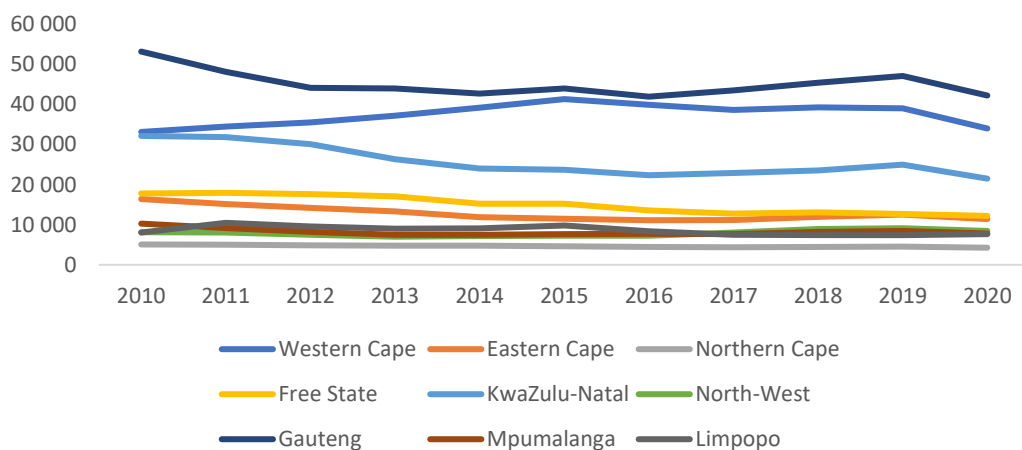


Figure 25: Common Assault by province from 2010 to 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

As it was the case with sexual assault, Gauteng and Western Cape fell under the highest category of 21487 to 42181 common assault cases in 2020 (Figure 26). These two were followed by KwaZulu-Natal under second highest category of 12194 to 21486 cases. Northern Cape had the least number of common assaults with 4263 cases.

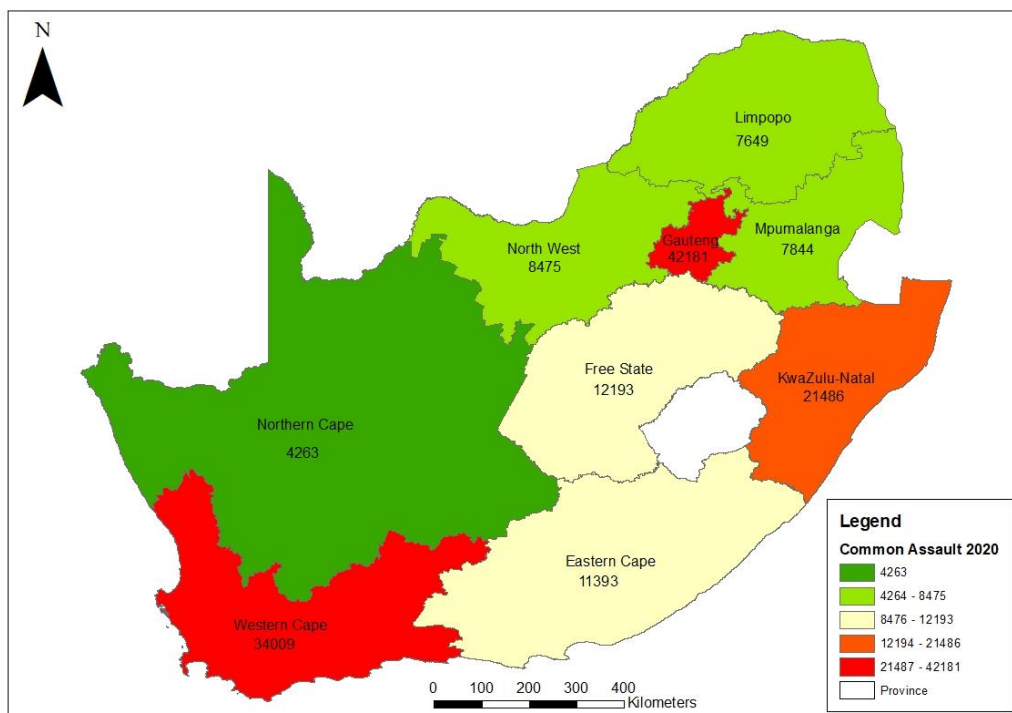


Figure 26: Common assault by province in 2020 (Data Source: SAPS, 2020b and RexExplorer, 2022)

4.3. Immediate and long-term consequences and impact of VAC

There are societal, community, and individual consequences of VAC. These have been captured using the adverse childhood experiences (ACE) framework (Felitti, Anda et al, 1998). The ACE framework indicates that childhood stressors – childhood abuse (psychological, physical and sexual) and household dysfunction (domestic violence, substance abuse, separation with biological parent due to divorce or death) were common in the population of adults attending primary health care. The study further indicated that though the effects were not immediate, the stressors were strongly linked to development and prevalence of risk factors for morbidity, disability and early death as well as poor health and social well-being throughout adults’ life (Figure 27).

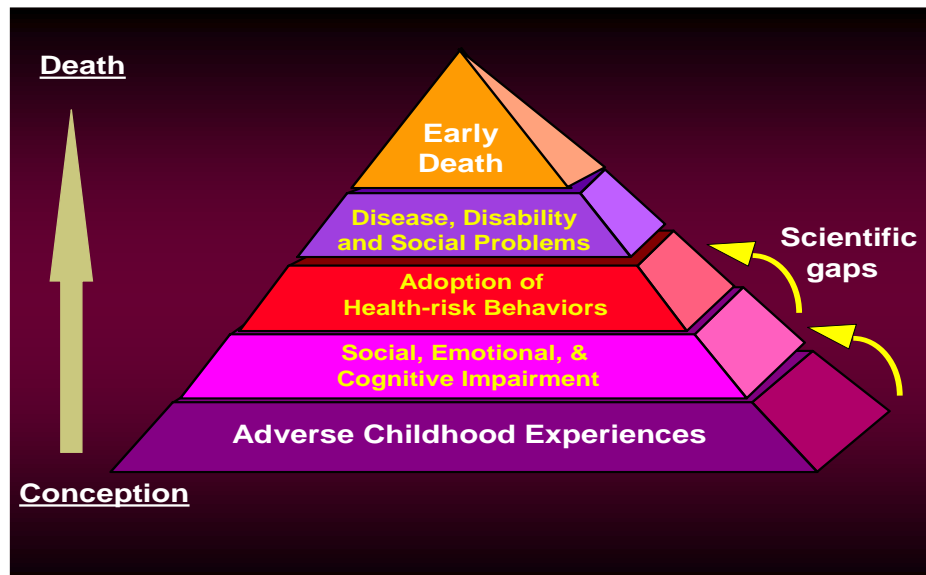


Figure 27 Consequences of adverse childhood experiences for individuals and society
 Source: <http://www.cdc.gov/nccdphp/ace/pyramid.htm>

4.3.1. *Mental ill-health and psychological impacts*

Reviewed studies highlight psychological harms that follow violence. Astbury & Jewkes, (2010) highlight that sexual violence may cause serious morbidity and mortality, in the form of psychological distress, post-traumatic-stress-disorder (PTSD), depression, and suicide. In the long term, the authors add that sexual violence may manifest in unrealised human potential, multiple psychological disorders, impugment of human dignity and difficulties with interpersonal relationships. Further, sexual abuse in childhood may increase the risk of subsequent sexual victimisation. Lake & Jamieson, (2016) state that exposure to frequent or long-lasting physical or emotional abuse, domestic violence, neglect, caregiver substance abuse, and mental illness can cause long-term consequences that may affect learning. Similar consequences have been reported for sexual abuse victims, but in addition, victims may be prone to engaging in risky sexual behaviour, substance misuse, post-traumatic stress disorder (PTSD), and anxiety or depression. For cyber bullying, research identifies a wide range of consequences. Studies highlight that this form on online VAC has serious academic and psychological consequences for children. In particular, Reyneke & Jacobs, (2018) highlight that cyber bullying may result in anxiety, low self-esteem and poor academic performance, whereas, in some instances, victims become suicidal. As a response measure, the authors consider and evaluate several legislative and common law remedies that can assist victims of cyber bullying.

