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Human Sciences

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## **SOUTH AFRICA COUNTRY REPORT ON THE SITUATION ON PREVENTION OF CHILD MALTREATMENT STUDY**

Final report submitted to the Prevention of Violence, Department of  
Violence and Injury Prevention and Disability Noncommunicable Diseases  
and Mental Health,  
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HSRC Research Team: Dr Mokhantšo Makoae  
Ms Ajwang Warriia, Ms Carol Bower, Dr Catherine Ward, Dr Jackie Loffell &  
Prof Andrew Dawes

**Contact person: Dr Mokhantšo Makoae**  
**Child, Youth, Family & Social Development**  
**Human Sciences Research Council**  
**12<sup>th</sup> Floor Plein Park Building**  
**69-83 Plein Street**  
**Cape Town, 8000**  
**[mmakoae@hsrc.ac.za](mailto:mmakoae@hsrc.ac.za)**

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## ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of Children
CASE	Community Agency for Social Enquiry
CBO	Community based organisation
CPR	Child Protection Register
CPS	Child Protection Services
CSG	Child Support Grant
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IMCI	Integrated Management of Childhood Illness
ISDM	Integrated Service Delivery Model
ISPCAN	International Society for Prevention of Child Abuse and Neglect
NGO	Non-governmental organisation
NPO	Non-profit organisations
RAPCAN	Resources Aimed at the Prevention of Child Abuse and Neglect
SAPS	South Africa Police Services
SDM	Service Delivery Model
UNCRC	United Nations Convention on the Rights of the Child
VEP	Victim Empowerment Programme
WHO	World Health Organisation

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The study was funded by the WHO Country Office in South Africa and various staff members of the WHO in South Africa and Geneva, especially Mrs Carol Mohammed and Dr Christopher Mikton provided tremendous support to the team.

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## EXECUTIVE SUMMARY

South African child protection services have always been predominantly delivered at the tertiary level: they have been oriented towards removing children from unsafe situations after those situations have reached the point where removal is the only option. What remains unclear is the extent to which South Africa, following policy recommendations emphasizing prevention, has shifted from these predominantly tertiary interventions and is on track to implement primary and secondary prevention programmes which focus on risk factors. This approach is vital given the assumed wider societal benefits of prevention. Such a shift is also necessary to realize the values of the democratic and human-rights based policy and legal framework in the management of child care and protection which evolved following South Africa's democratization in 1994.

### THE RESEARCH MANDATE

The Child, Youth, Family and Social Development (CYFSD) programme of the Human Sciences Research Council (HSRC) was commissioned by the World Health Organisation (WHO) to undertake a study entitled "South Africa Country Report on the Situation on Prevention of Child Maltreatment".

The following were the specific objectives of the country situation analysis study:

- To assess *prevention readiness* in South Africa by studying knowledge, attitudes and attributions that policy makers and managers as well as representatives of key service providers have in relation to the problem of child maltreatment, and assess readiness qualitatively through structured interviews with key individuals and content analysis of official documents and reports;
- To assess *prevention resources* in the form of existing information and information systems; scientific studies about the causes and prevention of child maltreatment, and government departments and non-government agencies specifically tasked to prevent child maltreatment and with a clearly defined budget for child maltreatment prevention; and
- Based on the findings for each of the two dimensions above, to identify the implications for developing country child maltreatment prevention

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## **APPROACH TO THE RESEARCH TASK**

Individual face to face interviews were conducted with key national government informants in the Departments of Safety and Security (which houses the police); Social Development, Health and Education and key provincial government informants in the same departments; document review and focus group interviews were held in each of the three provinces with key non-governmental child protection organisations.

This study critically assesses the extent to which current South African policies, programmes and interventions are likely to be contributing to the prevention of child maltreatment by examining the readiness of the country to implement child maltreatment prevention programmes and availability of resources from the perspective of policy makers and managers as well as service provider representatives. It also identifies the implications for developing country child maltreatment prevention capacity as well as provides recommendations. The ecological approach to understanding the risks factors for child abuse and neglect and the public health model which provides a systematic way of protecting children from violence by structuring prevention so that primary prevention programmes have the widest coverage were used to understand the country situation.

## **FINDINGS**

The South African government is unambiguously committed to providing children with a protective environment which supports their development and well-being through policies and services. But policy has historically focused on providing child protection services and prevention was not a priority especially at the level of implementation. The legislation reform which happened in the post-apartheid period has created an environment conducive for the development of policies which safeguard the wellbeing of the majority of families and children who were excluded in the past.

Professionals' readiness to implement child maltreatment prevention programmes was assessed by exploring their understanding of the difference between child protection services and child maltreatment prevention, appreciation of the magnitude and consequences of child maltreatment, understanding of the causes and risk factors of child abuse and neglect within the home context in particular; and their awareness of evidence base to guide prevention strategy selection.

Senior officials responsible for policy formulation in the key government departments at national and provincial levels and representatives of child and family welfare organisations perceived child maltreatment – the abuse and neglect of children – as an endemic problem and severe societal problem in South Africa. But most of the interviewees could not provide clear statistics on the extent of child maltreatment highlighting gaps in the recording, categorization, under-reporting

and management of child maltreatment information. Neglect and sexual abuse were reported to be the common forms of child maltreatment in all the three provinces studied. There were differences in perception regarding which form of child maltreatment was more prevalent.

The interviewees did not refer to the complex psychosocial, health and physical damage which may result from childhood maltreatment. There is need to raise public awareness about the health, socio-psychological and human development consequences of child maltreatment and the cost and limitations of tertiary interventions.

Some of the study participants' responses suggested that they did not have a clear understanding about child maltreatment prevention and the difference between child maltreatment prevention and child protection. Some participants were aware of the unique contribution of prevention programmes to child protection and development.

Most of the interviewees understood abuse and neglect to be linked to several social-ills in the society such as family disintegration, crime, alcohol abuse and poverty as well as unavailability of (affordable) child care services.

#### Relationships between contexts, risk factors and forms of child maltreatment

Forms of maltreatment	Neglect	Sexual abuse	Physical abuse	Emotional Abuse
<b>Acts and manifestations of maltreatment</b>	Abandonment; missing children; no supervision; accidents; hunger and malnourishment; poor parent-child relationship; Stunting, failure to thrive,	Rape, sodomy; incest; sexual exploitation (child pornography & child prostitution); early exposure to adult sexual activity; sexual assault; sexual violation;	Injuries; corporal punishment;	Using children in drug trafficking; kidnapping to spite each other
<b>Immediate risk factors</b>	Single-parent families; teenage pregnancy; Foster-families, grand-parents as primary caregivers; Mother abusing alcohol; Lack of positive parenting skills; Care by extended family, older siblings; Living in child-headed households; Migrant parents; farm work; working	Inadequate accommodation: sharing of rooms in sleeping quarters and shacks; Lack of respect for self and life;	Inadequate accommodation; domestic violence; alcohol and drug abuse; lack of positive parenting skills;	Exposure to domestic violence

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<b>Contextual factors</b>	<p>mothers who leave children alone while are at work</p> <ul style="list-style-type: none"> <li>• <b>Poverty:</b> unemployment; lack of financial provisions and support; over-crowding; lack of safe recreational spaces;</li> <li>• <b>Family relationships:</b> power relations in families; divorce; reconstituted families;</li> <li>• <b>Lack of morality, alcohol abuse by parents;</b> drug abuse is high; 'way of life' inter-generational transmission of abuse;</li> <li>• <b>Lack of day-care services on the farms and the need to work; women's lacking financial independence</b></li> <li>• <b>HIV/AIDS</b></li> </ul>
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Source: Interviews & Focus Group Discussions

There was no indication that the campaigns and activities of local structures working under the auspices of the Department of Social Development were evidence-based. This was illustrated by what seemed to be lack of focused strategies which addressed local causes and risk factors. Some of the key informants in government departments and the NGO sector expressed the view that despite the clear link between child maltreatment and poor parenting skills, responses in this area were largely fragmented or weak. There is also a poor translation of policies into working plans which appeared to be a critical gap in the efforts to prevent child maltreatment.

Prevention of child maltreatment is partly dependent on reliable information systems which can be used to capture and collect information of suspected and confirmed child maltreatment injuries presented to health facilities such as clinics and hospitals as well as deaths. There are major gaps in South Africa regarding availability of epidemiological information and a reliable coding system for children's injuries has not yet been implemented. Key informants also referred to difficulties which arise because information on abuse was not uniformly recorded because of definitions which differed across those active in the sector.

The Children's Act (No. 41 of 2007) has set in place a Child Protection Register (CPR), in which all children identified as being in need of care and protection will eventually be registered and will maintain a record of persons found to be unsuitable to work with children (abusers). However, the Children's Act has only been implemented in part, and the National Child Protection Register has not yet been finalised.

Maintaining functional and coordinated information systems depends on adequate human resources for data capture at district level with private service providers committing to sending routine reports on the statistics of child maltreatment as required by their service level agreements with the Department of Social Development.

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The legislation and policy framework requires government institutions to work in partnerships and coordinate their actions where necessary. The contribution of the Departments of Health (DoH), Social Development (DSD), Safety and Security (DSS) and Education (DoE) to child maltreatment prevention and the extent to which they coordinate their responses and partner with NGOs when it comes to child maltreatment prevention is an indication of successful implementation of programmes.

Perceived lack of collaboration between government departments was viewed by most participants as a major constraint especially because it meant that even programmes provided by private organisations were not effectively coordinated. Coordination of programmes and planning of long-term programming remained a challenge.

Information on child maltreatment prevention dedicated budgets could not be obtained. A key prerequisite to having information on child maltreatment prevention budget allocation would be clearly planned programmes within the relevant departments.

The study on the situation of child maltreatment prevention readiness in South Africa showed a relatively high level of readiness at the national level. This is suggested by an enabling legal and policy framework which unambiguously provides for the wellbeing of children in general and protects children from abuse and neglect in particular. South Africa being a new democracy, there are many efforts to realise the ideals of an inclusive society and various programmes to ensure that children grow up in safe and supportive family and community environments are high on the policy agenda. However, part of realising the long-term health, social and economic benefits of raising children in environments with reduced risks of abuse and neglect will be a decisive shift from predominantly child protection services to child maltreatment prevention services for families.

Effective implementation of child maltreatment prevention programmes will require developing capacity through training and adequate funding; managing existing information systems and implementing other systems to generate the necessary data on childhood adversity and wellbeing; monitoring and evaluation systems for various programmes and coordination of child maltreatment prevention initiatives.

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## RECOMMENDATIONS

The following are the recommendations for improving child maltreatment prevention readiness in the country:

*Recommendation:* For substantial changes to occur with regard to the prevention of child maltreatment, the country needs a 'child maltreatment prevention movement' with a leadership and vision to change the current status quo characterized by a bias towards child protection programmes and services. Research and advocacy should be the pillars of the information dissemination strategy on child maltreatment prevention. There is need to systematically address prevailing attitudes, traditions, customs, behaviour and practices which are associated with child maltreatment in communities.

*Recommendation:* Since most of the professionals in the field were trained to enable them to deliver child protection services to vulnerable children according to the Child Care Act. The new emphasis on prevention of child maltreatment as articulated in the current legislation and policy framework requires a fundamental change of mindset among those responsible for policy implementation. Training of role players to enable them deliver services accordingly is necessary.

*Recommendation:* Awareness of the enduring impacts of child maltreatment should influence the strategies which policy makers promote and private organisations use to address the risk factors of child maltreatment in different domains especially the family.

Effective coordination of the various programmes of the relevant government departments around child maltreatment prevention and formation of synergies around the problem will give existing programme vigour. This means that even government departments which do not have prevention and early intervention of child maltreatment as their primary mandate but play a role in ensuring child survival and early childhood development can deliberately integrate child maltreatment prevention activities including information capture.

*Recommendation:* The existing programmes need to be strengthened and promoted with a clear child maltreatment prevention goal. For example, health programmes intended to promote maternal and child survival, early childhood development and offender rehabilitation need to be strengthened and personnel who are involved in these services need to be conscious of child maltreatment issues and how they relate to the programmes' goals.

Programmes which focus on empowering children and removing the silence around child abuse and neglect issues are important. This approach should be strengthened beyond creating awareness to also including development of skills which can help vulnerable children with resilience and the knowledge to utilize services.

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*Recommendation:* School-based programmes which work with young children (pre-school and primary school) are critical and they should be based on evidence. Broad programmes which address the specific risk factors and causes of child abuse and neglect should be developed and there must be an efficient monitoring system and new information including what seems to work and what is less effective should be disseminated to all stakeholders. Interventions which work with children are likely to bring about lasting change in attitudes and behaviour, in that way they can reduce incidence of child victimization by future generations.

The reported risk factors for different types of child maltreatment seemed to be embedded in the aspects of the social structure of the South African society including poverty and inequalities, inadequate housing, crime and weak social cohesion, high teenage pregnancy, substance abuse and child-headed households. There is acknowledgement that apart from poverty which reduces the capacity of parents to provide adequate care for their children, another major factor which contributes to child maltreatment – physical neglect, physical abuse and abandonment – is lack of parenting skills. The on-going plan by the Department of Social Development to provide training which will lead to the provision of parenting skill in this area is most welcome in a country where child maltreatment is associated with teenage pregnancy and lack of support systems, especially by the older generation, in child care.

*Recommendation:* While the training of parents and primary caregivers will influence parenting outcomes among people who will participate, it may be argued that this may not be the most effective methodology in a society where child maltreatment is not only widespread but is also hidden because of the stigma it attracts to families. There is evidence that population-based interventions which rely on media to change attitudes and practices are highly promising in effectiveness and it may be added that they are likely to be sustainable and easily replicated. Perhaps delivering the programme through the mass media would enhance its effectiveness and coverage.

*Recommendation:* Home visits are also useful and they must be integrated into health, education and social welfare services.

Policy makers and people responsible for planning and implementing programmes which can reduce or eliminate child maltreatment will benefit from comprehensive statistics on the extent of child abuse and neglect. Availability of reliable statistics is a critical element of providing appropriate services to children and their families. Efforts to provide and strengthen different types of child-related information systems (capture and analysis) at different levels of service delivery will enhance the effectiveness of the Child Protection Register (CPR) provided for under the Children's Act. For example, the findings of the surveillance study of child abuse and

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neglect in South Africa by the Child Welfare League of Canada in 2007 need to be disseminated.

*Recommendation:* Strict measures should be taken to improve regular reporting between district and provincial levels. Community workers in the health, community security and social development streams will contribute to the CPR but this required clear specification of minimum standards and supervision.

Poverty, especially maternal poverty was identified as a reason some mothers might feel inadequate when it came to protecting children from abusive intimate partners. This kind of insecurity happens despite South Africa being committed to improving gender equality. The vulnerability of children whose mothers were economically dependent on abusive partners could also suggest the connection between gender-based violence and child maltreatment.

*Recommendation:* The possibility that women might choose not to protect children from abuse for fear of losing their livelihood is a reality which should be taken seriously. Policy efforts to empower women should be supported with the view that apart from protecting the integrity of women and their rights, women empowerment also contributed to the capacity of families and women as common primary caregivers to provide a protective environment for children.

*Recommendation:* Men (including boys and male youth) should not be excluded from efforts intended to reduce the vulnerability of children in society. Change in attitudes and relationships between parents and their children is fundamental to developing a protective environment for children and such change has to be influenced by women's and men's perspectives on how they are affected by parenting responsibilities and their views concerning the benefits of positive parenting. It is therefore important that parenting skills training programmes take into account the gender perspectives in parenting including the structure of contemporary South African families.

Communities benefit from broad-based interventions which provide services to families and influence the risk factors for child safety and wellbeing negatively. Providing access to child care services to enable parents who do not have social support networks is integral to improving the opportunities of children. Some parents may face the dual burden of worrying about their children's safety and maintaining paid work. This is particularly important for women because their need to earn income should not compromise their motherhood aspirations and the responsibility to care for children or vice versa. The current government policy to scale-up early childhood development services in the country will benefit families and children significantly and it has the potential to reduce chances of children being left without supervision for long periods during working days.

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Child abuse prevention programmes are currently delivered primarily through the education system (primary schools) early childhood development centres and health facilities and they delivered through the support of government department. Some of the major barriers to obtaining a clear picture of the extent of child maltreatment in the country are fragmented information and lack of vital tools for capturing information on childhood adversity including injuries and causes of child death by primary health care providers and mortuaries, respectively.

*Recommendation:* Integrating child maltreatment prevention into well coordinated local development plans so that the programmes are influenced by local contexts (risk factors) should be considered. Clearly, there is a need to shift from provincially-based plans to plans that are district-based and are developed with the participation of local stakeholders in each area. Most importantly, child maltreatment prevention should be integrated into family and child services provided by the various departments in the social sector (Social development, Health, Education, Justice, Housing and Local Government).

*Recommendation:* The CPR needs to be enhanced by integrating it with the Integrated Management of Childhood Illness information. Information on child survival and disease prevention is integral to efforts to care for children.

*Recommendation:* There is a need for strengthened intersectoral collaboration and for South African professionals in child health, care and protection including social workers, nutritionists and pediatricians to collectively decide on the classification of childhood injuries and deaths as well as how such information related to child maltreatment should be categorised to provide basis for planned interventions. This initiative should include South Africa implementing the International Classification of Diseases (ICD).

There is common understanding that the array of services provided by government and partner NGOs and other community-based organisations, have raised awareness and increased reporting of child abuse and neglect. Also, child neglect and abuse affect children in both rural and urban areas. However, in communities with inadequate child care services, children could be exposed to higher risks of sexual abuse when their parents were at work and there was no child supervision, than in areas where alternative services were available. In the informal settlements the risks for sexual abuse may be compounded by the lack of structure and fluidity of the communities as well as inadequate housing.

