Illuminating the invisible: The need for multisectoral data and information systems to guide services at the intersection of violence against women and children

Franziska Meinck,[i] Harsha Dayal[ii] and Katharine Hall[iii]

Violence against women (VAW) and violence against children (VAC) are global social justice concerns that have far-reaching consequences across the life-course and place a significant burden on social protection, public health and criminal justice services.

Understanding the intersections of VAC and VAW is critical for accurately diagnosing, preventing and responding to the social dimensions of violence, as it is well established that:

- children who experience violence are more likely to experience and perpetrate violence in adolescence and adulthood;
- child abuse and neglect often co-occur with domestic violence in the home; and
- exposure to violence in childhood increases the likelihood of adults then using violence against their own children.

A 2015 analysis by the South African Medical Research Council (SAMRC) noted that data collection systems on VAC and VAW were immature and that much work would need to be done to establish an effective surveillance system.[1] Many of the conclusions from that report still stand today. The South African National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) clearly acknowledges the need for integrated information systems that are nationally coordinated and decentralised, for government, researchers and other actors to use.[2] While the NSP-GBVF emphasises that an effective information system is critical for ensuring accountability, the necessary human and financial resources have not been put in place to support the development of an integrated information system. If this accountability mechanism is expected to enable State and non-State actors to monitor the scale of GBVF, track responsive services across sectors and evaluate progress – then it requires every responsible sector to contribute reliable and quality data to the system. The NSP-GBVF presents a 10-year roadmap, and while its focus is on gender-based violence in all its forms, including fatalities for women, the roadmap applies equally to violence against children and to the intersections of VAC and VAW.

This chapter considers what kinds of data are needed and why integrated data systems are important for monitoring the extent and nature of violence against women and children. It discusses why integrated data systems from different sectors are also necessary for enhancing the delivery of prevention and response services. It then considers what data are available in South Africa to support integrated monitoring and responses to VAC and VAW, and how these data systems can be strengthened.

What data do we need?

Data collection, analysis and reporting are key components in preventing and responding to violence against women and children. Any data that are collected on VAC and VAW need to be standardised and accessible, include detail on the relationship between survivor and perpetrator and the type of violence experienced, and be able to be broken down by age and gender of the survivor and the perpetrator. Additional data should also be collected on service provision and utilisation, and factors that increase the risk of experiencing violence (eg family poverty, substance use, crime involvement, poor health or disability) to determine which populations are most affected, identify opportunities for intervention, and plan for services.

There are two main types of data that are helpful in understanding VAC and VAW: i) scientific data which include data from surveys and qualitative studies, and ii) administrative data which includes routine data (eg on the number of users accessing services, and number of facilities) including data from both government and non-governmental organisations.

i School of Social and Political Science, University of Edinburgh; School of Public Health, University of the Witwatersrand
ii Department of Planning, Monitoring and Evaluation
iii Children's Institute, University of Cape Town

Survey data

Survey data, where respondents self-report their experiences of VAC and VAW, or report on behalf of their young children, are essential to establish the prevalence of VAC and VAW, and to monitor and investigate trends. They can also guide prevention and intervention efforts by identifying vulnerable populations and the effectiveness of specific interventions. Regular surveys are a first step to create awareness across all sectors of government and within the population, which is why prevalence measures have been included as indicators of the Sustainable Development Goals.[iv] All States Parties, including South Africa, have committed themselves to reporting regularly against these indicators, which includes collecting, analysing and disseminating data, and sharing this information with stakeholders, including the United Nations and the public.[3]

An example from Kenya shows how repeated surveys can give an indication of trends of VAC: A repeated cross-sectional survey with 13 – 24-year-olds demonstrated a massive decline (from 80% to 56%) between 2010 and 2019 in all types of violence experienced by children, except for sexual harassment among adolescent girls.[4] Factors which contributed to this decline were clear investment by the Kenyan government in a National Action Plan which included children's protection from all forms of violence in the new Kenyan Constitution, increasing the age of marriage from 14 to 18 years, rollout of school enrolment and safe school environments, introducing a cash transfer programme and delivering response, prevention and support services.[4, 5] There was however, little focus on the intersection between VAC and VAW and no surveys investigated VAW over the same period.

Another type of survey is a 'sentinel survey'. Here a survey is carried out with staff of an organisation (eg a non-governmental organisation (NGO), teachers or the Department of Health (DOH)) to seek out cases of VAC and VAW they have encountered in a certain time period; it can also be asked whether these cases were reported to Department of Social Development (DSD) or other services. This can help identify training needs as many child- and healthcare professionals are not trained to identify indicators of VAC and VAW, but it can also give an idea of what the true prevalence might look like, or what services are being provided outside of formal services.

Ideally, any changes in policy and service delivery should be documented alongside repeated surveys in order to attribute change in trends. However, despite their importance in providing more reliable prevalence estimates, identifying training needs and monitoring trends, survey data also have limitations due to memory decay, social desirability bias and recall biases. In addition, very vulnerable populations may not be sampled, remote locations not accessed, questionnaires may not be suitable for those with reading difficulties or sensory impairments, and high mobility can lead to large levels of drop-out in longitudinal surveys, all potentially introducing bias.

Glossary

Prevalence: The number of people who have experienced VAC and/or VAW in a population at the point of measurement.

Data systems integration: The process of combining data from a number of independent sources to eliminate data silos.

Database linkage: The process of joining datasets together so we can make as much use of the information each one contains without having to repeat it across all datasets. It means bringing together the information that we hold about each person in each dataset in order to create one larger dataset with a lot of information on each of the people in the dataset.

