



**REPORT ON THE DEVELOPMENT OF AN
INFORMATION MANAGEMENT SYSTEM
ON VIOLENCE AGAINST WOMEN AND
CHILDREN IN SOUTH AFRICA**

SOUTH AFRICAN MEDICAL RESEARCH COUNCIL GENDER AND HEALTH RESEARCH UNIT

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CONTENTS

LIST OF TABLES	1
ACRONYMS	2
EXECUTIVE SUMMARY	3
1. INTRODUCTION	4
2. OBJECTIVES	5
3. SURVEILLANCE SYSTEMS	6
4. PRINCIPLES OF GOOD PRACTICE IN VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN RESEARCH	7
4.1 Research with women	7
4.2 Research with children	8
5. METHODOLOGY	9
5.1 First Stakeholder Consultative Meeting	9
5.2 Interviews with key stakeholders	9
5.3 Desk review	10
6. FINDINGS	10
6.1 Surveys on VAW	10
6.1.1 National Surveys	11
6.1.2 Regional surveys	12
6.2 Summary of findings from Violence Against Women surveys	12
6.3. Surveys on Violence against Children	14
6.4 Summary of findings from Violence Against Children surveys	15
6.5 Other sources of data on Violence Against Children	16
6.6 Efforts to improve Violence Against Women statistics	17
7. ADMINISTRATIVE DATA	17
7.1 Department of Social Development	18
7.2 Department of Basic Education	19
7.3 Department of Health	20
7.4 Department of Women	21
7.5 South African Police Services	21
7.6 Statistics South Africa	22
7.7 National Prosecuting Authority	23
7.8 Summary of existing administrative data sources	24
8. DATA CHALLENGES	24
8.1 The heavy reliance on paper-based systems	24
8.2 Lack of disaggregation of data	25
8.3 Reliability and validity of available data	25
8.4 Capacity and resourcing	26

8.5	Inconsistency of definitions and understanding of categories	26
8.6	The role of NGOs in data collection	27
8.7	Comments on surveillance systems for VAW and VAC	27
9.	EXISTING TOOLS OR PROCESSES TOWARDS SURVEILLANCE OF VAWC	28
9.1	Surveys	28
9.1.1	The Optimus Study	28
9.1.2	The Demographic and Health survey	28
9.2	Administrative data	28
9.2.1	Form 22 of the Regulations under the Children’s Act as Amended	28
9.2.2	Initiatives within Government	29
10.	CONCLUSION	30
11.	RECOMMENDATIONS	32
11.1	Overall long-term recommendations	32
11.2	Specific short- and medium term recommendations	33
12.	REFERENCES	34

LIST OF TABLES

Table 1: National and regional surveys on VAW presenting incidence and prevalence statistics

Table 2: Physical partner violence from three population based surveys

Table 3: Sexual partner violence and Emotional abuse from Gender-Links and 3 Province study

Table 4: National and regional surveys on violence against children presenting incidence and prevalence statistics

Table 5: Summary of violence against children reported in national surveys

Table 6: Quick reference for active and potential data sources for Violence against women

Table 7: Quick reference for active and potential data sources for Violence against children

LIST OF APPENDICES

Appendix 1: Participants in the First Stakeholder Consultation

Appendix 2: Interviewees

Appendix 3: List of documents perused

Appendix 4: Significant South African studies on Violence against Women

Appendix 5: Significant South African studies on Violence against Children

Appendix 6: Form 22

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ACRONYMS

CJCP	Centre for Justice and Crime Prevention
DBE	Department of Basic Education
DH	Department of Health
DHA	Department of Home Affairs
DHS	Demographic and Health Survey
DICANE	Dynamics and Incidence of Child Abuse, Neglect and Exploitation
DJCD	Department of Justice and Constitutional Development
DPME	Department of Performance Monitoring and Evaluation
DSD	Department of Social Development
DW	Department of Women
GHS	General Household Survey
HSRC	Human Sciences Research Council
IPV	Intimate Partner Violence
MDGs	Millennium Development Goals
MRC	Medical Research Council
NPA	National Prosecuting Authority
NGO	Non-governmental organisation
POA	Programme of Action
SAPS	South African Police Services
SA SAMS	South African Schools Administrative Management System
SASAS	South African Social Attitudes Survey
SDGs	Sustainable Development Goals
Stats SA	Statistics South Africa
VAC	Violence against children
VAW	Violence against women
VAWC	Violence against women and children
VOCS	Victims of Crime Survey

EXECUTIVE SUMMARY

There is wide-spread acknowledgement that accurate data on the level of violence against women and children is not available in South Africa. As part of the DFID-funded *Safer South Africa* programme, the Gender & Health Unit of the South African Medical Research Council (SAMRC) was tasked to establish the location of the data pertaining to violence against women and children, as well as how this data is used. The goal was to inform the conceptualisation of an information management system. However, it was recognised early in process that the establishment of a surveillance systems might be premature, and so it was decided that an information managements system should be the initial step towards a long term goal for the establishment of surveillance systems.

A consultative process, including consultative meetings and interviews with stakeholders as well as a desk review of data, was followed. A number of surveys were identified but to date no dedicated national population study has been conducted to determine baseline estimates of the prevalence and incidence of violence against women while the results from first national study on child abuse and violence was released in mid-2015.

This project has shown that our country's national representative data on the level of violence against women and children is limited (incidence and prevalence). The few limited regional and school-based surveys have consistently shown high levels of violent experiences and perpetration. The Victims of Crime Survey (VOCS), an annual crime survey conducted by Statistics South Africa (Stats SA) consistently reports low levels of sexual violence and this is due to the nature of the survey.

The numerous types of administrative data that is collected by many government departments is not collected in a systematic or synchronized manner and can therefore not be combined effectively. The administrative data is largely response data in terms of assisting survivors and does not describe the magnitude of the problem. Recently, the Department of Social Development (DSD) started a process to develop an information management system for VAW and VAC across different government departments. Although police data currently bears the closest resemblance to a surveillance system, — the data is aggregated and violence against women and children are not presented other than for sexual offences.

Two promising national surveys are in the pipeline. The first is the 2015/2016 Demographic and Health Survey (DHS) which will include a module on violence against women and will provide baseline estimates. The second is the Optimus study which collected national data on violence against children in households and in schools (2014); the study's first report was released in July 2015. The outcome of these surveys should be assessed and if proven to be of good quality they should be repeated to form the basis of surveillance systems.

The Report concludes with several long term and short- to medium-term recommendations related to addressing the concerns about the quality and availability of data.

1. INTRODUCTION

Violence against women and children (VAWC) is a global health problem and data is needed to make this violence visible. Sound and reliable data is the foundation of all decision-making when determining priorities, allocating resources, monitoring progress and evaluating the impact of services in efforts to respond to and prevent VAWC.

The term “violence against women” encompasses many forms of violence, including violence by an intimate partner, rape/sexual assault and other forms of sexual violence perpetrated by someone other than a partner. It is defined by the World Health Organisation as *“violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”*.¹

Violence against children is also a complex multi-faceted problem and it includes a wide range of acts and situations. It is defined by the WHO as *“the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity”*.¹

South Africa’s progress towards the attainment of the Millennium Development Goals (MDGs) has been patchy thus far. Although considerable progress has been made in the eradication of poverty (MDG 1), achieving universal primary education (MDG 2) and combatting HIV/Aids, malaria and other diseases (MDG 6), progress in the areas of promoting gender equality and empowering women (MDG 3), reducing child mortality (MDG 4) and improving maternal health (MDG 5) has been slow. With the deadline for the 2015 goals approaching, attention is now turning towards the challenges in the post-2015 development and health agendas. Violence against women and children will most likely become a key indicator of gender equality and reliable, good quality data will soon be in demand. In addition, the resolution taken in May 2014 at the 67th World Health Assembly urged member states *“to strengthen national responses by improving the collection and dissemination of comparable data, disaggregated for sex, age and other relevant factors---.”*

The ability to respond to the challenge of the high numbers of women and children affected by violence is limited by the lack of reliable data. Firstly, we are not able to gauge the magnitude of VAWC and this has led to much debate on the size of the problem. Secondly, we are not able to identify ‘at risk’ groups who may require focused interventions or services. Thirdly, we are not able to monitor changes in the level of violence (incidence and prevalence) and to determine the effectiveness of prevention interventions.

There is wide-spread acknowledgement that accurate data on the level of VAWC is not available in South Africa. This is not necessarily because no data exists, but rather is the result of a complex interaction of factors which include conceptual and logistical challenges, lack of resources as well as a reluctance of Government to use information from independent research. This project sought to respond to the need for reliable and timely data for both VAW and VAC, in particular data on the magnitude of the problem.

The overall aim of this project was to combine a consultative process and a desk review to identify

and document all relevant administrative data (routinely collected data from activities/services) from Government departments as well as data collected from surveys and research studies in order to understand the prevalence of the different forms of violence committed against women and children. The ultimate goal was to conceptualise a VAW and VAC surveillance system but it was recognised that to do so was premature as surveillance systems are complex by nature and there were a number of urgent challenges related to the current data on VAWC in South Africa which would need to be addressed before embarking on a more complex surveillance system. It was decided to focus on a conceptualisation of an information management system for VAWC as an initial step.

The focus was shifted to encompass the following:

- Mapping and location of current data
 - In research
 - In routine Government data collection(administrative data)
- How data is used
- How data is collected (where it originates from)
- Challenges posed by the nature of data collected and manner of collection
- Recommendations for an information management system for VAWC

2. OBJECTIVES

- Establish where data is located and how it is used.
- Interrogate the problems related to data collection, including disaggregation, the reliability and validity of data and the use of different definitions of measures.
- Examine the appropriateness of a single information system for both violence against women (VAW) and violence against children (VAC) as opposed to separate systems.
- Identify existing activities/processes which could be strengthened to provide the kind of data ultimately required by information management system and ultimately for a surveillance system(s).
- Make recommendations about the short- and medium-term actions and activities towards the eventual development of surveillance systems for VAW and VAC.

This report is divided into three sections. The first section provides an overview of surveillance and principals of good research practice in VAW and VAC. The second section presents the findings from the desk review and from the interviews with stakeholders with specific attention given to surveys. The third section presents the findings on administrative data. The report identifies the challenges in the development of information management systems and concludes with recommendations. Although the report focuses on information management systems for VAWC, we also refer to surveillance systems where appropriate.

3. SURVEILLANCE SYSTEMS

Surveillance is “the systematic collection, analysis and interpretation of data and the dissemination to those who need to know in order to take action”.² It can be a continuous process such as South African Police data of reported crimes or it can be at regular intervals such as the annual surveillance of Victims of Crime Survey (VOCS).

Effective surveillance systems have three components:

- Data on the occurrence of the problems (e.g. prevalence / incidence of violence against children)
- Data on the processes and responses related to the problem (e.g. number of child rapes reported to the police)
- Data on the outcome (e.g. number of convictions of child rape)
- Surveillance can be active and passive
- Active surveillance is a dedicated system where people are employed to collect information directly from the population. It produces the most accurate and timely information but is the most expensive.
- Passive surveillance uses routine data generated by services or routine activities, such as police crime statistics, or the child abuse reports as mandated by the Children’s Act. The latter relies on staff completing form 22 and the quality and timeliness of data can be affected (see discussion below).

