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# **CHILD SEXUAL ABUSE IN ATLANTIS**

**A RESEARCH REPORT**

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| <b>TABLE OF CONTENTS</b> |  | <b>PAGE</b>  |
|--------------------------|--|--------------|
|                          | <b>EXECUTIVE SUMMARY</b>   | <b>iv-vi</b> |
| <b>1.</b>                | <b>INTRODUCTION</b>  | <b>1</b>     |
| <b>1.1.</b>              | <b>Atlantis</b>  | <b>1</b>     |
| <b>2.</b>                | <b>AIMS OF THE RESEARCH</b>  | <b>4</b>     |
| <b>3.</b>                | <b>THE RESEARCH PROCESS</b>  | <b>4</b>     |
| <b>3.1.</b>              | <b>Needs Assessment</b>  | <b>4</b>     |
| <b>3.2.</b>              | <b>Data collection and analysis</b>  | <b>4</b>     |
| <b>4.</b>                | <b>RESEARCH FINDINGS</b>   | <b>6</b>     |
| <b>4.1</b>               | <b>The nature of the problem as perceived by key role players</b>                          | <b>6</b>     |
| <i>4.1.1.</i>            | <i>Service provider views</i>  | <b>6</b>     |
| <i>4.1.2.</i>            | <i>Data recording and statistics</i>   | <b>6</b>     |
| <i>4.1.3</i>             | <i>Service provision and co-ordination</i>   | <b>7</b>     |
| <b>4.2.</b>              | <b>Socio-correlates of violence against children</b>                                       | <b>9</b>     |
| <i>4.2.1.</i>            | <i>Location and type of offence</i>  | <b>9</b>     |
| <i>4.2.2.</i>            | <i>Month, day and time of attack</i>   | <b>11</b>    |
| <i>4.2.3</i>             | <i>Age and gender of victim and perpetrator</i>  | <b>11</b>    |
| <i>4.2.4.</i>            | <i>Relationship between victim and perpetrator</i>   | <b>12</b>    |
| <i>4.2.5.</i>            | <i>Method used in committing crime</i>   | <b>12</b>    |
| <i>4.2.6.</i>            | <i>Status of cases</i>   | <b>13</b>    |
| <b>4.3.</b>              | <b>Spatial analysis using Geographic Information Systems (GIS)</b>                         | <b>13</b>    |
| <b>5.</b>                | <b>RECOMMENDATIONS</b>   | <b>14</b>    |
| <b>5.1.</b>              | <b>Overcoming turf issues</b>  | <b>14</b>    |
| <b>5.2.</b>              | <b>Service provision and co-ordination</b>   | <b>14</b>    |
| <b>5.3.</b>              | <b>Data recording, collection and management</b>   | <b>15</b>    |
| <b>5.4.</b>              | <b>A multi-faceted response</b>  | <b>18</b>    |
| <b>6.</b>                | <b>CONCLUSION</b>  | <b>18</b>    |
| <b>7.</b>                | <b>REFERENCES</b>  | <b>20</b>    |
| <b>8.</b>                | <b>USEFUL RESOURCES IN THE FIELD</b>   | <b>20</b>    |
| <b>9.</b>                | <b>ACKNOWLEDGEMENTS</b>  | <b>21</b>    |
| <b>10.</b>               | <b>LIST OF TABLES</b>  |              |
|                          | <b>Table 1 RECORDED SEXUAL CRIMES TO CHILDREN FOR SOUTH AFRICA OVER 5 YEARS</b>            | <b>3</b>     |
|                          | <b>Table 2 ATLANTIS RECORD FORMS' ADMINISTRATIVE DATA CATEGORIES ON CHILD SEXUAL ABUSE</b> | <b>8</b>     |
|                          | <b>Table 3 RECOMMENDED FORM FOR RECORDING BASIC INCIDENT INFORMATION ON CHILD ABUSE</b>    | <b>17</b>    |

## LIST OF ABBREVIATIONS

|   |         |
|---|---------|
| Children's Institute  | CI      |
| Child Sexual Abuse  | CSA     |
| Geographic Information Systems                                      | GIS     |
| Hands Off Our Children Campaign                                     | HOOC    |
| Resources Aimed at the Prevention of Child Abuse & Neglect          | RAPCAN  |
| South African Society for the Prevention of Child Abuse and Neglect | SASPCAN |
| United Sanctuary Against Abuse                                      | USAA    |
| United Nations Convention on the Rights of the Child                | UNCRC   |
| University of Cape Town   | UCT     |

## KEY DEFINITIONS

**Child:** person under 18 years; regardless of nationality (Draft Children's Bill, 2002).

**Child sexual abuse (CSA):** any act/acts which result in the exploitation of a child or young person, whether with their consent or not, for the purposes of sexual gratification. CSA may be perpetrated by adults, other children or young persons. CSA may include but is not confined to the following two main types (Finkelhor, 1994):

*Non-contact abuse:* exhibitionism (flashing), voyeurism (peeping), suggestive behaviours or comments, exposure to pornographic materials or producing visual depictions of such conduct.

*Contact abuse:* genital/anal fondling, masturbation, oral sex, object or finger penetration of the anus/vagina, penile penetration of the anus/vagina and/or encouraging the child/young person to perform such acts on the perpetrator. Crime categories such as rape, indecent assault and statutory rape would also fall in this category (Finkelhor, 1994:33).

## EXECUTIVE SUMMARY

### Introduction

The protection of children from abuse and neglect is of crucial importance. To plan and develop prevention and intervention programmes for child sexual abuse (CSA), it is necessary to determine the scale of the problem, to document incidence and if possible the prevalence of the problem and to develop agreed methods of collating data. The incidence of CSA was investigated in the community of Atlantis due to CSA being perceived by service providers in Atlantis as a significant problem.

### Background to the report

Various service providers in Atlantis (Wesfleur Hospital, the non-governmental organisation 'United Sanctuary Against Abuse' (USAA), the Atlantis police and social services departments) requested assistance with addressing the problem of CSA, inter alia, establishing incidence and improving the co-ordination of service. This resulted in research being conducted by UCT's Children's Institute in collaboration with UCT's Child Guidance Clinic in the Department of Psychology. The history and formation of Atlantis is briefly discussed in this report, as well as the nature of the place in the past and the present, both spatially and in terms of its citizens. This forms a backdrop for the presentation of the research, its findings and recommendations.

### Aims and Research process

Key aims of the research:

- To provide insight on the challenges associated with determining the *scale* of the problem of CSA in Atlantis.
- To detect *where* the problem of CSA is most evident and severe. This tested the utility of South African Police Services (SAPS) Geographic Information Systems (GIS) information to ascertain the high-risk areas for child abuse in Atlantis.
- To provide advice on improving the *integration* of data on incidence and prevalence of CSA by developing a systematic data collection protocol for those agencies that deal with the problem. This would enable consistent information to be collected so that more accurate data is available to both determine the scale of CSA in Atlantis and to inform service provision.