4.3.2. *Physical health impacts*

Physical abuse of children results in injuries including, fractures, burns, wounds, bruises and broken bones, even death. There is a problem of under-reporting by health professionals of symptoms of ill-health suspected to be caused by child maltreatment and VAC. The high burden of communicable and non-communicable diseases in South Africa has been attributed to early life experiences of violence (Seedat, 2015). Research studies highlight a wide range of physical health consequences that are linked to violence experienced by children in different contexts. For sexual abuse and rape, Astbury and Jewkes (2010) highlight unwanted pregnancies particularly for adolescent girls, unsafe abortion, sexually transmitted infections including HIV. Likewise, health impacts associated with *ukuthwala*, include increased vulnerability to HIV infections, sexually transmitted infections and gynaecological traumas (Matshidze et al., 2017). It is important for the health system and health care services to prioritise VAC prevention, identification and response in routine nursing, maternity, paediatric, emergency and trauma care, ante-natal and midwifery services. Primary health care workers in facilities and communities lack tools to deal with VAC.

5. Implementation of integrated action to end VAC

5.1. *Building Evidence*

The child maltreatment prevention readiness study was conducted by the Human Sciences Research Council in collaboration with the WHO's then Department of Violence and Injury Prevention and Disability to assess prevention readiness in South Africa. The methods used included literature review, focus group discussions with practitioners and experts in the child protection sector and policy makers and programme managers in the national departments of health, social development and education, and in the Western Cape Province. Subsequently, based on the finalised integrated conceptual framework, a data collection instrument (RAP-CM) was developed (Mikton et al., 2013). The empirical assessment showed that South Africa was not ready to implement child maltreatment prevention programmes on a large scale, because the country did not have evidence-based interventions evaluated for effectiveness on reducing the occurrence of child abuse, neglect, and exploitation, yet it highlighted that there was a strong legal and policy framework (Makoae et al., 2012). Over time, existing laws and policies have been strengthened to effect implementation

for prevention, identification, reporting, response and care, and prosecution and conviction.

In terms of building evidence, some studies have reviewed and critiqued the methodological approaches, and concepts, traditionally used in VAC research (Radford et al., 2017; Van der Watt, 2020). Van der Watt, (2020) questions the conceptualisation of child trafficking and argues that it is “a greasy and contested one, open to misuse, sensation and even discounting”. Consequently, the author argues that the ambiguity often means that child trafficking and the seriousness thereof is undermined by both researchers and policy makers. And child trafficking fails to receive the attention it deserves as a systemic South African problem because of elusive definitions. Further, Radford et al., (2017) point out the challenges experienced by South African researchers who work with children and violence in contexts where adults’ views about what violence counted prevailed. Thus, the researchers call for children’s participation in research and highlight the need for exploring children’s own understandings, agency and negotiations in relation to violence. These new concepts, the authors argue, are crucial for challenging sometimes unhelpful, taken for granted views about the impact of violence on children’s lives. These approaches are utilised by practitioners in violence prevention to capture children’s perspectives. The Institute for Security Studies’ Violence Prevention Forum initiated conversations on what various categories of society including children mean by violence prevention to enhance advocacy and policy development and influence action (Mazibuko, et al., 2022).

5.2. Prevention

In a study assessing South Africa’s readiness to implement large scale evidence-based interventions for prevention of child maltreatment, most of the respondents (83%) stated that data regarding the general magnitude of child maltreatment was not available (Makoae et al., 2013). In 2014, Mathews and Benvenuti reiterated that South Africa lacked systematic research and requisite data on the nature and extent of VAC. The authors reviewed existing evidence and called for the need to strengthen surveillance systems and research on determinants of violence to target prevention programmes better. This was consistent with the findings from the readiness study.

Figure 28 showed that experts and policy makers in the child protection sector described South Africa as lacking programmes such as parenting programmes known for effectiveness in reducing child maltreatment in high income settings.

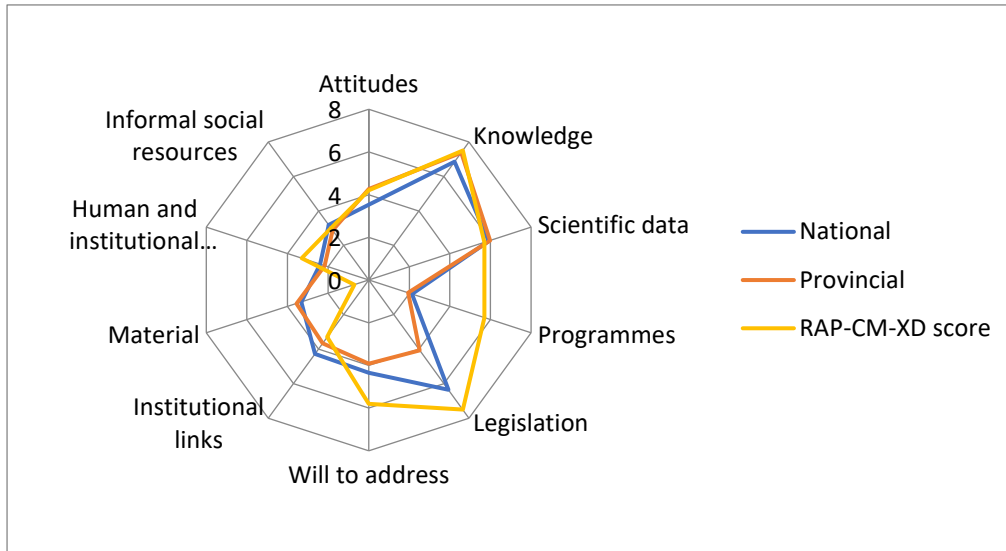


Figure 28. Scores on the 10 dimensions for South Africa on RAP-Informant and RAP-Expert represented on radar diagram (Source: Makoae et al, 2012; Mikton et al, 2013).

The VAC status 2020 review indicates that several studies prioritised evaluation of violence preventive and response programmes during the 2010 – 2020 period contributing much needed evidence for the urgent need for public investments to end VAC (Bowers & Dawes 2014; Cluver et al. 2020; Cluver et al. 2016; Cluver et al. 2016; Mahlangu, Gevers, & De Lannoy 2014; Mathews & Benvenuti 2014; Mikton et al. 2013; van Niekerk & Makoae 2014). The areas of focus include assessments of parental programmes (Cluver et al. 2020; Cluver et al. 2016; Cluver et al. 2016; Lachman et al., 2017) national child maltreatment prevention programme implementation readiness (Makoae et al., 2012; Mikton et al. 2013), age-specific preventive programmes (Bowers & Dawes 2014; Cluver et al. 2020; Mahlangu et al. 2014). Since most evidence on the effectiveness of VAC prevention interventions originates from high-income countries, there has been growing support to generate comparable evidence from the developing countries and it is encouraging to see that some sectors of the South African country – education, academia, research, child protection and justice have pursued various actions towards reducing VAC.