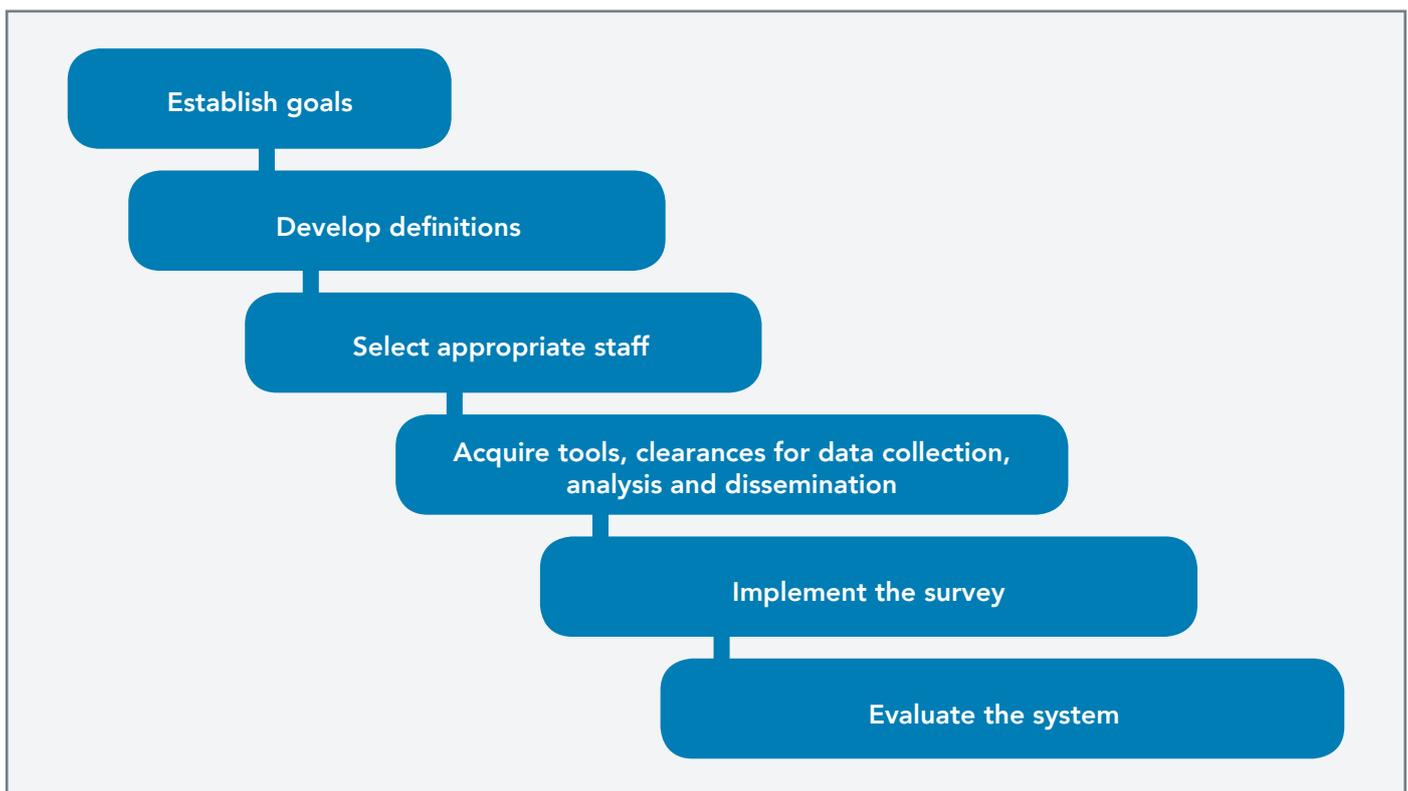


Figure 1: Steps in developing a surveillance system

Clear objectives and definitions are critical first steps in setting up a surveillance system. This includes what will be measured as well as who will be measured (i.e. population, age, region etc.).

This is followed by deciding on which indicators to use. An indicator is a measurable factor that allows for estimates such as the size of the problem. For example how many women aged 18 years and above have ever experienced physical violence (where the measurement of physical violence is derived from

a number of questions that cover the wide range of physical abusive behaviors i.e. beating, slapping, pulling hair, hit with a weapon etc.). Indicators should not measure everything.

GOOD INDICATORS ARE:

Valid: accurate measure of an experience i.e. experience of physical violence

Reliable: consistently measured over time in the same way over different occasions

Precise: operationally defined in clear terms

Measureable: quantifiable, using correct tools and methods

Timely: provides measure at time intervals appropriate for the objectives

Programmatically important: relevant to the issue being investigated

South Africa is familiar with surveillance systems. The need to have timely data on the HIV epidemic, for example, has resulted in the development of annual data collection for prevalence and incidence indicators. These public health surveillance as well as case surveillance have also meant that clinic and hospital information systems have been developed to monitor treatment and care.

Similarly, Stats SA performs annual surveys on a range of outcomes (largely financial indicators) and the annual release of police data can be viewed as a passive form of surveillance.

4. PRINCIPLES OF GOOD PRACTICE IN VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN RESEARCH

4.1. RESEARCH WITH WOMEN

There are aspects of gender based violence research that transcend the traditional ethical principles of research practice. As for all other research, issues of no harm, beneficence, confidentiality and the need to ensure adequate informed consent are relevant. However researchers in this field have, over the years, identified, developed and applied practices to ensure full respect and safety considerations during the research process. It is well documented that a number of factors impact on the level of disclosure as well as the prevalence reported and as such, guidelines were developed to inform the *WHO Multi-country Study on Women's Health and Domestic Violence Against Women*.³

The application of principals has shown that an interview that is conducted empathetically and in a non-judgemental manner and in an appropriate setting will result in many women disclosing their experiences. Indeed, many women consider participating in the research a benefit since disclosure often happens for the first time. Not all studies follow these basic recommendations, and estimates can be affected. The differences in prevalence estimates between dedicated VAW studies and studies where violence questions are added are examples of how methodology can impact on disclosure.

A summary of the guidelines are:

1. The safety of respondents and the research team is paramount, and should guide all project decisions.
2. Prevalence studies need to be methodologically sound and be based on current research experience about how to minimize the under-reporting of violence.

3. Protecting confidentiality is essential to ensure both women's safety and data quality.
4. All research team members should be carefully selected and receive specialized training and on-going support.
5. The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
6. Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
7. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
8. Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

4.2. RESEARCH WITH CHILDREN

Any research with children is sensitive and ethical considerations are elevated and intensified. All of the same ethical considerations discussed above on VAW research apply to VAC, but there are additional considerations. This is the main reason why not many surveys are done with children in general as well as on sensitive issues such violence against them. The situation is further complicated as, in general, questioning children about anything requires the consent of the parents/guardians. Given the high levels of sexual and physical abuse perpetrated against children by close family members, this is obviously going to be a stumbling block.

Consent issues are possibly the most complex issues that researchers intending to work with children will encounter. It is best practice to ensure that all research participants fully understand the research so that they give informed consent. A child under 16 cannot legally give consent themselves and a researcher would have asked a parent or guardian for consent. Wherever possible, consent (known as assent) must also be sought from children who are involved in the research to ensure that they are willing participants.

Consent is not a once-off process, it continues for as long as anyone is involved in the research. This means that a child who agrees to be a part of a study can still withdraw his or her consent at any time. Skånfors ⁴ shows the variety of ways in which children might withdraw their consent once the research has begun. "Say no", "show no", "non-response", "pulling away" and "ignoring" are ways in which a child has been observed to indicate their unwillingness to participate. This may not be a permanent withdrawal, but researchers should be aware of these indicators to ensure that they are sensitive to the child's wishes. In recent years, and especially during the process of the Global Study on VAC⁵, increasing emphasis has been put on the meaningful and ethical involvement of children in matters that affect them, including research on issues that affect children.

Research involving children and/or child protection issues usually takes one of three forms:

- Asking children about their feelings, opinions and experiences. This can be done either in face to face interviews with children or by questionnaire. Data can also be gathered by asking parents about their children's experiences.
- Observing children's behaviour. Using monitored experiments or activities or observing children in an uncontrolled environment to see how they react during specific situations.

- Analysing information contained in files about children (for example, social care case records, serious case reviews, school records).

When children are involved, responding to disclosures of abuse is particularly important. Clear procedures to follow if a child indicates that they or another child is at risk should be in place. These should include a policy on confidentiality which clearly indicate the circumstances under which confidentiality can be broken and sources of advice and support (such as Childline).

If it is suspected that a child might be at risk of harm, the research should be suspended until the child's safety is secured. It is good practice to have a complaints procedure in place when conducting any research. Where children are involved, a mechanism for the child to make a complaint should be available and made explicit at the time of obtaining consent.

5. METHODOLOGY

Information was gathered via a 1st Stakeholder Consultative Meeting, a series of face-to-face, Skype and telephone interviews and a desk review. Issues raised in the 2nd Stakeholder Consultative Meeting were also considered.

5.1. FIRST STAKEHOLDER CONSULTATIVE MEETING

The First consultative meeting with stakeholders in this process was held on 23rd April 2015 in Pretoria. It was attended by a range of national government departments (including the departments of Social Development, Women, Justice), the national statistics office (Stats SA) , international agencies (UNICEF, WHO, UNFPA, Irish Aid and USAID), research institutions (Children's Institute, HSRC, Institute for Security Studies) and some non-governmental organisations(Childline, Foundation for Professional Development and Gender Links). A full list of participants is provided in Appendix 1.

The aim of the meeting was to understand the data needs for the development of a coherent information management system on VAWC. The process would involve identifying the kind of data currently being collected, its use and its limitations, as well as discussion on future needs. The first meeting would identify the data and indicators that are needed as well as the current gaps.

The information gathered at the meeting was explored further in a series of Skype and face-to-face interviews held with relevant stakeholders, including officials from national government departments and a range of researchers. Issues explored included: nature of current data, availability of the data, current data systems, challenges, integration and or silo nature of data collection in different departments.

5.2. INTERVIEWS WITH KEY STAKEHOLDERS

Decisions as to who should be interviewed were based on interviewees that were suggested by participants at the First Stakeholder Consultation as well as personal and institutional knowledge of researchers in the field. A full list of those interviewed appears in Appendix 2; it included officials from the Departments of Social Development (DSD), Women (DW), Health (DH) and Basic Education (DBE), the South African Police Services (SAPS) the National Prosecuting Authority (NPA) and Statistics South Africa (Stats SA).

Despite concerted efforts, there was no response to requests for interviews made to stakeholders in the Departments of Health and the Department of Women.

Interviews focused on the sources of primary data, reporting of data, use of data and challenges related to the collection and dissemination of administrative data.

5.3 DESK REVIEW

Information gathered during the desk review arose from two sources:

1. A number of interviewees provided information on and/or access to a range of documents, some of which have not yet been published. A full list of these can be found in Appendix 3.
2. Research reports on a number of studies were accessed and perused. An internet search was used to access relevant materials where possible. Search terms used included *sexual abuse, violence against women, violence against children, femicide, child homicide, violence in schools*.