The study involved interviews with service providers (both statutory and non-statutory), and the examination of administrative and statistical data on child sexual abuse. Research also involved the geographical mapping of CSA incidents (using the GIS), and the use of census data to develop social correlates of abuse. The police granted permission to access their crime intelligence data for the study purposes.

## **Research findings**

The following results were obtained:

- It was impossible to establish incidence of the problem of CSA due to limitations and differences in the way in which service providers in Atlantis record data. Reporting times were not consistent across agencies. Figures were also not accurate, owing to different definitions of child sexual abuse and a suspected norm of not reporting non-contact CSA. Police intelligence data on crimes against children from 1<sup>st</sup> January to 30<sup>th</sup> June 2001 yielded 143 cases, much less compared to the social services data for the same period (565 cases), reflecting a gross under-reporting of child abuse incidents to the police.
- Some progress was made using GIS, suggesting high-risk areas (e.g. blocks of flats) and socio-correlates of violence. Police data and case summaries used in this research however were not flawless and often had data missing; so the results should be interpreted with caution.
- Those interviewed share a similar perspective on the causes of the problem of CSA in the community: alcohol abuse, community violence, poverty, and intimidation of victims and their families by perpetrators.
- There is poor integration of a response to CSA and poor information sharing. A breakdown in service provision has been caused partly by a lack of communication and co-ordination between service providers. It emerged from interviews that a lay/professional divide exists, which prevents service providers like the local shelter from working with more established organisations like the hospital and social services. The results highlighted problems in service delivery (legal as well as therapeutic), which could be utilised by community stakeholders to lobby for improvements.

## **Recommendations**

Combating CSA requires a multi-faceted response in Atlantis. Key recommendations arising from this research with regard to overcoming turf issues, data recording and collection, and service provision are listed below.

### *Overcoming turf issues*

- Agencies' main emphasis should be on planning and working together to target child abuse. This would require frequent meetings of the concerned groups in Atlantis, adequate co-ordination of such an endeavour or forum, and sustainability. Interagency collaboration should be encouraged.
- A support structure for everyone working in the CSA field, with a role in supporting caregivers, is crucial, e.g. formation of a local forum on child abuse; establishing links with other Western Cape organisations working in the field of child abuse; or enlisting regular support from support agencies such as UCT's Child Guidance Clinic, and RAPCAN.

### *Data recording and collection*

- The linking of data across sources, standardisation of record forms across agencies, and adequate co-ordination of data collection efforts is required.
- Consistency regarding data recording and data collection time periods is crucial. The social services record (protocol) form includes most of the essential questions and items and generally meets the above requirements. We recommend therefore that a revised form based partly on the social services protocol form and drawing on the literature be used as a standard form by all the agencies (see recommendations section in the report and Table 3, p.17).
- A common clearinghouse is also needed with an agency to take responsibility for the co-ordination and collection of record forms and enough efficient personnel to capture data on a regular basis.

### *Prevention of CSA at neighbourhood level*

- Existing and future interventions and initiatives should target specific times, events, and high-risk areas in Atlantis.

### *Service provision*

- Ongoing training and supervision of caregivers, volunteers and professionals working in the field of CSA should be provided.

## **Research outcomes**

A training course on working with child survivors of trauma and sexual abuse is to be offered by Anastasia Maw from UCT's Child Guidance Clinic. Links have also been established between USAA and RAPCAN for such training.

## **Conclusion**

In summary, this study has arguably highlighted some aspects of CSA in Atlantis. Although the true scale of the problem of CSA could not be ascertained from available data, some evidence was obtained on *where* CSA is most evident. Clear trends in CSA administrative data collection have been identified through the research and recommendations arising out of the research have been made. These aspects warrant further investigation and intervention.

## **INTRODUCTION**

As a signatory to the United Nations Convention on the Rights of the Child (UNCRC), South Africa has joined many countries of the world in pledging to take “appropriate administrative, legislative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” (UNCRC, 1989:6). The growth in reports of child sexual abuse (CSA) in South Africa indicates that this type of abuse is either on the increase, or is being more widely reported and spoken about. This report summarises work undertaken in the area of Atlantis in the field of CSA. Our involvement in Atlantis arose through collaboration with the University of Cape Town’s (UCT) Child Guidance Clinic, which had received requests from various concerned groups in Atlantis for technical and training assistance in dealing with CSA in the community. People perceived CSA to be a significant and increasing problem in the Atlantis area.

In response to these concerns by service providers in Atlantis, UCT’s Children’s Institute in collaboration with the Child Guidance Clinic in the Department of Psychology conducted research in Atlantis. This research involved the work of two graduate students (in Psychology, and Environmental and Geographical Science, respectively). Throughout this report reference will be made to the students’ substantial theses (Du Plessis, 2002; Borel-Saladin, 2003; included in the Appendices), which provide detailed presentation and analysis of the research and its findings.

### **1.1. Atlantis**

Atlantis was originally touted as “a new, self-contained city for 500 000 people, 45km from Cape Town...a new growth point backed by the central government” in the 1975 promotional pamphlet designed to attract prospective industries to the area (South African Board for the Decentralisation of Industry, 1975). (See Figure 2, Borel-Saladin, 2003) The then government claimed that Atlantis could “provide a better geographical distribution of work opportunities for the rapidly growing population” (South Africa Board for the Decentralisation of Industry, 1975:2), and that it was necessary to help ease the housing shortage and congestion in Cape Town. Future developments included an airstrip, many high quality roads in the new West Coast corridor, a railway link with Cape Town, and, eventually, six separate towns within Atlantis. Atlantis, an economically depressed area in the Western Cape was born of apartheid and its design for segregated communities, enticing people with the prospect of houses and jobs, and leaving them little choice after being forced out of their own homes in terms of the Group Areas Act (Maposa, 2002). As Atlantis was declared a Coloured Group Area in 1972, these towns were to be solely for Coloured residents (to be housed in “attractive residential areas”), each with its own centre and extensive community services like education, sporting and medical facilities, as well as internal freeways with express buses and passenger train services. Atlantis was proposed to be the origin and growth point of the development axis between Cape Town and Vredenburg – Saldanha.



People flocked to the factories for jobs and others were led to believe that if they moved to Atlantis permanently, they would find a good life and secure jobs at the factories. Few of these plans ever actually came to fruition. Only one of the six proposed towns was ever built (1992). Industry in Atlantis never reached the proportions envisaged in the early 1970s (Foundation for Contemporary Research, 1992). Despite the incentives offered by the government, the establishment of industries in Atlantis began very slowly. And since 1989, more than a third of the industrial jobs have been lost, due to a combination of factors. Most of the industries in Atlantis were dependant on the concessions granted to them by the government for moving there. The majority of these incentive schemes ceased in 1989. Only one industrial area was ever developed, and by 1992, only 542 out of the original 920 hectares set aside for industry had been used accordingly. As the Atlantis Analysis and Strategy Document (Foundation for Contemporary Research, 1992) reported, while between 170 000 and 200 000 jobs were to be created, by 1992, there were only 7 100 manufacturing and 2 500 commercial jobs. Of these, even fewer were available to Atlantis residents, as 3 000 skilled workers commuted into the area everyday. Thus, by 1992, unemployment had reached a rate of about 40% in Atlantis.