*Recommendation:* The effectiveness of prevention programmes is influenced by the extent to which they are linked with the underlying causes and risk factors. There is a need to assess and evaluate child maltreatment prevention programmes in terms of their systematic links with the ecological aspects at the local level.

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The perception of some of the key role players that child maltreatment was mainly an urban issue was a concern. While it was acknowledged that the traditional structures including traditional leadership and community values in the rural areas (for example, the ethos of “your child is my child” or “children belong to all adults”) could be protective measures, we should also be vigilant of under-reporting in these contexts. Clearly, prevention of child maltreatment should involve community participation and agents who work with local communities have an important role in coordinating child protection efforts.

*Recommendation:* It is important for communities and the traditional leadership to be part of the local child protection structures so that they could contribute their knowledge and also become aware of how the rights-based approaches to child protection are related to traditional practices.

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# 1. INTRODUCTION

## 1.1 PROBLEM STATEMENT

South African child protection services have always been predominantly delivered at the tertiary level: they have been oriented towards removing children from unsafe situations after those situations have reached the point where removal is the only option. What remains unclear is the extent to which South Africa, following policy recommendations emphasizing prevention, has shifted from these predominantly tertiary interventions and is on track to implement primary and secondary prevention programmes which focus on risk factors. This approach is vital given the assumed wider societal benefits of prevention. Such a shift is also necessary to realize the values of the democratic and human-rights based policy and legal framework in the management of child care and protection which evolved following South Africa's democratization in 1994.

## 1.2 THE RESEARCH MANDATE

The Child, Youth, Family and Social Development (CYFSD) programme of the Human Sciences Research Council of South Africa (HSRC) was commissioned by the World Health Organisation (WHO) to undertake a study entitled "South Africa Country Report on the Situation on Prevention of Child Maltreatment". The study was conducted between September 2008 and March 2009 and was part of a larger study which was conducted in two other southern African countries, Malawi and Mozambique. The WHO commissioned the HSRC to conduct a study which critically assesses the extent to which current policies, programmes and interventions are likely to be contributing to the prevention of child maltreatment.

The following were the specific objectives of the country situation analysis study:

- To assess *prevention readiness* in South Africa by studying knowledge, attitudes and attributions that policy makers and managers as well as representatives of key service providers have in relation to the problem of child maltreatment, and assess readiness qualitatively through structured interviews with key individuals and content analysis of official documents and reports;
- To assess *prevention resources* in the form of existing information and information systems; scientific studies about the causes and prevention of

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child maltreatment, and government departments and non-government agencies specifically tasked to prevent child maltreatment and with a clearly defined budget for child maltreatment prevention; and

- Based on the findings for each of the two dimensions above, to identify the implications for developing country child maltreatment prevention

The terms of reference also called for a review of the literature on relevant legislation in terms of Acts and regulations; and policies, plans and programmes implemented for purposes of child maltreatment prevention at national and provincial levels. In each province, attempts were made to obtain the policies and the strategic plans for review.

### **1.3 APPROACH TO THE RESEARCH TASK**

#### **To assess the extent and causes of child abuse and neglect:**

The original plan to source aggregated administrative data from relevant government departments for each of the three provinces could not be implemented successfully. These would be examined alongside research studies (which were reviewed) to provide estimates of the extent of the problem of child maltreatment.

We envisaged that there were likely to be significant challenges in obtaining administrative data from government based on our past experiences in the provinces. In the current study, the delay was exacerbated by the difficulties the HSRC research team encountered in obtaining supportive letters from WHO and the long time it took for national offices to grant permission to pursue the study at provincial level. The implementation of the study also coincided with the peak of national meetings and workshops on the planning of the Children's Act in which most of the key government officials participated.

#### **To assess prevention readiness, prevention resources and child maltreatment prevention capacity:**

To assess the extent to which key players were aware of the need and showed the drive to fund and implement primary and secondary level interventions to prevent maltreatment, interviews were conducted as follows:

- **Individual face to face interviews were conducted with key national government informants** in the Departments of Safety and Security (which houses the police); Social Development, Health and Education. The interviewees were policy makers in child protection services and managers of specific programmes related to child maltreatment prevention. They included the manager of the Children's Act, the director of Early Childhood Development programme who also represents the Department of Education (DoE) on the Steering Committee which is convened by the Department of

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Social Development (DSD) to promote inter-sectoral cooperation on planning for and implementation of the Children's Act. We also interviewed the Commissioner, deputy director and a police superintendent in the Family Violence and Child Protection Division of the South Africa Police Services (SAPS) Legal Services. The Division is responsible for the drafting of the SAPS national strategy for the implementation of the Children's Act. The deputy director also represented SAPS on the interdepartmental Steering Committee mentioned above.

National government sets policy therefore the aim of the interviews was to assess awareness of the extent of the child maltreatment problem and views about the importance of supporting both the production of good quality data to inform intervention as well as prevention programmes at this level of government.

- **Individual interviews with key provincial government informants** in the same departments on the same issues were conducted. At the provincial level, interviewees were managers of the child maltreatment prevention programmes implemented in schools, primary health care services and community in the case of the Department of Safety and Security. Budgetary constraints did not permit full coverage of South Africa's nine provinces. Therefore two predominantly rural (under-resourced) and one predominantly urban province were selected for this purpose (Rural: Eastern Cape and Limpopo; Urban: Western Cape).
- **Documents were reviewed.** Available administrative data captured by various service providers in the public and NGO sectors focuses primarily on cases of abuse and not on programmes to prevent maltreatment. Provinces are the key nodes for service delivery and district offices are supposed to provide information for the compilation of the Child Protection Register (CPR). In addition, child maltreatment prevention resources in the form of legal instruments and provincial policy documents were reviewed. They included strategic plans and protocols of the core departments with prevention mandate in the three provinces. For example, *An Intersectoral Protocol for the Management of Child Abuse and Neglect in the Eastern Cape* and *A Protocol for Multi-disciplinary Management of Child Abuse and Neglect (Western Cape Province)*. We could not obtain the protocol for the Limpopo Province. The policy documents were analysed for content on prevention, evaluations of programmes and data availability. These provided information to assess the extent of level 1 and 2 preventive programming in each province.
- **Focus group interviews were held in each of the three provinces with key non-governmental child protection organisations** that operate at both national and provincial levels as well as community-based organisations. Their representatives were interviewed on the same issues as provincial

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government representatives, but were in addition requested to describe their own interventions where these existed. They were also asked to comment on the adequacy of government support and programmes for maltreatment prevention. Major local NGOs were selected based on the opinions of experts in the field.

The initial plan to use focus groups was partially implemented because it was difficult for all the NGO representatives to meet due to organisational commitments. Two focus groups of NGOs working in the child protection sector were organized, one in Polokwane, Limpopo Province and one in Cape Town, the Western Cape Province. In the Eastern Cape two focus groups with staff members from NGOs in Port Elizabeth and Mthata were held. In addition, face-to-face or telephone interviews were conducted with individuals to obtain the perspectives of representatives who were not able to attend focus group discussions in all the three provinces (see Appendix A for details on the nature of the study participants).

The implemented research strategy generated qualitative data which was analysed thematically based on the objectives of the study.

Data collection was conducted between October and December 2008. The first draft report was discussed in a consultative meeting with most of the study participants and stakeholders who included representatives of the National Departments of Social Development and Health, Western Cape provincial departments and NGOs in February 2009. Due to budget constraints, it was not possible to invite the representatives of government and NGOs from Limpopo and Eastern Cape Provinces to the consultative meeting. It is important to note that the implementation of this study coincided with several processes including meetings for the planning of the execution of the new Children's Act discussed below.

#### **1.4 STRUCTURE OF THE REPORT**

This report is divided into four parts organized according to the Terms of Reference. Firstly, the background which consists of the definitions of child maltreatment; the literature on the extent and risk factors for child abuse and neglect in South Africa including the conceptual framework for understanding child maltreatment; legal and policy framework for the protection of children in South Africa is also presented highlighting both its international and national dimensions. Secondly, the report provides a description of child maltreatment prevention readiness in South Africa according to the key role players' perceptions about the extent, and causes of child maltreatment nationally and in the three provinces. Thirdly, the report describes the nature of responses to child maltreatment highlighting the elements of existing programmes and information systems which contribute to the prevention of child

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maltreatment in the country. Finally, the major conclusions and implications for the implementation for child maltreatment prevention are presented.

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## **2. BACKGROUND AND LITERATURE REVIEW**

Child maltreatment, regardless of its underlying causes, is a widespread global social and health problem with far-reaching consequences for the development and wellbeing of children and its prevention should be a policy priority. The US Centers for Disease Control and Prevention (CDC) view child maltreatment as a serious public health problem with broad immediate and long-term health consequences (Department of Health and Human Services – USA, n.d). Children are victims of abuse and neglect in different spheres including schools and neighbourhoods and at the hands of different perpetrators, some of whom may be family members, parents and other caregivers. But, of particular concern is the abuse and neglect which children face within their homes. Consequences of abuse and neglect may include physical and mental health problems that are costly for both the child and society, such as injuries that maim a child or lead to permanent brain damage, or psychological harm that leads to severe, long-lasting consequences that impair a child’s ability to function educationally and socially (Kendall-Tackett, Williams, & Finkelhor 2004).

### **2.1 DEFINING CHILD MALTREATMENT**

There are several forms of child maltreatment, or neglect and abuse.

#### **2.1.1 Defining neglect**

Neglect is arguably one of the most difficult conditions to define, but the core conceptual issue is to find a way of specifying ‘omissions of care (unmet needs) rather than abusive actions’ (Straus & Kantor 2005). Neglect includes two forms: situational and deliberate. Some families lack the means to provide for their children mainly due to severe poverty and chronic illness. Children in such families may experience what is known as “situational neglect” or “neglect due to failure to provide”. Situational neglect is directly caused by a lack of means to meet children’s needs (such as providing food), and should be distinguished from “deliberate neglect”.

Deliberate neglect is as a result of primary caregivers adopting inappropriate approaches to child care or ignoring the obvious needs of children for reasons other

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than lack of means or capacity. It occurs due to the caregiver's inattention to the child's situation in spite of his or her capacity to act to address the child's need. For instance, where a caregiver is intoxicated and therefore does not feed her children or a child is hungry because a parent has withheld food. It is the latter form of omission that is classified as neglect in the research and administrative systems.

The Children's Bill definition states that neglect is 'the failure by those responsible for the child to meet his/her basic physical, emotional, intellectual and social needs'. The Bill does not elaborate on forms of neglect. On the other hand, the Department of Social Development's Child Protection Register (CPR) Manual classifies neglect into several types in accordance with the approach taken in much research literature (p 47). These include:

*“Psychological neglect: any act or failure to act by the caregiver which results in impaired psychological and/or emotional functioning such as rejection, deprivation of affection, and inappropriate criticism.*

*Physical neglect: failure to provide the necessities required to sustain the life of the child or young person, including neglectful supervision (failure to provide appropriate adult supervision of the child so that there is increased risk of harm).*

*Medical neglect: failure to seek, obtain or follow through with medical care for the child or young person, resulting in their impaired functioning or development.*

*Abandonment: leaving a child or young person in any situation without arranging necessary care for them and with no intention of returning.*

*Educational neglect: failure to provide for the child's educational needs, such as schooling, support and stimulation.”*

### **2.1.2 Defining abuse**

By contrast with neglect, child abuse is a form of active maltreatment and it includes hurting a child physically, engaging them in direct or indirect sexual activity, and exposing a child to emotionally and psychologically harmful situations and behaviours (Dawes & Mushwana, 2007). These forms of abuse are known as physical abuse, sexual abuse and emotional abuse. Often, they co-occur.

#### *2.1.2.1 Physical abuse*

All provincial governments are required to collect administrative data on child abuse using the Child Protection Register (CPR) Manual of the National Department of Social Development which defines physical abuse as: “any act or acts which results in inflicted injury or death to a child or young person. Associated signs include but are not restricted to: bruises and welts, cuts and abrasions, fractures or sprains, abdominal or head injury or injury to internal organs, strangulation or suffocation, poisoning, burns and any repeated injury for which explanation is inadequate or

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inconsistent” (Department of Social Development, 2004). The register implicitly assumes that the injury must be non-accidental.

Other approaches, more typical of incidence research, such as the Canadian Incidence Study, stratify physical abuse into subtypes such as shaken baby syndrome, inappropriate physical punishment, and other forms of physical abuse (Trocmé et al, 2001). Unlike the information captured in the CPR, these definitions implicitly refer to context (for instance, physical punishment which crossed a safety boundary). This enables researchers to use such information in order to plan evidence-based interventions. For example, if inappropriate physical punishment is found to be predominant in a particular population, training parents in other effective methods of discipline, which do not rely on smacking could be an appropriate form of preventive intervention.

#### *2.1.2.2 Sexual abuse*

It is never possible to obtain accurate data on child sexual abuse as this is an illicit and secret activity. Child sexual abuse commonly has two basic elements (Finkelhor, 1994):

- “sexual activities involving a child, and
- abusive conditions, which exist when:
  - the child’s partner has a large age or maturational advantage over the child or
  - the child’s partner is in a position of authority or in a caretaking relationship with the child; or
  - the activities are carried out using force or trickery.”

In the national administrative data system of the Department of Social Development, the CPR Manual definition is as follows:

“Sexual abuse is any act or acts, which result in the exploitation of a child or young person, whether with their consent or not, for the purposes of sexual or erotic gratification. This may be by adults or other children or young persons. Sexual abuse may include but are [sic] not restricted to the following behaviour:

- Non-contact-abuse: exhibitionism (flashing), voyeurism (peeping), suggestive behaviour or comments, exposure to pornographic materials or producing visual depictions of such conduct.
- Contact abuse: genital/anal fondling, masturbation, oral sex, object or finger penetration of the anus/vagina and/or encouraging the child/young person to perform such acts on the perpetrator.
- Involvement of the child/young person in exploitive activities for the purposes of pornography or prostitution.

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- Rape, sodomy, indecent assault, molestation, prostitution and incest with children.” (Department of Social Development, 2004).

Good definitions of abuse and neglect are necessary if one wishes to describe the phenomena with any degree of accuracy. While it is generally agreed that child abuse may be regarded as active and deliberate maltreatment of a child, and neglect could generally be regarded as more passive in nature – as acts of omission rather than commission, different approaches to definition are evident in government. It is important, however, to bear in mind that neglect commonly involves chronic situations that are not as easily identified as specific incidents (Trocmé et al. 2001).

## **2.2 EXTENT OF CHILD MALTREATMENT AND DATA CHALLENGES**

Accurate data on the scale of child maltreatment is notoriously difficult to obtain with different forms of child maltreatment receiving varied degrees of attention. Worldwide, it is recognized that incidence reports to the police or welfare agencies are the tip of the iceberg. The World Health Organisation (2006, p.2) noted that despite it being a common social problem, child maltreatment is under-reported. Studies conducted in developed countries indicate that profiles of families and children affected by child abuse and neglect are limited. The first comprehensive child abuse and neglect study in Canada was conducted as recently as ten years ago (Trocmé, Tourigny, MacLaurin & Fallon, 2003). Finkelhor (2008, p. 6) shows that there is underreporting of crimes against children including child maltreatment.

South Africa is no exception; however, surveys undertaken with university students, school children and adolescents to assess exposure to various forms of abuse and violence provide pointers to the significant scale of the problem in South Africa (Rakitzis, 1987 cited in Dawes, 2006). As in other countries, the major barriers to obtaining accurate trends include failure to recognize and report child abuse to authorities (Dawes & Ward, 2008), and inconsistencies in the definitions used in clinical and legal records and inaccuracies in record keeping (Richter & Higson-Smith, 2004). Van der Merwe and Dawes (2007) illustrate the difficulties of obtaining reliable statistics on childhood non-fatal injuries, which is a problem caused by lack of geographically representative and appropriately disaggregated data at national and provincial levels. Even administrative data such as children’s court inquiry records may not be captured comprehensively due to limited social work supervision rendered during investigations and reporting (Makoae, Dawes, Loffell & Ward, 2008). Furthermore, availability of dependable statistics on different forms of child maltreatment varies greatly across provinces and between rural and urban areas. This variability suggests that it is not entirely impossible to record and

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assemble reliable statistics on the extent of the types of child maltreatment in any jurisdiction.

While the Western Cape Province has over time accumulated evidence through surveys and there are indicators to certain forms of child victimization, the same cannot be said about most of the poor and predominantly rural provinces. These include the Limpopo and Eastern Cape provinces, which are addressed in the current study. For example, Dawes, Long, Alexander & Ward (2006) noted from previous reports that about 16% to 21% of children in the Western Cape Province had been exposed to domestic violence in some form or another with a significant proportion of homes shown to be characterized adults who lived with children in the province stating that they had either perpetrated violence against their intimate partners, or had been the victims of such violence.

The major limitation to South African data sources is lack of surveillance or community-based prevalence studies on child maltreatment. The need to integrate child protection into local development plans suggests that small-scale studies using districts and local municipalities as units of analysis are necessary.

Efforts to obtain patterns on the trends and extent of the problem overtime were undermined by “racialised reporting” of abuse and neglect during apartheid which excluded African children (Pierce & Bozalek, 2004). Other administrative data sources have also proved problematic. For instance, police data, which includes crimes against children, has two problems: first, the categories of crimes against children do not map neatly against the categories of child maltreatment, making it hard to interpret; secondly, in some categories of crime (such as rape) the age of the victim is often not recorded, so that figures for child victims are inaccurate (Dawes, Long, Alexander & Ward (2006). In addition, different studies focus on specific forms of maltreatment. For example, a study conducted by the Community Agency for Social Enquiry (CASE, 2005) focused on child sexual abuse and exploitation. Adult retrospective surveys could also assist in providing rough estimates of the scale of the problem. However the reliability of such information is questionable.