The Sexual Offences Act, Children's Act and Domestic Violence Act and their accompanying regulations were also perused.^{6,7}

The interviews with the stakeholders were recorded and these were transcribed in preparation for analysis.

Qualitative studies were not the focus of this project but it must be acknowledged that many good qualitative studies on VAW have been conducted in the country to assist in describing the nature and the context of the violence experienced and perpetrated. These studies also contributed to the development of large surveys (formative work and questionnaire development) and assisted in the understanding of the findings from large surveys. A list of such studies undertaken in South Africa appears in Appendix 4.

Studies and data on vulnerable groups such as disabled women and children, refugee and homeless population are not readily available either.

6. FINDINGS

6.1 SURVEYS ON VAW

Surveys are one of the only ways to accurately measure the magnitude of VAW by means of the measurement of prevalence (proportion of women abused at a given time) as well as incidence (proportion of women abused in a year). Such surveys are important because it is known that VAW is often not reported to services and so prevalence and incidents can never be measured based on service level data (administrative data). A number of cross-sectional population based surveys, collecting VAW data are listed in Table 1 followed by a summary of the main findings. A recent report presenting the 1st ever effort to compile and synthesize data on VAW in South Africa was published near the end of this project (*Study on Violence against Women in South Africa. Know your Epidemic - Know your Response*)⁸. This report was commissioned by the Department of Women, Children and People with Disability and UNFPA and is a valuable contribution to understanding the scope of VAW in the country.

6.1.1 NATIONAL SURVEYS

Demographic Health Surveys (DHS) are extensively used globally to collect national population-based

statistics on health. The 1998 South African DHS included questions on physical violence ⁹ and in same year the *Three Province study* was conducted to validate the DHS findings ¹⁰. As expected the DHS was found not to be a reliable source in the measurement of VAW and a huge under reporting was found between the 2 surveys (see Table 1). The next DHS in 2003 did not include the VAW module but many countries have since reported improved reporting through their DHS as shown and used in the Global study on VAW ¹¹. This is because of improved training of field staff and placement of questions. South Africa is currently planning the 2015/2016 DHS and the improved VAW questions will be included.

The national femicide (female homicide) study was conducted to reflect 1999¹² data and was repeated to provide data for 2009¹³ allowing for a comparison of intimate partner femicide between the two years. This mortuary-based and police interview study was conducted because the relationship between homicide victim and perpetrator is not entered into the SAPS administrative systems and information on the proportion of women killed by an intimate partner cannot be estimated from administrative data. Discussion with the SAPS have shown keen interest for the inclusion of perpetrator details in their routine administrative data but this requires further follow up.

A national survey, *the South African Social Attitudes Survey (SASAS)* was conducted by the Human Sciences Research Council (HSRC) in 2003¹⁴. The primary focus of the survey was to examine the contribution of changing political and institutional structures on attitude/values change and partner physical violence were included. The study was a household survey but analysis for physical partner violence was based on a sub sample among married and cohabiting men and women 16 years and older (n=1198). This survey used the questions from the Conflict Tactic Scale.

The National Victim of Crime Survey (VOCS) is a Stats SA national household survey that focus on people's perceptions and experiences of crime. Sexual assault (rape including touching and grabbing) is included. A number of surveys have been done since 1998 — six to date. The 2013/2014 report acknowledged that the statistics on sexual assault are under-reported in this survey, mainly due to the methodology of the survey.¹⁵

6.1.2 REGIONAL SURVEYS

The Three Provinces study in 1998 ¹⁰, (Eastern Cape, Mpumalanga and Northern Province) was conducted to validate the DHS. This study used an adapted version of the WHO Multi Country Study on Violence against women questionnaire. This is known as the gold standard questionnaire measuring physical, emotional and sexual violence by intimate and non-intimate partners and has been used widely across the globe, providing reliable and comparable estimates on the levels of violence.

Regional population based studies were conducted in 2009 by Gender Links in four provinces^{16,17} (Gauteng, KwaZulu Natal, Limpopo and Western Cape) in 2009 and 2010. These included the adapted WHO questionnaire which allowed for comparison across provinces. These studies confirmed the high prevalence rate of VAW.

A male population-based perpetration study was conducted in the Eastern Cape and Kwa-Zulu Natal in 2009¹⁸ and used the same questions as the Gender-Links study, allowing for comparisons of perpetration across the studies for these provinces (see discussion later).

Table 1: National and regional surveys on VAW presenting incidence and prevalence statistics

STUDY	COVERAGE	TYPES OF DATA	TYPES OF VIOLENCE
VIOLENCE AGAINST WOMEN			
1998 SA Demographic and Health survey (1998) ⁹	National Household survey	Victimisation Incidence	Physical
Femicide (1999 & 2009) ^{12,13}	National Mortuary Based	Victimisation Incidence	Intimate partner femicide Rape Homicides Non-partner femicide
South African Social Attitude Survey (SASAS) (2003) ¹⁴	National Household survey (Married and cohabiting men and women)	Victimisation Perpetration Prevalence Incidence	Physical partner violence (Conflict Tactic Scale)
National Victim of Crime Survey (1998, 2003, 2007, 2011, 2012, 2013/2014) ¹⁵	National Household survey	Victimisation Incidence	Rape including touching, grabbing without consent.
Gender-Links/MRC Gauteng Study (2011) ¹⁶	Gauteng Household survey	Victimisation Perpetration Prevalence Incidence	Physical, Sexual Emotional, Economic
Gender-Links Three Province Study (2012) ¹⁷	KwaZulu Natal, Limpopo, Western Cape Household surveys	Victimisation Perpetration Prevalence Incidence	Physical, Sexual Emotional, Economic
Three Provinces study (1998) ¹⁰	Eastern Cape, Mpumalanga, Limpopo Household survey	Victimisation Prevalence Incidence	Physical, Sexual Emotional, Economic
Male perpetration study (2009) ¹⁸	KZN Eastern Cape Household survey	Victimisation Prevalence Incidence	Physical, Sexual Emotional, Economic

6.2 SUMMARY OF FINDINGS FROM VIOLENCE AGAINST WOMEN SURVEYS

The killing of a woman is the most extreme form and consequence of violence against women. A global review found that 38.6% of all female murders were committed by an intimate partner, whereas the number among males was only 6.3%¹⁹. The two South African national femicide studies showed that, in 1999, one in two women killed (50%)¹² were murdered by an intimate partner; in 2009 this increased to 56%¹³. This is very likely underestimated since no perpetrator was identified in over 20% of murders.

Physical violence by intimate partner as reported in the Three Province study, the *Gender-Links Gauteng study* and the *South African DHS* are presented in Table 2. These studies reported a physical violence incidence rate of between 4.5%-13.2% in the past year. Between 19.1%-33.1% reported ever physical partner violence. The SASAS, using a different measuring tool and including only married/cohabiting women, reported 9% lifetime prevalence and 7% past year prevalence of physical violence¹².

Perpetration studies generally show higher levels of physical violence against partners. However, this was only reported in the *Gender-Links studies*^{16,17} and in the perpetration study in Eastern Cape and KwaZulu Natal¹⁸. These studies show that between 40-50% of men disclose having ever perpetrated partner

Table 2: Physical partner violence from three population based surveys

	PAST YEAR	EVER
Limpopo (3 Province study)	4.5%	19.1%
Mpumalanga (3 Province study)	11.9%	28.4%
Eastern Cape (3 Province study)	10.9%	26.8%
Gauteng (Gender-Links)	13.2%	33.1%
South African Demographic Health Survey	6.3%	
SASAS Study (HSRC) (Victims)	9%	7%

violence and between 6-10% reported having done so in the previous year.

Not much detail is provided on the sexual violence reported in the VOCS reports¹⁵. In general, between 0.4% and 1% of the individuals interviewed reported such violence in the last year. This is not presented by sex or age. In the 2013/2014 survey, it was estimated that 39 000 individuals reported this crime to police. This is half the number reported in the annual police data (66 197 sexual offences reported in 2012/2013 and 62,267 reported in 2013/2014)²⁰.

The studies measuring sexual violence showed that one in 20 women reported experiencing sexual violence in the last year in the 3 *Province study* with a much higher rate reported in the *Gender-Links study* (18.8%). Very similar proportion of men reported perpetration of sexual violence reported in the *Gender-Links study* (18.2%) [Table 3].

Emotional abuse was also measured in the Gender-Links study and in general, emotional abuse was the most common form of abuse reported by women (43.7%) and reported as perpetrated by men (65.2%)^{16,17}. Many of the survey findings are supported by non-population studies where even higher levels of violence were reported using similar questionnaires and research methodologies (many of these are listed in Appendix 5).

Table 3: Sexual partner violence and emotional abuse from Gender-Links and 3 Province study

	EVER SEXUAL VIOLENCE EXPERIENCED	EVER EMOTIONAL VIOLENCE EXPERIENCED
Limpopo (3 Province study)	4.8%	39.6%
Mpumalanga (3 Province study)	7.2%	50.0%
Eastern Cape (3 Province study)	4.5%	51.4%
Gauteng (Gender-Links)	18.8%	46.2%

6.3 SURVEYS ON VIOLENCE AGAINST CHILDREN

Comparatively, there has been much less attention given to VAC in South Africa, despite a general consensus that levels of VAC are high. Much of what is available concerns violence in schools, with children as both perpetrators and victims. This is largely due to the difficulties associated with doing surveys with children at the household level.

The National Child Homicide study formed part of the Female Homicide study discussed above. This survey collected data on children killed in 2009 and the interviews with the detectives provided information the circumstances of the murder including information on the perpetrator and the relationship with the child²¹.

The 2014 General Household Survey (GHS) included children's experience of corporal punishment in schools²². However, the findings, as is common with surveys, seriously under-estimate what research such as the CJCP studies on school violence find^{23,24}. No information on corporal punishment in the home was solicited by the GHS.

Two national school-based studies reporting on violence in schools, including corporal punishment, were undertaken by the CJCP, in 2008²³ and 2012²⁴; they provided information on the levels of corporal punishment in schools and in homes, as well the levels of all kinds of violence experienced, including physical assault, sexual assault and bullying.

A further national study on corporal punishment was undertaken by the HSRC in 2005 ahead of the Eastern and Southern African Regional Consultation, this study formed part of the United Nations Study on violence against children²⁵. This was a household survey, based on interviews with parents on their use of corporal punishment in the home.

A cohort district level study is currently under review. This study recruited children, 10-17 years old, from two randomly selected urban and two rural health districts in Mpumalanga and Western Cape. Door to door sampling was used until sample size of 3515 was reached. Children completed confidential self-report questionnaires and the study included the prevalence and frequency of physical, emotional and sexual violence victimisation²⁶. Repeat interviews were conducted a year later.

The 1st national study on child maltreatment and abuse was expected to be released in July 2015 - known as the Optimus Study²⁷. Much reference to this study was made during the interviews. It was considered important to wait for the release of the data and to include it as it is the 1st national study on exposure to physical, sexual, emotional abuse and neglect. The study used a combination of a household sample and a school sample of 15-17 year old boys and girls (N = 9730). Both interviewer- administered and self-completed questionnaires were used with the latter producing better reporting of experiences.