Today, as part of the smaller northern area of the Blaauwberg Municipal Local Council (BMLC), Atlantis suffers social and spatial exclusion; is categorised by marginalised, low income residential areas; and is excluded from most of the metropolitan opportunities, spatially, socially and economically (Bekker, Cramer, Eva, & Myburgh, 2000). In the 1996 national census (Statistics South Africa, 1996), the population was recorded as approximately 49 103, with 10 173 dwellings and therefore approximately 4.8 people per unit. Housing and services provided are not linked to a sustainable economic base, and the residents possess very little disposable income.

The 1996 national census data depicted that over 56% (27 754) of those living in Atlantis had no monthly income (Statistics South Africa, 1996). Of the 8 629 households who responded with an annual household income figure, almost 10% of households had no annual income at all (see Appendix Borel-Saladin for a detailed synopsis of unemployment and living standards statistics). Only 29% of the population is technically employed (in comparison to approximately 35% of Coloureds in the greater Cape Metropole – Statistics South Africa, 1996). This essentially means that less than 30% of the population supports the other 70% (36% of which are under 15 and therefore not supposed to be working in any case).

Unemployment, rampant alcohol abuse, impoverished, degraded neighbourhoods, crime and violence are rife in Atlantis. A report compiled by the Cape Metropolitan Council (1999) showed

that the rate of attempted rapes in Atlantis was 1.69 per 1000 in 1999.<sup>1</sup> As Garbarino (1995) maintains, neighbourhood characteristics such as social disorganisation, poor quality of housing, poverty, alcohol abuse and lack of social support are associated with child abuse. These factors, prevalent in the Atlantis community, raise the risk of child abuse. It is thus no surprise that CSA is perceived to be a significant problem in Atlantis.

The problem of CSA in Atlantis must be seen in context of the scale of the problem in the country as a whole, and collective efforts to address the problem. A Parliamentary Task Group on Sexual Abuse of Children was established in 2002 to give effect to a motion of the National Assembly that public hearings on the high incidence of sexual violence against children be held as a matter of urgency. Oral submissions were captured at the public hearings from 11–13 March 2002. A Final Report of the Parliamentary Task Group on the Sexual Abuse of Children was then compiled as a consolidation of the written and oral submissions. This has given rise to a Draft Strategic Plan on the prevention and management of child abuse as of March 2003.

The epidemiology of CSA in South Africa and elsewhere in the world is not really known, given the gross under-reporting of these crimes. The figures in Table 1 support the fact that South Africa for some time has had a national emergency that has reached chronic proportions.

**Table 1: RECORDED SEXUAL CRIMES TO CHILDREN FOR SOUTH AFRICA  
OVER 5 YEARS**

| Year | National SAPS Data: All Recorded Sexual Crimes to Children |
|------|--|
| 1996 | 23 430   |
| 1997 | 24 772   |
| 1998 | 23 054   |
| 1999 | 22 938   |
| 2000 | 25 578   |

(Source: SAPS and RAPCAN, 2001)

These figures of course do not tell the full story. It is well known *that recorded sexual crimes greatly under-estimate* incidence. Also, less injurious crimes to children than rape are far less likely to be reported (Dawes, 2002). Many children who disclose abuse however, may not be recorded on child protection unit or social services lists. Abused children who were abused in the past and who are now well cared for, are also not on these lists. Inconsistent definitions of CSA and inadequate recording also prevent the accurate collection of administrative and statistical data on CSA. These characteristics are present in Atlantis too, as the research found.

<sup>1</sup> See Borel-Saladin (2003), P.16 for a comparison of crime statistics between Atlantis and Mitchell’s Plain

## **2. AIMS OF THE RESEARCH**

To plan and develop effective prevention and intervention programmes for CSA in Atlantis, it is necessary to understand the problem of CSA in the community and determine the scale of the problem. It is also crucial to document incidence and if possible the prevalence of the problem by developing agreed methods of collating data, and to ascertain where CSA is most evident. Aims of the research conducted in Atlantis are presented below:

- To provide insight on the difficulties associated with determining the *scale* of the problem of CSA in Atlantis.
- To detect *where* the problem of CSA is most evident and severe and to test the utility of the SAPS GIS information to ascertain the high-risk areas for child abuse in Atlantis.
- Ultimately to provide advice on improving the integration of data on incidence and prevalence of CSA by developing a systematic data collection protocol for those agencies that deal with the problem. This would enable consistent information to be collected so that more accurate data is available to determine the scale of CSA in Atlantis and to inform service provision.

## **3. THE RESEARCH PROCESS**

### **3.1. Needs Assessment**

A needs assessment is a critical first step in understanding and planning for the needs of a community. Representatives from the social service department in Atlantis, the hospital, USAA, and the police department attended three needs assessment workshops during the course of 2002. From these workshops it was possible to ascertain what service providers' key concerns were regarding CSA in Atlantis. The workshops were informal in structure and attendance. This resulted in the same people rarely attending the workshops due to organisational workload. The needs assessment workshop participants were able to generate knowledge, pool different kinds of knowledge, and rework this knowledge. This process allowed the researchers to formulate questions for later semi-structured interviews to be held with individuals from each service provider organisation involved in the study.

### **3.2. Data Collection and Analysis**

The research process involved the following:

- Collecting statistics and administrative data on CSA from the social services department, the police, Wesfleur hospital and a non-governmental organisation - United Sanctuary Against Abuse (USAA). Police crime intelligence data were also examined.
- Tracking successes and failures in service delivery for CSA survivors. This aspect of the research was based on interviews with service providers (both statutory and non-statutory), and on case records.

- Mapping CSA incidents using SAPS GIS data, and using census data to develop social correlates of abuse. This would assist in detecting *where* the problem of CSA is most evident and severe.

If we are to have a reasonable idea of the prevalence and demographics associated with child abuse in Atlantis, we need to develop common approaches to data capture. As a starting point a few key organisations belonging to the Children and Violence Forum (now converted to the Western Cape branch of SASPCAN), working in the field of child abuse and children's welfare, were asked to send us copies of their record/intake form/s used to capture administrative information on child abuse cases. These were then collated and analysed in terms of relevant literature in the field of CSA. Administrative data on CSA, recorded on these organisations' forms were also compared for similarities and differences. Service providers in Atlantis were also asked to send us copies of *their* record/intake form/s used to capture information on child abuse cases, as well as statistics on such cases for the period March 2001 to April 2002. (See Du Plessis, 2002: 17)

In-depth semi-structured interviews were conducted with members of the Atlantis social services department, Wesfleur hospital and USAA (Du Plessis, 2002). These interviews were held at the organisations where the interviewees worked. Interviewees described the problems involved in 'the journey of the child' through the system of service providers in Atlantis and discussed factors they believed to contribute to CSA in Atlantis. Child abuse in Atlantis was also considered from the perspective of the police and service providers in the community who work with this problem on a daily basis (Borel-Saladin, 2003).