Sentinel survey: A method where, for example, trained professionals (sentinels) from various fields such as family doctors, teachers, early years practitioners report cases of child abuse and neglect they encounter. These surveys are then conducted at regular intervals and are combined with child protection data to give a more complete picture of the prevalence across a country.

Repeated survey: Sometimes also called serial health survey. These cross-sectional studies are repeated every few years. Collecting data from different samples of the same population at multiple time points allows us to identify trends or changes over time. Repeated cross-sectional studies are easier to carry out in nationally representative samples and are more cost effective than **longitudinal studies,** where the same population is followed up every few years. An example of a serial health survey in South Africa is the Demographic Health Survey.

iv SDG indicator 16.2.3: Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18. SDG indicators 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age. SDG indicator 5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

Qualitative data

Qualitative research focuses on qualities, characteristics, and concepts rather than numbers. Qualitative data can assist in understanding the why and how, and the experiences of those affected by violence. Qualitative data in VAC and VAW research are essential to track the impact of interventions that have been delivered, understand the quality of services and programmes from the viewpoint of service users and service deliverers, to understand pathways and to conduct process evaluations. Quantitative data can only tell us who has received these interventions, but do not tell us what people liked or didn't like about a service, what the barriers were for them returning to use the service, whether it had an impact in their lives and how their lives changed because of the service, or not.

Practitioners can voice concerns about how practical the service delivery is, where they had gaps in understanding how to deliver the service, and how much this added to their normal workload. A process evaluation then looks at whether all elements of the service were delivered, if everyone attended all sessions, and how the service was delivered (eg was it non-judgmental, was participation good?). An example of a process evaluation of the Parenting for Lifelong Health Teen Programme in South Africa shows that participants felt their parenting practices changed due to creation of an environment that was mutually respectful and conducive to learning alternative forms of discipline.[6]

Administrative data

Administrative data is routinely collected and reported from various sectors eg health, education, police, judicial and social services. Since administrative data are collected on a daily basis, via information captured from users when accessing services, they are also referred to as "routine data". These sources provide data that are collected on a continuous basis, such as information on beneficiaries that departments collect for targeted and responsive interventions. Although these data are collected continuously, processing them and reporting on them usually occurs only periodically – for instance, cases of VAC and VAW are aggregated monthly and reported on. These types of data help providers understand which cases and types of VAC and VAW are identified, known to, and addressed by, services. If managed well and made available for research use and analysis, routine data has far-reaching positive outcomes for each sector.

Administrative data can be analysed to show the prevalence and nature of reported cases of VAC and VAW, and also provide a basis for planning services to improve the location and access to public resources. Several different government departments gather data on sector specific services, in response to violence against children or women detected within their domains:

- South African Police Service (SAPS) – crime statistics, sexual offences against women and children by age and gender, perpetrator, including domestic violence
- Department of Health – hospital and clinic data on injuries, sexual assault, mental health, mortality and also the support services actually provided to survivors. The District Health Information System is the most comprehensive information system for health.
- Department of Social Development – child protection registers (part A and B under the Children's Act)
- Department of Basic Education (DBE) – school safety audits, annual survey data on bullying, corporal punishment and school-based violence
- Department of Justice and Constitutional Development (DOJCD) – domestic violence, protection orders, shelters, court records on cases involving child abuse, neglect, trafficking, sexual offences.
- Department of Correctional services – convicted perpetrators and the National Register of Sex Offenders (NSRO) through SAPS.

Administrative data can also stem from the administrative records of NGOs and community-based organisations. For example, Childline collects data on the number of children and adults who call the hotline in a given time period, the distribution across provinces, the reasons for calling, the number of services provided, and the frequency of engagement with service users.

Administrative data are therefore important for informing and tracking reported cases and for mobilising the necessary resources to provide responsive services to individuals and their families. They can enable assessment of i) whether reported cases are increasing or decreasing, and ii) whether the help provided is appropriate for the reported situation and reaches those who need it. Without adequate tracking, it is not possible to monitor these services and the responsiveness of the system. Administrative data can also be used to flag women and children at particular risk, eg where a police protection order is in place for a woman due to domestic abuse, any linked children could be flagged for assessment. A more proactive, efficient and integrated service response may encourage higher levels of reporting.

The main limitation of administrative data is that its usefulness depends on the quality and completeness of the data collected. Routine data systems are difficult to change once institutionalised, as any change limits comparability of data. Also, administrative data systems should ideally span a

Case 35: The Child Death Review – a collaborative case management system

Shanaaz Mathews[i]

In 2009, the child homicide study estimated South Africa's child homicide rate as 5.5 /100 000 children, more than double the global average.[28] Just under half (44.6%) of child murders were related to fatal child maltreatment.[28] Moreover, child murders were poorly investigated by the police and the lack of coordination between health, police and social services compromised the management and investigative outcomes of child maltreatment deaths allowing perpetrators to 'get away with murder'.[29]

To improve the response, a child death review (CDR) pilot was established.[30] CDR teams are comprised of forensic pathologists, one of whom leads the process, district pediatricians, public health specialists, child protection specialists, police and prosecutors. They meet monthly to review all child deaths that were subject to a medical legal autopsy. Each member brings their own records – medical, forensic, police and social – and shares information as required.

The team does not use integrated case management software or have a dedicated database. The Western Cape Department of Health is in the process of developing a secure platform to host all relevant case information, as well as post-mortem data captured through autopsies. Currently, information, including all the relevant case numbers, is captured on an Excel spreadsheet and held by the lead. The confidential nature of cases requires discretion and the development of clear roles, responsibilities and protocols that can work across different agencies.

