

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

**Presentation to the SA ACAPAP Meeting, Cape Town  
September 2007**



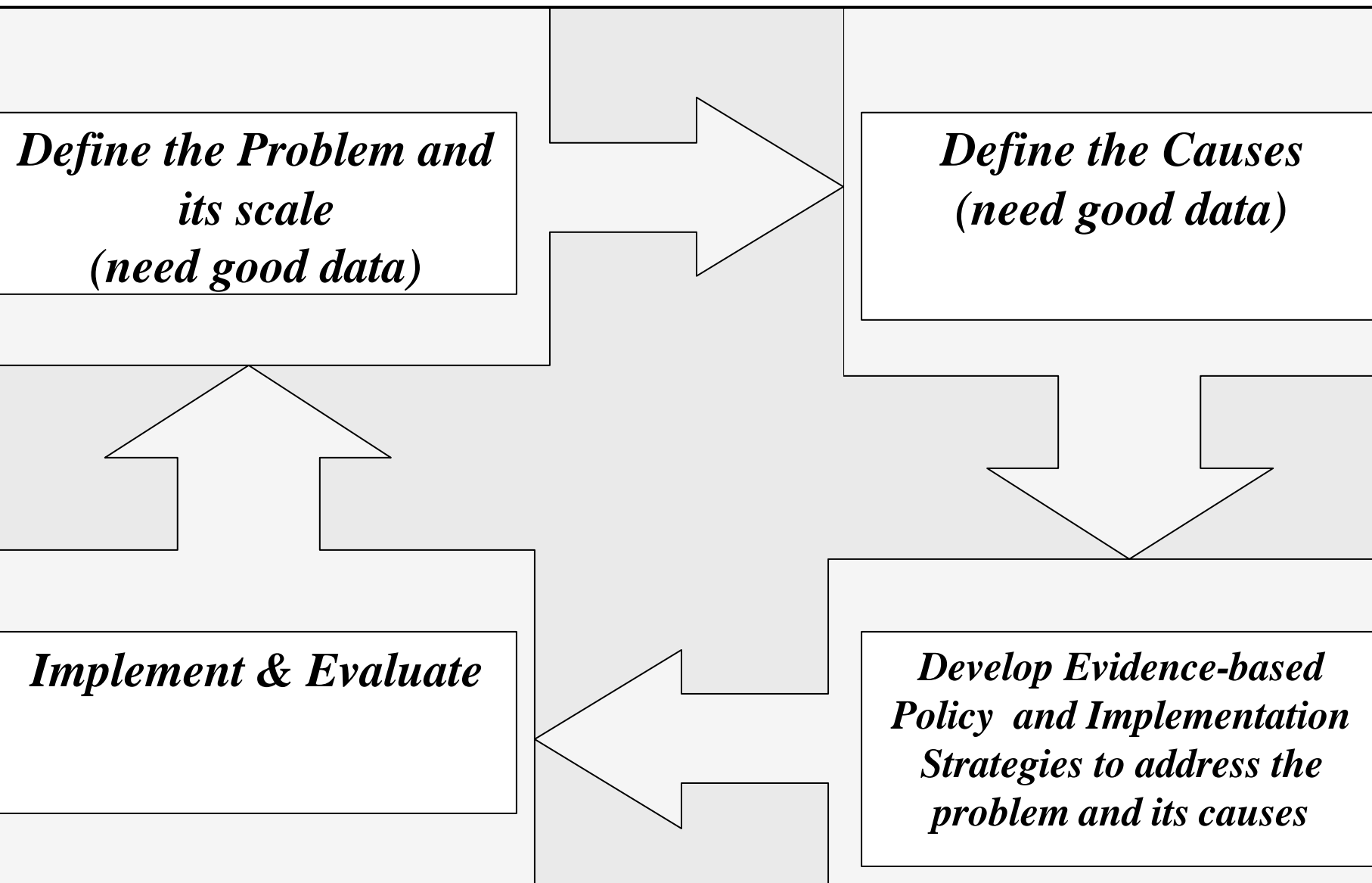
**Andy Dawes, ([adawes@hsrc.ac.za](mailto:adawes@hsrc.ac.za))**