Police granted permission for access to their crime intelligence data for the research purposes. Crimes against children were analysed using police crime intelligence data on violent crimes to victims under the age of 18, for the period 1 January to 30 June 2002. The ease of collection of police data was facilitated by case summaries for each month by category of crime. These unfortunately did not include the age of the victim, which had to be ascertained by examining case dockets in the presence of a police officer. Case summaries were also not flawless in ascertaining relevant data, for example addresses for the victims of 143 cases were recorded but much of the information like age of perpetrator and relationship between perpetrator and victim is not known. (See Borel-Saladin, 2003:20-22 for a detailed discussion of the data aggregated in making summary tables)

The district of Atlantis (Figure 1 and 2, Borel-Saladin, 2003) was used as a case study in which to try and marry police data and the techniques of GIS in the analysis of violence against children

(Borel-Saladin, 2003). Recorded crimes were mapped using a GIS, and census data was compared across areas of varying crime intensity to try to explain the results.

As most of the crimes took place in the victim's home and the street address of the victim's residence was available, this address was used for mapping. Of the original number of cases of crimes against children (i.e. under 18 year olds) collected for the period January to June 2001, 143 were eventually mapped. Cases were excluded if the victim lived in Atlantis but the crime occurred elsewhere, or if the crime occurred in Atlantis, but the victim lived elsewhere (as cases were mapped according to the victim's residential address). All cases that occurred in the neighbouring areas of Pella, Mamre and Witsand were also excluded (these cases were originally recorded, as the areas fall under the Atlantis Police Station).

## **4. RESEARCH FINDINGS**

### **4.1. The nature of the problem as perceived by key role players**

What is the nature of the problem of CSA in Atlantis? Key research findings, which attempted to answer this question, are presented within three main areas: service provider views, data recording issues, and service provision.

#### *4.1.1. Service provider views*

Service provider views are presented here because statistics and figures do not always reflect the reality of a situation 'on the ground'. Certain common views emerged clearly in interviews with service providers as reasons why CSA occurs in Atlantis: (See Du Plessis, 2002: 24-33; and Borel-Saladin, 2003:16-19 for more detail)

- The abuse of alcohol, whether leading to actual violence or neglect, seems to be a problem identified as critical to the presence of child abuse in Atlantis.
- Violence, be it community violence, e.g. gang activity, or domestic violence was also a common theme throughout the interviews.
- Socio-economic circumstances (e.g. poverty, lower income families) were also considered to contribute to the problem.
- Intimidation of victims and their families by perpetrators was also described as a cultural norm in Atlantis. Decisions by victims and their families not to report incidents of CSA are informed by possible intimidation by perpetrators; the fact that perpetrators are often breadwinners and the issue of social stigma.

#### *4.1.2. Data recording and statistics*

- It was not possible to assess the true scale of the CSA problem in Atlantis from data obtained due to limitations in the way in which data is recorded by service providers (the hospital, social services, the police and USAA).

- Reporting times were also not consistent across agencies. For a more in-depth discussion of statistics from the service providers and limitations of the statistics, see Du Plessis (2002).
- Content in reporting forms also differed, in particular in relation to definitions of abuse. Given the variation in reporting procedures, it is imperative that all agencies collect the same categories of information and use the same reporting times. Table 2, p.8, depicts the data collected/not collected for epidemiological purposes through the Atlantis agency record forms with regard to CSA.<sup>2</sup> On perusal of the various Atlantis agency record forms, it is evident that the social services (protocol) form, (see Table 2, p.8) is the most adequate in gathering relevant information, with the recommendation that a few amendments be made. (See recommendations section, p.15)

#### *4.1.3. Service provision and co-ordination*

A breakdown in service provision has been caused partly by a lack of communication and co-ordination between service providers. It seems that a lay/professional divide exists that prevents service providers like the local non-governmental organisation from working with more established organisations like the hospital and social services. The results of this research highlighted problems in service delivery (legal as well as therapeutic), and can be used by community stakeholders to lobby for improvements. As Marshall and Herman (1998) maintain, a “lack of intervention services and state family support structures in many communities also support the rape culture in South Africa”.

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<sup>2</sup> The police data is not included in Table 2, as the police crime intelligence data will be discussed later in the report.

**Table 2: ATLANTIS RECORD FORMS – ADMINISTRATIVE DATA CATEGORIES  
ON CHILD SEXUAL ABUSE**

| <b>Agency/service provider</b>   | <b>Social Services Report Form</b> | <b>Wesfleur Hospital Record</b> | <b>USAA</b>                      |
|----------------------------------|------------------------------------|---------------------------------|----------------------------------|
| <b>Child Profile</b>             |                                    |                                 |                                  |
| Name                             | ✓                                  | ✓                               | ✓                                |
| Address                          | ✓                                  | ✓                               | ✓                                |
| ID                               | ✓                                  | X                               | X                                |
| Age                              | ✓                                  | ✓                               | X                                |
| Sex                              | ✓                                  | ✓                               | ✓                                |
| School                           | ✓                                  | X                               | ✓                                |
| Disability                       | ✓                                  | X                               | X                                |
| Telephone number                 | ✓                                  | ✓                               | X                                |
| <b>Type of abuse</b>             |                                    |                                 |                                  |
| Physical                         | ✓                                  | ✓                               | Rape                             |
| Sexual                           | ✓                                  | ✓                               | Abuse/                           |
| Neglect                          | ✓                                  | ✓                               | Molestation                      |
| <b>Incident/s</b>                |                                    |                                 |                                  |
| Current abuse                    | ✓                                  | ✓                               | ✓                                |
| Date                             | ✓                                  | ✓                               | X                                |
| Place                            | ✓                                  | X                               | X                                |
| Location of incident (specifics) | X                                  | X                               | X                                |
| Time                             | ✓                                  | X                               | X                                |
| History of abuse                 | X                                  | X                               | X                                |
| <b>Perpetrator Profile</b>       |                                    |                                 |                                  |
| Name                             | ✓                                  | X                               | X                                |
| Address                          | ✓                                  | X                               | X                                |
| ID                               | ✓                                  | X                               | X                                |
| Age                              | ✓                                  | X                               | X                                |
| Relationship to child            | ✓                                  | X                               | X                                |
| <b>Reporter Details</b>          |                                    |                                 | <b>Parent details</b>            |
| Name                             | ✓                                  | X                               | ✓                                |
| Relationship to child            | ✓                                  | X                               | ✓                                |
| Professional                     | ✓                                  | X                               | ✓                                |
| Org. Reference no.               | ✓                                  | X                               | ✓                                |
| Signature                        | ✓                                  | X                               | ✓                                |
| Place of work                    | ✓                                  | X                               | ✓                                |
| Telephone numbers                | ✓                                  | X                               | Other children                   |
| Fax Number                       | ✓                                  | X                               |                                  |
| <b>Referral</b>                  | ✓                                  | ✓                               | ✓ Response Referral Action taken |

✓ Tick indicates presence of the relevant item/question on the agency record form

X Cross indicates absence of the relevant item/question on the agency record form

## **4.2. Socio-correlates of violence against children**

The following section discusses the available police data on crimes against children, and how it reflects the situation in Atlantis. Even though only a small number of cases (143) were identified in this research (Borel-Saladin, 2003:35), there are some clear trends that warrant further investigation. Findings presented in this section attempt to answer the question: Where and when is the problem of CSA most evident?