6.4 SUMMARY OF FINDINGS FROM VIOLENCE AGAINST CHILDREN SURVEYS

The research shows that levels of VAC in South Africa are high. Overall, nearly 50% of children in three national studies reported experience of corporal punishment (Table 5). In keeping with the settings approach, studies show that children are vulnerable to and experience VAC in their homes, in their schools, and in their communities.

The types of violence experienced by children in the home include sexual abuse, physical assault (including corporal punishment), emotional abuse and neglect. VAC in schools manifests as physical assault (corporal punishment) sexual abuse, sexual harassment and bullying (including homophobic bullying). VAC within communities includes physical and sexual assault, as well violence originating from gang activity and cultural and traditional practices that are harmful to children.

Table 4: Sexual partner violence and emotional abuse from Gender-Links and 3 Province study

STUDY	COVERAGE	TYPES OF DATA	TYPES OF VIOLENCE
General Household survey (2014) ²²	National Household survey	Victimisation	Corporal punishment in school
Child Homicide (2009) ²¹	National Mortuary Based	Victimisation Incidence	Child homicide associated with abuse
The National Schools Violence (2008) ²³	National School based	Victimisation, Perpetration Prevalence, Incidence	Child Physical, Sexual, Emotional (bullying) Corporal punishment
School violence in South Africa (2012) ²⁰	National School based	Prevalence, Incidence, Victimisation, Perpetration	Child Physical, sexual, emotional (bullying) corporal punishment
Corporal punishment at home HSRC (2005) ²⁵	Household	Prevalence	Corporal punishment in the home
Cohort District level study in Mpumalanga and Western Cape ²⁶	District level (4 Districts) Household	Victimisation Prevalence, Incidence	Child Physical, emotional, sexual
Optimus Study ²⁷	National Household School based	Victimisation Prevalence	Child Physical, emotional, sexual, neglect

The Homicide study reported 1023 children were killed in 2009. The highest rate was among the 15-18 year old group followed by the 0-5 year age group. Abuse was associated with 45% of the child murders and younger children under 5 years were most at risk to be killed in circumstances of abuse.

The data from the Optimus study show data collected from the self-administered interviews were consistently higher across the different forms of abuse reported and in the different settings (home and school interviews) . These are reported in Table5. Physical abuse reported by boys ranged from 32.6-15.2% while for girls physical abuse was higher at 37.2-15.2. Sexual abuse ranged from 20.3-9.5% for boys and 19.2-13.8 for girls.

The cohort study in the four Districts reported lifetime, weekly, monthly, and ever prevalence rates. Ever physical abuse for girls was 31.2% and 25.3% for boys. Ever emotional abuse was 21.2% for girls and 14.3% for boys while sexual abuse was 6% for girls and 3% for boys. The study found older children, children in rural areas and girls were most at risk; perpetrators of physical abuse tended to be teachers and educators, while sexual abuse perpetrators tended to be within girlfriend/boyfriend relationships, or other peers.

6.5 OTHER SOURCES OF DATA ON VIOLENCE AGAINST CHILDREN

Childsafe (a project of the Child Accident Prevention Foundation of Southern Africa [CAPFSA] and Safe Kids Worldwide [SKW]) gathers statistics on childhood injuries and deaths presenting at the Red Cross War Memorial Children's Hospital Trauma Unit, in Rondebosch, Cape Town. This data base¹ has been systematically analysed for a number of clinical studies on childhood injury. It does not, however, provide information on perpetrators.

¹Available online: www.childsafe.org.za/downloads/statistics_graphs.pdf

Table 5: Summary of violence against children reported in national survey

STUDY	CORPORAL PUNISHMENT	BULLYING	PHYSICAL ABUSE	SEXUAL ABUSE	EMOTIONAL ABUSE
HSRC 2005 ²⁵	57% (in the home)				
CJCP 2008 ²³	47.5% (in schools)	14,5%	22.2%	3.1%	
CJCP 2012 ²⁴	49.8% (in schools)	12.2%	22%	4.7%	
GHS 2014 ²²	12.4 (in schools)				
Optimus 2015 ²⁷			<u>Boys: Schools</u> 17.1% IA* 32.6% SA# <u>Boys: Household</u> 15.2 % IA* 24.0 %SA# <u>Girls: Schools</u> 24.7% IA* 37.2% SA# <u>Girls: Household</u> 21.6 % IA* 28.7% SA# <u>Boys & Girls School</u> 20.8% IA* 34.4% SA# <u>Boys & Girls HH</u> 18.0% IA* 26.1% SA#	<u>Boys: Schools</u> 10.8% IA* 20.3% SA# <u>Boys: Household</u> 9.5 % IA* 15.6 %SA# <u>Girls: Schools</u> 15.0% IA* 19.2% SA# <u>Girls: Household</u> 13.8 % IA* 17.4% SA# <u>Boys & Girls School</u> 12.8% IA* 19.8% SA# <u>Boys & Girls HH</u> 11.4% IA* 16.4% SA#	<u>Girls School</u> 19.6% IA* <u>Boys School</u> 12.8% IA* <u>Girls HH</u> 16.2 % IA* <u>Boys HH</u> 9.6 % IA*

* = Interview Administered (IA)

= Self-administered (SA)

A further source of information is the UNISA study on *The Dynamics of Violence in South African schools: 2012 Report* ²⁸. This study involved a range of stakeholders of the school community — learners, parents, teachers, School Governing Body members — in garnering information on issues of violence across six different provinces in South Africa (Gauteng, Kwa-Zulu Natal, Limpopo, Mpumalanga, North West and Western Cape). The study, which was primarily qualitative, utilised a variety of data collection instruments such as interviews, observations and a questionnaire. The study sought to present current knowledge about the nature and extent of violence against children and the legislation and policies in place to address it. A settings approach was used (as was done for the Global Study on Violence Against Children), and all forms of VAC were investigated, namely: physical, sexual, emotional and neglect. Risk factors for each setting were also considered. This study relied on indicators of physical and sexual violence recorded in standard police statistics.

These studies are listed in Appendix 5.

6.6 EFFORTS TO IMPROVE VIOLENCE AGAINST WOMEN STATISTICS

In the interviews, evidence of attempts to improve data collection of official statistics were discussed. The WITS Institute for Social and Economic Research (WiSER) worked with the Civilian Secretariat for Police in Gauteng in 2013 and 2014 on developing a policy on data collection²⁹. This policy addressed the issue of disaggregation of data and relied on intersectoral cooperation between DSD and SAPS. This policy has, however, never been approved and implemented.

Uniform definitions are one of the cornerstones of an effective information management system for VAWC however, inconsistencies of definitions across studies remains a huge limiting factor. This same observation was made in the VAW 'Know your epidemic Know your response' report 8. In general, studies and reports have used a variety of definitions, and diverse methods, sampling and analyses. As discussed earlier a strong focus on methodology will provide best estimates which will also allow for comparisons and monitoring of trends over time. Physical and sexual violence has been studied more widely than other forms of VAW while non-partner violence has received less research attention. More challenges are discussed later.

7. ADMINISTRATIVE DATA

A number of different government departments (DSD, DBE, SAPS, DH, NPA, Stats SA, DJCD) collect administrative data relevant to the VAW and VAC services that they offer. Such data does not measure prevalence or incidence of VAW and VAC as they only reflect those cases where abuse has been reported or where services have been provided. This data helps to monitor access to services and ultimately monitors the coverage of measures undertaken to respond to VAW and VAC.

Most Government departments, except for SAPS, do not routinely release the data in a format which is easily accessible and most often statistics and data are only published in annual reports. This information has to be extracted from these reports, an exercise which a number of research organisations regularly carry out. Often, this is their only source of data and this data is not disaggregated.

Such administrative data have many limitations, of which incompleteness is the most important. This was shown in the Gender-Links Gauteng study where only one in 25 women who experienced a rape reported this to the police¹⁶. The sources of administrative data on VAW and VAC for each of the relevant departments are discussed below. This information was gained from the desk review as well as from the interviews with relevant staff from the departments.

7.1 DEPARTMENT OF SOCIAL DEVELOPMENT

DSD is legally mandated to prevent and respond to VAW and VAC; to monitor prevalence and incidence of gender based violence against women and children; and to ensure follow-up and support for reintegration of victims of VAW and VAC. Thus, naturally, the protection of vulnerable women and children falls squarely within the business of DSD activity. In addition, DSD is a key source of data relevant to an information management system for VAW and VAC.

DSD collects data related to victims of VAWC from its field offices; from those Non-Governmental Organisations (NGOs) which are subsidised by DSD and designated as Child Protection Organisations

(organisations designated by DSD to deliver services on its behalf, such as Child Welfare); and NGO-run shelter and support services to victims of interpersonal violence- most often intimate partner violence. However, as can be seen below, the bulk of DSD data collection is focused on children.

Data relevant to VAWC that are collected include:

- The number of children found to be in need of care and protection (part A of the Child Protection Register, mandated by Part 2: sections 111-128 of the Children’s Act);
- The number of children in children’s homes;
- The number of children in foster care (in some areas, children are placed in foster care directly by DSD, but the vast majority of foster care placements are made by NGOs which have been designated Child Protection Organisations subsidised by DSD);
- The number of children receiving the Child Support Grant and the Care Dependency Grant;
- The number of children adopted;
- The number of women in shelters for the victims of IPV (there are very few state-run facilities, but the far larger number of such organisations run by NGOs are subsidised by DSD);
- The number of persons unfit to work with children (part B of the Child Protection Register, mandated by the Children’s Act).

DSD is currently completing the DICANE (Dynamics and Incidence of Child Abuse, Neglect and Exploitation) Study. During the period July to September 2014, data on confirmed cases of Child Abuse, Neglect and Exploitation (CANE) were collected, in order to establish incidence rates for CANE. The DICANE Study has resulted in the conceptualisation of a Child Protection Surveillance System; this was

Box 1: Targets and indicators for VAWC developed by DSD

1. Reduction in the incidence and prevalence of VAWC.

- Indicators include measuring changes in attitudes and behaviour,
- Change in harmful traditional practices

2. Improved access to comprehensive, integrated and timely support for at-risk women and children and victims of VAWC; Indicators include

- the numbers of victim accessing social services
- the number of reported incidents of violence
- the number of cases accepted by SAPS
- the number of children in temporary safe care, among others

3. Effectiveness and efficiency of the criminal justice system. Indicators include:

- the number of cases reported to the police,
- the proportion of trial-ready dockets,
- the proportion of prosecutions and convictions

4. Increase in the number of women and children seeking care and support services. Indicators include:

- the number of victims supported
- the number of victim supporters that have been trained

5. Increase in the number of perpetrators enrolled in social reintegration and rehabilitation programmes

- proportion of prisoners participating in rehabilitation programmes
- proportion of children in trouble with the law.

scheduled to be presented at a National Planning meeting on 24th to 26th June 2015. Not much more is known about the methodology to determine the value of the study and its potential to be part of an information management system for VAC. Our efforts to identify and interview the persons involved were unsuccessful.

Linked to the DICANE Study, DSD has also developed (but not yet made generally available) a four-pillar Programme of Action (POA) on VAWC. The pillars are: Prevention and Protection; Response; Care and Support; and Foundation.