Information systems are generally viewed as fragmented due to poor reporting by civil society organisations which are mandated to collect the information on child abuse and neglect at district level, and poor coordination of state and civil society efforts. The problems include dysfunctional child protection register (CPR) systems in the provinces. While the CPR – a register of all incidents of child maltreatment that are reported – can potentially provide cost-efficient incidence data (provided the register works well), authorities agree that carefully constructed incidence and prevalence studies are the best way to overcome the problem of under-reporting inherent in the secret nature of child sexual abuse, and provide the best estimates of the problem (e.g. Trocme et al. 2001; Trocme et al. 2005). Lack of data in the

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country is a significant weakness when it comes to implementing prevention programmes which are based on systematic evidence. Lack of comprehensive statistics and lack of community-specific evidence on the problem remain a major challenge.

Regardless of these caveats, South Africa data indicates that the scale of child maltreatment including sexual and physical abuse, and neglect, is significant. And there is consensus among scholars that increasingly, there is awareness that child abuse and neglect is a severe social problem that may well be escalating, in severity if not also in extent (Loffell, 2004; Pierce & Bozalek, 2004; September, 2006; Richter & Dawes, 2008). The health and psychosocial implications of sexual abuse justify why prevention should be emphasized.

### **2.3 ADDRESSING RISK FACTORS AND PROTECTIVE FACTORS: THE ECOLOGICAL MODEL**

Prevention means to decrease the frequency of new child maltreatment cases through direct efforts to remove or reduce the underlying causes and risk factors, and by harnessing the indirect effects of various policies and programmes that may contribute directly and indirectly to reducing exposure to risk factors and underlying causes. Therefore, it is critical to identify the factors which increase the susceptibility of children to maltreatment at different level of the environment and implement programmes which seek to alleviate the causes of the specific sub-types of child abuse and neglect in a community.

#### **2.3.1 Causes and risk factors**

CASE (2005: iii) notes that in South Africa, “the home is a common setting in which child sexual abuse occurs”. From this perspective, the risk of maltreatment within the home sphere defies some of the common constructs of “the home” as a sanctuary. The socioeconomic conditions in disadvantaged communities with limited housing particularly place children at risk of maltreatment. For instance, over-crowded housing may lead to sexual abuse in the form of exposure to sexual activities, and actual violation by lodgers may also occur (Richter & Dawes, 2008). Dawes, Willenberg and Long also conjecture that child abuse in the country could be an issue for housing policy (Dawes, Willenberg & Long, 2006).

It is also of concern that the perpetrators of child abuse and neglect are mostly individuals familiar to the child such as parents and close relations of the child’s parents. National attitudinal surveys (Dawes, De Sas Kroppiwnicki, Kafaar & Richter, 2005) and reviews of children’s court inquiries records (Makoae, Dawes, Loffell & Ward, 2008) point out that primary caregivers who nurture children with limited social support under chronic poverty, stress and alcohol abuse present a risk factor for children. In addition, the impact of HIV and AIDS epidemic on families may have also exacerbated the vulnerability of children to abuse and neglect.

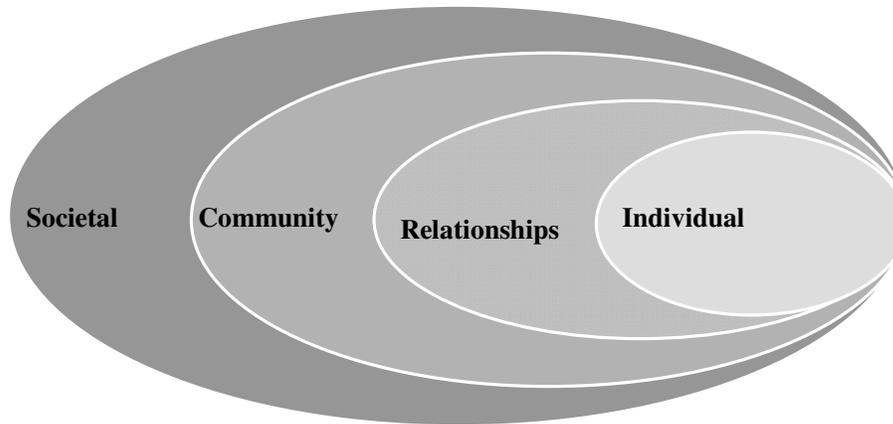
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Despite lack of comprehensive studies, evidence on the determinants of child maltreatment in South Africa points to poverty, gender inequality, gender-based violence, lack of parenting skills and a culture which tolerates physical punishment of children as some of the contextual factors which tend to correlate with child maltreatment. Many children in South Africa live in households with low levels of income (Children's Institute, 2006) and their caregivers are mainly single parents with low education and are unemployed (Department of Social Development, 2006). Studies show that although child maltreatment occurs across class, entrenched poverty and socioeconomic inequalities created by the apartheid policies are the primary contexts within which child maltreatment – both abuse and neglect - occurs (September, 2006; Richter & Dawes, 2008). The effect of some of the laws which provide for children's well-being is greatly hampered by the widespread poverty in the country (Proudlock & Mahery, 2006). A study of children's court inquiries in the Western Cape identified poverty, substance abuse, and young mothers who lacked support networks and parenting skills as primary risk factors for child physical abuse and neglect including abandonment (Makoe, Dawes, Loffell & Ward, 2008).

In the Western Cape Province efforts to understand and reduce child maltreatment have increasingly adopted the ecological model – Figure 1 (Dawes & Ward, 2008). The model describes the interaction among individual characteristics, social relationships, neighbourhood traits and societal factors which increase the susceptibility of certain individuals to maltreatment (risks) and those which reduce such vulnerability (protective factors). The model has been used to explain risk factors for child maltreatment in South Africa as well as for formulating child protection plans for the province (Dawes, Long, Alexander & Ward, 2006).

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**Figure 1 Ecological model explaining interaction of the risk factors for child maltreatment at different levels**



Source: WHO, 2006. Preventing child maltreatment: A guide to taking action and generating evidence

### **2.3.2 Prevention: Addressing risk factors and enhancing protective factors**

There is a relationship between the ecological approach to preventing child maltreatment described above, and the eight-element protective environment framework developed by UNICEF to guide countries in designing child protection plans (UNICEF, *Child protection from violence, exploitation and abuse*). Both identify the factors which may protect or harm children as conceptualized at different levels of the children's environment.

They eight elements of a protective environment are:

- (1) *Protective attitudes, traditions, customs, behaviours and practices at societal level;*
- (2) *Government commitment to fulfilling child protection rights* which is illustrated by acknowledging the extent of the problem and commitment to providing legal and policy frameworks which are in accordance with international standards, enforcement of laws and implementation of appropriate programmes;
- (3) *An environment which promotes open discussion and engagement with child protection issues* by encouraging children to speak freely about such issues and involvement of the media and civil society;

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(4) *Development of adequate legislative framework* to protect children from abuse and its enforcement;

(5) *Strengthening the capacity of families and communities* to protect children as well as professionals who interact with children and are most likely to observe abuse to develop the motivation, skills and authority to identify and respond to child abuses;

(6) *Providing children with life skills, knowledge and enabling participation* to reduce their vulnerability to abuse and awareness of available services to protect them;

(7) *Monitoring and reporting* to facilitate evidence-based responses; and

(8) *Services for recovery and integration.*

Consistent with the underpinnings of the ecological model and the guidelines by UNICEF, various views by practitioners and researchers agree that to prevent child maltreatment, societies need supportive legislative, policy and institutional frameworks as well as effective programmes which are adequately funded to address the needs of families (McFarlane, Doueck & Levine, 2002 p. 322; Geeraert, Van den Noortgate, Grietens & Onghena, 2004; SANGONET, 2008). The following is a description of South Africa's commitment to child protection as illustrated by its legislative, policy and institutional framework.

## **2.4 CHILD PROTECTION LEGISLATIVE, POLICY AND INSTITUTIONAL FRAMEWORK**

Major legislative and policy strides have been made by the democratic state to safeguard the human rights of children (Richter & Higson-Smith, 2004; September, 2006; Richter & Dawes, 2008) with these efforts culminating in the enactment of the Children's Act (No 41 of 2007).

A major policy initiative following the democratic transition in 1994 was the establishment of the National Programme of Action (NPA) for children in the Office of the Presidency as an institutional structure in government. This institution was established to co-ordinate the development and implementation of public policies and programmes that put vulnerable children first, as well as to monitor performance towards realising child rights, objectives and obligations. The signing of the International instruments such as the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of Children (ACRWC) were some of the earliest commitments by the democratic government to the protection and welfare of children (Bray & Dawes, 2007). Domestic laws also evolved to make children's care and protection a policy priority. The Constitution guarantees the rights of children to freedom from abuse, neglect, and maltreatment [Section 28 (1) (d)]; to family care, parental care or appropriate

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alternative care if removed from the family environment [S28 (1) (b)] and the right to basic social services [Section 28 (1)(c)].

Several laws have been enacted to address child maltreatment and victimization which authorities recognize as a serious problem in society. In particular, law reform was intended to give effect and align legal instruments to the Constitution and international instruments to which South Africa is a signatory. The Children's Act (No 38 of 2005) as amended by the Children's Amendment Act (No 41 of 2007) is the key legislation. The Children's Amendment Act sets out principles relating to the care and protection of children, defines parental responsibilities and provides for prevention and early intervention (Government Gazette No. 30884, 18 March 2008). The Children's Act also places the obligation of providing social services for vulnerable children on the state thus changing the common view that such services are provided by benevolent non-profit organisations (NPOs) (Budlender & Proudlock, 2008). Chapter 8 of the Act provides for prevention and early intervention services which include the following:

- Family preservation services
- Parenting skills programmes/counselling
- Parenting skills programmes/counselling and support groups for parents with children with disabilities and chronic illnesses
- Parenting skills programmes/counselling to teach parents positive, non-violent forms of discipline
- Psychological, rehabilitation and therapeutic programmes for children affected by abuse, neglect, trauma, grief, loss or have behaviour and substance abuse problems
- Programmes aimed at strengthening/supporting families to prevent children from being removed into statutory care.

The Department of Social Development is the principal role-player with responsibilities which include policy formulation, funding and coordination of efforts intended to address child maltreatment and the protection of children. However, other government departments – Departments of Health, Education and Safety and Security are also required to implement policies and programmes in this area are (Dawes & Ward, 2008). For example, the provincial intersectoral child protection protocols specify each of these departments' roles and responsibilities in the provision of child protection services including the implementation of prevention programmes.

September (2006: S66) argues that there is "policy-level commitment from the government to protect and promote the welfare of children" following the installation of the democratic state. The key document which provides a policy framework for reducing child maltreatment and mitigating its impact is the National

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Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (Department of Social Development, 2004). The policy framework also emphasises the need for streamlining child-related issues and providing integrated inter-sectoral services to beneficiaries. According to Giese & Sanders (2008) cooperative governance is a key principle based on Section 41 of the Constitution and facilitated through the Intergovernmental Relations Framework Act (Act 13 of 2005). This understanding has also led to the creation of a range of structures at national and provincial levels responsible for child care and protection policy implementation. Various government and civil society agencies emphasise inter-sectoral collaboration to enhance delivery of social services (Sadan, 2004). This situation provides an enabling environment for implementation of programmes which address child protection in a coordinated manner, but there is widespread concern that the principle is not applied consistently.

Two main ways in which the Children's Act and the ideal of cooperative governance have been given effect is through the creation of national and provincial child care and protection structures (Giese & Sanders, 2008) as well as through budgetary allocations to the Department of Social Development at national level by the Treasury and provincial level by the provincial legislatures (Budlender & Proudlock, 2008). The child care and protection structures are led by the Department of Social Development at both levels of government. Giese and Sander (2008) identify structures which are currently responsible for monitoring child protection issues: the Child Care and Protection Forum and the Child Protection Committee at national level as well as the Child Care Forums and Child Protection Committees at provincial level. They all reflect partnerships between state organs and civil society, including non-profit organizations. While these structures have a potential to coordinate efforts on the prevention of child maltreatment, where they function well, their work is predominantly oriented to child protection while interagency cooperation is also weak.

## **2.5 CHILD MALTREATMENT PREVENTION**

It is also necessary to adopt systematic approaches to child maltreatment prevention. The approaches require a practical understanding of the risk factors and protective factors in families, neighbourhoods and communities is critical. Prevention is done through implementing programmes and services which improve the behaviours and wider contextual circumstances of families (Petersen, Aber, Billingsley, et al. 1993; McFarlene, Doueck & Levine, 2002; WHO & ISPCAN, 2006).

The goals of preventive interventions therefore are threefold: (1) to minimise the identified risks correlated with abuse and neglect and to improve the outcomes for children and vulnerable families; (2) to enhance the protective factors; and (3) to

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alleviate the effects of child victimization and prevent it from reoccurring (Petersen, Aber, Billingsley, et al, 1993).

### **2.5.1 The Public Health Model**

The public health model provides a systematic way of protecting children from violence by structuring prevention so that primary prevention programmes have the widest coverage, and the more expensive secondary and tertiary programmes are then carefully targeted to those who need them most. The approach depends on effective surveillance and information systems which help to track violence and neglect against children in society as well as an enabling policy environment to prevent the problem from occurring.

The public health approach to child maltreatment is guided by the following considerations (WHO, 2006):

1. implementing measures to prevent violence against children;
2. detecting cases and providing early intervention;
3. providing ongoing care to victims and vulnerable families where maltreatment occurs in order to reduce the long-term impact of maltreatment;
4. preventing the reoccurrence of violence

The approach follows four interrelated steps (WHO Violence Prevention Alliance, n.d.):

1. Problem delineation based on systematic collection of data
2. Identification of risks and protective factors and the causes of child maltreatment
3. Developing and evaluating intervention programmes for their effectiveness
4. Implementation and scaling-up of programmes which, following evaluation, show potential

### **2.6 Implementing Child Maltreatment Prevention Programmes**

Prevention of child maltreatment requires allocation of resources to programmes identified in the legal and policy framework. A study conducted on behalf of Save the Children Sweden focusing on child sexual abuse and exploitation advocates for multifaceted programmes which address poverty, gender inequality, gender-based violence, reproductive health and rights, parenting skills and conflict resolution to reduce the problem (CASE, 2005). It has also been argued that part of the reason children are susceptible to maltreatment, especially with regard to child sexual

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abuse, is their lack of knowledge and experience to help them keep away from harmful people and it is in this context that prevention strategies which impart information to children are necessary (Finkelhor, 2008, p.7). However, it may also be argued that child services which are not family-oriented have shortcomings since they may capacitate children while the larger environment remains almost unchanged.

A range of challenges to implementing child maltreatment prevention programmes in South Africa have been identified and they include limited technical and resource capacity for the child care and protection sector. Sloth-Nielsen (2003) observes, in the context of child-headed households, that the major challenge for the prevention of child abuse and neglect as well as the protection of children is lack of resources. According to Sadan (2004) there has been a plethora of policies that recognize the well-being of children but the key challenge “has been to implement programmes that can deliver these services” (p. 245). The consequence of this situation is that state’s responses to children’s right to protection from abuse and neglect has been characterized as inadequate.

However, recent reviews on structural arrangements (Giese & Sander, 2008) and budgets (Budlender & Proudlock, 2008) provide a sense of the level of commitment by government through resource allocation to state organs and civil society organisations which provide services for vulnerable families and children. In particular, Budlender & Proudlock’s (2008) review on the 2007 and 2008 budget estimates of the Department of Social Development Provincial expenditure in relation to three sub-programmes – child care and protection, HIV and AIDS, and family care and support – suggest that there were improvements. This is indicated by the three sub-programmes’ budgetary shares of 34%, 10% and 3%, respectively. They conclude that although these resource allocations were insufficient to finance the ambitious Children’s Act, the state’s commitment to the Act was unambiguous. Child care and protection, especially early childhood development (ECD) and children’s homes, were identified as priorities. The role of ECD in preventing child maltreatment by reducing the burden of care on the primary caregivers is also increasingly being recognized (Makoae, Dawes, Loffell & Ward, 2008). It is however, a concern that despite the care and support to families sub-programmes being linked to the prevention and early intervention services (Chapter 8 in the Children’s Act), this area was receiving the least budgetary support (Budlender & Proudlock, 2008).

## **2.7 Interventions used for prevention of child maltreatment in South Africa**

In South Africa, child protection programmes and services are conceptualised as being delivered at the four levels of intervention shown in Figure 2. It is based on the Integrated Service Delivery Model (ISDM) of the Department of Social

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Development. The Figure is also informed by the elements of UNICEF's Protective Environment.