5.2.1. *Parent-caregiver interventions*

The majority of the parental programmes evaluated focused on low-resource settings and families and on parenting practices for adolescents (Cluver et al., 2020; Cluver et al., 2016; Cluver et al., 2016; Lachman et al., 2017). There is recognition that since children suffer violence across the life course, South African children will benefit from services appropriate for specific age groups. This is the idea behind the Parenting for Lifelong Health (PLH) a WHO/UNICEF initiative to develop and test effectiveness of parenting violence-prevention programmes for implementation in low-resource contexts (Cluver, et al., 2016b) which consists of five parenting programmes suitable for changing norms and behaviours in resource constrained settings. According to SaferSpaces South Africa, the PLH programmes target promoting attachment, child cognitive development and positive parenting. They were developed and tested using randomised controlled trials by various researchers and were the following:

1. PLH for Babies and Toddlers (aged 0 to 23 months) which focus on pregnant women and new-borns, and on toddlers.
 - Infants and toddlers
2. PLH for young children aged 2 to 9 years old.
 - Sinovuyo 2-9
3. PLH for adolescents aged 10 to 17/18 years old.
 - Sinovuyo Teen

Additionally, two programmes namely Thula Sana which is a home-visiting parenting programme for mother-infant pairs in Khayelitsha. This randomised controlled trial programme trained mothers on how to engage their children in a sensitive, interactive way. The evaluation results more than 20 years ago showed improvement in levels of attachment and sensitivity between the mothers and their children participating in the programme. The evaluation of the Benefits of Early Book Sharing (BEBS) intervention implemented in a disadvantage township in Cape Town aimed to support parents in addressing harsh parenting practices and to prevent development of aggression in children (Dowdall, et al., 2017). It is an addition to a suite of promising evidence based PLH interventions for disrupting risk factors for children's social and behavioural development in the home. The evaluation results show positive effects of the intervention among the experimental cohort that include positive carer-infant interactions (Murray et al, 2016) and reduction in verbally and psychologically harsh

discipline strategies associated with reduction in VAC (Dowdall, et al., 2021). In 2022 the Sinovuyo teen programme was adapted to a radio drama programme broadcast in Setswana language once a week and its episodes followed up with expert interviews.

Cluver et al., (2016) piloted a parenting programme - The Sinovuyo Caring Families Programme that aimed to contribute to reducing maltreatment of adolescents in Cape Town, South Africa. The project used a mixed-methods approach including, self-report questionnaires, observational assessments, qualitative in-depth interviews and focus groups to assess whether a carefully designed, evidence-informed parenting programme can support parents in low-income communities to learn and use positive parenting skills. Subsequently, the results of the pilot informed Phase 2 – a randomised controlled trial involving 300 families in the Eastern Cape Province. This ground-breaking trial compared the effectiveness of a 14-session caregiver and adolescent programme with an attention-control group, amongst high-risk adolescents aged 10–18 and their families. Both studies reported a potential of parental programmes to reduce child abuse, improve parenting, and reduce adolescent problem behaviour in rural South Africa.

Recently, Cluver et al., (2020) explored the correlates of protective factors and violence outcomes among two prospective South African adolescent cohorts (total of 5,034 adolescents) including Young Carers (2010–2012) and Mzantsi Wakho (2014–2017) using the INSPIRE framework. Self-reported violence outcomes were - sexual abuse, transactional sexual exploitation, physical abuse, emotional abuse, community violence victimisation, and youth lawbreaking. Self-reported INSPIRE-aligned protective factors were - positive parenting, parental monitoring and supervision, food security at home, basic economic security at home, free schooling, free school meals, and abuse response services. Positive and supervisory caregiving and food security at home were associated with reduced risk of multiple forms of VAC.

Relatedly, Doubt et al., (2017) explored how caregivers and adolescents (aged 10-18) attending a parenting programme in peri-urban and rural Eastern Cape context, perceived changes associated with abuse reduction. Semi-structured interviews were conducted with caregivers and adolescents (n = 42) after the intervention, as well as observations of sessions (n = 9) and focus group discussions (n = 240 people).

Through the creation of a conducive environment of mutual respect, openness, and being valued by others, the programme allowed caregivers and teenagers to normalize more positive behaviours and ultimately, led to reductions in abuse.

Some recommendations for violence prevention reflected in the reviewed studies included need for early intervention and therapeutic services to minimise the risk of re-victimisation and perpetration of sexual abuse. Further, Cluver et al., (2014) propose that the development of comprehensive approaches which prioritise prevention, response and working with offenders are critical in the prevention of and response to VAC. At the individual and community levels, Mahlangu et al. (2014) highlight the need to address toxic masculinities that fuel violence against adolescents and youth of South Africa. Whereas at the structural levels, the authors highlight the need to address factors that perpetuate violence including poverty, patriarchal norms, gender inequality, and unemployment particularly amongst youth.

5.2.2. School based interventions

School-based violence is a common phenomenon globally with more than 240 million learners who experience it annually (UNICEF, 2017). It is also the view of the international community that schools have a crucial role in protecting children from violence and the involvement of schools means that society can start to positively influence children's beliefs, values, norms and behaviours at a young age (WHO, UNICEF & UNESCO, 2019). There is recognisable high level of interpersonal violence that children become exposed to in school settings or through schools: child maltreatment, bullying, emotional abuse, peer-to-peer violence, abductions, physical abuse particularly corporal punishment and sexual abuse including that which is perpetrated by educators and school personnel. In South Africa school violence is a direct violation of children's right to education and their long-term human security.

Common approaches used to prevent violence include those that are curriculum based. Other interventions are provincial and address contextual factors in each province with governments at this level collaborating with implementing NGOs. School safety initiatives broadly address violence and crime, but they have not adequately integrated mental health and psychological support. According to Saferspaces, during the review period (2015-2019) schools were guided by the SAPS and Department of Basic Education (DBE) frameworks intended to implement collaborative guidelines

under the auspices of the *Safety in Education Partnership Protocol* and the Schools-based Crime Prevention Programme. The focus was on improving school ecology with communities, surveillance data catalysing implementation of crime prevention at schools. <https://www.saferspaces.org.za/understand/entry/school-violence-in-south-africa#AddressingSchoolViolence:Interventions>

The interventions are implemented in schools among learners in schools, parents, and school authorities to address sexual violence and gender-based violence. Although violence is a widely recognised problem in the education and safety sectors hampering children's development, apart from government programmes, researchers have produced limited evaluations of school-based violence prevention intervention. One of the lead implementing organisations is the Centre for Justice and Crime Prevention (CJCP). The interventions include the Sexual Violence against young girls in Schools in South Africa (SeViSSA) which was implemented for prevention in the Eastern Cape, Gauteng, Limpopo and Western Cape schools for five years (2014-2019).

5.2.3. Community level interventions

South African government's efforts to effectively prevent and respond to VAC are also pursued using mass media campaigns during significant dates marked internationally and nationally. Such campaigns are nationally coordinated but since the Children's Act mandates provincial Ministers of Social Development to implement prevention programmes, they have a leeway in terms of how prevention is done because the law is non-prescriptive. The concern that political leadership used occasional events to address issues relating to children's safety and only emphasised on them during special international days or when there were incidents of violation reported in the media is waning off. In fact, some of the momentum in policy change and legislative reform happened as a result of public activism in response to some heinous violations against children and girls. Programmatic work to address the problem is promising to take shape under the auspices of the National Strategic Plan on GBV and Femicide. The possible risk could be leaving behind children who are not directly affected by GBV.

The key campaigns maintained during the period under review are the 16 Days of Activism for No Violence against Women and Children Campaign and Child Protection Week which government and civil society use to highlight current concerns or threats

and outcomes of violence against children. Although one of the principles in violence prevention is evaluation of laws and public campaigns, they are challenging to assess. Public expenditure on awareness creation campaigns is necessary and can bring about sociocultural changes if made part of sustainably programmatic planning at different levels of government and carefully embedded in public development funding and private investment flows through bilateral and multilateral partnerships.

5.3. Protection and Response

In response to reports of limited resources and a weak social welfare infrastructure that contribute to the ineffective service provision to abused children and their families, leaving children at risk of continued abuse as well as becoming victims of fatal child abuse, and queries about an overburdened child protection system, Jamieson et al. (2017) document how the child protection system processes reported cases of child abuse, and make recommendations about how child protection services could be strengthened, to reduce the risk of trauma to children and breaking the inter-generational cycle of violence. The study generates recommendations for the specific improvement of child protection services within the local setting. The authors found that although physical abuse and corporal punishment, are regarded as violence internationally and are crimes according to the Children's Act, none of the physical abuse cases reported to social services were reported to the police, and most of such cases reported to the police were withdrawn soon after reporting. This highlights the inefficiencies of the child protection system in preventing and responding to VAC

In a chapter published in the Child Gauge report focusing on the prevention of violence against children, Chames & Lomofsky, (2014) point out the key elements of an effective and well-coordinated child protection system. The authors reviewed and identified key challenges facing the current South African system and subsequently made recommendations for child protection and response systems strengthening. Jamieson et al., (2014) also highlight the financial and resource challenges that impede successful implementation of child protection services in South Africa.