Arising from the POA, a wide and relatively large number of indicators have been identified, drawing on administrative data from a range of government departments, including DSD itself, DBE, DH, DW, DJ&CD, NPA, Home Affairs (HA), SAPS, Government Communication and Information Services (GCIS), International Relations and Cooperation (DIRCO), as well as local government, the Films and Publications Board (FPB) and NGO partners, among others (see Box 1 for list of indicators). This potentially forms the basis of an information management system. However, effectiveness of this system requires an existing baseline for each of the indicators, which is not in place. Further information on how baseline estimates for the list of indicators were not yet known at the time of writing this report.

Finally, an intersectoral victim empowerment tool, which records reported crimes, is being developed by DSD. Although already piloted and costed, it will only be finalised when pending legislation on hate crimes is enacted. Again our efforts to interview the staff involved at DSD was unsuccessful.

7.2 DEPARTMENT OF BASIC EDUCATION

DBE does not directly collect data related to VAC, with the exception of data originating from the South African Schools Administrative Management System (SA SAMS). This data system potentially provide some useful information, as several fields related to violence in schools have been added. However, the system is onerous, containing 17 different fields and requiring substantial time for completion in contexts where principals do not have access to dedicated administrative staff and are too busy themselves to complete the forms properly.

The 17 fields include:

- Administrative data (such as General School Information and Standard Letters and Forms);
- Planning data (such as human and physical resources);
- Demographic and personal information (including Learner Listing and Learner and Parent Information).

It is to the latter that fields for recording incidences of violence have been added.

Sexual and physical abuse in schools are also supposed to be reported to DBE by principals. However, this rarely happens. The reasons include:

- Principals find the legislation confusing;
- They do not always fully understand their reporting responsibilities;
- Principals are sometimes reluctant to report physical or sexual abuse because of potential repercussions for their own reputation and/or that of their school (as highlighted in the recent gang rape case in Gauteng).

These problems are exacerbated by dual reporting, investigation and disciplinary processes: to the police and the DBE District Office on the one hand, and to the South African Council of Educators (SACE) on the other. To address these issues, a joint protocol on reporting abuse and violence in schools is being developed and training on its implementation will be provided for principals and District Managers later in 2015. DBE is also in the process of developing a surveillance system on violence in schools, in partnership with the Centre for Justice and Crime Prevention (CJCP). More information about the plans were not available at the time of writing this report.

DBE relies primarily on NGOs such as the Centre for Justice and Crime Prevention (CJPS) as its source of data regarding violence in schools. CJCP has conducted two national studies (2008²³ and 2012²⁴) on violence in schools (discussed under surveys), which considered children themselves as both victims and perpetrators of school-based violence. While both these were research studies and will not necessarily be repeated, they nevertheless provide very useful information on a range of different manifestations of violence in schools which can be compared across the two years for which data was collected.

7.3 DEPARTMENT OF HEALTH

DoH has a health information management system which collects data originating at health district level related to all health care services. However, currently DoH does not collect data specifically on VAWC, although information about VAWC is sometimes collected by default as part of their other activities.

The National Injury Mortality Surveillance System (NIMSS) collects data on homicides and was established by researchers in 1999. Mortuary staff are co-opted and are asked to volunteer the collection of data by completing a specific form. Initially, 18 mortuaries in six provinces were involved; thereafter there was a period of expansion to 62 mortuaries in 8 provinces but has declined since. The Western Cape set up its own system (known as PIMSS). The voluntary, manual nature of the system resulted in slow data availability and incomplete reporting. Three years ago two provinces were computerized to address some problems. This surveillance does not collect data on the relationship between the victims and the perpetrators as it only accesses data from mortuaries and does not link this to police data. While the child homicide data from NIMSS is somewhat more useful, it does not say whether the child died as the result of abuse or not³⁰.

DoH representatives at the 2nd Consultative Meeting stressed that the Department takes violence and injury very seriously. The DoH houses two directorates specifically concerned with violence, namely the Directorate on Violence and the Directorate on Women's Health and GBV. It was also mentioned that the Department was planning to develop and implement a national strategic plan on VAWC. Seeking to conduct interviews with senior members of staff in these Directorates was not successful.

7.4 DEPARTMENT OF WOMEN

DoW does not collect its own primary data, but uses information from a range of sources. However, in order to fulfil international reporting requirements, DoW is in favour of the development of an information management system and is particularly interested in tracking individuals with synchronised data from the different departments that an individual may encounter (abused women or an abused child). No definitive plans has been developed.

7.5 SOUTH AFRICAN POLICE SERVICES

SAPS collects statistics on VAWC against an extensive list of codes of offences (well in excess of 30) for children (under 18) and adults. The list is currently being revised in light of proposed amendments to the Sexual Offences Act (No. 32 of 2007). These are collected at police station level, and are based on reported crimes. The information management of this data at the level of the police station is in essence a surveillance system. However, data related to VAWC is not disaggregated but rather lumped together into broad categories such as assault, or sexual abuse. This data is therefore not of huge value in its current format but such data collected at the police station level has the potential to provide detail and very useful information.

However, SAPS has data on the number (maybe additional detail as well) of protection orders issued against the DVA and this is potentially a data source.

Strong anecdotal evidence suggests that the SAPS is under considerable pressure from the national level to reduce the rate of reported sexual violence. This is resulting, at police station level, in obfuscation and even falsification of reported rates (especially through refusal to open cases in some circumstances). In addition, misunderstanding of the law regarding what actually constitutes abuse or rape is common at station level, resulting in rape and abuse cases not being logged as such, further contributing to the rate of under-reporting of these crimes.

Beyond differentiating between sexual assault reported by children (under 18) and adults, SAPS does not currently further disaggregate statistics on such cases reported to them. However, evidence of a willingness to disaggregate to some extent has been shown by SAPS committing to include a category related to the relationship between the victim and perpetrator in reporting domestic violence as reported during the interviews.

Further evidence that SAPS both acknowledges problems with the data it collects and that barriers to reporting VAWC are resulting in significant under-reporting is provided by the recent development of a policy aimed at reducing these barriers to the reporting of sexual offences and domestic violence. In a project between WiSER and the Civilian Secretariat for Police, a policy premised on an acknowledgement of the short-comings of SAPS data, and strategies to address these, was developed³¹. The specific objectives of the policy include establishment of uniform norms, standards and mechanisms for the co-ordination and implementation of the SOA. However, since the project was completed, the policy has been on hold.

7.6 STATISTICS SOUTH AFRICA

The officials from Stats SA who participated in the interview stated that, although their department collects information on VAW, it has many limitations. They also referred to the data available from other government departments and reported that they found such data was dispersed across a number of role-players and this created challenges in compiling reports and analysis. In addition, there is very little information on VAWC.

Stats SA manages both the Victims of Crime Survey (VOCS) and the General Household Survey (GHS), which could potentially provide data relevant to a surveillance system on VAWC, both of which are

administered annually.

The current VOCS (2015-2016) contains several questions related to victim support (section 4), trafficking (section 7b), murder (section 16), sexual offences (section 25) and assault (section 26). Sections 25 and 26 (sexual offences and assault) are potentially useful for collection of data on VAWC. However, officials acknowledged that the lack of confidentiality in the manner of data collection results in significant underestimation of the true situation. The key principles of conducting research into VAW discussed above are clearly not applied and this is recognised by Stats SA.

In sections 25 and 26, data is collected on:²

- Where the incident occurred;
- Use of weapons;
- Perpetrator demographics (age, gender);
- The relationship between victim and perpetrator/s;
- Whether or not a case was opened with SAPS; and whether or not victim support was accessed.

Box 2: Details of the VAW module in the DHS

- **Adult women 18-49 years**
- **Only one adult woman per household**
- **Include partner and non-partner violence**
- **Include ever (prevalence) and past year (incidence/current) experiences of violence**
 - Physical abuse (5 questions)
 - Emotional abuse (5 questions)
 - Sexual abuse (3 questions)
- **Injuries related to abuse**
- **Abuse during pregnancy**
- **Witness of abuse as a child**

During the interviews, it was noted that, while there is relatively good information from DJCD and SAPS, it is not generally useable due to differences in what and how data are captured.

When surveillance of VAC was discussed, the officials from Stats SA recognised the many challenges in conducting such surveys and considered it impossible. They noted that any study of VAC would have to rely on questions related to discipline within the home and relationships between family members. Posing these questions to adults in the household or in surveying older children is considered problematic. However the success of the Optimus study²⁷, has shown that surveys with children both within household and school studies are successful. This has been shown globally including VAC studies being conducted in many African countries with huge success³². Many studies in other parts of the world have included children as young as 11 years old. Furthermore it is not possible to ask adults about violence against children unless it is about their own experiences.

The next Demographic and Health Survey (DHS) is currently being planned for 2016/2017. It is jointly managed by Stats SA, DoH and technical support is provided by SAMRC's Burden of Disease Research

²See appendix 8 for the questions asked in sections 25 and 26 of the current (2015/2016) VOCS

Unit. This survey will include an improved module on VAW. It is hoped that fieldwork will commence early in 2016. A team of experts on VAW research is providing technical input to the DHS team to support the development of the research questions and will also support the training of fieldworkers and monitor the process in the field. A summary of the details to be covered are listed in the box below.

The Stats SA staff agreed that the development of a functioning surveillance system would require a specific survey to be developed, and a national study is required to establish valid and reliable baselines. Such a comprehensive survey would cost in excess of R40 million. The Gender Unit within Stats SA has included plans for a survey on VAW for a number of years, but no budget has ever been allocated to this. This 2016/2017 DHS has a potential to become the baseline survey for the South Africa's VAW surveillance system – if repeated, hopefully every five years.

7.7 NATIONAL PROSECUTING AUTHORITY

The NPA collects primary data, from the National Prosecuting Services (NPS) and the Sexual Offences and Community Affairs (SOCA) Unit. These relate only to court statistics involving convictions, predominantly from the specialized Sexual Offences Courts. There were 22 Sexual offences Courts in 2014 and it is planned to establish 106 over the next decade.

Although, the 176 specialized Family Violence, Child Abuse Sexual Offences (FCS) units are part of SAPS, where these cases are heard in specialised SOCs, they are a further source of NPA statistics.

The NPA also collects statistics from the Thuthuzela Care Centres (TTCs) of which there are 50, although only 44 are currently operational. These data include information on the type of the sexual assault, perpetrator demographics and the relationship between perpetrator and victim.

The NPA is currently developing the Thuthuzela Implementation and Monitoring System (TIMS). The TTC statistics consistently indicate 43% involving adult complainants, while children comprise 57% of complaints.

It was reported, during interviews, that a group within the Integrated Justice System is coordinating the collation of statistics and working on improving their reliability and accuracy.

7.8 SUMMARY OF EXISTING ADMINISTRATIVE DATA SOURCES

The following list of existing administrative databases were identified as potential sources of data on VAWC and VAWC:

- Reports to police stations of sexual and physical assault (SAPS);
- Protection orders (PO) issued in terms of the Domestic Violence Act [no. 116 of 1998] (SAPS)
 - Number of protection orders
 - Types of violence acts listed in the PO
 - Demographic details of complainant
 - Number of PO finalised
 - Records of court proceedings in cases of sexual and physical assault in which there is a criminal prosecution (NPA);
 - Number of convictions
 - Attrition of cases
- Records of children found to be in need of care and protection in terms of the Children's Act [no. 38 of 2005] (DSD);
 - Prevalence / incidence
 - Demographic details of children
 - Perpetrator data
 - Outcome
- Records of people seeking care from Thuthuzela Care Centres
 - Number of survivors seeking care
 - Demographic details of survivors
 - Number of convictions
- Reports of sexual, physical and emotional violence (e.g. bullying) in schools (DBE);
 - Prevalence and incidence
 - Demographic details of children
 - Referral
- Numbers of educators charged with sexual or physical abuse of children in schools (DBE and SACE).