### *4.2.1. Location and Type of Offence*

Just over a quarter of the victims live in Avondale: 37 of the 143, approximately 26%. (See Borel-Saladin, 2003. "Table 1: Crime Categories by Suburb") A similar proportion lives in Saxonsea (34 - 24%). The victims of nearly a fifth of these crimes live in Protea Park (28, just under 20%) and about 17% live in Robinvale (24). Slightly less than 12% of the victims live in Sherwood (17) and only 2% of the victims live in Beaconhill (3).

While most of the crimes were committed against the victim in his/her home (57%), by far the majority of the crimes took place in the neighbourhood in which the victim lives (85%). However, a fair proportion did not, thereby making it necessary to consider not only the suburb in which the victim lives but also the suburb in which the crime took place. (See Borel-Saladin, 2003, "Table 2: Assigned Suburb by Actual Suburb") It would appear from the data that Avondale and Saxonsea are the most dangerous places for youths, while a place like Beaconhill poses hardly any threat. However, these proportions of crimes must be considered in light of the proportion that each of these suburbs' residents make up of the total population of Atlantis.

Out of the total 143 cases, 82 (about 57%) occurred at the victim's home – nearly 3 out of every 5 attacks. (See Borel-Saladin, 2003, "Table 3: Place by Suburb") It appears that in the case of children in Atlantis, a far greater proportion of incidents occurred in the child's 'home'. This was the situation in the greater majority of cases (although it is not clear how many of these took place 'inside the home' or on the 'street outside the home'). Thus, 71% of the offences (102) took place either at the victim's home or at a location in a nearby street, i.e. in the vicinity of the person's home; and 85% of the attacks (122) took place in the suburb in which the victim lives. Many of the crimes had occurred in the victim's residence or on their property, in their neighbourhood or in the local area or town in which they live. Relatively few crimes were reported to have occurred outside of this environment. Despite the statistical fact that children are at far greater risk of harm in private space (e.g. their own homes) and from people they know (Matthews & Limb, 1999), this effect seems compounded here. This might be explained by the fact that children's mobility is generally more constrained than adults' (Matthews & Limb, 1999). How far children travel from the home is affected by physical inability, limited access to transport, parental care-taking conventions, lack of money and separation from "a larger and more diverse daily round" (Matthews & Limb, 1999:66).



Thus, most of these children were perhaps attacked in and near their own homes, as they do not travel far from these areas. Although the data was rather incomplete in the case of the relationship between victim and offender, the majority of victims at least knew their attacker by name or considered them to be friends or acquaintances. Thus, children in Atlantis really do seem to be most in danger in their own homes (especially here it would seem) and from people they know. Of the total 143 cases, 21 or nearly 15% were not committed in the same suburb as given by the victim's address ("Adjacent suburb", "Public place (adjacent suburb)" and "Distance" data fields). Almost 12% of offences (17) were committed in a public place.

Although no information was collected on the type of housing, it is worth noting the proportion of victims' residences that are flats. Only about 15% of the housing in Atlantis is flats (Statistics South Africa, 1996), yet the victims of 25% of the cases recorded live in blocks of flats (35 out of 143). Victims living in flats in Avondale account for 22 of these cases (i.e. 63% of the number living in flats and 15% of the total number of cases). If living in a flat somehow increases a child's chance of being victimised, then the fact that Avondale has the most "flat victims" makes sense perhaps, considering that it has the highest number of flats of all the suburbs in Atlantis (764). Robinvale has the second highest number of victim's residing in flats (10 or 29% of these victims), as well as the second highest number of flats in Atlantis (428). Protea Park is the only other suburb in Atlantis where victims live in flats, but these were only 3 cases.

Concentrations of crime were detected. While one of the densest areas of crime in Atlantis includes the area with the highest count in Robinvale, there are two other areas in Avondale and Saxonsea that share the same high density of crime per hectare. It would seem that in relation to the percentage of the total population of Atlantis, Beaconhill and Protea Park have disproportionately low occurrences of violence against children and youth. By the same token, Avondale, Saxonsea, and especially Robinvale have disproportionately high occurrences of violence against children. In the cases of Robinvale and Avondale, this might be partially explained by the presence of blocks of flats, which appeared to be the location of a disproportionate amount of crime when compared to the proportion of housing in Atlantis that it constitutes. This disproportionality of cases occurring in flats may partially be explained by the fact that those living in flats are potentially some of the poorest in the Atlantis (flats are generally far cheaper) and more similar socio-economically than those living in a suburb of houses for example. (Borel-Saladin, 2003:6-8, "Children at Risk: A Psychological Perspective").

The most common type of violent crime against children in Atlantis is clearly "common assault", which represents just under half of all offences recorded: 68 out of 143, or 48%. (See Borel-Saladin, 2003: "Table 1: Crime Categories by Suburb") "Child abuse" and "indecent assault" cases each represents only about 14% of the total number (20 child abuse and 19 indecent assault

cases). There were approximately 11 rapes of minors reported (about 8% of cases) during the six-month period (January – June 2001).

#### *4.2.2. Month, Day and Time of Attack*

A steady increase from January at 17% of the total cases (25), through February at 18% of cases (26), to March at nearly 21% of cases (30) can be seen. (See Borel-Saldin, 2003: “Table 7: Month by Day”) This is followed by quite a drop in numbers in April (16, or 11%), which has just over half the number of cases in March. There is a substantial increase in May again, which has the second highest number of cases at 27 (almost 19%). June has the fewest cases, at 11 (under 8%). These percentages, while not saying much on their own perhaps, are particularly interesting when compared to the numbers of new child abuse cases received by the social workers. (See Borel-Saladin, 2003:16: “The Case of Atlantis”) Of the 565 new cases, 16% were in January, 15% in February, 20% in March, 13.5% in April, 20% in May and just under 12% in June. The similarities between the percentages per month are so alike, that it can probably be viewed as an indication that certain events related to the time of the year trigger spates of violence (at least against children, if not a general surge in crime throughout the entire community).

From the police data, it was also evident that most of these crimes were committed on Saturdays (almost 21%) and Fridays (17%). Of the 136 cases in which the times of day are known, 63 (46%) of the events occurred in the afternoon. (See Table 8: “Time by Day”) Almost 37% of the attacks occurred at night (50), while only 17% happened in the morning (23). When comparing the crimes that occurred at a certain time of day to victims living in a certain suburb to the overall proportion of crimes that happened at that time of day, the percentages are generally very similar (Borel-Saladin, 2003: “Table 9: Suburb by Time). Weekend nights seem to be the time when a large proportion of attacks occur. Data was also gathered on the victims and perpetrators of crimes, which are presented below.