In terms of response to VAC, Bacchus et al., (2017) explored opportunities for greater coordination and integration between intimate partner violence (IPV) and child maltreatment (CM) programmes in low- and middle-income countries (LMIC) including

South Africa. The scoping review identified six studies published between 2013 and 2016 (four randomised controlled trials, one pre-post non-randomised study and one qualitative study). This included two South African programme evaluations. Although the authors cite small evidence base and methodological weaknesses, they conclude that improved coherence between IPV and CM programmes requires equal attention to the needs of women, children, and possibly fathers. It is on this basis that it is crucial that the implementation of the NSP for GBV and femicide will not leave children behind.

Definitions of child maltreatment vary widely between studies, and even more so between different cultural contexts. For effective and efficient response intervention development, specific, all-encompassing definitions of violence are critical. Mesman et al., (2020) examined maternal notions of child maltreatment. The sample consisted of 466 mothers from nine countries including South Africa. Variations in conceptions of maltreatment need to be studied in larger more representative samples and considered in the assessment and treatment of child maltreatment in primary health care services including antenatal care, emergency, paediatrics, and expanded immunisation programme across all communities in South Africa.

5.4. Care and Support

Physical harm is a common outcome of child abuse and neglect sometimes necessitating medical care. In some cases, abuse-related injuries are only identified through autopsy reports. Since physical abuse is a common experience for many children where parents and communities accept it as part of discipline, child protection services tend to intervene when child abuse cases are reported. The child protection system is a crucial source of child abuse and neglect data but unlike with SAPS, the Department of Social Development does not regularly publish child abuse reports.

However, Janssen et al., (2013) point to a lack of data on the management of physical abused children in Africa. The authors conducted a review to outline the management of physical child abuse in South Africa at both governmental and hospital management level, and to describe the extent of the problem at the Red Cross War Memorial Children's Hospital (RCH) in Cape Town. Hospital data were analysed in two phases: first phase analysed various types of assault to assess the number of patients admitted

to the trauma unit of RCH between 1991 and 2009, and the other to identify all children with suspected non-accidental injury (NAI) presenting to the trauma unit at RCH from January 2008 until December 2010. RCH data for the period 1991–2009 recorded a total number of 6415 children hospitalised with injuries following assault, who accounted for 4.2% of all trauma admissions. Types of abuse included assault with a blunt or sharp instrument, burns, rape/sexual assault and human bite wounds. More detailed analysis of hospital data for 2008–2010, found that boys were far more commonly assaulted than girls (70.5% vs 29.5%). Physical abuse appeared to be the most common cause of abuse; 89.9% of all boys and 60.5% of all girls presented after physical abuse. Majority of children presenting with injuries in South Africa are treated in general hospitals and it is only those who need specialised surgical interventions who may be referred to the Cape Town based RCH.

South Africa has a far-reaching network of Thuthuzela Care Centres (TCCs) that are designated forensic and medical services provided for rape survivors as an emergency service in the 72 hours immediately after a rape. They are based at 54 hospitals across South Africa (Figure 29). Since this integrate model was not designed with children’s needs in mind, there is a lack of uniformity in the extent to which TCC services are child friendly.

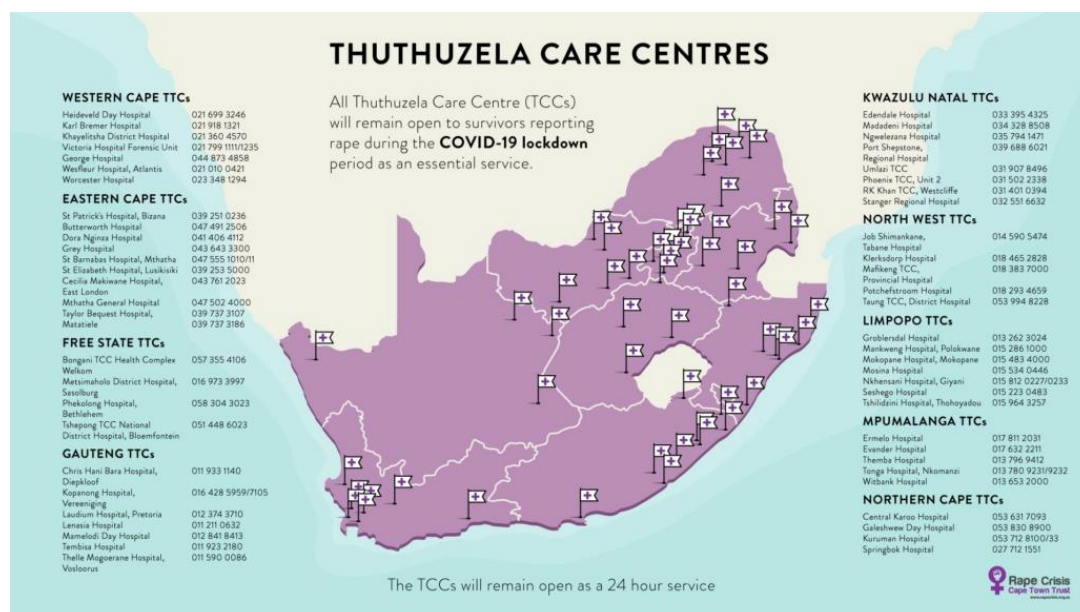


Figure 29. Thuthuzela Care Centres, Rape Crisis <https://rapecrisis.org.za/what-is-a-thuthuzela-care-centre/>

Non-governmental organisations are strong partners in prevention of and response to VAC. Social workers who work for designated child welfare organisations provide services for the implementation of the Children's Act. For example, the Teddy Bear Clinic assists victims of child sexual abuse with access to justice, forensic medical examinations, forensic assessments, counselling, psychological assessments and more recently the organisation started a diversion programme for youth sexual offenders for rehabilitation. Other organisations address the socioeconomic rights of children. Significant public budgets go into intervention services ensuring successful statutory care for children in need of protection. As various studies have observed, child protection services are seen as the largest field of social work service delivery in South Africa and they mostly entail response and care that is dependent on availability of trained professionals, but there tend to be a limited number of them (Strydom et al., 2020).

5.5. Services and Professions for VAC

Multi-sectoral service availability and provision is critical in ensuring effective and efficient response to VAC. Several studies explored social service provision for trafficked children (Warria, 2020; Warria et al., 2014, 2015; Warria, 2018, 2020). The studies focus on the challenges with identification of trafficked children (migrant and citizens) in South Africa (Warria et al., 2014, 2015; Warria, 2020), and challenges with care and support service provision post-trafficking (Warria, 2020; Warria, 2018). All studies utilised qualitative approaches and participants were social workers and other stakeholders, as well as victims of trafficking.

The studies that explored challenges the participants had encountered within assistance provision found that assistance provision is not an easy linear process. Further, identification of trafficked children is a challenge considering the inherent nature of child trafficking and its link to socio-legal, economic and cultural factors.

Thus, the authors recommend that multinational, multi-agency, long-term sustained response, with multi-focus on prevention, prosecution and protection (including rehabilitation) is required to enhance successful resettlement and adaptation of trafficked children. This response should be based on the rights of the child rather than based on law enforcement and immigration. Further, in bid to make social support post-trafficking services inclusive, accessible appropriate and culturally sensitive,

Warria (2016) calls for the need to ensure equality of access to psychosocial and interpretation services to child victims of transnational trafficking.