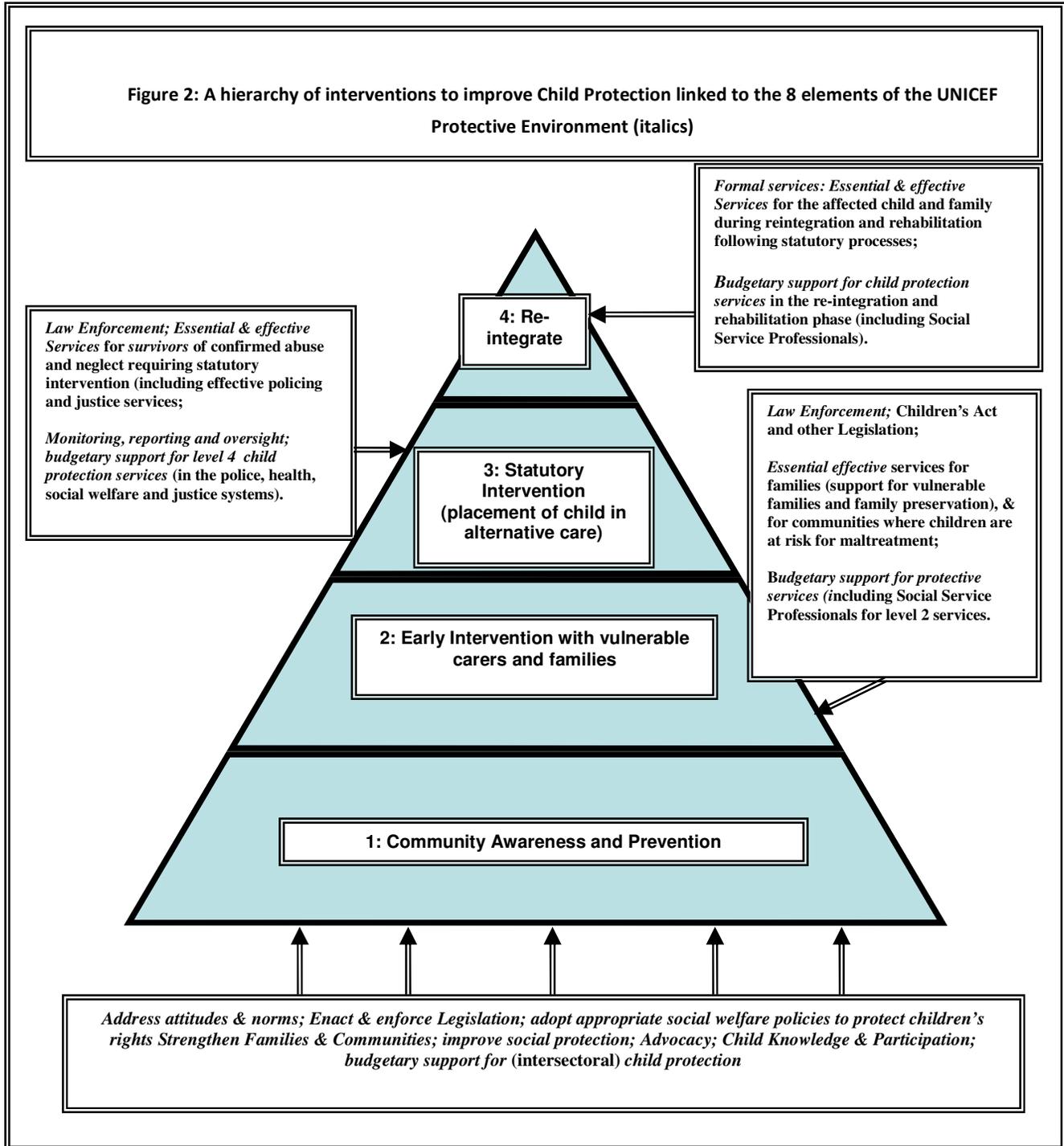
The Service Delivery Model (SDM) levels were not designed to be aligned with the levels of prevention used in the public health model. Indeed the case can be made that disease models do not map neatly onto child abuse and neglect because the progression of this problem is not analogous to the progression of a disease process. However there are parallels.

Level 1 in Figure 2 would include primary and universal preventive interventions that attempt to prevent the problem from occurring in any sector of the population (hence they are universal). At the societal level attitudes and norms; enforcement of legislation; adoption of appropriate social welfare policies to protect children's rights, strengthening families and communities; improving social protection; advocacy; improving child knowledge and participation; and budgetary support for (intersectoral) child protection are the necessary ingredients of prevention-focused interventions (Dawes, 2007).

Level 2, targets selected groups of people (in this case particularly vulnerable families) who are known to have features that place children at risk for child maltreatment. This level could include the detection of cases of maltreatment and their management so as to prevent the escalation of the problem to the point where there is a need for invocation of statutory procedures to remove the child (secondary prevention i.e. early intervention). Such policy actions are associated with Levels 3 and 4 (tertiary level interventions in commonly used public health parlance).

While acknowledging that child protection involves a continuum of services ranging from prevention to therapeutic interventions, there is a concern that the emphasis in South Africa is on the 3rd and 4th levels of intervention in Figure 2. Child care and protection strategies in South Africa have historically been predominately non-preventative but focused on therapeutic measures. This approach has serious resource implications for society and its effectiveness is limited by inadequate resources to ensure availability of services at these levels. Loffell (2004) questions the efficacy of the child protection system which is primarily individualized and its response to child maltreatment is based on referred and investigated cases. The concern is that the problem is ubiquitous and is believed to be intertwined with a variety of historical and contextual factors in society.

**Figure 2: A hierarchy of interventions to improve Child Protection linked to the 8 elements of the UNICEF Protective Environment (italics)**



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## 2.8 Prevention programmes and their key characteristics

There is a strong argument for the prevention of child maltreatment in society. It is recognized that child maltreatment is a complex problem with different risk factors which are usually correlated and undermine child well-being and developmental outcomes. Prevention is necessary because of both the immediate effects of child abuse and neglect such as physical injury, emotional distress and the consequences for family cohesion when it becomes necessary to remove children and place them in alternative care. International studies indicate that long-term consequences include some of the behaviours of public concern such as different forms of health-risk behaviours (alcoholism, smoking, drug abuse, sexual promiscuity) which individuals affected by childhood maltreatment usually adopt as means of coping (World Health Organisation, 2006). The WHO manual also points to the implications at a societal level, of failing to prevent child maltreatment whereby demand for social, health and legal services increases and systems may not cope to deal with the problem. Perhaps this is the situation in South Africa where prevention programmes have historically not been policy priority and, under apartheid, the majority of children were excluded from services intended to alleviate the consequences of abuse and neglect.

The common preventive programmes identified in the literature are the following: home visitation, parental education, and school-based child sexual abuse prevention programmes (Petersen, Aber, Billingsley et al. 1993; McFarlene, Doueck & Levine, 2002). Other initiatives such as maternal and child health and early childhood development programmes also provide services which have preventative effects.

1. *Home visitation programmes*: They are used to address risks at relationships level and common risk factors include poor parenting practices, intimate partner violence, and poverty. Visitations by professionals or volunteers can improve parent-child interaction and lead to positive parenting practices and attitudes towards the child thus reducing child neglect and physical abuse.

2. *School-based sexual abuse programmes*: They teach children to be vigilant and assertive when it comes to proper and improper touch. One of the criticisms against this approach to reducing risks for child maltreatment is its exclusive focus on children and less consideration of parents and offenders (McFarlene, Doueck & Levine, 2002). This may be true even of therapeutic interventions for victims of sexual abuse.

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3. *Parenting skills programmes*: They train parents in effective methods of discipline which do not rely on coercive parenting practices including corporal punishment. These interventions attempt to reduce emotional abuse, physical abuse and related childhood physical injuries. The argument is that despite the widespread parenting challenges which certainly occur across the social class of any society, “most parents never receive parenting help in dealing with common everyday behaviour problems” (Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009 p. 2). Interventions which provide parenting skills might be seen as relevant for vulnerable parents who have been reported to social services on accounts of child maltreatment, or may be introduced at different stages of motherhood and fatherhood (though most of the time women become beneficiaries because they are targeted through antenatal and maternal health care). Recent evidence shows that a population-based intervention which improves parenting at population instead of individual level tends to have a broad impact and achieves improvements on all indicators: substantiated cases of child maltreatment, child out-of-home placement and child maltreatment injuries (Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009).

#### *2.8.1 Effectiveness of Prevention Programmes*

An effective prevention programme is one that reduces the incidence of child maltreatment in the targeted population, or at least slows down the rate of incidence increase (WHO, 2006). Evidence regarding the performance of different strategies is obtained through systematic collection of information prior to the intervention (baseline) and comparing it with information collected at intervals following implementation to see if there are any changes. Programme effectiveness may also be measured through experimental research designs which include control groups. Careful monitoring and evaluation of programmes is integral to their design.

International literature also identifies specific characteristics which enhance the effectiveness of prevention interventions. For example, programmes’ effectiveness increases when they are implemented early, that is before families could be referred to authorities and social services or the cases are substantiated (Geeraert, Van den Noortgate, Grietens & Onghena, 2004). These authors highlight the importance of interventions introduced during antenatal care or immediately after birth. Researchers also advocate for programmes which are implemented over a reasonably long periods of time because they are more likely to lead to change (CASE, 2005; Geeraert, Van den Noortgate, Grietens & Onghena, 2004). They emphasise that short-term and irregular home visitations are less effective. Prevention is done through implementing programmes and services which improve on the behaviours and wider contextual circumstances of families (Petersen, Aber, Billingsley et al. 1993; McFarlene, Doueck & Levine, 2002; WHO, 2006). While the primary focus of the Children’s Act is on children identified as maltreated, there is

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also provision for preventive and early intervention services. Provision is made at regional and local level for intersectoral child protection structures. Again (and if they function), the focus is on tertiary intervention.

This study critically assesses the extent to which current South African policies, programmes and interventions are likely to be contributing to the prevention of child maltreatment by examining the readiness of the country to implement child maltreatment prevention programmes and availability of resources from the perspective of policy makers and managers as well as service provider representatives. It also identifies the implications for developing country child maltreatment prevention capacity as well as provides recommendations.

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## **FINDINGS**

### **3. ASSESSMENT OF CHILD MALTREATMENT PREVENTION READINESS**

This part of the report presents the findings regarding the extent to which child maltreatment was considered a problem in South Africa by policy makers and managers (directors and deputy directors) of government programmes and services which can reduce the incidence of child abuse and neglect which happen within the family context. Through structured interviews, the senior government representatives' beliefs about child maltreatment were examined. At the national level, six interviewees in the Departments of Education, Health, Social Development and Safety and Security were contacted. Similarly, managers of government divisions or programmes (in provincial departments) which have the potential to reduce child maltreatment were interviewed. The programmes and processes included in the study were the following:

- Children's Act implementation
- Child Protection: Children & Families Programme
- Schools Safety
- School Nutrition Programme
- Early Childhood Development
- Public Health
- Violence and Child Protection Division within SAPS
- Social Crime Prevention

The interviews sought to understand these professionals' readiness to implement child maltreatment prevention programmes by assessing their understanding of the difference between child protection services and child maltreatment prevention, appreciation of the magnitude and consequences of child maltreatment, understanding of the causes and risk factors of child abuse and neglect within the

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home context in particular; and their awareness of evidence base to guide prevention strategy selection.

### **3.1 PREVENTION AWARENESS**

Some of the study participants' responses suggested that they did not have a clear understanding about child maltreatment prevention and the difference between child maltreatment prevention and child protection. In some instances there were differences observed between different levels of government in the same departments. In South Africa, although role-players in the child welfare sector deliver services at different levels of the Integrated Service Delivery Model (Figure 2) to protect vulnerable children and families including those affected by child maltreatment, the notion of 'child protection services' (CPS) is used broadly in policy documents and everyday language. For example, although the provincial protocols for multi-disciplinary management of child abuse and neglect referred to prevention, secondary and tertiary services, they were all referred to as *child protection services*. Apart from awareness raising campaigns in relation to sexual abuse, some of the participants from the NGO sector could not specify the elements of their programmes which could prevent child maltreatment and indeed most initiatives did not provide prevention (they mainly included early intervention services). Poor knowledge of how programmes especially those which were not provided by the DSD could reduce or eliminate child maltreatment was also identified. For instance, while national department representatives articulated programmes which contributed to child maltreatment prevention, in some cases their provincial counterparts were not able to show such links. Health promotion including effective parenting for child survival, growth and development; nutrition programmes and school health services which involved collaboration of the DOH with the Department of Education to ensure that learners were kept healthy, were highlighted in the information provided by the national DOH. However, in the provinces, such knowledge was limited.

This report adopted the strict definition of child maltreatment prevention: initiatives intended to reduce the causes and risk factors including harnessing of the indirect outcomes of other policies and programmes that may have similar effects (even indirectly).

### **3.2 APPRECIATION OF CHILD MALTREATMENT MAGNITUDE AND CONSEQUENCES**

Child maltreatment – the abuse and neglect of children – is an endemic problem in South Africa. Senior officials responsible for policy formulation in the key government departments at national and provincial levels and representatives of

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child and family welfare organisations perceived child maltreatment to be a severe societal problem. The cases reported to the police and child and family welfare agencies and those which make their way into mass media were considered only the tip of the iceberg. They believed that many child maltreatment cases which occurred in the home, especially those related to sexual abuse and neglect in some communities, went unreported.

Under-reporting of child maltreatment has three dimensions. First, it was reported that family members, children and school authorities sometime conceal child maltreatment, to avoid stigma and negative publicity. Second, while some partner organisations and government agencies have mechanisms for capturing information on child maltreatment, the adequacy of such was undermined by inconsistent definitions of abuse and poor data disaggregation, particularly disaggregation by form of maltreatment. This occurred especially with domestic violence. The physical and emotional harm caused by such conflict was not captured carefully in most cases. Third, although two of the three studied provinces had child protection protocols there was dearth of coordinated strategies and plans for child maltreatment prevention at provincial level. Finally, it seemed that in two of the three provinces studied and for some interventions, information systems were inefficient and some of the collected information was not aggregated and centrally available. Therefore, the magnitude of child maltreatment discussed is primarily a reflection of the key informants' common perceptions of how widespread and severe the problem is for South Africa. The limitations of their frameworks and the implications thereof for effective implementation of child maltreatment prevention will be highlighted.

An assessment of the views of most of the senior representatives of government departments and NGOs that have the responsibility to provide child protection services in relation to child maltreatment shows that there is a common understanding that this is a serious problem. Most of the interviewees could not provide clear statistics on the extent of child maltreatment highlighting gaps in the recording, categorisation and under-reporting of child maltreatment information. Only in a few cases did the interviewees cite statistical information. For example, the three representatives of the Eastern Cape Department of Social Development stated that the Department's 2008 mid-term report recorded 80 children registered in the Child Protection Register. Childline Eastern Cape, based in Port Elizabeth, reported that they receive 80 new cases of sexual abuse and / or neglect of children each month.

Despite these shortcomings, the interviewees generally agreed that the extent of the problem justified societal responses.

*'...It's difficult to give a percentage but it's a big enough problem for us to have to do something about it. And I think it's bigger than what we have as reported cases because with much of the anecdotal evidence that exists one can see that many*

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*families don't report maltreatment in the home. And unless it is recorded and captured, etc., the extent of the problem is not accurate in my view ... (but) it's big enough to be concerned about it.... Someone was saying on the radio yesterday that they don't even want to look at the newspaper ...because of such horrific things' (Manager, DoE – National)*

*'I can't guarantee that no-one in the whole Department differs but as a general principle there is agreement...from management to the lowest level, that child abuse is a serious problem in the country... We are often called out to incidents of domestic violence ... huge incidence ... to assist with protection and ensuring that orders are complied with, SAPS are dealing with crimes – any extent is unacceptable.... In the last six months of last year more than 50 000 incidents of domestic violence were reported to us... less than 50% were specifically child-related...even though children may not be directly assaulted they are affected psychologically by the violence between the spouses ...' (South Africa Police Services, National)*

*'I think it's a huge problem in regards to child abuse cases that have been reported and some of them that have not been reported...based on the cases that have been referred to us...and from working within the communities...' (Representative, NGO, Western Cape)*

The interviewees' understanding that child maltreatment is a serious problem is largely based on their perception that it happens at unacceptably high levels. The national key informants provided anecdotes regarding the extent of the problem, and could not provide precise statistics on the scale of the problem. Responses of this kind from senior officials are problematic in situations where policy direction can significantly be influenced by availability of reliable statistics but also because such responses give the impression that child maltreatment is not measurable.

At the provincial level, beliefs about the extent of the problem were based on media reports, statistics from a limited number of districts that submitted reports, the child protection Register even though it was not consistently maintained and experiences with some of the highly affected communities. Key informants stated:

*'There's no easy answer to it...reported cases in newspapers and all the stuff like that. Unfortunately we do not have numbers...and it is a big problem because not all the cases are being reported in any case...at this moment in time we only get documentation in 4 of our (16) districts and...it adds up to about 200 over a period of 3 months...that has been reported.'* (Provincial DSD, Western Cape)

*'It does exist in the province. From records, for example, the mid-term report records 80 children in their child protection register. Sometimes the stats are not a true reflection, but the figures are an indication that there is a problem. It is taken seriously as a problem in the Eastern Cape – from our partners you can see there*

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*are many programmes – NGOs and government, so everyone is taking it seriously.'*  
(Provincial DSD, Eastern Cape)

Some of the interviewees also indicated that in some instances community members were equally aware of the extent of the problem. Some communities were concerned about child maltreatment and wanted interventions intended to improve their well-being to also prioritise helping families to prevent child abuse. One of the provincial key informants highlighted this aspect:

*'I say this because of observations which were made...at our facilities by our health promoters from communities.... And I can give you an example of a research that took place where...basically...we had field workers going out to introduce ventures to prevent accidents in the home...and one of the most difficult things that they encountered was that they said ...among the caregivers that they interviewed a lot of them said that the problem was not actually that the children are subject to accidents but that children are subject to abuse. In other words so they were actually looking for people to assist them with issues of abuse, child abuse issues within the family...that was just as much at the top of their minds...saying that I can't prevent it...I can't use accident prevention method ... (Provincial DoH, Western Cape)*

But, in some instances, issues around child maltreatment could be less understood. For instance, in the Limpopo Province, there were indications that some of the key role players did not have a common understanding of the extent of child maltreatment and that some of the government representatives believed that child maltreatment was not a serious problem in the province.