**Cathy Ward, Jameez Alexander & Wahbie Long**

# **Outline of Presentation**

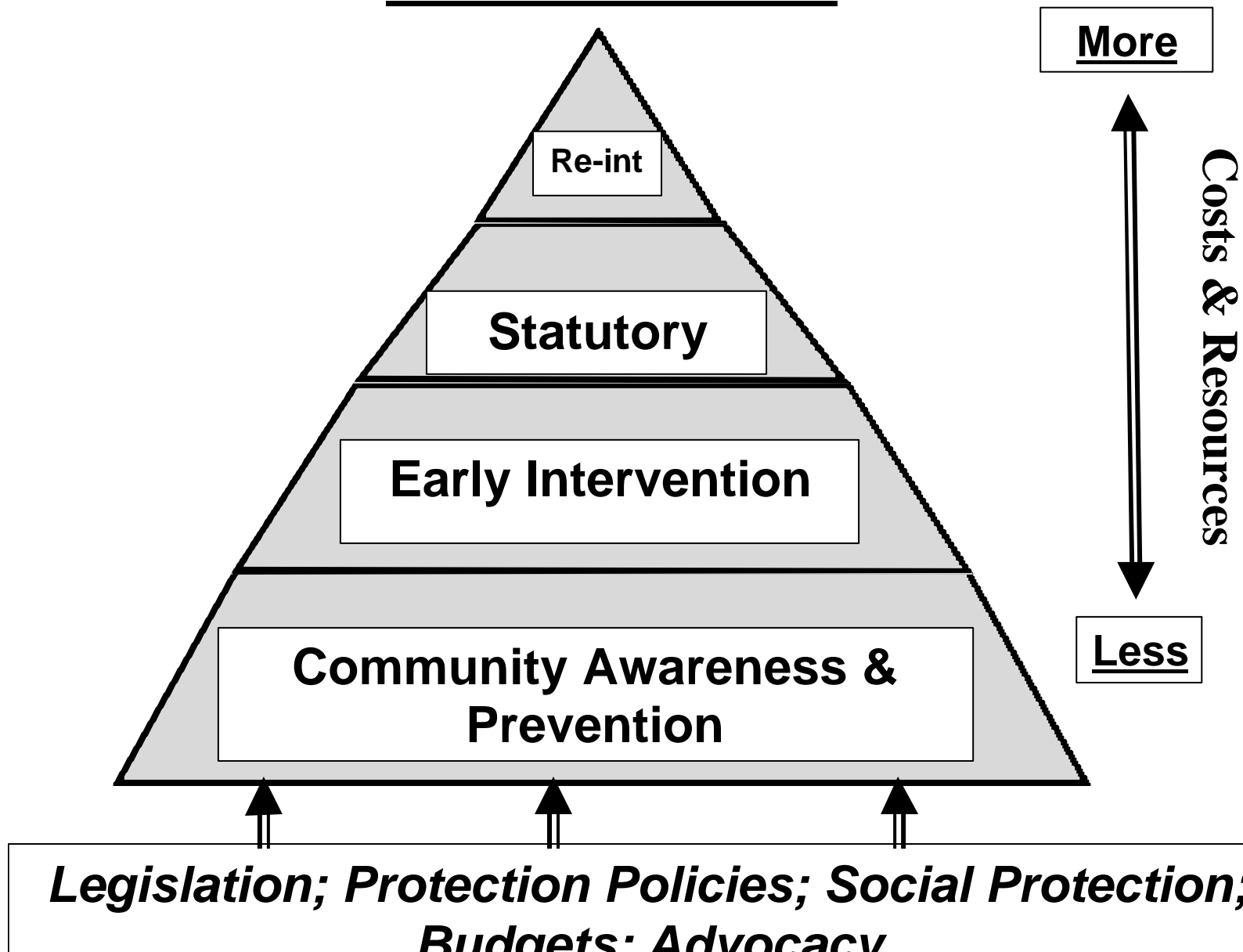
- 1. Evidence-based Policy**
- 2. Study Objectives**
- 3. Methods**
- 4. Findings**
- 5. Recommendations**