A process evaluation found that the CDR pilot strengthened intersectoral collaboration and joint decision making. This helped ensure that all child deaths were appropriately investigated in order to determine the cause of death, identify modifiable risk factors. This information was then used to strengthen systems and accountability – particularly in the case of child maltreatment fatalities – as all agencies have a child abuse mandate.[31] For example, cases identified through the CDR alerted the Department of Social Development to failures by their social work teams and prompted in-service training to ensure that child protection social workers addressed the risks identified by the CDR process in their assessments of child protection cases.

i Department of Paediatrics and Child Health, University of Cape Town

range of different government departments (eg health, social services, police, justice), to ensure the effective monitoring, referral and tracking of cases, but the systems may be set up separately, limiting possibilities for interoperability through shared platforms.

Data systems that collect regular, high-quality data are needed for adequate monitoring and surveillance, and for identifying prevalence, reporting, access and quality of services, and the links between violence against women and children. Several efforts are underway in South Africa to improve data collection in order to better guide violence prevention interventions targeted at women and children.[7, 8] However, at present, administrative data collection is hampered by the quality and disparity of indicators collected, as is survey data, and while data may be routinely collected, not all organisations routinely report it.

Why are integrated data systems important for VAC and VAW?

To truly understand the intersections between VAC and VAW it is necessary to have data systems that are integrated across relevant sectors, that link data on children and women within a household, and that are consistently maintained and interrogated to make sense of trends and dynamics.

Most commonly, when we speak about integration of data systems, we refer to integration of different administrative data systems. Data collected in criminal justice, for example, may be linked with data from health, education and social development. At a very basic level it could identify numbers of children who might be at risk, ie those whose mothers/caregivers have domestic abuse protection orders, or who were seen by health services for serious injuries likely in relation to domestic abuse, or the numbers of children whose fathers have committed sexual offences.

Integration of self-report survey data with administrative data can offer other important insights on spatial disparities, inequities between social groups and the type of interventions needed. Linking self-reported and administrative data helps in identifying the characteristics of victims and their households, access to services, and hidden cases where no services have been taken up – such as the 80% of children in the Western Cape and Mpumalanga who had experienced sexual abuse or

frequent physical or emotional abuse and never disclosed to anyone,[9] or the 60% of survivors of intimate partner violence (IPV) who never sought help.[10] Sentinel surveys can also be integrated with administrative data to highlight the number of suspected cases of VAC and VAW in a specific setting versus the number actually reported to SAPS.

In South Africa, the possibilities for integration of survey and administrative data are demonstrated by the ground-breaking femicide and child homicide studies.[11, 12] Non-natural deaths were identified through death registries and scrutiny of autopsy reports, and then combined with data on the nature of the crime, extracted from police dockets. These data and the resulting findings can then be used to strengthen existing systems in line with those that emerged from the South African Child Death Review[13] (see Case 35 on p. 165).

Integrated data can therefore make it possible to identify individuals and track the services they receive, as well as to understand which geographic areas or sections of the population need to be targeted for service delivery. It can be used to strengthen the targeting, delivery and timing of prevention programmes. An integrated and well-maintained data system also allows investigation of long-term outcomes of child abuse and neglect and violence against women within the population.[14, 15] However, data systems informing VAW and VAC are currently not interconnected in South Africa, creating a large gap in our understanding of survivor and perpetrator profiles and of what support families need to address both VAC and VAW. The integration of data systems also requires careful thought about the ethical aspects of such an approach and consideration of how to do this without violation of the Protection of Private Information Act (POPIA).

International case studies on integrated data systems informing VAC and VAW provide useful lessons. In Denmark, the civil registration number (equivalent to the South African ID number) is used to access all government systems and services.[16] With this number, each resident's data from various Danish registers can be linked eg children, crime, mortality, births, pensions, education, benefits or health, allowing for analysis at the population level and combination with survey data. Data are completely anonymised by Statistics Denmark which also carries out many of the linking processes.[17] Such an approach requires completeness of birth registration, something that has remained elusive in South Africa and which would need to be prioritised for data systems to be linked comprehensively through ID numbers. In August 2025, the Minister of Health (previously Minister of Home Affairs) stated that civil registration records stood at 89%, meaning that about 11% of South Africans, around 6 million people, are unregistered.[18]

What data do we have to support monitoring and integrated service delivery for VAC and VAW in South Africa?

Understanding what data exists for planning, monitoring and evaluating specific interventions targeted at the prevention of violence against women and children, requires a broader mapping of the type of violence (as the main problem identified through an effective and proactive surveillance system); related primary data source; responsible agency; data description (frequency of collection, variables, who collects) and accessibility protocols. This broad framework was initiated in 2024 by pillar 6 (research and information systems) of the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF), which includes children and aims to develop effective data collection and management systems. The NSP-GBVF framework is further aligned to a set of indicators in the Medium-Term Development Plan of Government, which will monitor each department's progress in achieving its goals (currently 2025 – 2030). There is, however, no basic set of indicators available in the children's sector (including state and non-state actors), which could serve as an effective monitoring system for VAC in South Africa.

Survey data

The only available survey datasets in South Africa, focussed on child respondents, are the Optimus Survey of 2016[19] which collected data on different types of VAC as well as exposure to family violence, and the National School Violence Study from 2012 which collected data on different types of VAC in the school environment and online.[20] All other surveys use reporting of populations aged 15 or older with a predominant focus on VAW. Where adults are asked about VAC, it is either to report their own experience retrospectively, to report someone else's experience within the household in the past five years, or to report on the disciplining methods they employ with their children. These proxy-reports are less reliable as those carrying out the abuse may be less willing to report it, and they might not know of everyone else's violence experience in a context with low levels of disclosure. This means that these surveys are unable to estimate the true prevalence of the intersections of VAC and VAW in South Africa. Table 14 provides a summary of survey data available on VAC and VAW in South Africa.