Martinho et al., (2020) conducted a systematic review aimed at exploring professionals' practices and their understanding of comprehensive needs when working with victims of child trafficking. The review highlights the need to pay attention to the specific needs of the victims, the needs in terms of the functioning of institutions and human resources, the needs in the macro-societal level and finally the importance of investing in scientific research. Further, Ramokolo, (2019) highlights that a long-term preventative measure, is that key stakeholders, (such as the Department of Basic Education (DoE), Department of Social Development (DSD) and Department of Health (DoH)), focus attention on ensuring that victims of child trafficking are not denied the right to go to school and that societal norms, which propagate inequality, are discouraged. Most critically, the author recommends the need to address push and pull factors of child trafficking which include addressing unemployment through job creation.

6. Conclusions and Recommendations

The VAC review demonstrates that South Africa's VAC status improved in important and recognisable ways during the 2010 to 2020 period. At the macro level, some of the key improvements include networks of practice, availability of formal structures through which the government and partners discuss VAC as a policy priority, public and private resource inflows dedicated to VAC research which improved data availability for some forms of VAC. In addition, there are improvements regarding policy implementation and enhancing partnerships, a growing body of knowledge on implementation science in the field and law reform that focuses on improving implementation of policies. There are obvious signs that there are efforts on the part of DSD as the lead implementing organisation to adhere to the multisectoral/multidisciplinary approach and seek stakeholders' participation in VAC policy formulation. These efforts can be strengthened through better integration of the health system and primary health care services in prevention and response to VAC as recommended by the World Health Assembly in 2016. The value of observational routinely collected data through the health care system for VAC prevention and response purposes is still to be realised in South Africa. VAC efforts could also be

improved through an expansive conceptualisation of VAC which delineates all the different VAC forms including some which research depict as context specific or confined to some geographic locations such as *ukuthwala*. Multidisciplinary and multisectoral collaborations that place child rights at the centre of civil registration and collection of vital statistics will help the child protection sector to improve understanding of how even accidental child deaths from domestic fires and road crashes can be issues addressed to enhance child safety and survival.

It is concluded that even though data availability has improved, some serious gaps constrained the review. For instance, although different data sources were used to gather the recent statistical information for VAC over the ten-year period of 2010 to 2020, the statistical information drawn from this report can be used as a reference for targeted programming as well as informing policies regarding VAC in South Africa. Some limitations of this report are that data for crimes against children was not consistently available for the period under study, thus creating data gaps – especially in relation to establishing trends. In addition, most statistical data available from SAPS was subject to underestimation of VAC across the country as the numbers relied only on the reported cases. Although this is commonly a problem affecting sexual violence and physical violence statistics in general, but not so much murder data, it is possible in the case of children’s data to have child homicide perpetrated by parental figures underreported.

There is still a lack of focus on children with disabilities and how they are affected by VAC. Although disability or chronic illness of caregivers is considered a risk factor for VAC, there is no data that explores individual child level disability to VAC. This data gap could explain the lacuna in design and implementation of prevention and response services across different sectors especially child protection, health and access to judiciary services. *Ukuthwala* assessments are considered unreliable placing children in the way of harm as marriage, maternal and child health and school dropout administrative data are not analysed with the view to monitor VAC that affects vulnerable children. The theme for the 2022 Child Protection Week commemoration highlights this awareness by focusing on adolescent girls’ child bearing in South Africa, which policy makers argue did not happen in the context of adolescent dating but age-disparate sexual activity with men.

Nonetheless, these findings provide a general indicator of VAC across South Africa over the ten-year period of 2010 to 2020. It is even more important because as most administrative data, SAPS data includes all age groups, but the missing years affected ideal trend analysis. For example, the review established that child sexual violence and child physical abuse are high; child sexual offences are the most common forms of violence against children, while child murder has been stable overtime and is lower than all other forms of non-fatal VAC in the country. The knowledge that South Africa has a substantial part of child homicide that is due to child abuse and neglect (Mathews et al., 2013) suggests that children's safety and survival goals are interlinked and programmes that prioritise both are needed.

There is limited health and social development data on the numbers of victims or cases that come through health and social development services to understand the complete picture of violence and victimisation in the country (Artz, 2018). For example, child abandonment of infants is high and more often abandoned children die but there is a lack of studies that focus on this form of VAC. As alluded to by Hsiao et al. (2018), South Africa has opportunities to improve the collection of routine monitoring data on violence and significantly contribute to the global evidence base through the SDGs. The challenge, however, is that the extent of data integration for child abandonment related deaths and child murders statistics originating from the Department of Home Affairs is unclear at this stage. This may suggest that the declines in child murder noticed between 2015/2016 and 2019/2020 should be cautiously assessed. It is unclear what elements of the socioecological framework and INSPIRE strategies contributed to the decline.

Researchers often design their studies in such a way that they meet strict research ethics review requirements for studying VAC among young children. Multiple sources of data are required to build an effective surveillance data system for the country as various studies suggest. The limited contribution by the health sector is currently a disadvantage. There is growing evidence on development of VAC prevention interventions that include children across the life course. This development in evidence building will benefit the implementation of an integrated child protection system for effective prevention and response in South Africa in the foreseeable future.

Contrary to earlier findings on the availability of evidence-based programmes that prevent and respond to VAC in the country, there is some progress as indicated in this ten-year review. The emerging knowledge is increasingly being recognised as integral part of thinking in research, advocacy, policy, practice and will complement the greatly improved legislative and policy environment that puts emphasis on reporting responsibilities, prosecution, criminalising violent behaviour irrespective of contexts and sentencing. It is expected that much of the evidence accrued during this period will inform the implementation of the National Child Care and Protection Plan.

The ongoing momentum of private and public funding arrangements available for various actions towards reduction of violence, response services, law enforcement, judicial, educational and social service systems provide an opportune environment for advocacy and scaling up evidence-based programmes for health, safety and development of children. It is commendable that the emerging VAC situation whereby child perpetrators are becoming a common phenomenon has encouraged a civil society organisation such as the Teddy Bear Clinic to explore non-punitive interventions for young offenders. Commitment to publishing disaggregated data provides the opportunity to develop adequately differentiated interventions.

Amidst all these developments, the health sector should play its part in terms of prevention, reporting, publishing data in addition to providing treatment, care and fulfilling the medico-legal role. Strengthened primary health and community health care system should address the population health comprehensively and prioritise behavioural health problems. This will make South Africa comply with the 67th World Health Assembly's declaration in its 2014 resolution for health systems globally to strengthen and co-ordinate their response to addressing the health consequences of violence through multisectoral collaboration.

Since 2014, South African Police Service no longer makes child neglect and ill-treatment data publicly available. Furthermore, SAPS no longer publicly releases statistics on murder, abduction, sexual assault, rape, kidnapping, and common assault at provincial level. Statistics South Africa's Victims of Crime Survey does not capture crime committed against children aged between 0 and 16 years. This is because crimes committed against children under 16 years old require special resources to comply with regulations concerning child welfare (Stats SA, 2020b). Demographic

Health Survey (DHS) child data does not include any of the VAC related variables, it is therefore recommended that future DHS surveys should include VAC variables as DHS is a nationally representative study that could contribute surveillance data for monitoring VAC towards achieving the SDGs. But such change will require methodologies that are sensitive to the issue and other dynamics associated with under-reporting of VAC through household surveys (Ward et al, 2016).

The implementation of the National Child Care and Protection Plan will require refocusing of mandated institutions and vigour that matches other changes in the child sector as discussed above. South African Police Service, who is the main custodian of child crime data, has a role to consistently make data available to the public, academics, researchers, NGOs and other stakeholders at both national and provincial level. The Department of Health has a major role to play in the country's efforts to eliminate VAC and while some efforts require only programmatic prioritisation, others may lead to structural changes. The recently adopted changes in the case of the Western Cape province where the involvement of the provincial department of health in addressing violence and population wellness is explicit in the renaming of the department should lead to the necessary refocusing. The inclusion of protocols for managing VAC cases and collecting routine data is also recommended.