#### *4.2.3. Age and Gender of Victim and Perpetrator*

Between the ages of 2 and 12 years, no age group has less than one victim and none exceeds six victims, with some of the age groups having similar numbers of victims (Borel-Saladin, 2003: “Table 4: Age of Victim by Gender”). Thus, the number of victims aged 12 years or younger constitutes 26% of the total number of victims whose ages are known (34 out of 131 cases). In sharp contrast to this, the number of victims aged between 13 and 17 years constitutes 74% of the total number of victims whose ages are known (97). Therefore, three quarters of the victims are teenagers.

The numbers of female victims (63) is very close to the number of male victims (68), with male victims in the slight majority - 52% of the victims are male, as opposed to 48% of the victims who are female. (See Borel-Saladin, 2003: "Table 4: Age of Victim by Gender")

Out of the 84 perpetrators whose ages are known, the majority (58, or 69%) are adults, i.e. over 18 years of age. (See Borel-Saladin, 2003: "Table 5: Age of Perpetrator by Gender"). Most of these are in the 31–40 year age group (19, nearly 23%). The number of "child" perpetrators however (i.e. those from ages 6 to 17) is 26, which forms 31% of the total number of perpetrators. The proportion of perpetrators between the ages of 13 and 19 years however is more than double the proportion that this age group makes up of the total population of Atlantis (15,4% versus 39,2%). It would appear that teenagers are disproportionately represented amongst the victims here. Although it is possible (and probably quite likely) that most of the violence towards younger children is reported to the social workers and other organisations rather than the police (see above), the fact remains that a fair number of teenagers are the victims of violent attacks. It is quite worrying that a large proportion of offenders are "fellow teenagers". This implies that these teenagers are beset from two sides, i.e. by both adults and those their own age.

#### *4.2.4. Relationship between Victim and Perpetrator*

Over 38% of the perpetrators (38 out of 98) are at least known to the victims, and nearly a fifth (20%) of the total number of perpetrators are friends of the victims (which is perhaps not surprising, considering both the numbers of teenage victims and offenders – see Borel-Saladin, 2003: "Table 6: Age of Perpetrator by Relationship to Victim"). Similar numbers of perpetrators are mothers (9), fathers (9) and neighbours (10) of the victims (or between 9% and 10% each). Only 6 of the 98 perpetrators whose relationship to the victim is known are strangers/unknown to their victims. Perpetrators known through some sort of gang affiliation and other family members constitute only 4% (4) and 3% (3) of the total number of perpetrators. Thus nearly 94% (92 out of 98) of these perpetrators were known to their victims.

#### *4.2.5. Method used in Committing Crime*

In the cases where this information is known, 38% of incidents (41 out of 107), or nearly two fifths, involve hitting with the hand or fist. Stabbings and hitting with an object share similar proportions of the total at 14% and nearly 16% respectively. In only 4 of the cases was an object thrown at the victim (nearly 4%), while other means of attack were used in 9 cases (just over 8%). Child abuse cases in which the type of offence is known constitute 12% of the total (13 out of 107, or the "Left" and "Neglected" data fields combined). It is not surprising perhaps that the only child abuse cases reported here deal with abandonment and neglect as "the most frequent form of child abuse and neglect is neglect" (Pelton, 1994:154), which usually involves inadequately providing for the needs of the child or a lack of supervision.

It is perhaps heartening that the majority of attacks on children did not involve weapons. A potential explanation for the dearth of weapons used (assuming the information is fairly complete) is perhaps that as the victims are children (even though they are mainly older children, i.e. teenagers), and therefore less physically strong and perhaps less inclined to “fight back”, weapons are not as necessary as they would be against an adult. Also, considering the relationships between the victims and perpetrators (friends, people known to them, etc.) many of these assaults could stem from interpersonal disagreements, and would therefore be impulsive and not premeditated, thereby diminishing the chance of a weapon being used. In addition, these crimes do not include robberies, mugging, etc. in which weapons would probably more likely be used.

#### *4.2.6. Status of Cases*

The greater majority of the cases discussed here, almost 72% in fact, have been withdrawn (100 out of 139). In Atlantis, there is no indication of whether or not there is repeated abuse, but the victims do seem to know the perpetrators quite well. Thus, they may also withdraw cases for fear of reprisals. It is also quite possible that the same reasons people give for not reporting crimes are the very same reasons why they eventually withdraw their cases.

Considering the number of new cases received by the social workers in the first six months of 2001, the number of child abuse incidents reported to the police is a gross underestimate of the actual number of cases. Under-reporting of incidents of sexual assault might also be quite likely.

#### **4.3. Spatial Analysis using GIS**

This study also used more basic functions of GIS. Using the GIS, the enumerator areas in which these crimes fell were determined. (See Borel-Saladin, 2003: Figure 7. Note only five of the enumerator areas and the cases that fell within them were considered in Robinvale.) As can be seen in Borel-Saladin, 2003: “Table 10: Areas of Most and least Dense Crime in Atlantis”, the three areas with the most dense crime have very similar figures for the ratio of men to women (generally 47% men and 53% women) (Statistics South Africa, 1996). The percentage of the population under 18 (44% or 45%) and the percentage of households headed by men are also very similar for these three areas (56% - 58%), and they all have the same employment percentage (24%) (Statistics South Africa, 1996).

It can be argued that GIS has been shown to be a valuable tool in detecting and analysing the spatial patterns of crimes against children. While this type of spatial analysis enables one to identify “hot-spots” of crime, and perhaps understand the bigger, macro-social factors that could partially explain them, the level of spatial detail is not fine enough to fully utilise a GIS in the

analysis of crime patterns. Accuracy of information will however only be as good as its input. The amount of missing and inadequate SAPS GIS data is a limitation, which should be overcome.

## **5. RECOMMENDATIONS**

Key recommendations arising out of the research are presented in this section.

### **5.1. Overcoming “turf issues”**

There are some prevention endeavours and initiatives happening in the area of Atlantis. These however occur in selected areas with different support agencies doing work with specific and varied emphases (e.g. Neighbourhood response, Neighbourhood watch, Family in Focus, United Sanctuary Against Abuse, among others). From the research it is evident that violence against children is indeed a problem in Atlantis, although the true scale of the problem could not be ascertained. It also emerged from the research that various organisations have different views on how to tackle the problem of CSA.