There was also no uniformity of beliefs about the distribution of child maltreatment. Some interviewees believed that the problem was less prevalent in the rural areas because there was social cohesion, but others believed that low education among rural communities was a risk factor. According to one of the representatives of the SAPS, respect for tradition and traditional leadership was a protective factor for children. However, the impression that child maltreatment was not common could be attributed to the fact that police would only be aware of reported criminal cases:

*'According to us in the...the... [stammering] proactive policing...we don't have a serious problem, we don't do that...yeah...the thing is that people here in Limpopo they still have that respect for their chief, the induna's, they listen to those leaders more and then they have this...this...this fear of being exposed by being suspects before the eyes of the chief. They still respect...the traditional leaders because you know we are mainly rural here.'* (SAPS, Limpopo Province)

This view differed from that of service providers in the community. Participants in NGOs focus group and those who were interviewed individually acknowledged that child maltreatment in the province was unacceptably high.

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*'...it is very high, particularly looking at the fact that, I think my argument will be based on the statistics or the numbers ...at least on a monthly basis. I can say that on average we normally see, 60 cases involved in domestic violence and 40 cases involving assault. Amongst those cases which I've just mentioned, if you look at the statistics, 40% of those cases involve children...it might be children who have witnessed domestic violence, if it's sexual assault, it involves children who have...who have...have been sexually molested, you know. Yes, so I can that seriously... (Thohoyandou Victim Empowerment Centre, Limpopo)*

### **3.2.1 Consequences of child maltreatment**

The question of whether representatives of government departments and non-governmental organisations with mandates related to promoting child well-being viewed child maltreatment as a social and health problem with serious consequences was also examined.

Appreciation of the consequences of child maltreatment for society, families and individuals is another important element of prevention readiness. This study has generated limited evidence for readiness using this criterion. However, the common understanding among the interviewees was that most of the abuse and neglect happened within the home setting but that the consequences of child maltreatment affected the functioning of other systems of society. One of the identified implications of child maltreatment included its impact on learning outcomes:

*'I am the provincial safe schools [programme] manager. And a lot of the issues that we are dealing with is based on maltreatment of children in their home environment and it impacts on their schooling and so in as far as....reported cases is concern, that would be my point of experience that I am speaking from...'As part of what we are doing that is coming out of the strategic plan is that we would do a situational and environmental analysis of the current issues that is impacting on education that is causing barriers to education as part of that we...maltreatment is a serious concern for us...and therefore the education department as a whole is trying to look at ways and means of supporting learners and their families.'*(Provincial DoE – Western Cape).

Some participants were aware of the unique contribution of prevention programmes to child protection and development. For example, the concern of the Department of Education in the Western Cape was that schools needed to be assisted in their endeavour to provide education. Cognisant of the fact that child maltreatment was one of the myriad factors which impacted negatively on educational outcomes, the department was proactive and implemented interventions which were intended to address child maltreatment problem specifically.

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Some of the descriptions also echoed the burden caused by child maltreatment-related case loads on the statutory care system. The emphasis on the implications for statutory care is an indication that child protection (rather than prevention of child maltreatment, as is the vision of the new legislation) could still be a predominant approach in child care services. Similarly, it was not surprising that the interviewees did not refer to the complex psychosocial, health and physical damage which may result from childhood maltreatment. Despite the problem being acknowledged to be widespread with some of the professionals in child care services alluding that in some of the South African communities, it was transmitted from generation to generation (Makoe, Dawes, Loffell & Ward, 2008), there have neither been longitudinal or adult-based studies which measure the consequences of childhood abuse and neglect. There is need to raise awareness about the health, sociopsychological and human development consequences of child maltreatment.

The following section provides an analysis of respondents' understandings of risk factors for neglect and abuse. It also provides information on their perceptions of common perpetrators of the different types of child maltreatment

### **3.3 UNDERSTANDING CAUSES AND RISK FACTORS**

Most of the interviewees understood abuse and neglect to be linked to several social-ills in the society such as family disintegration, crime, alcohol abuse and poverty. Direct abuse of children and, more indirectly, exposure of children to circumstances which placed them at risk of abuse and neglect affected many children in the country. Children in single-parent families, child-headed households, and teenage parents were reported as family structures in which children were especially vulnerable. The large numbers of grandparents taking care of children was viewed as compounding the problem, especially in relation to parenting capacity in a fast-changing world.

Prevention of child maltreatment entails efforts to reduce the incidence of new child maltreatment cases by removing or reducing the root causes and risk factors as identified in different contexts such as families, schools and communities. The representatives of the government agencies with mandates which are related to protecting children from maltreatment showed that prevention was not a major aspect of the current responses to child maltreatment. They primarily provided services in the area of tertiary intervention – that is, removing children from situations after abuse had occurred.

The following is the analysis of the interviewees' perspectives about the causes and risk factors for child abuse and neglect at national and provincial levels.

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### **3.3.1 Interviewees' perceptions about common forms of child maltreatment**

Neglect and sexual abuse were reported to be the common forms of child maltreatment in all the provinces studied. There were differences in perception regarding which form of child maltreatment was more prevalent. The view was that available statistics did not give a complete picture of children in adverse situations while in some instances community organisations did not record or analyse the frequency of child maltreatment cases.

The following sections provide a qualitative description of the universal concern of the representatives of the key organisations and service providers in child and family welfare services about the range of abuse and forms of neglect affecting children in South Africa. They also identified the common perpetrators of the different categories of abuse and neglect, as well as the behavioural and contextual factors which exposed children to maltreatment.

### **3.3.2 Risk factors for child abuse and neglect**

The family socio economic environment in South Africa contributes significantly to child maltreatment. The various interviewees mentioned that despite the reasonable laws developed under the democratic state, the poor socio-economic conditions that the majority of people were living in created the environment conducive for child maltreatment. The situation could also be exacerbated by lack of a supportive culture which permitted child participation and 'voices' in some communities.

The key informants identified numerous risk factors at family level which exposed children to maltreatment. Several structural aspects of the family and behaviours of parents were associated with the maltreatment of children. Alcohol and drug abuse; lack of positive parenting skills; reconstituted families and lack of safe recreational spaces, over-crowding, children who live in areas where most of these features prevail tend to be more vulnerable than children in different areas. Information from focus group discussions and interviews with non-governmental organisations that provide child care services in the three provinces also shows that socioeconomic conditions such as over-crowding in shacks, sharing of rooms in sleeping quarters, poverty, lack of supervision because of alcohol abuse, and parents' work commitments were the important risk factors in most families affected by child maltreatment. Children who were taken care of by young mothers, extended family or older siblings, those in foster families, living in single-parent and child-headed families were identified as facing higher risk of neglect.

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### **3.3.2.1 Geographies of child maltreatment prevalence**

Although it was acknowledged that child maltreatment occurred across the socioeconomic spectrum and was a countrywide problem, certain areas within provinces were more likely to report higher incidences of abuse and neglect than others. Generally, rural areas were described as low prevalence places while informal settlements presented a high risk for child maltreatment.

In the Western Cape Province, there some 22 areas which were designated as high risk areas or hotspots because of the high incidence of violence and crime which affected children. Most policy managers were reluctant to specify the communities which were highly affected by child maltreatment, suggesting that child maltreatment attracts stigma and was handled with sensitivity. This may suggest that society members are not free to openly talk about child maltreatment. The situation would be a challenge when it comes to implementing programmes which are appropriate for problems specific to each community. Private organisations on the other hand were less inhibited and some mentioned specific areas where most of the incidents of abuse and neglect happened, and where there was a high need for interventions. For example, they mentioned some of the informal settlements where children were mostly vulnerable due to crime and substance abuse at community level.

Children who live in informal settlements were considered highly vulnerable to neglect, abuse, accidents and injuries which were linked to inadequate parental supervision in the context of adverse housing and unsafe recreational places. However, some representative of government and non-governmental organisations noted that while informal settlements posed a higher risk for children, the visibility of child maltreatment in these communities could also give wrong impressions that children in higher income families were not affected by abuse and neglect. They cautioned saying:

*'I think the feeling is that children are vulnerable to abuse...you know where there's...it's difficult to ask the parents to supervise adequately...where families are crowded together...with a lot of issues...in the low income areas...I think it's like more visible than in other areas' (Provincial DoH, Western Cape)*

*'...sexual abuse was common in adults, but incidents in children are currently being dealt with too. This is especially so for children in the informal settlements where the mother goes working and leaves the child unattended. The security of these places is not good, and the parents leave children unsupervised thus perpetrators take advantage of the situation. In addition, in most families when members get close, it is not looked at with suspicion nor questioned thus perpetrators also take advantage of this to abuse the children, e.g. when father gets closer to daughter.'* (Mankweni Hospital, DoH – Limpopo)

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### **3.3.2.2 Economic migration of parents who lack family support**

Poor parents who were forced by circumstances at home to migrate sometimes left their children behind with people who might not have the capacity to provide care or simply exploited the children. Children who were left on their own or with uncommitted guardians were reported to be at a high risk of abuse and neglect.

*'if you look at the area where we operating... it's a deep rural area...Let me tell you, ...like the perpetrators they also have their own history of being abused. You see...sometimes they pass it to their own kids... other contributory factors you find, high rate of unemployment. You find that most of the parents they leave their kids and go to Gauteng for jobs... children are left with the caregivers like uncle or other relatives...instead of those people to look after them, then they start abusing kids both physically and sexually.'* (Thohoyandou Victim Empowerment Centre, Limpopo)

*'... children of migrant workers, children who are left with grandparents and family members ... there is disintegration of family life. I do not think we have proper families really.... We have incomplete families, also unemployment, poverty, substance abuse are factors'* (DSD, National)

*'Cases...are more related to neglect...you know you find that there are certain economic factors that drive such neglect...if parents have gone to Gauteng to look for employment that is most probably known...so other members of the alternative family might look at them in another way...abuse them...maybe instead of allowing them to go to school...you send them somewhere to look after cattle while your own children are...you understand...those are types of...you know issues that are still worrying...when you find the family take a child of their relative...to look after their cattle while their own children of the same age are going to school.'* (Provincial DoH, Limpopo)

*'...they are not children of that family, they are children of relatives and the other family is trying to look after them, HIV is not the only reason...but where the extended family inherits the children, that often those children maybe regarded as being of secondary importance and also...not protected in the same way.'* (Provincial DoH, WC)

It seemed that migrants might not depend on the traditional social support system for the wellbeing of their children and children who lived with uncaring relatives might face similar vulnerabilities as those affected by HIV/AIDS. For instance, in the Eastern Cape Province, there was agreement among NGOs staff members that children needed to spend more time with their parents than was the case for most children. When parents or adult care-givers were employed, there was often no-one to look after children during the day, which exposed them to further risk.

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### **3.3.2.3 Poverty**

The interviewees' perception was that children from poor socioeconomic backgrounds were primarily affected by neglect and deprivation in the form of malnutrition and hunger. Widespread unemployment and poor housing were reported as some of the key social determinants which affected the well-being of children negatively.

*...to poor children, for me the issue (of) hunger and malnourishment is... a big problem ... you see it in the schools, you see it on the roads, you know, everywhere. That would be the top of my list because it affects many children...' (DoE, National)*

*'...issues related to neglect, it is mainly due to socioeconomic factors/ status; whereby parents are not capable of looking after children thus abandon them with their grandparents, or they might go far away to work and then not bother checking up on the children. In addition, the grandparents may not afford to look after these children b/c of lack of finances.' (Medical doctor, Mankweni Hospital – DoH Limpopo)*

But, there is also a concern that because of the common association of child maltreatment with deprivation, society may not be vigilant enough to protect other children who may not be materially deprived but experience other forms of parental abuse. For example, children in affluent families may lack parental supervision which deprives them of bonding with parents and guidance.

*Neglect in privileged families is also very high and the difficulty that I have is that we focus all our interventions on the poor, rightly so because that's necessary, but ...we neglect what is happening with children particularly, in affluent homes. So that the fact that children are sitting in front of a television with all their gadgets and so on, on their own, never working with other people, never playing outside... I would say its abuse (DoE, National)*

*'In the formal areas it mostly goes unreported, it is related to inability to cope or handle pressure...Most cases known do come from informal settlements. The reasons why it goes unreported include stigma attached' (Focus Group, NGO Representatives)*

### **3.3.2.4 Gender relations, economic dependence and lack of housing expose children to the risk of sexual abuse and violence**

Children also tend to be more exposed to domestic violence and exposure to sexual activities when their families do not have adequate housing. Some of the young sexual offenders are children who may have been sexually abused. But it was also reported that intergenerational sexual abuse was happening in family contexts but

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mothers might not be economically and emotionally empowered to protect their children from abusive father figures.

*'...and then some because we have been involved in the rehabilitation project of young sexual offenders, some of the contributory factors that have led to offending...you find that parents are sharing rooms with their kids and that exposes these children to a number of things...'* (Thohoyandou Victim Empowerment Centre, Limpopo)

*'One of the things could be the fact that there is still not enough empowerment of women. Children are often abused and women won't talk because they're scared of the husband, or needs his financial contribution. Also, the step-children have a lot of problems. Mothers leave children to cope on their own because they are working (DoH, Eastern Cape Province).*

*'...female children are the ones that are more vulnerable...you know...because of...obvious reasons ...You know obviously kids of above 15 and so...they get abused...either by their uncles or by other people... But due to the economic situations and the tendencies of more particularly the females depending on the males...I mean there are some women who know that their spouses are sleeping with their daughters because maybe this man is the one who is feeding the whole family...they have to protect the marriage'* (Provincial DoH, Limpopo).

Referring specifically to inadequate housing in poor urban areas and women's poverty, some of the key informants stated:

*'...I think the fact that people tend to be living on top of each other – this country is so beautiful; we've got so much space ... perhaps especially in Gauteng we have a problem because of the dense population ... But in other parts of the country it's inexcusable that we have to live on top of one another. I think it just creates an environment where people are going to become abusive... becoming so irritable all the time. Any experiment where people are put together into a small environment, that's going to lead to people beating each other up. Then you go for the most vulnerable ... you hit your children...It doesn't matter what kinds of laws you put in place, unless some of these issues are dealt with, you are hitting the wrong button.'* (DoE, National)

### **3.3.2.5 Teenage pregnancy**

Apart from the structural economic factors identified as underlying causes of the widespread neglect of children, the common immediate risk factors are teenage pregnancy and alcohol abuse by primary caregivers. The interviewees referred to young mothers' lifestyle which was not compatible with society's expectations about child rearing roles. Early motherhood was also linked to lack of parenting skills which could be exacerbated by inadequate support networks due to urban

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migration. Child neglect could be an indication of weak intergenerational maternal support usually available to assist unmarried teenage mothers with child care.

*'I think generally the society is also facing a problem of teenage pregnancy...most instances you find that such children are going to become neglected children...and that is also a risk on its own...'* (Provincial DoH, Limpopo).

### **3.3.2.6 Poor parenting skills and injuries due to substance abuse**

High alcohol consumption is the main risk factor for emotional abuse and a range of physical childhood injuries which lead to children consulting health care facilities. As some of the key informants mentioned:

*'Substance abuse and alcohol abuse contribute heavily...because you know...more particularly in families where both spouses are involved in drinking...firstly they do not look after the kids because they are all drinking. When they come back drunk...they are noisy...full of demands...you know...and that becomes a challenge on its own...'* (Provincial DoH – Limpopo).

*...It's very difficult for example when somebody comes in with a child with injuries to be asked to take a breathalyzer.... The MRC does some sort of more regular research on that...trying to verify what has been understood already but it does seem... to the degree, the level of alcohol abuse in the province and the degree to which injuries, assaults, attacks can be connected to for example it happened over holiday periods, it happened over weekends...that is when people are drinking...heavily... people socializing, forgetting to watch their children who then wander off or take them next door or whatever...or simply the eruptions of domestic violence'* (Provincial DoH – WC)

### **3.3.2.7 Perpetrators of neglect**

Neglected children are more likely to be reported to authorities than children who suffer other forms of abuse (physical, sexual and emotional) within the home. But sexual abuse usually attracts media attention. What is also reported is that increasingly, the children who are reported sexually abused are younger. Primary caregivers and mostly mothers neglected children.

### **3.3.2.8 Perpetrators of sexual abuse**

The perpetrators of sexual abuse were reported to be mostly male youths and adults known to the child. Information provided by the representatives of the relevant government agencies was in many respects corroborated by non-governmental organisations' participants in focus group discussions. Other perpetrators were reported to be neighbours (young male, 20-40 years old, with

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previous record of offences), parents and step-fathers. Rape was commonly committed by strangers; sodomy by elder brothers or friends while children suffered physical abuse by their step fathers. The interviewees also raised the concern that sexual abuse in the case of young boys went unreported because of stigma concerning homosexuality in some communities. Male relatives such as uncles were also known to be common perpetrators of sexual abuse. Perpetrators may victimise children whose parents may have migrated to urban areas for economic reasons.

The following is a list of common perpetrators of child maltreatment as reported in focus group discussions of non-governmental organisations and interviews with representatives of government departments and private service providers:

- parents
- neighbours
- young male and adults known to child (often previous offenders or ex-convicts)
- male relatives e.g. uncles, elder brothers, step fathers, strangers
- caregivers
- educators

Table 1 summarizes the risk factors identified by government and non-governmental organisation representatives.