8. DATA CHALLENGES

A range of data challenges were identified by the interviewees, with both researchers and government officials readily acknowledging the inadequacy of current data collection.

8.1 THE HEAVY RELIANCE ON PAPER-BASED SYSTEMS

A lack of computerisation of data collection at the point of reporting was raised numerous times by respondents both within and outside of government. The paper based system results in reporting processes being too onerous both in terms of initial completion of forms and in terms of capturing the information at a later stage with numerous opportunities for errors in this process.

The future of efficient and comprehensive data collection lies in the use of electronic systems. Computer management of data is the essence of an information management system and we live in a fairly advanced

information age and should be using the technology. However improvement of the quality of data does not necessarily accompany this advancement and the quality of data should be assessed as part of this process.

In addition, the quality of the training and the capacity of those collecting the data were identified as a concern. Several of those interviewed cited examples of inadequate training of data collectors and field workers on the use of electronic methods, resulting in the data collected being meaningless.

8.2 LACK OF DISAGGREGATION OF DATA

Disaggregated data is not available and yet is invaluable for planning and developing responses to VAWC. This was identified as a very serious issue and contributes significantly to the difficulties in accessing reliable and credible information which would be necessary for a functioning information system. This is a particular problem with data from SAPS, which is not disaggregated beyond victim age, whether older or younger than 18. More detailed information for both victim and perpetrator is needed on type of assault, age, relationship between victim and perpetrator, setting (home, school etc.) and context (e.g. urban/rural/formal/informal) in which the assault took place.

In addition, government departments are inconsistent in their release of detailed statistical information, some only reporting on nuances in the data in the narrative of their Annual Reports, and they highlight different issues every year. In some cases, departments only release statistics in their Annual Reports. Such reporting does not allow for monitoring of trends or change and does not even appear to be part of routine data collection of part of an information management system.

Furthermore, disaggregation of data is also inconsistent in whether it is done as well as how it is done. The NPA, for instance, disaggregates data against the categories in the Criminal Law [Sexual Offences and Related Matters] Amendment Act (Sexual Offences Act, No. 32 of 2007) in its reporting, whereas SAPS does not.

8.3 RELIABILITY AND VALIDITY OF AVAILABLE DATA

Numerous challenges around the reliability (consistency in what is measured i.e. same tool used or repeating the questions to get same result) and validity (alignment to the true scale and nature of the underlying problem) as well as how this impacts on the quality of the administrative data discussed above.

Additional factors include:

- Several of the researchers interviewed cited examples where they had found contradictions in the data originating from administrative sources, and that from their own research findings. It was noted that data originating from some surveys (GHS, VOCS) is particularly problematic in that it grossly underestimate prevalence and incidence rates.
- Instances where administrative data simply made no sense were also noted. The under-reporting of rape and assault was highlighted as particularly problematic and the view was that they were not of value for the purpose of surveillance. It was also perceived that the unreliability of the data on rape and assault was attributed in part to a pressure from the national level on police stations to reduce the rates of rape and assault; this resulting in some cases being classified incorrectly, or no report being recorded at all.

- Uncertainty about the quality of system implementation and different understandings within departments and across sectors impact negatively on the reliability and validity of data. This is exacerbated by the fact that each department has its own definitions, categories and uses for the data it collects. For example, Stats SA claimed that, while they have good data from both SAPS and DJCD, it is difficult to “bring it together”.

8.4 CAPACITY AND RESOURCING

Capacity issues within government departments were raised repeatedly, with grave concerns being expressed about the capacity of various government departments to collect quality data that are of value. While the introduction of electronic data collection systems would certainly address capacity issues, significant expenditure on training in the use of these is required in the medium to long-term.

This training should ensure that, among other requirements, a common understanding of terminology and definitions, as well as processes and procedures is in place.

In their study on the cost to the country of VAW, KMPG³³ noted that the national budget spend is not disaggregated to reflect spend on VAW. The lack of this information impedes our ability to assess the adequacy of budget allocations to VAW prevention as well as the responses to VAW against whatever prevalence data is known. It also makes more difficult to identify areas which are not adequately resourced. Similar findings have been made with regard to budget spend on VAC and although it has been possible to drill down to actual expenditure, the budget allocation has proved to be woefully inadequate ³⁴.

Stats SA noted that, despite the inclusion in its budget of the costs for a national survey on VAW for the last several years, no provision has yet been made for this, estimated to cost in excess of R40 million.

8.5 INCONSISTENCY OF DEFINITIONS AND UNDERSTANDING OF CATEGORIES

Common well-defined definitions are the basic tenets of both an information management system and a surveillance system. In this review, it was found that different departments collect what are sometimes the same data, but within categories which differ from department to department. As a result, the data “does not talk to each other” and is inadequate for providing a clear view of the bigger picture. The lack of proper training for the field worker-level collectors of data has also had an impact and results in inconsistencies and incompleteness of what is collected and recorded.

Much of the research on VAW conducted in South Africa by academic researchers, while reliable and valid (and therefore useful), also uses different definitions, making it less useful for surveillance. The issue of definitions and data elements have been discussed at length by international researchers and tools have been developed to ensure consistency. Among them is a CDC document, Intimate partner Violence Surveillance: Uniform Definitions and recommended Data Elements ³⁵ and another by Measure Evaluation: Violence Against Women and Girls: A compendium of Monitoring and Evaluation Indicators;³¹ and the WHO multi-country study report³⁶ provides in full the questionnaire for use by country and researchers.

8.6 THE ROLE OF NGOS IN DATA COLLECTION

During the interviews, the role of NGOs delivering services to victims of VAWC in data collection was discussed. Concerns regarding the fact that Government seems not to officially recognise or accredit the findings of para-statal research bodies such as the HSRC and SAMRC were also raised, but this issue was

not resolved. However, the 'turf issues' that sometimes arise regarding the ownership of data, and the concerns of some that data will be used to criticise government are key problems in data-sharing.

There was consensus that, while NGOs sometimes have useful information about VAWC, little of it is useful for information management / surveillance. The reasons for this include many of the same challenges of inconsistency of definitions and different understandings of concepts as outlined above. In addition, annual data from an NGO delivering services to children, for example, may depend more on the resources available to that NGO (e.g. enough money to employ more staff) than an accurate reflection of the true situation.

During the 2nd Consultative meeting, it was noted that NGOs are generating data, but they seem unwilling to share information with government, and a partnership between government and civil society should be forged. In South Africa, a number of NGOs receive some funding from government, and it is to these that government, and DSD in particular, will look for data and statistics.

Representatives of NGOs present at the 2nd Consultative Meeting raised the issue of the difficulties experienced with funding from government, which operates on a 'financial awards' system which sees a portion of the costs of delivering a service covered by funding from government. While agreeing that partnerships should be forged, they stressed that these should be cooperative and two-way endeavours, and that a coordinated approach is needed.

8.7 COMMENTS ON SURVEILLANCE SYSTEMS FOR VAW AND VAC

Those interviewed were in agreement that a surveillance system on VAWC would be a 'nice-to-have', but felt that South Africa was not yet ready to develop a full-blown system, for reasons relating to data and resourcing challenges amongst others.

Combining surveillance of VAW and VAC was not supported by many of the interviewees. This is largely because some of the surveillance methods that could be used would be very different from each other, and because a number of critical ethical issues might arise as discussed above. International practice does not support this approach either.

It was clear that a baseline survey each for both women and children is required as an initial step (Optimus released at the end of July will serve as the baseline survey for VAC). For the VAW survey, it was suggested that the WHO Guidelines be used and it was also suggested that the survey be framed from a public health perspective. This was discussed earlier under definitions. Following these guidelines will ensure attending to the barriers to reporting.

9. EXISTING TOOLS OR PROCESSES TOWARDS SURVEILLANCE OF VAWC

9.1 SURVEYS

While surveys such as the DHS, VOCS and GHS can potentially provide some data, the lack of a confidential space in which such surveys are usually conducted tends to result in significant under-reporting. In addition, asking about sensitive and painful subjects in the context of a survey raises ethical issues. However, the DHS currently in the planning phase may produce better data compared to the 1998 results, especially if issues related to the training of field-workers are addressed.

9.1.1 THE OPTIMUS STUDY

The Optimus Study, a cross-national initiative on child sexual victimisation in the context of other forms of maltreatment, so far carried out in Switzerland, China, and South Africa, aims to provide an evidence-base for risk and protective factors for children and youth.

The South African leg of the Study is multi-faceted and comprises interviews conducted with a stratified sample of 15 to 17 year olds; and collecting data through interviews, focus group discussions and case file analysis from designated child protection agencies²⁷.

The study has collected incidence and prevalence data on all forms of child abuse and violence, plus data on associated risk and harms, and service delivery and access. In total more than 9,000 children and young people in all nine provinces, and across the urban/rural divide, were interviewed as part of the study.

The study has focused on three key research areas:

- The annual incidence and lifetime prevalence rates of child exposure to violence in South Africa;
- The relationship between different forms of violence experienced by children; and
- The extent and nature of children's exposure to violence, including physical abuse, emotional abuse, neglect, and exposure to other forms of violence, such as peer victimisation, criminal violence and witnessing violence.

An initial report was released in July and the researchers are considering repeating the study every five years which, if successful and repeated, could become the basis of an ongoing survey for the country.

9.1.2 THE DEMOGRAPHIC AND HEALTH SURVEY

The DHS was discussed above under Stats SA in section 7.6. Government is committed to this survey being undertaken and this will hopefully provide the first set of baseline indicators for VAW in the country. It is important that if found to be adequate, it is repeated to become the basis of a surveillance system.

9.2 ADMINISTRATIVE DATA

9.2.1 FORM 22 OF THE REGULATIONS UNDER THE CHILDREN'S ACT AS AMENDED

Form 22 of the Children's Act as Amended (no. 38 of 2005) was suggested as representing an important built-in information system for VAWC. Form 22 relates to the determination that a child has been found in

need of care and protection, and the inclusion of that child in Part A of the Child Protection Register, in accordance with Regulation 33 as mandated by section 110 of the Children's Act.

Form 22 elicits information regarding:

- Who reported the case and what they were reporting;
- Demographics of the child, her/his parents and the perpetrator;
- The reason that a child is being found in need of care and protection (e.g. street child, trafficking victim, neglect etc.);
- The whereabouts of the perpetrator;
- Type of abuse and when and where the abuse occurred;
- Medical, legal and SAPS interventions; and
- Whether or not the child is known to DSD or a designated child protection organisation.

The form is completed at service level by a social work professional; completed forms are then sent to the relevant provincial DSD, after which they are submitted to national DSD. However, this is an entirely paper-based system and is currently not being properly or systematically completed and submitted. Another significant problem is the fact that the data literally sits around in piles of completed but not yet-processed forms in an open-plan office for months at a time, and there are serious concerns about the safety and confidentiality of the data.