REFERENCES

- Allais, C., Combrinck, H., Connors, D., Jansen van Rensburg, M., Ncoyini, V., Sithole, P., Wentzel, M., Barolsky, V., Hadland, A., & Tilley, V. (2010). *Tsireledzani: understanding the dimensions of human trafficking in southern Africa*. National Prosecuting Authority of South Africa.
- Artz L., Burton P., Ward C.L., Leoschut L. & Lloyd S. (2016). Sexual abuse of children and adolescents in South Africa: Forms, extent and circumstances. *Optimus Study South Africa*. UBS Optimus Foundation.
- Artz L. (2018). The Prevalence of Violence against Women and Children: What the Data tells us about Law and Policy Reform.
- Astbury, J., & Jewkes, R. (2010). Sexual Violence. *Routledge Handbook of Global Public Health*, 411.
- Bacchus, L. J., Colombini, M., Contreras Urbina, M., Howarth, E., Gardner, F., Annan, J., Ashburn, K., Madrid, B., Levtov, R., & Watts, C. (2017). Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: a scoping review. *Psychology, Health & Medicine*, 22(sup1), 135–165. <https://doi.org/10.1080/13548506.2016.1274410>
- Blackie, D. E. (2014a). Fact sheet on child abandonment research in South Africa. In *National Adoption Coalition South Africa*.
- Blackie, D. E. (2014b). *Sad, bad and mad: exploring child abandonment in South Africa*.

Unpublished Masters Dissertation.

- Boniface, A., & Rosenberg, W. (2019). The challenges in relation to undocumented abandoned children in South Africa. *Journal of South African Law/Tydskrif Vir Die Suid-Afrikaanse Reg*, 2019(1), 41–62.
- Burton, P., & Leoschut, L. (2013). School Violence in South Africa. In *Results of the 2012 National School Violence Study, Centre for Justice and Crime Prevention, Monograph series* (Vol. 12).
- Burton, P., & Mutongwizo, T. (2009). Inescapable violence: Cyber bullying and electronic violence against young people in South Africa. *Centre for Justice and Crime Prevention*, 8, 1–12.
- Buthelezi, S. (2015). Human trafficking and the new legal framework in South Africa: Intervention needed for the law to reach vulnerable girls and women. *Agenda*, 29(3), 155–164. <https://doi.org/10.1080/10130950.2015.1045338>
- Casale, M., Boyes, M., Pantelic, M., Toska, E., & Cluver, L. (2019). Suicidal thoughts and behaviour among South African adolescents living with HIV: Can social support buffer the impact of stigma? *Journal of Affective Disorders*, 245, 82–90. <https://doi.org/https://doi.org/10.1016/j.jad.2018.10.102>
- Centre for Justice and Crime Prevention & University of Cape Town (2015). The Optimus Study on Child Abuse, Violence and Neglect in South Africa: Research Bulletin. Cape Town. Centre for Justice and Crime Prevention.
- Chames, C., & Lomofsky, D. (2014). Towards effective child protection: Adopting a systems approach. *South African Child Gauge*, 43–50.
- Cluver, L. D., Rudgard, W. E., Toska, E., Zhou, S., Campeau, L., Shenderovich, Y., Orkin, M., Desmond, C., Butchart, A., & Taylor, H. (2020). Violence prevention accelerators for children and adolescents in South Africa: A path analysis using two pooled cohorts. *PLoS Medicine*, 17(11), e1003383.
- Cluver, L., Lachman, J. M., Ward, C., Gardner, F., Petersen, T., Meinck, F., Hutchings, J., Mikton, C., Tsoanyane, S., & Doubt, J. (2016a). Developing a parenting programme to prevent child abuse in South Africa: A pre-post pilot study. *Research on Social Work Practice*.
- Cluver, L., Meinck, F., Shenderovich, Y., Ward, C. L., Romero, R. H., Redfern, A., Lombard, C., Doubt, J., Steinert, J., & Catanho, R. (2016b). A parenting programme to prevent abuse of adolescents in South Africa: study protocol for a randomised controlled trial. *Trials*, 17(1), 1–10.
- Delany A. & Hall K. (2018a). Abduction. Children’s Institute, University of Cape Town. South Africa. <http://www.childrencount.uct.ac.za/indicator.php?domain=8&indicator=88> Accessed 11 May 2022
- Delany A. & Hall K. (2018b). Child murder. Children’s Institute, University of Cape Town. South Africa. <http://www.childrencount.uct.ac.za/mm/indicator.php?domain=11&indicator=84#5/-28.672/24.698> Accessed 12 May 2022
- Doubt, J., Bray, R., Loening-Voysey, H., Cluver, L., Byrne, J., Nzima, D., King, B., Shenderovich, Y., Steinert, J., & Medley, S. (2017). “It Has Changed”: Understanding Change in a Parenting Program in South Africa. *Annals of Global Health*, 83(5), 767–776. <https://doi.org/https://doi.org/10.1016/j.aogh.2017.10.021>
- Department of Social Development, Department of Women, Children and People with Disabilities & UNICEF. (2012). *Violence Against Children in South Africa: Special summary for teens*. https://www.unicef.org/southafrica/media/1251/file/ZAF_violence-against-children-in-south-africa-teens-2013.pdf
- ECPAT International. (2019). *The landscape of sexual exploitation of children in South Africa* (p. 33). ECPAT International.
- Edberg, M., Shaikh, H., Rimal, R. N., Rassool, R., & Mthembu, M. (2017). Development of a communication strategy to reduce violence against children in South Africa: A social-ecological approach. *The African Journal of Information and Communication*, 20, 49–76.

- García-Moreno, C. & Amin, A. (2016). The sustainable development goals, violence and women's and children's health. *Bulletin of the World Health Organization*; 94,396-397 DOI:10.2471/BLT.16.172205
- Grose, R. G., Chen, J. S., Roof, K. A., Rachel, S., & Yount, K. M. (2021). Sexual and reproductive health outcomes of violence against women and girls in lower-income countries: a review of reviews. *The Journal of Sex Research*, 58(1), 1–20.
- Hsiao C., Fry D., Catherine L Ward C.L., Ganz G., Casey T., Zheng X. and Fang X. (2018). Violence against children in South Africa: the cost of inaction to society and the economy. *BMJ Glob Health*, 3: e000573. <https://doi.org/10.1136/bmjgh-2017-000573>
- Jamieson, L., Sambu, W., & Mathews, S. (2017). *Out of harm's way? Tracking child abuse cases through the child protection system at five selected sites in South Africa-Research Report*. Children's Institute, University of Cape Town.
- Janssen, T. L., van Dijk, M., Al Malki, I., & van As, A. B. (2013). Management of physical child abuse in South Africa: literature review and children's hospital data analysis. *Paediatrics and International Child Health*, 33(4), 216–227. <https://doi.org/10.1179/2046905513Y.0000000091>
- Jokani, M., Knoetze, E., & Erasmus, D. (2018). A criminal law response to the harmful practices of ukuthwala. *Obiter*, 39(3), 747–767.
- Karimakwenda, N. (2013). 'Today it would be called rape': a historical and contextual examination of forced marriage and violence in the Eastern Cape *. In D. Claassens, Aninka; Smythe (Ed.), *Marriage, Land and Custom: Essays on Law and Social Change in South Africa* (pp. 339–356). Juta.
- Karimakwenda, N. (2020). Deconstructing Characterizations of Rape, Marriage, and Custom in South Africa: Revisiting The Multi-Sectoral Campaign Against Ukuthwala. *African Studies Review*, 63(4), 763–781.
- Kennedy, J. L. (2010). *Shrouded sins: an exploration of child sex trafficking in South Africa*.
- Kheswa, J. G., & Hoho, V. N. (2014). "Ukuthwala" the sexual-cultural practice with negative effects on the personality of adolescent females in Africa. *Mediterranean Journal of Social Sciences*, 5(20), 2808.
- Kruger, H. B., & Oosthuizen, H. (2012). South Africa—safe haven for human traffickers? Employing the arsenal of existing law to combat human trafficking. *Potchefstroom Electronic Law Journal/Potchefstroomse Elektroniese Regsblad*, 15(1).
- Lachman, J. M., Cluver, L., Ward, C. L., Hutchings, J., Mlotshwa, S., Wessels, I., & Gardner, F. (2017). Randomized controlled trial of a parenting program to reduce the risk of child maltreatment in South Africa. *Child Abuse & Neglect*, 72, 338–351. <https://doi.org/https://doi.org/10.1016/j.chiabu.2017.08.014>
- Lake, L., & Jamieson, L. (2016). Using a child rights approach to strengthen prevention of violence against children : CME. *South African Medical Journal*, 106(12), 1168–1172. <https://doi.org/10.7196/SAMJ.2016.v106i12.12128>
- Lancaster L. (2017). What do we know about murder in South Africa? Institute for Security Studies. <https://issafrica.org/iss-today/what-do-we-know-about-murder-in-south-africa> Accessed 16 May 2022
- Lancaster L. (2022). Who gets kidnapped in South Africa? Institute for Security Studies. <https://issafrica.org/iss-today/who-gets-kidnapped-in-south-africa#:~:text=The%20South%20African%20Police%20Service,compared%20to%20the%20previous%20year> Accessed 16 May 2022
- Lutya, T. M. (2010). Lifestyles and routine activities of South African teenagers at risk of being trafficked for involuntary prostitution. *Journal of Child & Adolescent Mental Health*, 22(2), 91–110. <https://doi.org/10.2989/17280583.2010.528578>
- Mabaso, B. T., & Maluleke, W. (2017). Integrated perceptions on child trafficking: a lifeless life practice. *Child Abuse Research in South Africa*, 18(1), 70–85.
- Mahlakoana T. (2020). Crime stats: 943 children murdered and more than 24000 sexually assaulted. Eye Witness News. <https://ewn.co.za/2020/07/31/crime-stats-943-children-murdered-and-more-than-24-000-sexually-assaulted> Accessed 6 April 2022
- Makiwane, Monde; Nduna, Mzikazi; Khalema, N. (2016). *Children in South African families*