The First South African National Gender-Based Violence Study was conducted by the Human Sciences Research Council (HSRC) in 2022. This provided the first clear estimate of the link between VAW and VAC prevalence. Of the women who reported lifetime physical IPV victimisation, many also reported experiencing childhood trauma before the age of 15 years.

Table 14: Available survey data on VAC and VAW in South Africa

Title	Year	Respondents	Types of VAC and VAW measured
Child Abuse and neglect related homicides	2009, 2019	Survey of medico-legal laboratories with autopsy reports of child murders and police interviews	• Child homicides related to abuse and neglect
Demographic and Health Survey	1998	Women aged 15 – 49, adults aged 15+	• Physical IPV • Economic IPV • Sexual Violence • Child sexual abuse
Demographic and Health Survey	2003	Women aged 15 – 49, adults aged 15+, men aged 15 – 59	• Assault • Physical IPV
Demographic and Health Survey	2016	Women aged 15 – 49, women aged 18+ module on domestic violence	• Physical punishment of children • Physical abuse of children • Physical IPV • Emotional IPV • Sexual IPV • Coercive control • Economic IPV • Forced intercourse
Femicide Survey	1999, 2009, 2017	Survey of medico-legal laboratories with autopsy reports of murders and police interviews	• Murder of women by an intimate partner • Murder of women by a non-partner • Suspected rape murder
First South African National Gender-Based Violence Study, HSRC	2022	Men and women aged 18 years+	• Physical IPV • Sexual IPV • Emotional IPV • Controlling behaviours • Economic IPV • Non-partner sexual violence • Childhood physical abuse • Childhood emotional abuse • Childhood sexual abuse • Childhood witnessing DV
Governance, Public Safety and Justice Survey	2018/19 2019/20 2020/21 2022/23 2023/24 2024/25	One participant aged 16+ provides information on behalf of all household members for the past five years or in relation to their or someone else's childhood. The responses are recorded at household (not individual) level.	• Physical punishment in school • Psychological violence in schools • Sexual abuse in schools • Bullying • Physical abuse • Emotional abuse • Sexual abuse • Neglect • Witnessing domestic abuse • Murder • Sexual offences • Intimate partner violence
Optimus Study on child abuse, violence and neglect in South Africa	2014	15 – 17-year-olds recruited from schools and households	• Child sexual abuse contact and non-contact • Child sexual abuse related to gangs and animals • Sexual harassment • Child neglect • Child physical abuse • Child emotional abuse • Exposure to family violence – violence exposure within the home eg caregivers hurting siblings, domestic abuse between caregivers
Victims of Crime Survey (replaced by Governance, Public Safety and Justice Survey)	1998, 2003, 2011, 2012, 2013/14 2014/15 2015/16 2016/17 2017/18	One participant aged 16+ provides information on behalf of all household members	• Sexual offence • Assault • Murder

Nearly half had experienced sexual abuse, 38% had experienced emotional abuse, 32% had been exposed to domestic violence and 29% experienced physical violence as a child.[21]

There are also a number of non-representative data collection efforts specifically focused on the intersections between VAC and VAW. The Birth to Twenty Plus cohort study in Soweto measures both VAC and children's experiences of IPV longitudinally, and across two generations.[22] The INTERRUPT_VIOLENCE study, measures exposure to IPV and childhood abuse as well as other types of violence across three generations.[23] Fediša Modikologo investigates determinants of femicide and the intergenerational cycling of violence by interviewing women who have experienced severe IPV and a subsample of their children, recruited through non-governmental and governmental services and through participant chain referral, and linking them to the national death database.[24]

Comparability of findings between these surveys is challenging due to differences in the ways in which different types of violence are defined, and the age cut-offs across, and sometimes even within studies. For example, in the HSRC study, measurement of abuse in childhood for girls included only incidents in the family until age 15, while for boys it included experiences of abuse in and outside of the home until age 18.[21] Particularly problematic and overlapping across these surveys are the concepts of sexual IPV, sexual abuse and sexual assaults.

Statistics South Africa has conducted annual Victim of Crime surveys since 2011.[v] This collects self-reported data on a wide range of crimes. Those relevant to VAC and VAW include sexual offence, assault and murder. Unfortunately, the data are collected at household level, so are not useful for estimating prevalence, developing a profile of the affected individuals or determining the co-occurrence of violence against women and children within the same household. In the 2024/25 survey, 34,000 households (when weighted) reported instances of sexual offence in the past 12 months, which when multiplied by the number of individuals reported to be affected within each household, produced an estimate of 50,000 individual cases – lower than the number reported to SAPS. The survey also asked (at household level) how many of the households which declared incidents of sexual violence reported all or some of those incidents to the police. Less than half said they had done so.[25] This suggests that the Governance, Public Safety and Justice Survey is likely to under-count sexual violence, and that, even within this under-count, most cases of sexual violence are not reported to SAPS.

Integrated administrative data

Within South Africa, an integrated system is being developed to improve the management and coordination of protection services across the 'social cluster'.[vi] The National Integrated Social Protection Information System (NISPIS) is an electronic information platform comprising of data from DSD, DOH, DBE, Department of Higher Education and Department of Home Affairs (DHA) that are working towards an IT-supported data sharing platform for integrated reporting. It presents the highest decision-making authority of Government in order to strengthen the targeting, planning, coordination, monitoring and evaluation of social protection services.[vii] The intention is to integrate the overarching NISPIS platform with other administrative data systems. These include the Social Development Integrated Case Management System (SDICMS), an internal DSD system that links data from different social services from the public sector and organisations working with civil society. The SDICMS in turn draws on over 15 different databases, including foster care, child protection and gender-based violence registers and the victim empowerment programme.