# ***Evidence-Based Social Policy Interventions***



*A hierarchy of Interventions to Improve*

*Child Protection*



# **Study Focus: Child Maltreatment**

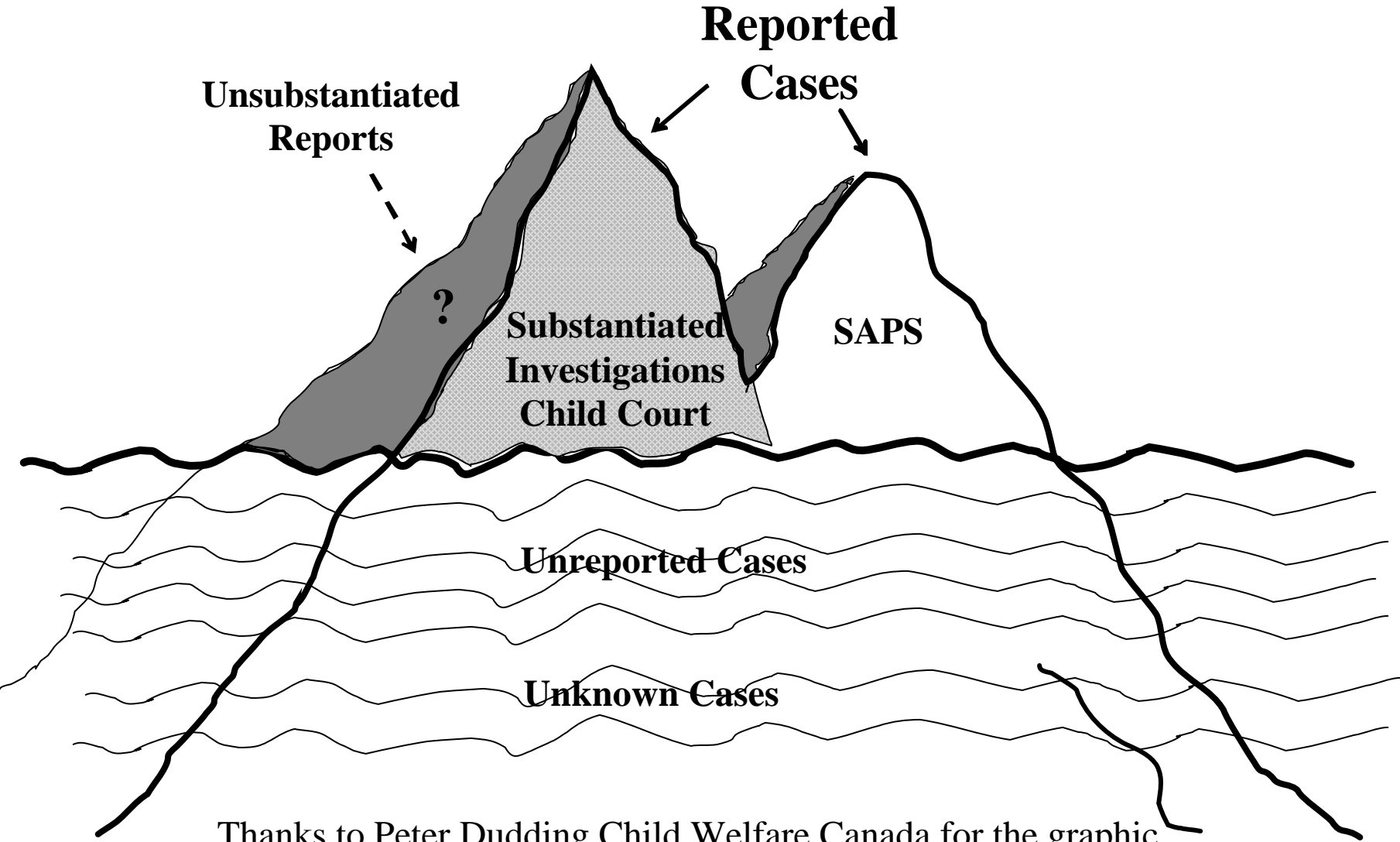
**A key problem for policy and intervention:**

**No incidence or prevalence studies have been conducted on Child abuse & Neglect (cost).**

**Objectives:**

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

# **Child Abuse data: The Tip of the Iceberg**



# **Study Methods**

- 1. Several sources of data for the period 2000 – 2006 accessed:**
  - **Provincial Government administrative data (*SAPS; DSD; Education; Health; Justice*)**
  - **Peer reviewed research (very little);**
  - **data from child protection NGOs.**
- 2. Secondary analysis admin data to construct incidence rates and trends if possible;**
- 3. Possible High risk areas identified**
- 4. Comment on admin data quality**