Form 22 is also not user-friendly and improving the coding system would speed up the data entry process. Attempts should be made to develop the capacity to capture relevant information at the service level via electronic means.

It would be particularly useful if every official encountering a child in need of care and protection completed Form 22, i.e. not only social workers attached to social services, but also teachers, doctors, police and any other official that reports suspected abuse. However, in the current situation, there is little information available from completed Form 22s, and it is unclear how this data is analysed and used.

A copy of Form 22 is provided in Appendix 6.

9.2.2 INITIATIVES WITHIN GOVERNMENT

DSD's inter-sectoral victim empowerment tool which is apparently awaiting the enactment of hate crime legislation before being finalised, may eventually provide some useful information. It captures information on different crimes, and the ID number of the victim is used as a means of tracking them through the system.

DSD has also developed a set of indicators for VAWC, linked to the Integrated Programme of Action Addressing Violence against Women and Children 2013-2018 (POA). This is essentially an information management system for VAWC and a copy of these indicators are shown in Box 1.

Unfortunately, there are a number of problems with the POA and the linked indicators of VAWC. The POA is itself contested and suffers from a lack of consultation with civil society role-players, who are delivering most services to vulnerable victims. Although it should have already been in place (it covers a period

which started two years ago), it has not yet been made available for comment.

The indicators linked to the POA anticipate a high level of inter-sectoral cooperation across government departments and CSOs, something which is currently markedly lacking and which would need to be addressed if any information system for VAWC is going to be useful in any way. For effective implementation, higher levels of resourcing and skills will be required.

The indicators all presuppose the existence of baseline data, even though the document listing the indicators notes the fact that currently no baseline data exist for any of the indicators.

However, it is the contentiousness of the POA itself, which was developed as a result of establishing an Inter-Ministerial Committee (IMC) on VAWC, which could pose the most problems. Aside from a lack of consultation on the development of the POA, there appears to be no clarity on when, if ever, the IMC will meet again.

10. CONCLUSION

Our country has limited national data on the levels of VAWC (incidence and prevalence). No single dedicated national VAW has been initiated and the first VAC study released its initial findings in July 2015 and provides the 1st baseline national population estimates on VAC in the country. A number of regional surveys have been carried out, and provided the only source of reliable data on the magnitude of the problem. These have consistently shown high levels of violence. In addition, for many years, the VOCS have not been found to provide quality data on the magnitude of sexual violence because of a known problem of under reporting. This is acknowledged by the Stats SA staff and their request for a dedicated survey has not been supported.

Most promising is the DHS in the pipeline. The 2015/2016 DHS will include a module on violence against women which will provide baseline estimates. The outcome of the DHS should be assessed and if proven to be of good quality, should be repeated to form the basis of information system and eventually a surveillance system in the long term. It is clear that South Africa is not ready to develop and/or implement effective and meaningful surveillance systems on VAWC — in particular if baseline surveys have not been done.

More data on the response to violence (i.e. services) is collected but not necessary available or accessible. These administrative data is collected in a scattered and unsystematic way and not managed for optimal usefulness. This is largely response data in terms of assisting survivors and not data describing the magnitude of the problem. The response data reside mainly as part of administrative data within relevant government departments — mainly DSD.

Researchers and government officials alike reported challenges in using current administrative data. At present, administrative data does not form a coherent information management system. The primary reasons for this is the dearth of reliable, valid and representative data (and difficulties in accessing what

data there are), and the struggle to adopt a coordinated and holistic approach to data collection on VAWC. Plans by DSD have been in progress for two years to develop an information system for VAW and VAC; however, with 40-plus indicators, this might be too ambitious. Choosing a few specific objectives with fewer indicators that are more accessible and where definitions are consistent across different databases, may be a starting point. There also appears to be many different initiatives happening at the same time with overlapping goals (the Intersectoral victim empowerment tool and the POA indicators for example). There are a range of challenges associated with the data that is available, including significant under-reporting of sexual and physical violence, the lack of disaggregation of statistics on VAWC, inadequate training on and resourcing of data collection, inconsistencies in definitions and data collection systems which do not 'speak' to each other and a dependency on paper-based systems.

These challenges are significant and the current situation cannot be easily converted into an integrated multisource surveillance system or even a multisource information management system. A pragmatic approach is recommended where we look at short, medium and long term goals for the development of this data system that will produce a minimum set of good quality data. The two large national population surveys, the DHS that will collect data on VAW and the Optimus study that has collected national data on VAC, may be the short and medium term solutions and the long term goal would be to scale these two surveys up to surveillance systems in the future. Having separate surveys for women and children will also be address by these two surveys.

Government administrative data have the potential to contribute to monitoring response and services. Some of the current systems can be improved with relatively minor changes to current forms, regulations and reporting requirements. Consensus on definitions used across key sectors dealing with preventing and responding to VAWC (DSD, DH, DBE, NPA, SAPS) is required along with clear protocols on data collection and intersectoral coordination. Better and consistent use of Form 22 from the Children's Act could provide a valuable data collection tool.

A system that collects data from multiple sources further increase its complexities. Simplifying the process by starting with an effective information management system that uses passive methods of data collection with intermittent surveys i.e. a survey repeated periodically, is feasible. Many Government departments already have aspects of information management systems that measure one or more aspects of VAWC. One example is the data collected by SAPS on the reported cases and this is usually analysed and released on an annual basis.

We summarise the active data sources with notes and recommendations in a table for Women (Table 6) and for Children (Table7). These can be used as quick reference to identify current sources of data.

11. RECOMMENDATIONS

The 2nd Consultative Meeting stressed that we should be clear about why we want to collect data and what should be prioritised when doing so. The recommendations from that meeting have been incorporated into what follows, in particular in 11.2 below.

11.1 OVERALL LONG-TERM RECOMMENDATIONS

Establishing viable and useful information management system that can lead finally to a surveillance for VAW and VAC requires leadership and strong coordination. As it is the department whose mandate is the protection of vulnerable women and children, DSD is the logical entity to perform this leadership role, with technical support from Stats SA and involving the Department of Performance Monitoring and Evaluation (DPME)³ and research institutions such as the SAMRC and HSRC. The process of developing the system should be monitored and guided by a reference group of acknowledged experts in the fields of VAW and VAC prevention and response.

The terms of reference for the Expert Group should include:

- Improving the quality of administrative data and data collection;
- Addressing the challenges of implementing a coordinated and holistic approach to data collection and reporting; and
- Exploring existing surveillance tools and mechanisms, improving and developing them as necessary.

Such an expert group already supports the 2015/2016 DHS and should not be duplicated.

The recommendations which follow will all require resourcing and it is suggested that the DFID-funded Safer South Africa Programme could usefully invest in any or all of these.

1. Resolve the issues related to inconsistencies in the ways in which data are collected by:
 - a. Developing agreed-upon and consistent definitions of terms and concepts and ensuring congruity with the UN Guidelines on measuring VAW³⁷ and WHO recommendations³
 - b. Build understanding of best practice in research on VAC and VAW and ensure future research and surveillance follows this
 - c. Establishing inter-sectoral protocols for data collection and data use;
 - d. Ensuring consistency in the manner of data collection;
 - e. Moving towards an electronic data-collection process; and
 - f. Providing adequate and appropriate training in the use of electronic data capturing.
2. Resolve issues related to the usefulness of administrative data by:
 - a. Disaggregating data against a range of categories including age of both victim and perpetrator, relationship between victim and perpetrator, type of sexual or physical assault, rural/urban, disability, where the assault took place, etc.;
 - b. Consistently reporting on the same issues in Annual Reports so that progress can be tracked.
3. Begin using and refining tools potentially useful for surveillance already in existence by:
 - a. Ensuring the proper use of Form 22 from the Children's Act by any and all agencies involved in

³It was noted that DPME has a mandate to request information from other government departments, which could be useful in addressing turf issues and the lack of coordination.

- child protection, including (but not limited to) policing, education, health care and social services;
4. Improve and make better use of existing data management systems, in particular, those of SAPS data.
 5. Address the challenges of a holistic and coordinated approach to data collection by developing joint protocols and strengthening intersectoral mechanisms for managing, using and reporting on data.
 6. Undertake a dedicated national study on VAW and VAC, and then allocate funding to support repeat national surveys on VAW and VAC – funding which Stats SA has been seeking for some years

11.2 SPECIFIC SHORT- AND MEDIUM TERM RECOMMENDATIONS

In the short-to medium term, the following are recommended:

1. Start small, using the up-coming DHS and Optimus Study results for initial baselines. Prevalence data arising from these studies should be linked, to facilitate targeting of services.
2. Interrogate the administrative data currently being collected by DSD and determine its usefulness for surveillance and for an information management system of VAWC and where DSD requires input and/or support to improve the quality of these data;
3. Improve completion of Form 22 from the Children's Act, in particular convert it into an electronic system of data capture and ensure appropriate training on the ground in its use.
4. Work towards a situation where Form 22 is applied in all situations where a vulnerable child is identified, i.e. implement its use beyond DSD.
5. Homicide data should be based on a combination of statistics from SAPS and mortuaries, and should, as soon as possible, include identification of the relationship between perpetrator and victim;
6. Prioritise the implementation of the in-principle decision to include perpetrator information in cases of domestic violence which has already been taken, following the Gender-Links studies cited earlier; and
7. Start building capacity at local level for implementing regular surveys.

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Table 6: Quick reference for active potential data sources on Violence against Women

ACTIVE DATA SOURCES				
STUDY/DATA SOURCE	LOCATION/SPREAD/ DESIGN/ SAMPLE	INDICATORS	NOTES	RECOMMENDATIONS
Victims of Crime Survey Statistics SA 2013/2014	National, Household survey Women and men 16 years and older	Incidence of sexual assault including rape (last 12 months) Perpetrators Where assault took place	Data of limited value because of huge under reporting Report acknowledge measure should retained in the survey Due to limited data no disaggregation by race, age, gender	Recommends questions not be retained in survey STATSA recommendations to do a dedicated VAW study should be supported if next DHS does not provide quality data
Police data	Administrative data from reported cases	Incidence Sexual assaults (and rapes) reported to police Number of Protection orders (DVA)	Reported cases only Potentially can form part of an integrated information management system	Recommend discussions with Stats SA to assist with identifying additional categories of reported VAW and disaggregation by age, sex, type of violence, perpetrator information etc
National Prosecuting Authority (NPA)	Administrative data from reported cases to TCC 22 TCC operative – urban based	Number of survivors seeking care Number of convictions Number offered PEP	Reported cases only Potentially can form part of an integrated information management for system	Assistance required with disaggregation of data.
POTENTIAL DATA SOURCES FOR VIOLENCE AGAINST WOMEN				
STUDY/DATA SOURCE/YEAR	LOCATION/SPREAD/ DESIGN/ SAMPLE	INDICATORS	NOTES	RECOMMENDATIONS
Demographic and Health Survey (in planning phase)	National Household survey Women Age	Prevalence Incidence Physical and sexual Intimate partner violence Non-intimate sexual violence	Study still to be conducted 2016/2017	If the study produce quality data with estimates comparative with other provincial household surveys then this should become SA baseline data on VAW and included in future DHS studies
Inter-sectorial victim empowerment tool – linked to Programme of Action (POA) DSD – initiative	National Response data from different government departments	Response data of reported cases of VAW Large set of indicators to be finalised (see box in ...)	This is a framework for an integrated information management system for VAW. Been in planning phase for more than 2 years. Many of the indicators does not have baseline data. Needs a high level of inter-sectorial collaboration between government departments	Recommend discussions with Stats SA to provide technical assistance. Recommend a consultation process to agree and finalise a realistic and feasible set of indicators
Femicide studies	National Mortuary- based study All ages Women	Incidence of Femicide Intimate- partner femicide Rape-homicides	Once off studies – not routinely available Study conducted by GHRU of the MRC and currently no funding or plan to repeat	It is recommended that femicide studies form part of the indicators of GBV.