- Lives and Times*. Cambridge Scholars Publishing.
- Makoe, M., Roberts, H. & Ward C. (2012). *Child Maltreatment Prevention Readiness in South Africa*. Geneva. The World Health Organisation, the Department of Violence and Injury Prevention and Disability.
- Maluleke, J. (2009). Ukuthwala: Let's protect our children. *Justice Today*, 5, 2–5.
- Maphalala, M. C. (2016). The Impact of Ukuthwala on the Schooling and Livelihood of a Girl Child: A Case of the eMangwaneni Tribe in Bergville, KwaZulu-Natal. *Journal of Sociology and Social Anthropology*, 7(3), 149–159.
- Martinho, G., Gonçalves, M., & Matos, M. (2020). Child trafficking, comprehensive needs and professional practices: A systematic review. *Children and Youth Services Review*, 119, 105674. <https://doi.org/https://doi.org/10.1016/j.chidyouth.2020.105674>
- Mathews, S., Abrahams, N., Jewkes, R., Martin, L.J. and Lombard, C. (2013). The epidemiology of child homicides in South Africa. *Bulletin of the World Health Organization* 91: 562–68. doi: 10.2471/BLT.12.117036.
- Matshidze, P., Kugara, S. L., & Mdhuli, T. D. (2017). Human rights violations: probing the cultural practice of ukuthwala in KwaZulu-Natal Province, South Africa. *Gender and Behaviour*, 15(2), 9007–9015.
- Mbete, A. N. (2020). *Evaluating the impact on the girl child through the criminal activities associated with the practice of ukuthwala*. University of the Western Cape.
- Meinck, F., Cluver, L. D., & Boyes, M. E. (2017). Longitudinal predictors of child sexual abuse in a large community-based sample of South African youth. *Journal of Interpersonal Violence*, 32(18), 2804–2836.
- Meinck, F., Cluver, L. D., Boyes, M. E., & Loening-Voysey, H. (2016). Physical, emotional and sexual adolescent abuse victimisation in South Africa: prevalence, incidence, perpetrators and locations. *Journal of Epidemiology and Community Health*, 70(9), 910–916. <https://doi.org/10.1136/jech-2015-205860>
- Mesman, J., Branger, M., Woudstra, M.-L., Emmen, R., Asanjarani, F., Carcamo, R., Hsiao, C., Mels, C., Selcuk, B., & Soares, I. (2020). Crossing boundaries: A pilot study of maternal attitudes about child maltreatment in nine countries. *Child Abuse & Neglect*, 99, 104257.
- Mgidlana, R. H. (2020). *Should South Africa criminalise ukuthwala leading to child and forced marriages?* [Unpublished Masters Dissertation]. <https://etd.uwc.ac.za/handle/11394/7607>
- Mhlauli, B. (2019). *Relevance of the custom of 'Ukuthwala' in modern Xhosa society*. University of Western Cape.
- Mikton, C., Power, M., Raleva, M., Makoe, M. Al Eissa, M., Cheah, I., Cardia, N., Choo, C. & Almuneef, M. (2013) The assessment of the readiness of five countries to implement child maltreatment prevention programs on a large scale. *Child Abuse & Neglect*, 37(12): 1237-51.
- Mkhuseli, J., Elmarie, K., & Deon, E. (2018). A criminal law response to the harmful practices of ukuthwala . *Obiter*, 39(3), 747–767. <https://doi.org/10.10520/EJC-14878650d1>
- Monyane, C. (2013). Is Ukuthwala Another Form of 'Forced Marriage'? *South African Review of Sociology*, 44(3), 64–82. <https://doi.org/10.1080/21528586.2013.817050>
- Mwambene, L. (2020). Hmong'marriage by capture'in the United States of America and ukuthwala in South Africa: unfolding discussions. *Comparative and International Law Journal of Southern Africa*, 53(3), 1–25.
- Mwambene, L. & Kruuse, H. (2017). The thin edge of the wedge: ukuthwala, alienation and consent. *South African Journal on Human Rights*, 33(1), 25–45.
- Mwambene, L. & Sloth-nielsen, J. (2010). *Benign accommodation? Ukuthwala , ' forced marriage ' and the South African Children ' s Act*. June, 1–22.
- Mwambene, L. & Sloth-Nielsen, J. (2011). Benign accommodation? Ukuthwala, “forced marriage” and the South African Children’s Act. *African Human Rights Law Journal*, 11(1), 1–22. <https://doi.org/10.10520/EJC51942>
- Ndindwa, T. (2014). *The experiences of cultural marriage practice (“ Ukuthwala”) amongst young African women: a case study of Libode, Eastern Cape*. University of Fort Hare.