**Table 1. Relationship between contexts, risk factors and forms of child maltreatment**

Forms of maltreatment	Neglect	Sexual abuse	Physical abuse	Emotional abuse
<b>Acts and manifestations of maltreatment</b>	Abandonment; missing children; no supervision; accidents; hunger and malnourishment; poor parent-child relationship; Stunting, failure to thrive,	Rape, sodomy; incest; sexual exploitation (child pornography & child prostitution); early exposure to adult sexual activity; sexual assault; sexual violation;	Injuries; corporal punishment;	Using children in drug trafficking; kidnapping to spite each other
<b>Immediate risk factors</b>	Single-parent families; teenage pregnancy; Foster-families, grandparents as primary caregivers; Mother abusing alcohol; Lack of positive parenting skills; Care by extended family, older siblings; Living in child-headed households; Migrant parents; farm work; working mothers who leave children alone while are at work	Inadequate accommodation: sharing of rooms in sleeping quarters and shacks; Lack of respect for self and life;	Inadequate accommodation; domestic violence; alcohol and drug abuse; lack of positive parenting skills;	Exposure to domestic violence
<b>Contextual factors</b>	<ul style="list-style-type: none"> <li>• <b>Poverty:</b> unemployment; lack of financial provisions and support; over-crowding; lack of safe recreational spaces;</li> <li>• <b>Family relationships:</b> power relations in families; divorce; reconstituted families;</li> <li>• <b>Lack of morality, alcohol abuse by parents;</b> drug abuse is high; 'way of life' inter-generational transmission of abuse;</li> <li>• <b>Lack of day-care services on the farms and the need to work; women's lacking financial independence</b></li> <li>• <b>HIV/AIDS</b></li> </ul>			

Source: Interviews & Focus Group Discussions

### 3.4 AWARENESS OF EVIDENCE BASE TO GUIDE PREVENTION STRATEGY SELECTION

The study also ascertained the key individuals' awareness of evidence base and whether they were interested in systematic evidence regarding the risk factors and

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causes of child maltreatment when they developed intervention strategies. They were asked to specify some of the studies which evaluated the effectiveness of the strategies they implemented and how their strategies were influenced by the feedback on the identified strengths and weaknesses their prevention strategies. Government and NGOs representatives showed a low awareness of and reliance on evidence base. Again, this situation could be attributed to poor coordination and role-players' different understanding of departmental roles in the prevention of child maltreatment. For example, one of the interviewees in the Department of Health did not perceive child maltreatment prevention as a problem they would address directly:

*"The National Department of Health does not compile any statistics on child maltreatment as this does not fall into the core mandate of Health. However, where child maltreatment has resulted in physical injury, the child is given appropriate health treatment. The Department of Health further implements a number of programmes that directly or indirectly prevent child maltreatment" (DoH, National)*

There was no indication that the campaigns and activities of local structures working under the auspices of the Department of Social Development were influenced by evidence. This was illustrated by what seemed to be lack of focused strategies which suggested that there was a need to address local risk factors directly based on the systematic understanding of the environment. For example, an interviewee said:

*"How we do prevention here is via the Child Protection Committees at Provincial and local level. There are also Children's Rights Advisory Council, and the HIV directorate's HIV Children's Forums, and the Department runs programmes and campaigns. Government and NGOs are involved." (DSD, Eastern Cape)*

Some of the study participants – both government and NGO representatives – had vague understanding of the studies they referred to and could not provide details on how they could inform their organisational strategies.

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## 4. ASSESSMENT OF CHILD MALTREATMENT PREVENTION RESOURCES

### 4.1 PROBLEM DEFINITION

Prevention of child maltreatment is partly dependent on reliable information systems which can be used to capture and collect information of suspected and confirmed child maltreatment injuries presented to health facilities such as clinics and hospitals as well as deaths. There are major gaps in South Africa regarding availability of epidemiological information and a reliable coding system for children's injuries has not yet been implemented. It is desirable for countries to enforce the International Classification of Diseases (ICD) and in South Africa the Department of Health would assume the leading role. The system will provide medical information identifying the nature of the presenting condition, the external cause and the relationship of the perpetrator and the child at the national level (WHO & ISPCAN, 2006). This system is needed for recording and monitoring information.

Key informants also referred to difficulties which arise because information on abuse was not uniformly recorded because of definitions which differed across those active in the sector. For example, some organisations did not record corporal punishment in the home and concepts such as rape and sexual assault were in some instances used interchangeably. The child injury information collected by the Red Cross Children's hospital in the Western Cape Province was said to be difficult to categorise according to whether cases were abuse-related accidents or not.

*'I don't think that we do...we have a child's survival program which deals with child health issues...figures which would be kept there are figures of children who had come to the clinic with allegations of child abuse...and then again through the hospital particularly the Red Cross...but at the moment they don't record...they don't have a record of child rape victims and children who have been clearly assaulted or coming as assaulted. But then in general through the trauma and differentiation about what people are actually doing in active research...about what could be the cause of the injuries...but there will be records of children actually brought in...and they*

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*are children who have been severely injured' (Provincial DoH, Western Cape)*

#### **4.2 Other Information systems**

Information capturing on child maltreatment by state departments remained a serious challenge. Interviews and follow-up requests for statistics on child abuse and neglect failed to produce the required information. Availability of reliable information systems is one of the prerequisites for readiness to implement effective child prevention interventions. For example, both Departments of Social Development and Health had programmes which were delivered through facilities in the districts. However, the concern that South Africa lacked appropriate information systems which recorded statistics relating to child sexual abuse (CASE, 2005)<sup>1</sup> and other forms of maltreatment rendering it hard to determine the scale of child maltreatment in the country (Dawes, Long et al, 2006)<sup>2</sup> appeared to persist. Various studies conducted by the Human Sciences Research Council on behalf of the Department of Social development in the Western Cape Province pointed to the need for an integrated information system which provided reliable data on child maltreatment (see various reports by Dawes and colleagues).

The Provincial Departments of Health rely on community health workers who do surveillance in their areas and report vulnerable families and children to the Department of Social Development. But it was difficult to have similar support in the urban areas.

*'It is easier in rural areas, and the village health workers are very helpful here. It's more difficult in urban areas, and when we refer to DSD you find we don't get feedback. There is no system in place, so it is difficult' (DoH, Eastern Cape Province)*

Some NGOs reported some information-gathering and tracking mechanisms. These included keeping records obtained through a crisis line and analysis of referral cases on a monthly basis. However, there was little evidence of any links between these mechanisms and provincial and national information systems. In fact, some government representatives indicated that it was difficult to obtain records from the district offices even though child maltreatment reporting was mandatory. It would seem that the problem was complicated by some of the service providers who failed to adhere to service agreements with the Department of Social Development.

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<sup>1</sup> CASE. (2005). Child sexual abuse and exploitation in South Africa. Save The Children Sweden. Available: <http://www.case.org.za>

<sup>2</sup> Dawes, A., Long, W., Alexander, L. & Ward, C.L. (2006). *A situation analysis of children affected by maltreatment and violence in the Western Cape. A Report for the Directorate Research and Population Development, Department of Social Services & Poverty Alleviation: Provincial Government of the Western Cape.* Cape Town: Human Sciences Research Council.

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*'Yes, we do this (track primary and secondary interventions for child maltreatment in the province), but it's not easy to do. We often do not know who is dealing with what and when children consult other service providers, we do not know this. We are getting feedback from civil society organisations via reports required from organisations with service level agreements' (DSD, Eastern Cape Province)*

The Children's Act (No. 41 of 2007) has set in place a Child Protection Register (CPR), in which all children identified as being in need of care and protection will eventually be registered and will maintain a record of persons found to be unsuitable to work with children (abusers). However, the Children's Act has only been implemented in part, and the National Child Protection Register has not yet been finalised. There are however, concerns that the proliferation of registers (there is a register of sexual offenders in the Sexual Offences Act and one of persons unfit to work with older persons in the Older Persons Act) and the logistical issues may dilute the effect of the CPR. One of the key informants stated:

*'There's a national child protection register that is available...it is supposed to be kept up to date by all provinces...unfortunately there's been some technical problems with the implementation so that we only have data capturer in the head office. We couldn't get access to that system. For that reason we need the district officers to submit their documents. But we're also in the process now of rolling out a national programme which is going to be rolled out to all provinces. The Western Cape will be...is on the cards right now...we will be able to enter or start tracking any case...any child protection (Provincial DSD – Western Cape)*

The system is designed to keep track of all people who approach social services and intakes. It will be easy to produce statistics to determine incidences. Ideally, this should be a useful tool and will facilitate planning, budgeting and funding processes in departments.

Maintaining functional and coordinated information systems depends on adequate human resources for data capture at district level with private service providers committing to sending routine reports on the statistics of child maltreatment as required by their service level agreements with the Department of Social Development. Currently, facility-based information capturing can provide or improve the availability of information needed for early warning as well as evidence needed for planning and programmatic work for vulnerable children. Table 2 provides an assessment of types of data and potential sources for collecting information.

**Table 2. Matrix for assessing types of data and potential sources for collecting information**

Type of data	Data sources	Child maltreatment information		
		Collected (Y/N)	Coverage	Quality
<b>Mortality</b>	Death certificates, vital statistics registries, mortuary reports	N		
<b>Morbidity and other health data</b>	Hospital, clinic and other medical records	Y	Some incidence data available from specialist child trauma units at public hospitals. The data is not representative.	good
<b>Self-reported</b>	Surveys, special studies, focus groups, media	Y	Non-representative surveys of school pupils and adults. The South African Social Attitudes Survey is representative	fair
<b>Community</b>	Population records, local government records, other institutional records	Y	Child Protection Register held at Provincial and National levels captures reported maltreatment.	Potentially a good resource, but hampered by insufficient data capture and reporting capacity.
<b>Crime</b>	Police records, judiciary records, crime laboratories	Y	Reported cases only	Poor / unreliable
<b>Economic</b>	Programme, institutional or agency records, special studies	Y	Information on children in need of care, child labour, non-	

			representative studies on child sexual exploitation	
<b>Policy and legislative</b>	Government or legislative records	Y	Both national and provincial	Good

### 4.3 IDENTIFICATION OF CAUSES AND RISK FACTORS

In the absence of representative studies, efforts to identify risk factors and causes of child maltreatment sources of the information is mainly reports of secondary data, small scale surveys and analysis of provincial administrative data, especially in the Western Cape Province. Because of the poor linking of evidence base on child maltreatment risk factors and the strategies adopted for prevention as well as lack of monitoring and evaluation systems for the programmes, there are general information gaps with regard to causal factors.

### 4.4 DESIGN, IMPLEMENTATION AND EVALUATION OF INTERVENTIONS

The legislation and policy framework requires government institutions to work in partnerships and coordinate their actions where necessary. The contribution of the Departments of Health (DoH), Social Development (DSD), Safety and Security (DSS) and Education (DoE) to child maltreatment prevention and the extent to which they coordinate their responses and partner with NGOs when it comes to child maltreatment prevention is an indication of successful implementation of programmes.

The interventions were mainly guided by broad national legislation including the Child Care Act, No. 74 of 1983, which has now been replaced by the Children's Act (No. 38 of 2005) and the Children's Amendment Act (No. 41 of 2007). This shows that there has thus been a serious problem in translating the broad frameworks of the new legislation into local and practical guidelines. This is deeply problematic, as the new legislation is aligned with the South African Constitution (Act No. 108 of 1996) and other international instruments, such as the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, in important and fundamental ways that the legislation that it replaces was not. As

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one key instance, it emphasises the importance of prevention of maltreatment, rather than simply dealing with children who have already been maltreated.

The legislation reform which happened in the post-apartheid period has created an environment conducive for the development of policies which safeguard the wellbeing of the majority of families and children who were excluded in the past. However, it took relatively longer to enact laws and develop policies which would bring about the necessary balance between child maltreatment prevention interventions and child protection services. The national Department of Social Development developed the National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation (Department of Social Development, 2005) and the Children's Act, (No. 41 of 2007) was later enacted.

The ongoing legal reform has created confusion and challenges for some agencies in that the different pieces of the legal instruments are at different stages of development thus impeding implementation. But interviewees expressed optimism that once complete, the new legislative framework will improve child maltreatment prevention. One of the respondents described the situation saying:

*'...we are in a very difficult situation in South Africa as the Children's Act (CA), the Child Justice Bill (CJB) and the Sexual Offences Act (SOA)<sup>3</sup> are all in different stages of coming into operation – all have major implications. The SAPS are still in the process of developing proper mechanisms, measures, structures etc. but we have to do so in a context in which final decisions about certain issues have not yet been made.'* (SAPS, National)

Guided by their mandates, departments play their role at different levels of government to ensure the well-being of children in South Africa. The implementation of policies through appropriate programmes is the responsibility of provincial departments. The law requires that implementation of programmes and provision of child and family services should involve collaborations between the Department of Social Development – which has the core responsibility to coordinate child care services at all levels of government – and the Departments of Health, Education, Safety and Security and Justice. The partnerships also include non-profit organisations which deliver services in communities. In fact, private non-governmental organisations provide most of the services to vulnerable communities and most of the NGOs depend primarily on government for funds.

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<sup>3</sup> Full title: Criminal Law (Sexual Offences and Related Matters) Amendment Act

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#### **4.4.1 Provincial Government Programmes**

Each relevant department identified specific programmes through which they intended to reduce the incidence of child maltreatment. Some of the programmes are similar across provinces while others are unique to particular provinces and community contexts. However, the historical bias towards promoting child protection services still persists.

##### **Department of Social Development**

The Department of Social Development has the core responsibility to develop policies and coordinate initiatives which address child maltreatment. The Child Support Grant (CSG) is the largest social assistance programme by state and an intervention strategy to enhance the well-being of vulnerable children with the potential to reduce poverty-related neglect. These cash grants help vulnerable families to meet children's basic needs including their education. In 2009/10 fiscal year the grants will increase in value from R220 per month per child to R240 and the age limit for beneficiaries will be extended from 12 to 15 years. Child support grants and foster grants are some of the state resources through which early intervention is implemented.

##### **Department of Safety and Security (Community Safety) and SAPS**

The South African Police Services (SAPS) primarily deal with criminal offences but the interviewees reported that they used the powers provided under Child Care Act (No. 74 of 1983) and the Domestic Violence Act (Act No. 116 of 1998) to remove children temporarily (early intervention). The key informants believed that the new Children's Act was even more protective of children as it allowed for the removal of the perpetrator from home. They observed that although the Domestic Violence Act was not specifically used to protect children, members of the community used the provisions of the Act and reported domestic violence for purposes of facilitating the removal of children. They also observed, however, that the limitation of the Act in the context of children exposed to intimate-partner violence was that it could not be used for long-term protection of children as that required proper counselling and psychological therapy and SAPS did not provide these services. This means that SAPS activities in this area should be adequately coordinated with the services provided through the Department of Social Development. Different key informants in the Department of Safety and Security and its agencies showed that they undertook both prevention and early intervention. At the national level, the role of SAPS in child maltreatment is interpreted according to the provisions of the Children's Act, Domestic Violence Act and the national policy on crime prevention as well as the national crime strategy. According to the key informants, the provisions and guidelines of these instruments enabled SAPS to engage in child maltreatment prevention. At the provincial level, the department collaborates with

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the Department of Education in particular, and raises awareness about sexual abuse in schools and communities.

They reported that they have continuously redesigned their strategies to respond to changes in the patterns of child maltreatment. Some of the factors which have necessitated a shift in focus are the observation that there were more and more younger children affected by maltreatment than before, the vulnerability of children who lived in households without adults (this may be due to death or economic migration) as well as improved understanding about perpetrators. A community safety officer stated:

*'we look at the child's safety issue in the sense of crime prevention because that is our model...in terms of statistics that we receive from our local police stations we develop programmes around that...so it is basically our target, or mandate would be around crime prevention...how to keep children safe within the communities... lots of child abuse cases, sexual abuse and then child neglect where children have been missing. Over the years we have found out that not only do we have to target those children who are vulnerable but we have to target the custodians who take care of those children...like the parents to reinforce parenting skills...and the caregivers... we are having family members or close friends of family members as perpetrators of this abuse. That is why we have had a different strategy now...strategy to create awareness through massive campaigns. In the previous years we had that for children, for the vulnerable...but yet this crime has continued. We have changed our strategies...to take more responsibility. Also we've... the age has become younger and younger, so our programmes (school-based awareness creation) are now targeting day care centres, 5 years ago we were at primary schools, we're now targeting day care centres... (Community Safety, WC)*

One of SAPS flagship programme in Limpopo is *Captain Crime Stop campaign* which was introduced in 2000. The programme is concerned with awareness creation among pre-school and primary school children and it is delivered through schools. Learners are provided with the police hotline number – the 10111 – where they can report criminal activities. They were also alerted about the risk of talking to strangers, learned about inappropriate body touch and were encouraged to report anyone who touches their private body parts.

There is also the 'Door-to-door campaign' where SAPS identify child-headed households in need of social assistance in the communities; they refer such children to social workers and may remove the children to a place of safety if necessary.

*'What we are doing, we are combating. We're the combating part before a child can neglect this young baby, we do the awareness campaigns, so we don't do the after effect...that is why we don't have the data base on them.'* (SAPS, Limpopo).

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## Department of Health

The Department of Health interviewees clarified that the focus of the department was on the prevention of disease rather the prevention of child maltreatment, although clinic and other health workers were trained to identify and respond to suspicious child injuries and symptoms of abuse and neglect.

However, there was also a concern by some that the Department of Health should be involved in health promotion through services which were responsive, curative and preventive. Currently the department is primarily focused on the provision of clinical services through antenatal care/mother-child care services which place emphasis on improving child survival. Given the high risk presented by teenage pregnancy and single mothers who bring up children in poverty without the parenting support provided by fathers, some of the interviewees argued that the Department of Health had the opportunity to provide interventions which could improve parenting skills at an early stage. With regard to child maltreatment prevention the Department of Health depends on plans developed by other departments, especially Department of Social Development and may not lead on such programmes.