NISPIS aims to incorporate all these components, together with social assistance data (from SASSA) and data systems from other departments such as Health, Home Affairs, Basic Education, Higher Education, Labour and Cooperative Governance & Traditional Affairs. The potential of an overarching data platform such as NISPIS is promising, but there are numerous challenges that need to be overcome before it is functional as an integrated case management monitoring tool and as a data source. For example, the integrated system relies on an ID number as the primary linking mechanism, but some people do not have an ID number. Some of the subsidiary data systems are not yet fit for purpose. For example, the Victim Empowerment Programme (VEP) database is a register of victims of crime and violence and the services that victims receive. But the VEP encompasses many different processes (the survivor may have to go to hospital, and/or to the courts) and some of these areas are not yet integrated into the system.

The linked NISPIS system is being developed in a phased approach. DSD has the mandate for leading and sharing information. The underlying memorandum of understanding was eventually signed by all but one of the key government departments in July 2024. There are compatibility challenges

v The survey was modified and renamed the Governance, Public Safety and Justice Survey from 2018
vi The social cluster is one of five structures within the South African Cabinet cluster system to support horizontal integration across line function departments.
vii Very little information about NISPIS is publicly available. Much of this section draws on information provided in a meeting between the authors and DSD officials responsible for developing and managing the integrated systems. The DSD team were invited to review this section before publication.

Case 36: Western Cape Department of Social Development – Social work integrated management system

Jaco Londt[i]

Social workers have a high administrative burden when it comes to maintaining client records, writing and filing process notes, managing regular reporting and filling in various social work reports. To reduce the administrative workload and enhance efficiency, the Western Cape Department of Social Development (DSD) developed the Social Work Integrated Management System application (SWIMS app), in partnership with the Department of the Premier's Centre for e-Innovation.

It went live in April 2024 and is currently being used by over 1,100 social workers from the department. DSD has made additional resources available for the further rollout of this system to other government departments and the non-governmental organisations (NGOs). Thus far, 58 social workers from two designated child protection organisations have been trained to use the system. The Western Cape Education Department's social workers have also begun utilising the system.

This system digitises client files and reduces administrative tasks for social workers thereby enabling more contact time with clients, as well as improving compliance with regulatory frameworks and norms and standards. It also minimises the risk of cases slipping through the cracks and strengthens referral pathways between government departments and NGOs.

SWIMS allows social workers to capture forms including process notes and assessments. It also makes provision to upload court documents and complete Form 22s. It keeps a diary to track progress including return dates and court dates to ensure clients receive follow-up care. It encourages social workers to upload data for the whole family/household and should therefore make it easier to identify and support children exposed to domestic violence. The electronic system flags cases and families already known to the system to avoid duplication, and it enables intra-departmental case management so that services can follow the family from one office to another if they move. All this data is also accessible to supervisors so that they can more easily monitor and support social workers and address any gaps in care.

The department will continue to enhance SWIMS and expand its reach. This includes plans to integrate SWIMS with national DSD's Information Case Management System (SDICMS). This should further streamline and reduce the administrative burden of social workers.

i Western Cape Minister of Social Development.

arising from the fact that different departments (and even provinces) use different data platforms. The system only integrates services that are digitised, but not all services are digitised – for example, many social workers still work with paper files. Some of the more remote offices are not digitally connected at all, and there is a need for additional equipment, connectivity and training, all of which will take time and resources. The social work integrated management system in the Western Cape seems a good approach in digitising service user files and reducing administrative work load while ensuring children do not fall through the cracks (see Case 36). While most of the SDICMS components are operational, the integrated system remains far from being comprehensive and it will be some time before either SDICMS or NISPIS can support high-level monitoring of targets and service delivery, or the harvesting of data for research purposes. At present, for example, there are no available data on the extent, management and types of services rendered in respect of reported cases of VAC or VAW. There were plans to begin using NISPIS as a data set in the 2025/26 financial year, but numerous technical challenges still need to be resolved, and questions of confidentiality and POPIA compliance still need to be navigated.

There has been significant investment in strengthening surveillance and monitoring systems in social protection, health and basic education. Some departments release their own data regularly (eg SAPS crime statistics, DBE learner pregnancy, and DHA birth and death registration), yet where they relate to violence they are often not broken down by age and gender, nor do they include types eg police or health reports of child abuse and neglect. Recently, SAPS have entered into an agreement to transfer their data to Statistics South Africa (Stats SA) for analysis and dissemination, and this has resulted in more detailed reporting on different types of crime, disaggregated for children.

Stats SA's "Child Series Volume III", published in 2024, provides trends in reported violent crimes against children over a 13-year period including rape, sexual assault, attempted murder, murder, assault with grievous bodily harm and

common assault (see Figure 30). The numbers suggest an overall decline in reported cases of assault and child rape up to 2021/22 (despite slight growth of the child population over the same period), and a slight increase in reported cases in the outer year.