Merging of disciplines and perspectives is a major strength in tackling the problem of CSA but can also lead to some obstacles along the way. We make some suggestions with regard to “overcoming turf issues” in the light of the research findings:

- The main emphasis in Atlantis should be on *planning and working together* to target child abuse. This would require frequent meetings of the concerned groups in Atlantis, adequate co-ordination of such an endeavour or forum, and sustainability. Interagency collaboration should be encouraged. The social worker interviewed in project 3, for example felt that their offices (especially the after-hours service) should be relocated to the same area as the hospital and police station.
- A *support structure for everyone working in the CSA field*, with a role in supporting caregivers doing the work, is crucial. Some options in this regard are possibly the formation of a local forum on child abuse; establishing links with other Western Cape organisations working in the field of child abuse; or enlisting regular support from an external person to the community such as Anastasia Maw (clinical psychologist, UCT Child Guidance Clinic) who can play a role in supporting agencies.

### **5.2. Service Provision**

- In response to the need for training of caregivers, volunteers and professionals working in the field of CSA, *training courses* which focus on the management of psychological trauma and working with child survivors of trauma should be conducted. The Child Guidance Clinic conducted such a course (11<sup>th</sup> to 14<sup>th</sup> November 2002) and an outcome of the research is that this will be repeated in future. Furthermore, RAPCAN (Resources Aimed at the Prevention of

Child Abuse & Neglect) will also be involved in training in Atlantis (Personal communication, USAA - Gahsiena Van der Schaff, March 2003).

- *Monitoring public places* such as schools, workplaces, neighbourhoods and taking steps to address problems that might lead to violence is crucial. The pattern of more cases occurring at certain time periods in the year (evident from the research) is definitely worth exploring in the future, as measures to reduce abuse could then be even more specific and targeted (i.e. designed around specific events, times and high risk areas).

### **5.3. Data Recording, Collection and Management**

As is evident from the presentation of research findings with regard to statistics and administrative data on CSA in Atlantis, such data generally comes from a variety of organisations that operate independently from one another. As efficient data recording and collection of CSA statistics and information was the main emphasis of our research in Atlantis, the following recommendations are also pertinent:

- *Consistency and standardisation* regarding data recording and data collection time periods is crucial. A standard record form should be easy to complete, contain only essential information and promote rapid computer compatible follow-up and management, and be able to provide relevant statistics. This form should be distributed widely and be available to every mandated reporter, as well as non-mandated professionals such as teachers, psychologists and law-enforcement officers.
- As is evident from Table 2, p.8, the *social services record form* includes most of the essential questions and items and generally meets the above-mentioned requirements. Based partly on the social protocol form and drawing on the literature, we recommend that all agencies incorporate the basic abuse information contained in Table 3, p.17. This data collection procedure would enable a baseline of data to be established for each agency and eliminate variability within CSA data recording. It can simply be added to other information collected by the service providers if necessary for administrative or professional purposes. Based on the literature in this field, if we are to describe the extent and nature of child abuse and track it over time, we need at least the following basic information to be collected as fully as possible by *all* those who have contact with the child on his or her entry to the child protection and services system (state services including hospitals, social services and the police, as well as all NGOs that render services to abused children or receive reports of child abuse):
  - *What is the nature of the abuse?* It is essential that *all agencies use the same definitions of child abuse, and are trained to apply the definitions*. The type of abuse is also clearly indicated on the revised form and a distinction is made between contact (e.g. rape, molestation) and non-contact sexual abuse (e.g. sexual comments, exhibitionism). (See key definitions of CSA, p. iii)

- *Who* was the victim? Basic identifying information is needed here: age, sex, basic family information, and actual residential address *at the time of the incident*. To track future incidents with this child in the administrative system, *the identity number* would be highly desirable.
- *Who* was the perpetrator? This is a problematic question, and often it is not easy for some agencies to obtain an answer. But where possible, the perpetrator's probable age level (not the actual age) and relationship to the child is important to record. Such data helps to describe perpetrator-related risk factors when linked to the time and place of the abuse.
- *When* did/does the abuse happen? Has the abuse been going on for some period of time? Is one episode being reported? If so, the approximate date (a month should suffice if the date is not known), day of week and time of day enables one to describe temporal risk factors. The date reported also needs to be recorded.
- *Where* did it happen? There is great value in being able to locate where the incident occurred because this can help identify 'hotspots' for abuse. An identifiable location such as a street name or address is most desirable.
- What services was the child referred to? This question is crucial for tracking the child through the services system.
- Has a charge been laid, and if so at which police station?
- A *common clearinghouse* is also needed with an agency/service provider to co-ordinate collection of the record forms and enough efficient personnel to capture data on a regular basis. Atlantis service providers need to agree on who will receive the data and compile comprehensive statistics on a regular (annual basis). Resources would have to be allocated and perhaps the most appropriate agency would be the social services department.
- In South Africa, where both money and peoplepower are seriously lacking in law enforcement, it seems highly unlikely that elaborate computer technology, expensive software utilised in other GIS studies or the personnel to operate, it would ever be supplied at the precinct level. Each police station has however (or is at least supposed to have) a *GIS system* into which they enter the address of the scene of the crime, as well as someone trained to do so. It is recommended that they *utilise this resource better*. Using summaries like those created here from dockets at the precinct level, as well as the technology of the GIS could help police better understand the nature of crime in their area, instead of the spatial data simply being sent to a central analysis centre. (For example: police officers at Atlantis police station still use a pin map system, i.e. drawing pins are stuck at the location of the crime on a map on a board. Also, the GIS system failed during the collection of the data when an attempt was made to gain access to it – hence the creation of maps for this study using recorded addresses and other databases).

In summary, it emerged clearly from the Atlantis research that linking data across sources, the standardisation of record forms across agencies, and the adequate co-ordination of data collection

efforts is required.

**Table 3: RECOMMENDED FORM FOR RECORDING BASIC INCIDENT INFORMATION ON CHILD ABUSE**

DATE OF REPORT      year / month /day \_\_\_\_\_

---

**1. DETAILS OF REPORTER**

RELATIONSHIP OF REPORTER TO CHILD

1.1. Reporting in a Professional Capacity (specify – e.g. social worker, doctor, teacher) \_\_\_\_\_

1.2 Reporting in a Personal Capacity (tick one):

- 1.2.1, Parent \_\_\_\_\_
- 1.2.2. Other relative \_\_\_\_\_
- 1.2.3 Non-relative \_\_\_\_\_

1.2. Name:.....

1.3 Contact Address:.....

1.4 Tel Nr:.....

1.5. Fax Nr:.....

1.6 E-mail:.....

1.7 Name of Organisation (where relevant).....

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**2 DETAILS OF CHILD**

2.1 NAME: \_\_\_\_\_

2.2 ID NUMBER: \_\_\_\_\_

2.3 AGE: \_\_\_\_\_

2.4 DATE OF BIRTH:      year / month /day \_\_\_\_\_

2.5 SEX:

2.5.1 M \_\_\_\_\_

2.5.2 F \_\_\_\_\_

2.6 HOME ADDRESS:

2.7 POSTAL CODE: \_\_\_\_\_

2.8 TELEPHONE NR: (or nearest telephone contact) \_\_\_\_\_

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**3 DETAILS OF ALLEGED PERPETRATOR (if known)**