*'...we need to work with other plans. An example I could give is parenting skills, which we all recognize as being absolutely critical part of...whether it's at school or among existing parents, teenage parents and so on. The problem we have is about who should be deliberating what, and Social Development department inherits a lot of those generic things, ...you know it's a sort of social development issue so they get to do the parenting programme. For us we see how critical the parenting programme is...but it's hard for us to put...in a way we partner with Social Development or Community Safety or whatever to be active and for support. And that aspect of the government I don't think the departments are working better or terribly well...we need to do parenting programmes, but management will say this is not a health issue, it's a social development ...see what I mean. It's which department does what...so it's critical that we do get involved.'* (Key Informant, DoH – WC)

Perceived lack of collaboration between government departments was viewed by most participants as a constraint especially because it meant that even programmes provided by private organisations were not coordinated. The Department of Social Development, as a lead organisation, was in the process of implementing a parenting and caregiving programme in collaboration with Unicef. Implementing this programme which targets parents and caregivers will provide the necessary impetus to child maltreatment prevention nationally. But the Department representatives also noted during the consultative meeting that budget constraints could delay the implementation of this planned parenting skills programme.

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## Department of Education

The Department of Education is regulated by the South African Schools Act (No.84 of 1996). School authorities are obliged to report child maltreatment which they notice and as one of the interviewees stated, schools were referral agencies. This role is performed amidst a widespread concern that schools may not be a safe place for children and the situation impedes learning.

*'...we produce a situation that is secure and also healthy for them...that is a caring institution, that is not only limited to that. But now, when it comes to children who are maltreated from the home side, educators who are on site where the learners come directly from the families to the school, when educators observe this kind of behaviour, they usually decide to counsel the children and if it goes beyond, they might refer to persons that deal with psychological services in the department or to an expert or refer that child to the nearest clinic or hospital...or the police, depending on what has happened. If perhaps a child has been molested, the child case would be recorded in the school immediately, by the teacher. From there it is taken to the police station, then to the social workers, but we'll eventually refer to the victim empowerment centres and then department of justice, so we're more of a referral agency. Especially in matters that have their origin in families...'* (Programme manager, Safe schools – Limpopo)

According to the key informants in the Department of Education, the *School Safety Project* was an example of a prevention measure guided by the national laws. It was intended to create an environment that was effective for teaching and learning in schools. This included eradicating fear and providing secure and caring places for learners. The Safe Schools Project is one of the interventions which have permeated the provinces and schools are used as entry points for awareness creation. It is one of the programmes which could be seen as influencing child maltreatment prevention at home indirectly as children learn about their rights and responsibilities in a democratic state. However, it seemed that provinces differed in terms of how they implemented the programme with some seeing it as purely a primary prevention programme, while others found it to facilitate disclosure of abuse thus enabling early intervention.

The Department of Education also recognised that the agency of children could be enhanced through information. In the Western Cape Province the *Safe Schools Project* also provided secondary prevention by facilitating call-in reports of abuse through a call centre. A large component of the intervention also included providing parenting skills and there was anecdotal evidence that the programme brought about positive changes and parents were eager to obtain information on alternative disciplinary approaches. Schools are perceived as community resources and since the programme contributes to healthier communities, the Department would

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normally invite parents to schools for such meetings. Again, the limitation would be lack of follow-up.

*We do have parenting workshops...and in certain areas and it would speak to...like...the conflict management programme is one of those... I remember some time ago we trained learners in conflict management and the learners went back to their parents and talked to their parents about it...and one of the parents came and then she said...can't you give me also ways to deal with my conflict because I am scared to hurt my child' (Manager, DoE – WC)*

The participants considered lack of parenting skills as a major risk for children. Illustrating the vacuum created by lack of parent support programmes in the Western Province, a key informant stated:

*'I think there are a whole lot of things that parents need to be aware of and young parents, especially single mothers need to be trained on how to provide for their children....I think the Department of Health needs to look at making it compulsory...you know previously you could give birth at your home...or wherever you want to but then ...it was made compulsory that you need to be registered at a day hospital or a hospital... And if you do not give your child up for adoption then you should be mandated to come back at every stage of the development for your child and you should be trained at this stage what is happening to your child...this is how you can support your child and this where you can find help if you're unable to manage that developmental stages of the child. And I think that should be made mandatory because certainly I get the sense that parents are not able to manage their children.'* (Manager, Provincial DoE – Western Cape).

In the Limpopo Province, various programmes which involved partnerships between government departments and communities were implemented to reduce the incidence of child maltreatment and promote child care in general. The following programmes were reported to address specific forms of child maltreatment in the province, namely sexual abuse and neglect:

- *Who is a real man? Campaign (DSD)*
- *Captain Crime Stop- for children in crèche (SAPS)*
- *'Adopt a School'(SAPS)*
- *Safer Schools Programme (SAPS/ DoE)*
- *Door to door campaign-for child headed households (SAPS)*
- *Early childhood development (ECD) programmes (DSD)*
- *Kangaroo mothers project (DoH)*
- *Breast-feeding campaigns (DoH)*

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Child maltreatment prevention programmes are usually designed and implemented on the basis of assumptions about their impact on parenting outcomes and risk factors such as substance abuse. Clearly, representatives of government at management level and practitioners in child care and family services differentiate between prevention and child protection measures. Nevertheless, they were aware that mainly due to the historical emphasis on child protection in the country, the bulk of child and family services still involved secondary prevention and therapeutic measures.

This assessment also suggested that there was not sufficient coordination on the design and implementation of child maltreatment prevention programmes. Addressing the risk factors will require a more coordinated effort and commitment to multidisciplinary approaches to interventions. Clearly, the problem of neglect associated with poor parenting skills cannot be a sole responsibility of the Department of Social Development. The Department of Health, in particular, has even a better opportunity to detect problem cases and implement interventions which can strengthen maternal care on a long-term basis. Multidisciplinary approaches which use antenatal care and postnatal care programmes in the department as a gateway to promoting child and family well-being have a potential of preventing abuse and neglect and improving parenting skills.

#### **4.5 PROVINCIAL NGOS' INITIATIVES**

South Africa's readiness to implement the national policy on the prevent child maltreatment was also assessed by establishing the extent to which the NGOs had developed strategies and plans which addressed the risk factors taking into account the local contexts. Also, the responses of the various government partners in the sector showed whether programmes were aligned to existing plans or not.

##### **4.5.1 Existence of strategies, plans and protocols**

The development of strategic plans which translate the laws and broad policies into specific actions at provincial was found to be inadequate in two major ways. Firstly, there is a general lag in the development of provincial plans which translate the broad national policies and legislation frameworks into specific, yet integrated strategies. In the past, service providers relied on the Child Care Act (Act No. 74 of 1983) which was an important resource in terms of child protection regulations. It seemed that despite the fact that the new Children's Act was accompanied by the Integrated Child Protection strategy, some of the key informants persisted to make reference to specific chapters of the Children's Act, especially Chapter 8 as the basis for their programmes. This was viewed as a serious shortcoming since the formulation of the Child Protection Strategy was intended to provide practical

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rather than legal guidelines for service providers. Dependence on this broad framework may also threaten the effective documentation and evaluation of services.

Similarly, the NGO representatives reported that the Department of Social Development in the Eastern Cape province had a comprehensive strategy for the prevention of child maltreatment (the Provincial Plan of Action – PPA), but NGOs claimed that this had never been implemented properly and was now outdated. The Department itself conceded that the PPA was in need of revision, and that monitoring and evaluation needed to be integrated into the plan.

In Limpopo, participants were elusive when asked about the existence of provincial strategies to prevent child maltreatment. Some referred to **“the pink book protocol for child abuse”**. They also felt constrained by unavailability of materials needed for prevention work.

Secondly, several service providers in all the three provinces were not aware of some of the strategies at the national level. They did not refer to some of those key frameworks and tools which have evolved with the law reform in the child protection sector. For example, although the Western Cape Province seemed advanced in terms of services which address child sexual abuse and neglect, it was not clear to what extent the services, especially those provided through parenting programmes were based on national strategies such as the Parental/Primary Caregiver Capacity Building Training toolkit developed by Department of Social Development and UNICEF since they did mention it in the interviews and were still not aware of it at the consultation meeting. The toolkit addresses the wellbeing and needs of children within caregiving relationships (DSD & UNICEF, 2008).<sup>4</sup> It was reported during the consultative meeting that the programme would be rolled out once training was completed and that would depend on availability of funds. There seemed to be a problem with dissemination and sharing of information across the different levels of government, departments and service delivery.

Some of the key informants in government departments and the NGO sector expressed the view that despite the clear link between child maltreatment and poor parenting skills, responses in this area were largely fragmented or weak. Other difficulties had to do with poor application of multidisciplinary approaches and lack of coordination of departments when they developed plans which addressed child maltreatment. Most respondents agreed that priority of such concerted efforts should be on parenting skills programmes.

As one of the representatives of NGOs highlighted, significant changes would be realised if government departments could be proactive in the procurement of

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<sup>4</sup> Department of Social Development & UNICEF, (2008) Parental/primary caregiver capacity building training package. Department of Social Development. Pretoria.

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services and be oriented more towards outcomes and impact of programmes instead of emphasizing numbers of children reached through campaigns as an important criterion for resource allocation and procurement. The current practice encourages service providers to focus on coverage without paying attention to some of the hotspot areas which require systematic interventions. Consequently, the impact of programmes on the risk factors which affect children across their developmental stages, including those which are specific to adolescent boys and girls could not be specified.

Poor translation of policies into working plans appeared to be a critical gap in the efforts to prevent child maltreatment. Certainly, provision of relevant services depends on provincial departments and non-governmental service providers developing innovative and strong plans which address local situations. This is because the risks found in communities usually differ therefore strategies and interventions should address local priority problems at provincial and district levels. Lack of plans which guided the choice of programmes and over-reliance on broad legal frameworks could also explain the persistence of risk factors which negatively affect children's well-being

#### **4.5.2 Programmes provided by non-governmental organisations**

Representatives of provincial government departments and non-governmental organisations reported a number of programmes in the provinces, mostly delivered by government departments in partnerships with civil society organisations. There was some degree of focus on child maltreatment prevention and early intervention but this work was mainly relegated to community-based organisations most of which lacked the capacity to tackle risks of child maltreatment. As one of the NGOs key informant suggested:

*'Smaller NGOs lack resources...they lack even conceptual capacity to implement effective long-term interventions. Most do not do their strategies on the basis of evidence... awareness is created by these organisations but they do not get to the bottom to address risks' (NGO representative, WC)*

Perhaps this could be seen as the legacy of policies which promoted statutory child protection services for a limited number of children and excluded the majority of non-White children. Most of the CBOs lack the organisational capacity to provide systematic services and while they could communicate generic messages in their areas they would require significant support to deliver coherent preventive services.

Indeed most of the community-based NGOs were involved in awareness raising activities. Some of the awareness raising programmes led to disclosure thus facilitating secondary prevention. The initiatives also attempted to empower

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communities and parents with knowledge about risk factors and how to recognise abuse and report it.

Most of the prevention programmes provided by non-governmental organisations and government departments focused on young children in pre-schools and primary schools. These were perceived as important because they were intended to influence children's beliefs and attitudes about a range of issues known to influence behaviour. For example, children learned about their rights and responsibilities, how to communicate assertively and build self-esteem, and were empowered to report abuse. A representative of an NGO providing family and counselling services stated:

*'...from working with the communities...there were cases which were never reported and then maybe when there are awareness programmes people start to disclose about cases that maybe happened in the Eastern Cape or when they first came here to Cape Town, cases that were never reported or cases which were reported and nothing happening.'* (Representative, NGO, Western Cape)

### **Eastern Cape Province**

Some NGOs offer therapeutic services to victims of child maltreatment, and see this as a preventative measure against secondary trauma and further victimisation. NICRO has a specific focus on young offenders, although sector involvement here is broadening with the recent (in 2008) passing by Parliament of the Child Justice Bill (B 49B—2002). The law emphasises diversion and restorative justice mechanisms in dealing with young people in trouble with the law. As a result, programmes offered by the Department of Social Development and NGOs are being increasingly seen as therapeutic services.

Child Welfare South Africa operates both the **Isolabantwana** (Eye on the Child) and the **Asibavikele** (Let's Protect Them) programmes with a number of their affiliates. The former is funded by the DSD to provide prevention services in communities to reduce child abuse by offering "a safety net" to vulnerable children in resource-poor communities. The latter is a child-centred programme for children infected and affected by HIV. Child Welfare has trained community volunteers who work with social workers to deliver services which protect them from likely abuse and neglect. The services include working with the relevant public institutions to facilitate the children's school fee exemptions and birth registration which is vital to gaining access to the State child support grant (CSG). Both these programmes are considered to be focused on prevention and early intervention. However, it is also important that in official documents, both are referred to as "child protection programs" or as providing "a good practice child protection model". The intention is that all 26 Child Welfare affiliate offices, as well as the 13 developing and 9 out-

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reach offices, should offer both programmes (a minimum of three sites per province). Although some already do, this is still being implemented.

Childline Eastern Cape works with the Departments of Education, Health, Safety and Security and Social Development to deliver awareness-raising on child sexual abuse and training on preventing, recognising and appropriately responding to child maltreatment. It also links closely with other NGOs involved in child protection, such as NICRO, FAMSA and Child Welfare.

### ***Western Cape Province***

The Western Cape Province is highly resources compared to Limpopo and the Eastern Cape. The province is also confronted by a variety of severe risk factors including high alcohol and drug abuse, inequality and poor housing conditions. Most of the interventions which target specific forms of child maltreatment provide early intervention services and deal with child sexual abuse and neglect as most service providers view these two as serious problems.

There are also evidence-based prevention programmes provided by some of the established organisations in the province and they focus on families and children. For example, the Parent Centre runs home visits programs. While service providers base their interventions on the ecological approach that seeks to identify risk and protective factors at the level of the wider society, the neighbourhood, the family and the child, they are constrained by ecological factors such as widespread crime, inequalities and poverty. The following are the programmes which address child maltreatment prevention:

RAPCAN is one of the NGOs which have advanced systems and provides comprehensive services which help families and parents. The programmes include *Connections* programme which addresses gender-based violence (GBV) for adolescent boys and girls in primary schools to help them be resilient. At the time of interviews (November 2008) plans were underway to implement an integrated child abuse and prevention programme in 2009. *The Next Top Model programme* is an ambitious prevention strategy intended to provide community education and build supportive community culture in order to enhance the environment in which children grow up. There is also a programme for young pregnant women that imparts knowledge about positive parenting skills and promotes child-parent bonding and attachment.

The CBOs in the province were mainly involved in awareness creation by providing information in the communities, especially on identification of early signs of child abuse and available services and they did referrals to statutory NGOs. While these activities have a potential to bring about change by increasing disclosure and reporting levels, but their main weakness was lack of coherence and evaluation systems. It was also revealing that most of the NGOs indicated that they primarily

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focused on early intervention and statutory services intended for reported and substantiated child maltreatment cases of children, respectively.

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#### **4.6 Financial resources**

The National Strategic Plan for the Prevention and Management of Child Abuse and Neglect makes provision for a financing policy and service agreements are put in place to strengthen the working relationship between the government and implementing NGOs in this sector. This framework was reported to have improved budgetary allocations for child protection to the provinces. However, information on child maltreatment prevention dedicated budgets could not be obtained. A key prerequisite to having information on child maltreatment prevention budget allocation would be clearly planned programmes within the relevant departments.

Coordination of programmes and planning of long-term programming remained a challenge. Some of the key informants were of the view that while it was usually possible to coordinate short-term and once-off activities around child protection issues, the same could not be said with regard to programmes. In the consultative meeting, the situation was attributed to the budget allocation model which is department focused and does not assume inter-departmental programmes. But it may also be argued that ‘pooling’ of resources to finance collaborative programmes could be pursued at provincial and departmental levels. There was also lack of capacity especially social workers to provide prevention services.

Most NGOs identified financial resources from government as important for the sustainability of programmes, but external donor funding was also acknowledged. In particular, the Department of Social Development in the provinces was supportive and funded most of the programmes which provided services to vulnerable children. Inadequate financial resources was reported as a major factor which limited the scope of services which NGOs provided, especially in relation to prevention and it affected the extend to which programmes could be evaluated for their effectiveness. Some argued that funding could also be channeled effectively if government departments could be more proactive in procurement of services and also provided oversight to child service programmes funded by the state.

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## 5. SUMMARY

The study on the situation of child maltreatment prevention readiness in South Africa showed a relatively high level of readiness at the national level. This is suggested by an enabling legal and policy framework which unambiguously provides for the wellbeing of children in general and protects children from abuse and neglect in particular. South Africa being a new democracy, there are many efforts to realise the ideals of an inclusive society and various programmes to ensure that children grow up in safe and supportive family and community environments are high on the policy agenda. However, part of realising the long-term health, social and economic benefits of raising children in environments with reduced risks of abuse and neglect will be a decisive shift from predominantly child protection services to child maltreatment prevention services for families.

Furthermore, child maltreatment in the form of neglect and abuse was perceived as a serious childhood adversity in the country. Representatives of government departments and non-governmental organisations which provided services related to child development, protection and care were generally aware that the problem was widespread. They could also identify risk factors for child abuse and neglect within the home sphere. But obtaining statistics on the extent of child abuse and neglect was a challenge. Nevertheless, the study participants' perception that addressing child maltreatment was a policy priority because of the magnitude of the problem signified some degree of readiness to prevent child maltreatment.