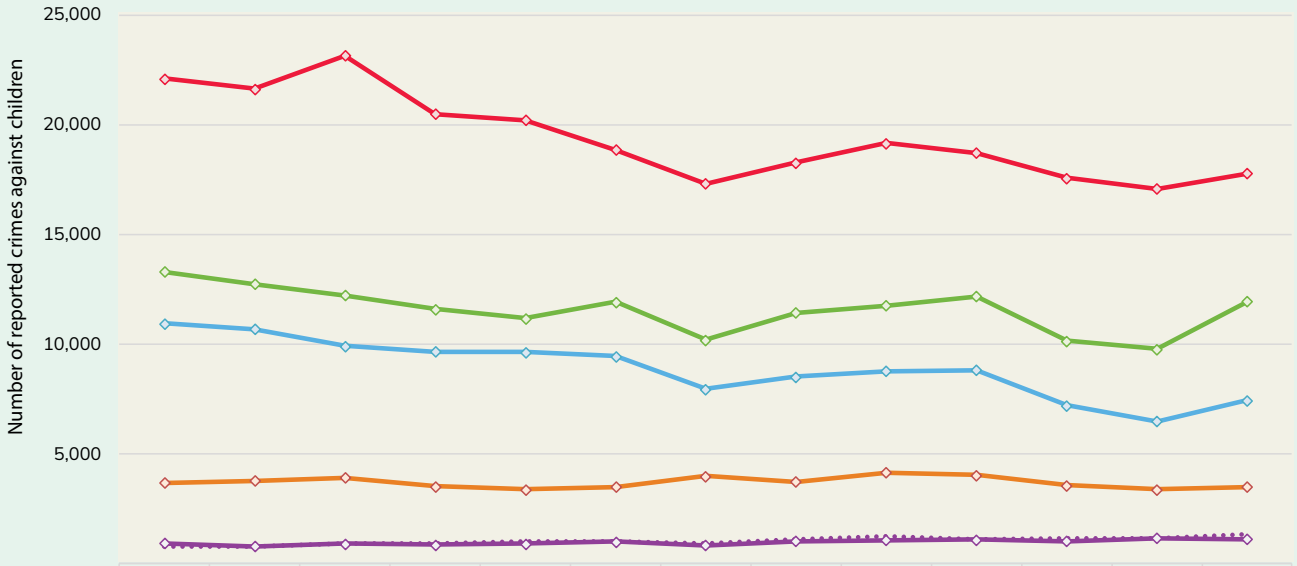
When compared with total reporting (including adults) over a 12-year period from 2010, around 40% of all reported sexual assault cases were children. In 2022/23 a total of 21,313 child sexual offences were reported.[26] Also striking is that of these, 17,800 were cases of rape while just 3,513 were sexual assault. This suggests that sexual assault is massively under-reported to SAPS.

These statistics are not prevalence statistics as they only reflect crimes that were reported to, and captured by, SAPS. This might explain why there are fewer reported cases of sexual abuse than there are of rape, where the physical impact on the child may be more obvious. Similarly, while it is likely that the vast majority of murders are reported, attempted murder is more likely to be under-reported, especially if perpetrated within the family, and this may explain why the numbers for reported attempted murder are as low as those for murder. These statistics are reported to the public only at national level so provide national trends in reported crime. However, SAPS have over the past 10 years started to use their own data to identify crime hotspots in need of service intervention demonstrating the benefits of quality data collection and regular analysis. Other statistics like child protection registration are not published and potentially never analysed, despite the intention of using this data to protect these children from further harm, monitor their cases and access to services, determine trends, and use this information to guide the planning and budgeting of services.[27]

The Integrated Justice System (IJS) is led by the DOJCD, but also includes SAPS, Department of Correctional Services and the National Prosecuting Authority. It represents an integrated platform under development that links the social and criminal justice clusters with the aim of strengthening the investigation of crimes, prosecution and rehabilitation of offenders. The criminal justice system has begun to invest significantly in strengthening their information system, with the development of the 'Femicide Watch' as the most integrated and comprehensive repository that includes data from police services, social development and justice department. This initiative is in response to civil society demands and international pressure by UN agencies to intervene more effectively in addressing the high incidence of VAW in South Africa.

While linked data systems are important for integrated case management in reported cases of violence and abuse, any composite system is only as effective as the quality and

Figure 30: Reported crime against children, 2010/11 – 2022/23



2010/11	2011/12	2023/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
22,114	21,641	23,155	20,502	20,219	18,876	17,336	18,290	19,167	18,726	17,586	17,084	17,800
13,318	12,744	12,243	11,614	11,177	11,927	10,212	11,451	11,773	12,189	10,149	9,776	11,964
10,954	10,705	9,936	9,659	9,635	9,447	7,956	8,521	8,784	8,838	7,215	6,500	7,454
3,700	3,778	3,920	3,521	3,394	3,509	3,986	3,748	4,154	4,031	3,569	3,380	3,513
763	762	918	922	1,003	1,035	915	1,108	1,274	1,109	1,160	1,172	1,360
932	804	909	867	917	1,009	846	1,031	1,086	1,091	1,031	1,160	1,129

Source: Statistics South Africa. *Child Series Volume III: Reported crime against children 2022/23.* Pretoria. Stats SA. 2024.

completeness of its parts. The Optimus Study noted that 18,000 – 20,000 cases of child sexual abuse were reported to the police each year, and that over 60,000 sexual offences cases (including adults and children) were reported to the police in 2013/2014 alone. Yet only 7 – 11% of cases are estimated to be reported – a number that would need to be tested through high quality and nationally representative survey data.[19]

Thuthuzela Care Centres (TCC) are a promising development in integrated, holistic and survivor-centred service delivery at the local level with more than 65 centres across South Africa. This intervention was established by the National Prosecution Authority (NPA), Sexual Offences and Community Affairs Unit in 2006 in order to comprehensively respond to the needs of survivors of sexual assault (including children), with DOH, SAPS and DSD providing integrated services through public health facilities to facilitate easy access. However, the potential for TCCs to be used as a data source for effective monitoring and evaluation of services has yet to be recognised.