3.1 AGE (Approximate) (tick one):

3.1.1 <12 \_\_\_\_\_

3.1.2 13-17 \_\_\_\_\_

3.1.3 18-30 \_\_\_\_\_

3.1.4 31 and above \_\_\_\_\_

3.2 SEX: 3.2.1 M \_\_\_\_\_ 3.2.2 F \_\_\_\_\_

3.3 RELATIONSHIP TO CHILD (tick one):

3.3.1 Perpetrator Unknown to child and family \_\_\_\_\_

3.3.2 Biological Parent \_\_\_\_\_

3.3.3 Step parent / parent's partner \_\_\_\_\_

3.3.4.Sibling \_\_\_\_\_

3.3.5 Adult Relation (e.g. uncle) \_\_\_\_\_

3.3.6 Child relative (<18) \_\_\_\_\_

3.3.7 Other child known by victim (<18 years) \_\_\_\_\_

3.3.7 Adult known to victim (not relative) \_\_\_\_\_

3.3.8 Other person: specify \_\_\_\_\_

---

**4 CURRENT ABUSE**

4.1 DURATION OF ABUSE (tick one):

4.1.1 Long term (It has been going on for more than a month) \_\_\_\_\_

4.1.2 Short term (only this one recent incident known) \_\_\_\_\_

4.2 Date of most recent abuse incident:      year / month /day \_\_\_\_\_

4.2.3 What time of day was this? (tick one):

4.2.3.1 MORNING      (before lunch time) \_\_\_\_\_



4.2.3.2 AFTERNOON (12 – 5pm) \_\_\_\_\_

4.2.3.3 EVENING (5 – 8 pm) \_\_\_\_\_

4.2.3.4 NIGHT (after 8pm) \_\_\_\_\_

4.2 PLACE OF ABUSE (where it occurred - please try to be accurate) (tick one):

4.2.1 At the child's home address (same as above) \_\_\_\_\_

4.2.2. At the perpetrator's home \_\_\_\_\_

Give a suburb, street, and building number if known \_\_\_\_\_

4.2.3 In the neighbourhood close to the child's home \_\_\_\_\_

4.2.4 At school \_\_\_\_\_

4.2.5 Another place \_\_\_\_\_

4.3. TYPE OF ABUSE/NEGLECT REPORTED (tick more than one if necessary).

4.3.1 Physical \_\_\_\_\_

4.3.2 Sexual CONTACT ABUSE (penetration and non penetrative contact) \_\_\_\_\_

4.3.3 Sexual NON-CONTACT ABUSE (exhibiting; watching the child naked; suggestive remarks, etc.) \_\_\_\_\_

4.3.4 Neglect \_\_\_\_\_

4.4. CASE REPORTED TO THE POLICE?

5.1 Yes \_\_\_\_\_ Which police station? \_\_\_\_\_

5.2 No \_\_\_\_\_

5.3 Do not know \_\_\_\_\_

6. REFERRAL FOR TREATMENT/COUNSELLING/other services (tick one):

6.1. Yes \_\_\_\_\_ 6.2 No \_\_\_\_\_

**5.4. A multi-faceted response**

Although not directly implied from this research, but nevertheless evident from literature in the field (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002), combating CSA requires a *multi-faceted response* which involves addressing all of the following:

- Individual risk factors and taking steps to modify individual risk behaviours.
- Influencing close personal relationships and working to create healthy family environments, as well as providing professional help and support for dysfunctional families.
- Poverty reduction. Significant resources must be allocated to strategies that can help turn around neighbourhoods that are socially impoverished and dangerous for children and can support and sustain communities that are cohesive, socially rich and above all safe for children.
- Gender inequality and adverse cultural attitudes and practices by developing programmes and re-orienting attitudes and practices.
- Larger cultural, social and economic factors that contribute to violence and taking steps to change them, including measures to close the gap between the rich and the poor and to ensure equitable access to goods, services and opportunities (Krug et al., 2002).

Each of the recommendations made in this report would need careful consideration and development into workable well-designed programmes suited to Atlantis, which are then evaluated. While there is great urgency, careful planning is required to develop models of good practice.

Indeed we need to be aware that as our strategies for dealing with this problem improve, *reporting rates for child abuse will likely rise*. This will be because our child protection work is better, and –

perhaps more important – with education and support, both children and adults will feel more empowered to report the crime. The problem requires sustained attention. We have seen many processes of this nature start and then dissipate as the media attention shifts to another topic. We are therefore hopeful that the research process initiated in Atlantis, and described in this report, will initiate a *sustainable primary preventative approach* to the problem of CSA, as part of a renewal of strategies to protect all children from *all* forms of abuse and neglect. Although various structures at government level are in place to address the issue of CSA, the implementation of laws and policies are not fully actualised.

## **6. CONCLUSION**

Above all, it is crucial that an approach that is proactive, united, multi-faceted and comprehensive is adopted in Atlantis. We hope that this report aids in strengthening support for the *urgency* of adopting standardised data collection procedures and developing specific CSA prevention and intervention programmes for the community of Atlantis. Child abuse prevention work is about challenging conditions that lead to children's vulnerability in the home and society. Broad consultation and accountability is important and contributes greatly to a community's increasing sense that it is determining its own development. The research in Atlantis has generated an enormous amount of data, some of which can be used by the *community of Atlantis itself* to advocate for changes. Given the enormity of the problem of CSA and the number of children and young people affected, innovative strategies and programmes must be developed, implemented and evaluated.

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## 8. USEFUL RESOURCES IN THE FIELD

The interested reader may wish to refer to the following useful resources in the area:

The Parliamentary Group Website for a copy of the Report of the Parliamentary Task Group on the Sexual Abuse of children: <http://www.gov.za/reports/2002/abuse.pdf>

"The Future of Children" is a publication of the Children, Families and Communities Program of the David and Lucile Packard Foundation. Its primary purpose is to promote effective policies and programmes for children by providing policy-makers, service providers, and the media with timely, objective information based on the best available research.

Website: <http://www.futureofchildren.org>

RAPCAN (Resources Aimed at the Prevention of Child Abuse & Neglect) has a resource centre with a computerised database of child abuse and related material:

Tel: (021) 448 9034 Fax: (021) 448 9042 E-mail: [rapcan@iafrica.co](mailto:rapcan@iafrica.co)

website : [www.rapcan.org.za](http://www.rapcan.org.za)

Institute for Child, Youth and Family Development, University of the Western Cape, South Africa  
Child Protection Services Programme

Director: Prof. Rose September

Tel: (021) 959 2604 Fax: (021) 959 2606 E-mail: [rseptember@uwc.ac.za](mailto:rseptember@uwc.ac.za)

Department of Community Safety: 'Hands off our Children' (HOOC) Campaign

7 Wale Street, P.O. Box 5346, Cape Town, 8000

Tel: (021) 483 5695 Fax: (021) 483 6148

South African Society for the Prevention of Child Abuse and Neglect (SASPCAN)

National Chairperson: Ms. Julie Todd

Tel: (033) 342 8971 Website: <http://www.saspcan.org.za>

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