However, there were other important elements of the service delivery systems which would undermine implementation of planned child maltreatment prevention programmes. Firstly, lack of data in the country remains a major barrier to implementing planned prevention programmes which are based on systematic evidence and address local risk factors. Lack of comprehensive statistics and lack of community-specific evidence on the problem remain major service challenges. This situation, however, should not be misconstrued as absence of information on the magnitude of child maltreatment in the country: records of administrative information are available from various government and service provider agencies but they need time to compile and analyse for strategic intervention. A serious information gap is in relation to the characteristics and consequences of child maltreatment at district and community levels to facilitate localized planning. There is need for policy makers to show commitment to financing the development and management of different forms of information systems required for child maltreatment prevention, including the CPR.

Secondly, the successful implementation of the Children's Act will to a large extent be influenced by the old Child Care Act No. 74 of 1983 'residuals'. The Act was the main policy framework for more than two decades and many professionals in the child services sector were used to the language and approaches of the Act which

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included more emphasis on child protection services than on prevention of child abuse and neglect. Managing change will include changing the old practices and allocating resources to promote prevention programmes and their evaluation.

Thirdly, unless resources and capacity to support child maltreatment prevention are developed, the good policies and laws will not be effectively implemented. Relevant resources include mobilised community members, prevention plans and interagency collaborations. Given the developmental role of the Department of Local Government in South Africa, non involvement of this important stakeholder implies a major gap in interagency collaboration. It may also indicate that child maltreatment prevention is currently not mainstreamed into local development plans.

Lastly, there is lack of uniformity across provinces regarding the availability of updated strategic plans and how they influence services for vulnerable children and families. The existing 'child protection' protocols are a useful starting point for provincial frameworks but they might not be based on systematic information and were still biased towards early intervention and delivering statutory care services. The different Departments and implementing partners should develop a consciousness of child maltreatment prevention, and programmes which address similar risk factors should be properly coordinated to ensure reliable information and uniform monitoring and evaluation procedures.

Effective implementation of child maltreatment prevention programmes will require developing capacity through training and adequate funding; managing existing information systems and implementing other systems to generate the necessary data on childhood adversity and wellbeing; monitoring and evaluation systems for various programmes and coordination of child maltreatment prevention initiatives.

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## 6. IMPLICATIONS FOR DEVELOPING CAPACITY BASED ON THE ANALYSIS OF CHILD MALTREATMENT READINESS AND RESOURCES

The South African government is unambiguously committed to providing children with a protective environment which supports their development and well-being through policies and services. But policy has historically focused on providing child protection services and prevention was not a priority especially at the level of implementation. Consequently, child maltreatment resources persist to be concentrated on protection services despite its limited impact on the general population of vulnerable families. Currently there are more resources at the tertiary level of service delivery than at prevention level. Prevention of child maltreatment initiatives tend to be fragmented. Integrating child maltreatment prevention requires that policy managers, service providers and communities appreciate the risk factors affect children and the multiple long-term and immediate consequences of child maltreatment.

*Recommendation:* For substantial changes to occur with regard to the prevention of child maltreatment, the country needs a ‘child maltreatment prevention movement’ with a leadership and vision to change the current status quo characterized by a bias towards child protection programmes and services. Research and advocacy should be the pillars of the information dissemination strategy on child maltreatment prevention. There is need to systematically address prevailing attitudes, traditions, customs, behaviour and practices which are associated with child maltreatment in communities.

*Recommendation:* Since most of the professionals in the field were trained to enable them to deliver child protection services to vulnerable children according to the Child Care Act. The new emphasis on prevention of child maltreatment as articulated in the current legislation and policy framework requires a fundamental change of mindset among those responsible for policy implementation. Training of role players to enable them deliver services accordingly is necessary.

*Recommendation:* Awareness of the enduring impacts of child maltreatment should influence the strategies which policy makers promote and private organisations use to address the risk factors of child maltreatment in different domains especially the family.

Effective coordination of the various programmes of the relevant government departments around child maltreatment prevention and formation of synergies

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around the problem will give existing programme vigour. This means that even government departments which do not have prevention and early intervention of child maltreatment as their primary mandate but play a role in ensuring child survival and early childhood development can deliberately integrate child maltreatment prevention activities including information capture.

*Recommendation:* The existing programmes need to be strengthened and promoted with a clear child maltreatment prevention goal. For example, health programmes intended to promote maternal and child survival, early childhood development and offender rehabilitation need to be strengthened and personnel who are involved in these services need to be conscious of child maltreatment issues and how they relate to the programmes' goals.

Programmes which focus on empowering children and removing the silence around child abuse and neglect issues are important. This approach should be strengthened beyond creating awareness to also including development of skills which can help vulnerable children with resilience and the knowledge to utilize services.

*Recommendation:* School-based programmes which work with young children (pre-school and primary school) are critical and they should be based on evidence. Broad programmes which address the specific risk factors and causes of child abuse and neglect should be developed and there must be an efficient monitoring system and new information including what seems to work and what is less effective should be disseminated to all stakeholders. Interventions which work with children are likely to bring about lasting change in attitudes and behaviour, in that way they can reduce incidence of child victimization by future generations.

The reported risk factors for different types of child maltreatment seemed to be embedded in the aspects of the social structure of the South African society including poverty and inequalities, inadequate housing, crime and weak social cohesion, high teenage pregnancy, substance abuse and child-headed households. There is acknowledgement that apart from poverty which reduces the capacity of parents to provide adequate care for their children, another major factor which contributes to child maltreatment – physical neglect, physical abuse and abandonment – is lack of parenting skills. The on-going plan by the Department of Social Development to provide training which will lead to the provision of parenting skill in this area is most welcome in a country where child maltreatment is associated with teenage pregnancy and lack of support systems, especially by the older generation, in child care.

*Recommendation:* While the training of parents and primary caregivers will influence parenting outcomes among people who will participate, it may be argued that this may not be the most effective methodology in a society where child maltreatment is not only widespread but is also hidden because of the stigma it attracts to families. There is evidence that population-based interventions which

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rely on media to change attitudes and practices are highly promising and it may be added that they are likely to be sustainable and easily replicated. Perhaps delivering the programme through the mass media would enhance its effectiveness and coverage.

*Recommendation:* Home visits are also useful and they must be integrated into health, education and social welfare services.

Policy makers and people responsible for planning and implementing programmes which can reduce or eliminate child maltreatment will benefit from comprehensive statistics on the extent of child abuse and neglect. Availability of reliable statistics is a critical element of providing appropriate services to children and their families. Efforts to provide and strengthen different types of child-related information systems (capture and analysis) at different levels of service delivery will enhance the effectiveness of the Child Protection Register (CPR) provided for under the Children's Act. For example, the findings of the surveillance study of child abuse and neglect in South Africa by the Child Welfare League of Canada in 2007 need to be disseminated.

*Recommendation:* Strict measures should be taken to improve regular reporting between district and provincial levels. Community workers in the health, community security and social development streams will contribute to the CPR but this required clear specification of minimum standards and supervision.

Poverty, especially maternal poverty was identified as a reason some mothers might feel inadequate when it came to protecting children from abusive intimate partners. This kind of insecurity happens despite South Africa being committed to improving gender equality. The vulnerability of children whose mothers were economically dependent on abusive partners could also suggest the connection between gender-based violence and child maltreatment.

*Recommendation:* The possibility that women might choose not to protect children from abuse for fear of losing their livelihood is a reality which should be taken seriously. Policy efforts to empower women should be supported with the view that apart from protecting the integrity of women and their rights, women empowerment also contributed to the capacity of families and women as common primary caregivers to provide a protective environment for children.

*Recommendation:* Men (including boys and male youth) should not be excluded from efforts intended to reduce the vulnerability of children in society. Change in attitudes and relationships between parents and their children is fundamental to developing a protective environment for children and such change has to be influenced by women's and men's perspectives on how they are affected by parenting responsibilities and their views concerning the benefits of positive parenting. It is therefore important that parenting skills training programmes take

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into account the gender perspectives in parenting including the structure of contemporary South African families.

Communities benefit from broad-based interventions which provide services to families and influence the risk factors for child safety and wellbeing negatively. Providing access to child care services to enable parents who do not have social support networks is integral to improving the opportunities of children. Some parents may face the dual burden of worrying about their children's safety and maintaining paid work. This is particularly important for women because their need to earn income should not compromise their motherhood aspirations and the responsibility to care for children or vice versa. The current government policy to scale-up early childhood development services in the country will benefit families and children significantly and it has the potential to reduce chances of children being left without supervision for long periods during working days.

Child abuse prevention programmes are currently delivered primarily through the education system (primary schools) early childhood development centres and health facilities and they delivered through the support of government department. Some of the major barriers to obtaining a clear picture of the extent of child maltreatment in the country are fragmented information and lack of vital tools for capturing information on childhood adversity including injuries and causes of child death by primary health care providers and mortuaries, respectively.

*Recommendation:* Integrating child maltreatment prevention into well coordinated local development plans so that the programmes are influenced by local contexts (risk factors) should be considered. Clearly, there is a need to shift from provincially-based plans to plans that are district-based and are developed with the participation of local stakeholders in each area. Most importantly, child maltreatment prevention should be integrated into family and child services provided by the various departments in the social sector (Social development, Health, Education, Justice, Housing and Local Government).

*Recommendation:* The CPR needs to be enhanced by integrating it with the Integrated Management of Childhood Illness information. Information on child survival and disease prevention is integral to efforts to care for children.

*Recommendation:* There is a need for strengthened intersectoral collaboration and for South African professionals in child health, care and protection including social workers, nutritionists and pediatricians to collectively decide on the classification of childhood injuries and deaths as well as how such information related to child maltreatment should be categorised to provide basis for planned interventions. This initiative should include South Africa implementing the International Classification of Diseases (ICD).

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There is common understanding that the array of services provided by government and partner NGOs and other community-based organisations, have raised awareness and increased reporting of child abuse and neglect. Also, child neglect and abuse affect children in both rural and urban areas. However, in communities with inadequate child care services, children could be exposed to higher risks of sexual abuse when their parents were at work and there was no child supervision, than in areas where alternative services were available. In the informal settlements the risks for sexual abuse may be compounded by the lack of structure and fluidity of the communities as well as inadequate housing.

*Recommendation:* The effectiveness of prevention programmes is influenced by the extent to which they are linked with the underlying causes and risk factors. There is a need to assess and evaluate child maltreatment prevention programmes in terms of their systematic links with the ecological aspects at the local level.

The perception of some of the key role players that child maltreatment was mainly an urban issue was a concern. While it was acknowledge that the traditional structures including traditional leadership and community values in the rural areas (for example, the ethos of “your child is my child” or “children belong to all adults”) could be protective measures, we should also be vigilant of under-reporting in these contexts. Clearly, prevention of child maltreatment should involve community participation and agents who work with local communities have an important role in coordinating child protection efforts.

*Recommendation:* It is important for communities and the traditional leadership to be part of the local child protection structures so that they could contribute their knowledge and also became aware of how the rights-based approaches to child protection are related to traditional practices.

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## THE AFTERWORD

The readiness and resource assessment project began with a February 2008 workshop in Maputo, Mozambique where government, research, and NGO representatives from Malawi, Mozambique and South Africa met to discuss child maltreatment prevention readiness and resources, and develop a process for assessing it in each of the three countries.

The report on child maltreatment prevention readiness and resource assessment for South Africa was presented at a finalisation workshop convened on the 7 – 8 July 2009 with participants who included the Malawi, Mozambique and South Africa research teams, and WHO focal points from the country offices in each of the three countries, representatives of WHO-HQ and of UNICEF. In the case of Malawi, a focal person from the Ministry of Health also attended.

The following were the aims of the finalisation workshop, to:

Present the main findings of research teams from each country;

Finalize drafts of the country situation reports through an exchange of ideas between country research teams and discuss any required revisions to the draft final reports;

Present recommendations from the research teams in each country for developing country child maltreatment capacity and policy and outline immediate next steps;

Discuss problems encountered and lessons learned from this study for future child maltreatment prevention assessments;

Discuss publication and dissemination possibilities resulting from this project.

Strengthen the network for CMP policy and program development, implementation, and evaluation created by this project.

Presentations were on:

1. Child maltreatment, prevention readiness and resources, and prevention policy development;
2. Findings from each of the three country;
3. Presentations on lessons learned and next steps

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**Based on the findings on *readiness* and *resources*, the implications for developing country child maltreatment prevention were identified.**

There is generally a high level of legislative, policy, and planning resources for child maltreatment prevention in South Africa, but two serious obstacles were identified as impeding successfully implementing these: (1) a lack of an effective coordinating mechanism between the various government departments and other actors involved at national, provincial, and district level and, (2) limited financial resources, especially to implement the programmes legislated through the Children's Act (No 41 of 2007).

Historically, in South Africa, the focus has been on child protection services and prevention was not a priority. Consequently, there were several deficiencies which included: inadequate understanding of child maltreatment prevention and the difference between child maltreatment prevention and child protection; inadequate statistics on the extent of child maltreatment, highlighting the gaps in child maltreatment data; limited appreciation of the life-long consequences of child maltreatment for physical and mental health and social and occupations functioning.

Effective implementation of child maltreatment prevention programmes will require developing capacity through training and adequate funding; improving data collection systems; evaluating programmes; and better coordination of child maltreatment prevention initiatives.

In order to change this and remedy the deficiencies the assessment of readiness and resources has identified, the *Country Situation Report on Child Maltreatment Prevention for South Africa* recommends the following:

1. Need for a "child maltreatment prevention movement"
2. Prevention readiness should be increased through training for and awareness campaigns directed at key players, including policy makers, technical staff, programme implementers, and opinion leaders in the field
3. Encourage the use of uniform definitions and coding systems when collecting data on child maltreatment and the collection of surveillance and epidemiological data on the magnitude, distribution and consequences of, and risk factors for, child maltreatment

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4. Promote and implement a range of evidence-based primary prevention interventions adopting a multi-sectoral approach with clearly formulated national strategy that establishes coordination mechanism;
  5. Include communities and traditional leadership in local child maltreatment prevention structures.

The following are the specific actions that will be implemented to enhance some of the on-going national and provincial activities in the child care sector:

- **Finalise Stakeholder analysis for CMP at National and Provincial levels including the mass media**

Draw up a list of all potential partners/stakeholders analysis, based on the Country Situation Reports, the list of participants at the Country Consultation Meeting on Child Maltreatment Prevention readiness and implications for enhancing prevention policy and action, held in Cape Town on 9 July 2009 and the recommendations arising from the meeting.

All key partners should be encouraged to participate in the follow-up to this project; this includes key government departments such as the Departments of Health and Social Development, international and development partners (UNICEF, DFID, CIDA), and all relevant NGO's;

Recommend that child maltreatment prevention be a component of Local authorities' Integrated Development Plans (IDPs) and include the Department of Local Government as a key stakeholder.

- **Strengthen national coordinating mechanisms/national CMP committees and raise the awareness among decision- and policy-makers about child maltreatment and its prevention**

A network of focal points within government departments should be established;

Steering committees should be established at national and provincial levels (starting with the Western Cape);

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- **Improve training in child maltreatment prevention by delivering child maltreatment prevention training courses to line managers in national and local government departments, NGOs, and UN agencies**

Review of existing policies and develop/revive a draft national CMP strategy or "White Paper".

Existing government bodies, plans, and policies that have been dormant should be revived. These include, for instance, the National Programme of Action for Children in the Office of the Presidency; the National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect, and Exploitation (Department of Social Development, 2004).

Meetings with key provincial departments should be set up to disseminate findings, starting with the Department of Social Development in the Western Cape, then in the Eastern Cape and Limpopo provinces

- **In coming months, the following events offer a window of opportunity to shift the emphasis in South Africa from child protection to CMP:**

A **Children's Summit** will be taking place in October 2009, in the Western Cape Province;

A **Children's Protection month** has been announced, in response to the killing of two children; the justification for this month has been articulated in CMP terms

- **A small scale community intervention should be considered to explore feasibility and act as a demonstration project.**

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## **Appendix A. Interview Schedule**

### **National Departments – Education, Health, Social Development, Social Security/Community Safety**

#### **AWARENESS AND RISK FACTORS**

1. To what extent is child maltreatment a serious problem in this province? Why do you say this? Is this a common understanding in the province?
2. What do you mean by child maltreatment prevention? What kind of programmes are you referring to? Which ones in your department (or other departments with which you have partnerships) fall in this category?
3. Which forms of child maltreatment are more prevalent the country? What is the basis of this view?
4. Would you say the family environment in South Africa contributes significantly to child maltreatment? What are the risks to child maltreatment?
5. What kinds of information systems has your department designed to track child maltreatment prevalence in the province?
6. Do you have all the necessary information to assist you with your prevention activities? Where are the gaps?
7. What studies have been conducted on the causes and risk of child maltreatment in the family in this province?

#### **PREVENTION STRATEGY AND EVIDENCE OF FOCUS**

8. Which of the structures responsible for child protection in the country focus on primary or secondary interventions?
9. Would you say current interventions are at the **primary and secondary levels** or at **tertiary levels**?
10. What kinds of information systems has your department designed to track primary and secondary interventions for child maltreatment in this province?
  - Have there been studies which evaluate the effectiveness of the strategies implemented?

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- What was the feedback?
  - What are the identified strengths and constraints?

#### **THE NATURE OF THE ENVIRONMENT**

11. What levels of support does your department (government) have from the partners of government in the child care sector?
  - Resources: human resources? Are staff/personnel responsible for implementation adequately trained?
  - Budgets?
  - Any known resistance?
  - Are there budgetary provisions for child maltreatment prevention interventions/policy?
  - Are interventions sustainable?
12. To what extent do the current interventions to prevent child maltreatment address risk factors in the family as understood?