Conclusion and recommendations

South Africa has a clear need for research and information systems informing prevention and response to VAW and VAC. This is set out in pillar six of the NSP-GBVF where integrated data collection methods are highlighted as needed to address the intersectional nature of VAW and VAC. Some progress has been made in the digitalisation of administrative data sources in specific sectors, however, to date no basic set of indicators has been developed by the children's sector which could form the basis of an effective monitoring system for VAC. Where data systems have been set up, it is difficult to understand what data they collect and how they function, as there is no publicly available information on this. These challenges lead to poor quality data, difficulty in identifying data gaps and incomplete information that would be vital for routine monitoring. Data on VAW currently exists from health, criminal justice, police and correctional service as well as surveys. Data on VAC is currently only reported through SAPS and some survey data. None of the survey data is linked to administrative data. While one survey reports on the intersections between VAC and VAW, none of the administrative data can currently do this, as there is no linkage between data of women's victimisation or male perpetration of violence to identify children at risk.

Further, plans to integrate data from different sectors are nebulous at best and aim to link on ID numbers, thereby excluding those most vulnerable who currently do not have birth registration. There are also no accessible plans on how data will be collected, how they will be linked and made accessible, and no plans for an analytic unit which would have the skill set and capacity to make sure data are analysed and results interpreted correctly.

Data collection systems informing VAC and VAW should be transparent, paying clear attention to which data are needed, what data are being collected, how and by whom data will be curated, and how they will be made accessible. There is a clear need to identify different levels of coordinated structures at sub-national levels to integrate data and carry out comprehensive analyses to support evidence-informed decision making, enhance service delivery and target the most vulnerable population groups.

Intersections between VAC and VAW often occur because caregivers, who were themselves survivors of violence and abuse, have not received therapeutic and post-violence support. These intersections between VAC and VAW help clarify why effective data systems matter on the ground, and where they can add value beyond academic research, by intervening in social systems to break the cycle of violence through targeted programmes and services.

Recommendations

- Global definitions of child abuse need to be agreed in surveys to ensure comparability of measures and data, and both VAC and VAW measurement have to be included.
- Self-report prevalence surveys (including measurement of VAC and VAW together) need to be conducted at least every 10 years using the exact same measurement to allow comparability of data and monitoring of trends.
- Sentinel surveys should be explored as they have the potential to save resources, compared to repeated self-report prevalence surveys.
- With regards to administrative data, a basic set of indicators needs to be agreed by the different sectors to allow monitoring. Type of violence, age and gender of survivor and relationship to perpetrator as well as identifier should be measured across all data sources, while other indicators can be specific to the respective data sources. Additional indicators should relate to agreed individual or family circumstances of victim or perpetrator (depending on the data source), as well as services received.
- Once indicators are agreed, data entry systems need to be set up in a way that is easy to understand and navigate by staff with the responsibility to enter this data and all service providers need to receive training on how to collect and record this data, particularly where the focus is shifting from a narrow focus on survivors of VAW to also assess children in their care. This might require adjustments to assessment procedures within services.

- Administrative data capture should include reference to geolocation or place names to enable spatial analysis at district level or lower. When analysed, this could inform the targeting of preventative, responsive and supportive services.
- Staff who are responsible for data management within departments need to be capacitated to provide support to staff on the ground inputting the data, and need to be able to monitor and conduct quality checks on data received in addition to being able to compile regular reports on the data they are collecting.
- A national centre needs to be set up and trained in linking administrative datasets with each other and with survey data including the capacity to analyse and interpret these data to provide regular monitoring reports.
- If ID numbers are used for data linkage, then greater efforts are needed to address gaps in birth registration. Since it is unlikely that South Africa will achieve complete birth registration in the foreseeable future, and given that individuals without birth certificates or ID are likely to be among the most vulnerable, data systems need to make allowance for alternative methods of identification and tracking (such as the "quad 7" number system used by the South African Social Security Agency for grant beneficiaries without ID numbers).
- Clear and transparent reporting is necessary to enable scrutiny of how systems will be linked, which data they will contain and where data quality issues are present.
- DSD needs to work towards the analysis and routine reporting of data linked through NISPIS including how they are used to inform service delivery.