Table 7: Quick reference for active potential data sources on Violence against Children

ACTIVE DATA SOURCES				
STUDY/DATA SOURCE	LOCATION/SPREAD/ SIZE	INDICATORS	NOTES	RECOMMENDATIONS
General Household Survey 2011-2014 (previous October household survey)	National Household Survey	Incidence of corporal punishment at school	Head of household answered questions. Exact question/s used unknown- not reported. Provincial disaggregation possible	It is recommend that discussion with Stats SA to review questions. Some changes in questionnaire over years many make comparison difficult
Optimus study 2015	National Household & School based 15-17 yr old Boys and Girls	Prevalence and Incidence All forms of abuse and neglect	First study results released in July 2015. Further analysis to follow. Study has potential to provide Provincial level data.	It is recommended that this study results should be used as baseline data on prevalence and incidence for VAC in SA. It should be repeated at least every five years.
Police data	Administrative data from reported cases	Incidence Sexual assaults (and rapes) reported to police	Reported cases only. Potentially can form part of an integrated information management system	Recommend discussions with Stats SA to provide technical assistance and assist with disaggregation by age, sex, type of violence, perpetrator information etc
POTENTIAL DATA SOURCES FOR VIOLENCE AGAINST CHILDREN				
DATA SOURCE/ YEAR	LOCATION/SPREAD	INDICATORS	NOTES ON MEASURES	RECOMMENDATIONS
Department of Social Development	National	Response data Number of children in need of care (See form 22 below) Number of persons unfit to work with children	Collect many other indicators not directly related to VAC – such as no of children in homes/ fostered/ receiving grants/adopted etc	Recommend discussions with Stats SA to provide technical assistance. Child protection register also has potential of being integrated into information system
Form 22 (DSD form for mandatory reporting of children in need of care and protection)	National	Child abuse cases reported to services Victims and perpetrator data	Has potential to collect extensive demographic on detail of the victim and perpetrator including the nature, type and context of the abuse as well as outcome. Potential to provide annual data per province.	It is recommended that this is systematised as it is a mandatory reporting. Technical assistance from STATSA to become an integral part of the process of managing the setting up of this information management systems
Department of Basic Education	National	Violence in schools including bullying reported to Department Number of educators charged with physical & sexual assault of children	Currently have SA SAMS system for reporting of violence at schools	Department in process of developing a surveillance system for violence in schools - but requires consultation with other Government departments
CHILD SAFE	Red Cross Hospital Trauma Unit	Injuries related to violence/abuse	Limited as children treated for physical injuries related to abuse/violence treated at RXCH	Limited but can provide information on severity of injuries and/or specific types of injuries such as gun related injuries

APPENDIX 1:

Participants in the First Stakeholder Consultation

Anahit Khachatryan	FPD
Babalwa Nyangintsimbi	Stats S.A
Bhavna Lutchman	Childline S.A
Carol Bower	Project Manager
Carole Wanjau	UNICEF
Celine Mazaar	UNFPA
Desiree Jason	DSD
Taskeen Khan	WHO
Tshepo Mabela	Stats S.A
Kgomotso Phoolo	SANAC
Kgomotso Modisi	SAHRC
Linda Richter	HSRC
Mercilene Machisa	GHRU
Joseph Lukhwareni	Stats S.A
Laura Berger	FPD
Mukayi Makaya	Gender Links
Naeemah Abrahams	GHRU
Nonkululeko Nqcoobo	DSD
Nwabisa Jama-Shai	GHRU
Rachel Jewkes	GHRU
Ranji Reddy	DW
Reitumetse Mofana	ISS
Ria Schoeman	FPD
Ryan Martin	DW
Sara Naicker	HSRC
Shanaaz Mathews	Children's Institute
Tamara Mathebula	USAID
Thilde Stevens	DSD

APPENDIX 2: Interviewees

Government Officials

NAME	DEPARTMENT	POSITION
Thilde Stevens	DSD	Director, ME Unit
Pierre Smith	NPA (SOCA)	Senior Advocate
Tshepo Mabela	Stats S.A	Manager (Gender)
Mbuli Mncadi	SAPS	Section Head: Children and Vulnerable Groups
Sharmaine Mannah	DBE	Director: Social Cohesion and Gender Equity
Glodean Thani	DBE	Assistant Director: Social Cohesion and Equity in Education

Researchers

NAME	INSTITUTION	POSITION
Cathy Ward	UCT Psychology Department	Head of Department
Lisa Vetten	WITS	Researcher
Chandre Gould	ISS	Manager: Crime and Justice Programme
Laura Brookes	KPMG	Lead researcher: KPMG study on the cost of violence against women
Shanaaz Matthews	Children's Institute	Director
Lizette Lancaster	ISS	Data Manager
Nicola Christofides	WITS School of Public Health	Researcher
Debbie Budlender	Independent	Researcher
Celine Mazars	Ex UNFPA	Researcher
Richard Matzopoulos	MRC, UCT and WITS	Senior Researcher/Specialist

APPENDIX 3:

List of documents perused

Documents provided by interviewees

- Mazars C, Magni S, Jewkes R & Shamu S. 2014. Study on Violence against Women in South Africa Know your Epidemic - Know your Response. Unpublished.
- Questions used in the Gender Links studies on the prevalence of gender-based violence in 4 provinces.
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APPENDIX 6:

Form 22

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD
(Regulation 33)
[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]

**REPORTING OF ABUSE TO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT,
DESIGNATED CHILD PROTECTION ORGANISATION OR POLICE OFFICIAL**

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: 1. The Head of the Department, Dept of Social Development

**2. The District Director, Dept of Education: For Attention CES: SDSS / Social Worker
Copy for your attention and Register for Child Abuse Cases**

Pursuant to section 110 of the Children's Act, 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that a child has been abused in a manner causing physical injury/ sexually abused/ deliberately neglected or is in need of care and protection.

Source of report (do not identify person)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Relative	<input type="checkbox"/> Parent	<input type="checkbox"/> Neighbour/friend
<input type="checkbox"/> Professional (specify)			
<input type="checkbox"/> Other (specify)			
Date Reported to child protection organisation:	DD	MM	CCYY

1. CHILD: (COMPLETE PER CHILD)						
Surname			Full name(s)			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
School Name:			Grade:	Age / Estimated Age:		
* ID no:			* Passport no:			
Contact no:						

2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION		
<input type="checkbox"/> Street child	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number :

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

6. ABUSE											
Date of Incident:			Date unknown:			Episodic/ongoing from (date)			Reported to CPR:		
DD	MM	CCYY				DD	MM	CCYY	DD	MM	CCYY
Place of incident:											
<input type="checkbox"/> Child's home <input type="checkbox"/> Field <input type="checkbox"/> Tavern <input type="checkbox"/> School <input type="checkbox"/> Friend's place <input type="checkbox"/> Partial Care <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Other (specify) <input type="checkbox"/> Foster home <input type="checkbox"/> Temporary safe care											
6.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)											
Physical			Emotional			Sexual			Deliberate neglect		
6.2) INDICATORS (Check any that apply)											
<u>PHYSICAL:</u> <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures											
<input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries											
<input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries											
<input type="checkbox"/> No visible injuries (elaborate)				<input type="checkbox"/> Poisoning (specify)				<input type="checkbox"/> Other Behavioural or physical (specify)			
<u>EMOTIONAL:</u> <input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behaviour											
<input type="checkbox"/> Corruption through exposure to illegal activities <input type="checkbox"/> Deprivation of affection											
<input type="checkbox"/> Exposure to anti-social activities <input type="checkbox"/> Exposure to family violence											
<input type="checkbox"/> Parent or care giver negative mental condition <input type="checkbox"/> Inappropriate and continued criticism											
<input type="checkbox"/> Humiliation <input type="checkbox"/> Isolation <input type="checkbox"/> Threats <input type="checkbox"/> Development Delays <input type="checkbox"/> Oppression											
<input type="checkbox"/> Rejection <input type="checkbox"/> Accusations <input type="checkbox"/> Anxiety <input type="checkbox"/> Lack of cognitive stimulation											
<input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify)											
<u>SEXUAL:</u> <input type="checkbox"/> Contact abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sodomy											
<input type="checkbox"/> Masturbation <input type="checkbox"/> Oral sex area <input type="checkbox"/> Molestation											
<input type="checkbox"/> Non contact abuse (flashing, peeping) <input type="checkbox"/> Irritation, pain, injury to genital											
<input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify)											
<u>DELIBERATE NEGLECT:</u> <input type="checkbox"/> Malnutrition <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Educational											
<input type="checkbox"/> Refusal to assume parental responsibility <input type="checkbox"/> Neglectful supervision <input type="checkbox"/> Abandonment											
6.3) Indicate overall degree of Risk to child:											
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown											
6.4) When applicable, tick the secondary type of abuse Multiple Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No											
Sexual			Physical			Emotional			Deliberate Neglect		
Brief explanation of occurrence(s) (including a statement describing frequency and duration)											

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

7. MEDICAL INTERVENTION (*)		
Treated outside hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety
Where (name of Hospital)	Contact person	Telephone Number

8. CHILDREN'S COURT INTERVENTION (*)			
Removal of child to temporary safe care (Section 152): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		
	MM	DD	CCYY

9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)			
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
		DD	MM
CASE NR	Police Station	Telephone Nr	
Name of Police Officer		Rank of Police Officer	

10. CHILD KNOWN TO WELFARE ORGANISATION/ SOCIAL DEVELOPMENT?		
10.1) Child known to welfare?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Organisation	Contact number	Reference number

11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a profession, mandatory obliged to report child abuse)		
Name of informant	Employer	
Employer Address	Work Telephone Nr	Fax Number
Email Address		

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

CAPACITY Section 110 (1)	Caregiver	Correctional Official	Child and Youth Care Centre	Dentist	Doctor	Drop in Centre
	Homeopath	Labour Inspector	Legal Practitioner	Midwife	Member of staff – partial care facility	Medical Practitioner
	Minister of Religion	Nurse	Occupational Therapist	Psychologist	Police Official	Physio-therapist
	Religious leader		Social service professional		Social worker	
	Speech therapist		Shelter		Traditional leader	
	Teacher		Traditional health practitioner		Volunteer Worker – partial care facility	
	Other (specify)					

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of person reporting alleged abuse: _____

Date: _____

Official Stamp of Department / child protection organisation