# **Findings: Maltreatment**

## **Physical Abuse: Health Admin Data**

**Tertiary Hospital data tells us that:**

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

**Data on the extent of this form of abuse is not readily available.**



# **Findings: Maltreatment**

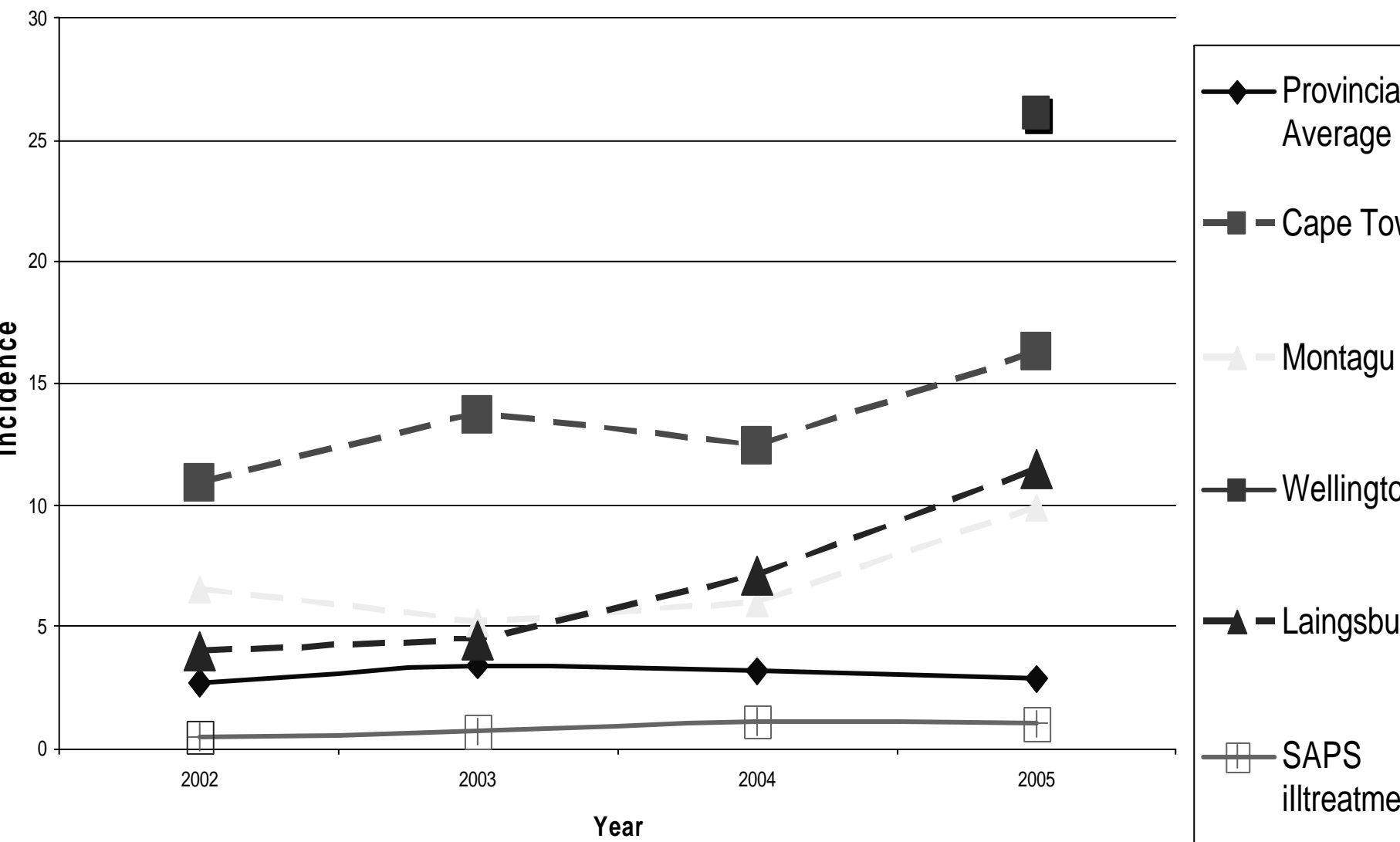
**Sexual Abuse: Health Admin Data**

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

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

**Justice Department Children's Court Inquiry (CCI) Data could assist us to get a rough picture of incidence?**

# **CCI Data: Incidence of Probable Maltreatment per 1000 children by selected districts**



# **District Patterns**

**What could affect the high or low incidence figures?