References

1. Bower C, Abrahams N. *Report on the Development of an Information Management System on Violence Against Women and Violence Against Children in South Africa [Internet].* Pretoria: South African Medical Research Council. 2015.
2. Republic of South Africa. *National Strategic Plan on Gender Based Violence and Femicide - Human dignity and healing, safety, freedom and equality in our lifetime [Internet].* Pretoria: Republic of South Africa. 2020.
3. United Nations. *Global Indicator Framework for the Sustainable Development Goals and Targets of the 2030 Agenda for Sustainable Development [Internet].* Geneva: United Nations. 2018.
4. Annor FB, Chiang LF, Oluoch PR, Mang'oli V, Mogaka M, Mwangi M, . . . Mercy JA. Changes in prevalence of violence and risk factors for violence and HIV among children and young people in Kenya: A comparison of the 2010 and 2019 Kenya Violence Against Children and Youth Surveys. *Lancet Global Health.* 2022 Jan, 10(1):e124–133
5. Directorate of Children's Services. *Kenya's Journey Towards Protecting Children: A decade of change (2010-2019).* Nairobi: Ministry of Labour and Social Protection of Kenya. 2023.
6. Doubt J, Bray R, Loening-Voysey H, Cluver L, Byrne J, Nzima D, . . . Medley S. "It Has Changed": Understanding change in a parenting program in South Africa. *Annals Global Health.* 2017, 83(5-6):767-776. https://doi.org/10.1016/j.aogh.2017.10.021
7. DSD, UNICEF. T*owards a More Comprehensive Understanding of the Direct and Indirect Determinants of Violence Against Women and Children in South Africa - with a view to enhancing violence prevention.* Cape Town: Safety and Violence Initative. 2016.
8. Falconer NS, Casale M, Kuo C, Nyberg BJ, Hillis SD, Cluver LD. Factors that protect children from community violence: Applying the INSPIRE model to a sample of South African children. *Journal of Interpersonal Violence.* 2021 Dec, 1(36):(23-24):11602-11629
9. Meinck F, Cluver L, Loening-Voysey H, Bray R, Doubt J, Casale M, Sherr L. Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces. *Psychology Health & Medicine.* 2017 Jan, 19(22):(Supl1):94-106
10. Aboagye RG, Seidu AA, Cadri A, Salihu T, Arthur-Holmes F, Sam ST, Ahinkorah BO. Ending violence against women: Help-seeking behaviour of women exposed to intimate partner violence in sub-Saharan Africa. *PLOS One.* 2023 Oct 5, 18(10):e0291913
11. Abrahams N, Mathews S, Martin LJ, Lombard C, Jewkes R. Intimate partner femicide in South Africa in 1999 and 2009. *PLOS One.* 2013 Apr 2, 2(10):e1001412
12. Abrahams N, Mhlongo S, Chirwa E, Dekel B, Ketelo A, Lombard C, . . . Jewkes R. Child abuse and neglect-related murders in South Africa: A comparison of two national surveys in 2009 and 2017. *Lancet Child Adolesc Health.* 2024 Aug 1, 8(8):589-599
13. Mathews S, Martin LJ, Coetzee D, Scott C, Brijmohun Y. Child deaths in South Africa: Lessons from the child death review pilot. South *Afr Med J Suid-Afr Tydskr Vir Geneeskd.* 2016 Aug 8, 106(9):851-852
14. UNICEF. Child Protection *Systems Strengthening - Approach, Benchmarks, Interventions.* New York: United Nations Children's Fund. 2021.
15. Fluke JD, Tonmyr L, Gray J, Bettencourt Rodrigues L, Bolter F, Cash S, . . . Weaver L. Child maltreatment data: A summary of progress, prospects and challenges. Child Abuse Neglect. 2021 Sep 119(Pt1):104650
16. Pedersen CB. The Danish civil registration system. Scandinavian Journal of Public Health. 2011 Jul, 39(7 Suppl):22-25
17. Aarhus University. Cirrau - Centre for Integrated Register-based Research at Aarhus University [Internet]. 2017.
18. SABC News. *Operation Dudula: Impact on healthcare system - Dr Aaron Motsoaledi.* 2025. https://www.youtube.com/watch?v=0LeyMlECl9Q.
19. Artz L, Burton P, Ward CL, Leoschut L, Phyfer J, Loyd S, . . . Le Mottee C. *Optimus Study South Africa: Technical report sexual victimisation of children in South Africa.* Zurich: Centre for Justice and Crime Prevention. 2016.
20. Burton P, Leoschut L. *School Violence in South Africa: Results of the 2012 National School Violence Study.* Monograph Series, No 12. Cape Town: Centre for Justice and Crime Prevention. 2013.
21. Zungu N, Petersen Z, Parker W, Dukhi N, Sewpaul R, Abdelatif N, . . . SANSHEF Team. *The First South African National Gender-Based Violence Study, 2022: A baseline survey on victimisation and perpetration.* Cape Town: Human Sciences Research Council. 2024.
22. Richter LM, Mathews S, Kagura J, Nonterah E. A longitudinal perspective on violence in the lives of South African children from the Birth to Twenty Plus cohort study in Johannesburg-Soweto. *South African Medical Journal.* 2018 Feb 27, 108(3):181
23. Meinck F, Christofides N, Woollett N, Franchino-Olsen HB, Silima M, Thurston C, . . . Christofides N. Interrupting the intergenerational cycle of violence: Protocol for a three-generational longitudinal mixed-methods study in South Africa (INTERRUPT_VIOLENCE). *BMC Public Health.* 2023, 23(395)
24 Jewkes R, Ramsoomar L, Nothling J, et al. Fediša Modikologo: Breaking the intergenerational cycle of violence against women and Children. Theoretical framework and protocol for a prospective cohort study. *Wellcome Open Research 2025*; 10. https://wellcomeopenresearch.org/articles/10-126 (accessed April 25, 2025).
25. Statistics South Africa. *Governance, Public Safety and Justice Survey 2024/45.* Statistics South Africa Pretoria. 2025.
26. Statistics South Africa. *Child Series Volume III: Reported crime against children 2022/23.* Pretoria: Statistics SA.
27. Department of Social Development. *Child Protection Register.* Accessed: 10 September 2025. Available from: https://www.justice.gov.za/vg/children/dsd-cpr-pamphlet-2009.pdf.
28. Mathews S, Abrahams N, Jewkes R, Martin LJ, Lombard C. The epidemiology of child homicides in South Africa. *Bulletin of WHO.* 2013, 91:562-568
29. Mathews S, Abrahams N, Jewkes R, Martin LJ. Underreporting child abuse deaths: Experiences from a national study on child homicide. South African Medical Journal. 2013, 103(3):132-133
30. Mathews S, Martin LJ, Coetzee D, Scott C, Naidoo T, Brijmohum Y, Quarrie K. The South African child death review pilot: A multiagency approach to strengthen healthcare and protection for children. South African

Medical Journal. 2016, 106(9):895-899. https://doi:10.7196/SAMJ.2016.v106i9.11234
31. Dawson M, Mathews S, Abrahams N, Campbell J. Death reviews in the context of domestic homicide in low- to middle-income countries: South Africa as a case study. In: Dawson M, editor. *Domestic Homicides and Death Reviews: An international perspective*. London: Palgrave-McMillan; 2017.