- Nkosi.pdf*. (n.d.).
- Nkosi, M. & Buthelezi, T. (2013). *The Nature and Causes of Bride Abduction Cases in*. 11(2), 161–178.
- Oosterwyk, G. W. & Parker, M. B. (2010). *Investigating bullying via the mobile web in Cape Town schools*.
- Popovac, M. & Leoschut, L. (2012). Cyber bullying in South Africa: Impact and responses. *Centre for Justice and Crime Prevention*, 13(6), 1–16.
- Pretorius, S. (2012). *Deliberate self-harm among adolescents in South African children's homes*. Unpublished Masters Dissertation.
- Prinsloo, J. & Ovens, M. (2015). Ukuthwala as an aberrant traditional practice: the State versus Nvumeleni Jezile 2014 WCD. *Acta Criminologica : African Journal of Criminology & Victimology, sed-4*, 169–181. <https://doi.org/10.10520/EJC188440>
- Qukula Q. (2022). Parents warned to be vigilant amid rise in kidnapping, human trafficking cases. Eye Witness News. <https://ewn.co.za/2022/05/13/parents-warned-to-be-vigilant-amid-rise-in-kidnapping-human-trafficking-cases> Accessed 13 May 2022
- Radford, L., Lombard, N., Meinck, F., Katz, E., & Mahati, S. T. (2017). Researching violence with children: experiences and lessons from the UK and South Africa. *Families, Relationships and Societies*, 6(2), 239–256.
- Ramokolo, K. P. (2019). *Exploring aftercare support for child trafficking victims* [University of South Africa]. <http://uir.unisa.ac.za/handle/10500/25686>
- Reddy, S. P., James, S., Sewpaul, R., Koopman, F., Funani, N., & Sifunda, S. (2010). *Umntente Uhlaba Usamila–The 2nd South African National Youth Risk Behaviour Survey 2008*. Cape Town: South African Medical Research Council, 2010.
- RexExplorer (2022). Crime datasets 2010 to 2020. Provincial trends. South Africa.
- Reyneke, M. J. M., & Jacobs, L. (2018). Can legal remedy be used to address bullying and cyberbullying in South African schools? *Polish Journal of Educational Studies*, 71(1), 66–80.
- Reza, A., Breiding, M. J., Gulaid, J., Mercy, J. A., Blanton, C., Mthethwa, Z., Bamrah, S., Dahlberg, L. L., & Anderson, M. (2009). Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. *The Lancet*, 373(9679), 1966–1972. [https://doi.org/https://doi.org/10.1016/S0140-6736\(09\)60247-6](https://doi.org/https://doi.org/10.1016/S0140-6736(09)60247-6)
- Rice, K. (2014). Ukuthwala in Rural South Africa : Abduction Marriage as a Site of Negotiation about Gender, Rights and Generational Authority Among the Xhosa. *Journal of Southern African Studies*, 40(2), 381–399.
- Rice, K. (2018). Understanding ukuthwala: Bride abduction in the rural Eastern Cape, South Africa. *African Studies*, 77(3).
- Rosenberg, W. N. (2020). *The Legal Regulation of Infant Abandonment in South Africa*. unpublished doctoral thesis.
- Seedat, S. (2015). The influence of violence on South Africa's burden of disease. <http://www0.sun.ac.za/vivus/vivus-4-nov-2015/general/the-influence-of-violence-on-south-africa-and-rsquo-burden-of-disease.html>
- Shilubane, H. N., Bos, A. E. R., Ruiter, R. A. C., van den Borne, B., & Reddy, P. S. (2015). High school suicide in South Africa: teachers' knowledge, views and training needs. *BMC Public Health*, 15(1), 1–8.
- Shilubane, H. N., Ruiter, R. A. C., Bos, A. E. R., van den Borne, B., James, S., & Reddy, P. S. (2012). Psychosocial determinants of suicide attempts among black South African adolescents: A qualitative analysis. *Journal of Youth Studies*, 15(2), 177–189.
- Shilubane, H. N., Ruiter, R. A. C., Bos, A. E. R., van den Borne, B., James, S., & Reddy, P. S. (2014). Psychosocial Correlates of Suicidal Ideation in Rural South African Adolescents. *Child Psychiatry & Human Development*, 45(2), 153–162. <https://doi.org/10.1007/s10578-013-0387-5>
- Sigfridsson, T. (2012). *Trafficking of children: the case of South Africa*. Unpublished Masters Dissertation.
- Smit, D. M. (2015). Cyberbullying in South African and American schools: A legal comparative

- study. *South African Journal of Education*, 35(2), 1–11.
- Smit, W. J. (2017). Rights, violence and the marriage of confusion: re-emerging bride abduction in South Africa. *Anthropology Southern Africa*, 40(1), 56–68.
- Smit, W. J. (2017). *The violent re-emergence of abduction marriage in modern South Africa: Ukuthwala as a diagnostic event for changing marriage practices and the power of discourse*. [SI: sn].
- South African Police Service [SAPS] (2011). Crime Report 2010/2011. South African Police Service. Pretoria. South Africa.
- SAPS (2014). South African Police Service dataset 2005/2006 – 2014/2015. South African Police Service. Pretoria. South Africa.
- SAPS (2016). South African Police Service dataset 2013/2014 – 2016/2017. South African Police Service. Pretoria. South Africa.
- SAPS (2020a). Crime Statistics Report 2019/2020. South African Police Service. Pretoria. South Africa.
- SAPS (2020b). South African Police Service dataset 2010/2011 – 2020/2021. South African Police Service. Pretoria. South Africa.
- Stats SA (2020a). Mid-Year Population Estimates 2020. Statistics South Africa. Pretoria. South Africa.
- Stats SA (2020b). Victims of Crime - Governance, Public Safety, and Justice Survey (GPSJS) 2019/20. Statistics South Africa. Pretoria. South Africa.
- Strydom, M., Schiller, U. & Orme, J. (2020). The current landscape of child protection services in South Africa: A systematic review. *Social Work/Maatskaplike Werk*;:56(4)
- Thurman, T., & Kidman, R. (2011). Child maltreatment at home: prevalence among orphans and vulnerable children in KwaZulu-Natal, South Africa. *New Orleans: Tulane University School of Public Health*, 201(1).
- Tustin, D. H., Zulu, G. N., & Basson, A. (2014). Bullying among secondary school learners in South Africa with specific emphasis on cyber bullying. *Child Abuse Research in South Africa*, 15(2), 13–25.
- Vadivalu, G. Y. (2014). *Legally defining parental abandonment of a child: a comparison between South African law and Californian law*. Unpublished Masters Dissertation.
- Van der Watt, M. (2020). Child trafficking and children in South Africa's sex trade: evidence, undercounting and obfuscations. *Child Abuse Research in South Africa*, 21(1), 58–82.
- Van Der Watt, M., & Ovens, M. (2012). Contextualizing the practice of Ukuthwala within South Africa. *Child Abuse Research: A South African Journal*, 13(1), 11–26.
- Ward, C. L., Artz, L., Leoschut, L., Kassanje, R., & Burton, P. (2018). Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates. *The Lancet Global Health*, 6(4), e460–e468.
- Warria, A. (2016). Integration of interpreters in social work interventions with child victims of transnational trafficking: proposed guidelines. *Child Abuse Research in South Africa*, 17(1), 82–92. <https://doi.org/10.10520/EJC188018>
- Warria, A. (2017). International and African Regional Instruments to Protect Rights of Child Victims of Transnational Trafficking. *Victims & Offenders*, 12(5), 682–699. <https://doi.org/10.1080/15564886.2016.1238859>
- Warria, A. (2020). The child goes back to the trafficking situation: consequences of inappropriate assistance procedures during reintegration of child victims of trafficking. *Child Abuse Research in South Africa*, 21(1), 47–57. <https://doi.org/10.10520/EJC-1d476aa644>
- Warria, A., Nel, H., & Triegaardt, J. (2014). Identification and initial care process of child victims of transnational trafficking: A social work perspective. *Social Work*, 50(4), 529–549.
- Warria, A., Nel, H., & Triegaardt, J. (2015). Challenges in Identification of Child Victims of Transnational Trafficking. *Practice*, 27(5), 315–333. <https://doi.org/10.1080/09503153.2015.1039974>
- Warria, A. (2018). Challenges in assistance provision to child victims of transnational trafficking in South Africa. *European Journal of Social Work*, 21(5), 710–723.

- <https://doi.org/10.1080/13691457.2017.1320534>
- Warria, A. (2020). Rethinking Structural Mechanisms for Improving Rapid Identification of Transnational Child Victims of Trafficking in South Africa. *Southern African Journal of Social Work and Social Development*, 32(3), NA-NA.
- World Health Organization (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. Geneva, Switzerland: World Health Organization and International Society for Prevention of Child Abuse and Neglect
- World Health Organization, UNICEF & UNESCO (2019). *School-based violence prevention: a practical handbook*. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.
- Xiao, Y. & Watson, M. (2017). Guidance on Conducting a Systematic Literature Review. *Journal of Planning Education and Research*, 39, 1:93-112. <https://doi.org/10.1177/0739456X17723971>

Data Websites

- The Demographic and Health Surveys Program. <https://dhsprogram.com/countries/country-list.cfm> The DHS Program.

Cited/referenced international and national laws/bills

- <https://www.gov.za/documents/abolition-corporal-punishment-act>
- 66/138. *Optional Protocol to the Convention on the Rights of the Child on a communications procedure*. Resolution adopted by the General Assembly on 19 December 2011 <https://resourcecentre.savethechildren.net/pdf/n1146710.pdf/>

7. Appendices

Appendix A: Manual repository - literature scoping review (Attached)