**

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

# **CCI Incidence data suggests:**

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

# ***SAPS Crime Data – is it useful for Estimating child rape incidence?***

---

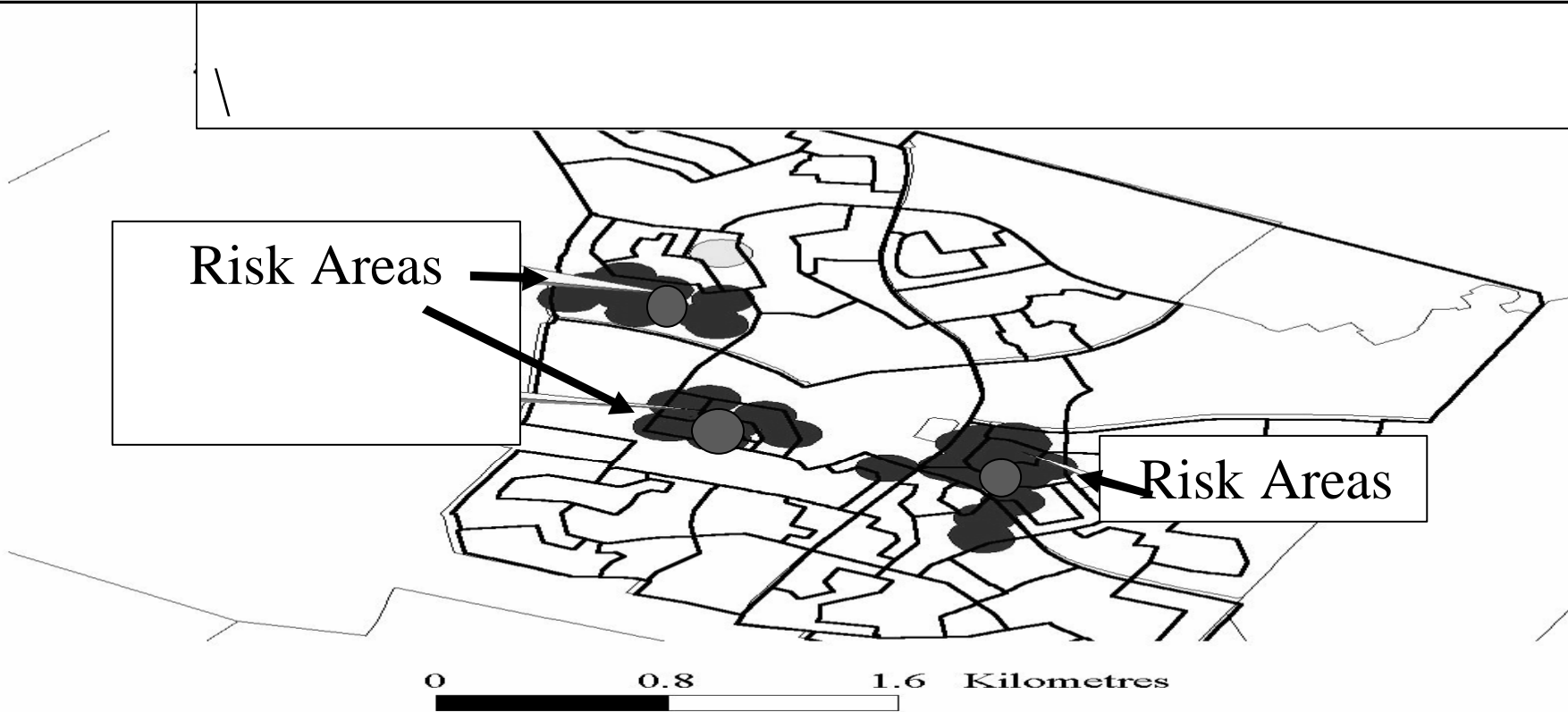
**In data *supplied for this project* by SAPS, the age of the rape victim was unknown in:**

- 60% of cases for 2003;**
- 82% of cases 2004 .....**

# **Recommendations**

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

# Where we want to be: Local level evidence-based Intervention



Areas where young children are at most at risk ●

Services should be here! ●

