

Factors that play role for child abuse to thrive during the 21st century in South Africa and elsewhere

Afika Fikiswa Magadla-Mateyise¹, Enoch Zenzile^{2*}

¹ Walter Sisulu University, South Africa.

² Tshwane University of Technology, South Africa.

*Corresponding author email: zenzilee@tut.ac.za

© Authour(s)

OIDA International Journal of Sustainable Development, Ontario International Development Agency, Canada.

ISSN 1923-6654 (print) ISSN 1923-6662 (online) www.oidaijsd.com

Also available at <https://www.ssm.com/index.cfm/en/oida-intl-journal-sustainable-dev/>

Abstract: This discussion paper aims to provide a comprehensive overview of the numerous factors that influence children's health, development, and safety. The arguments presented are directed towards vulnerable populations predominantly located in rural settings in the country. This study includes orphaned children and those exposed to psychologically distressing and traumatic situations. These unbearable circumstances manifest at home, in schools, throughout the criminal justice system, and elsewhere in the community. To delineate this phenomenon, the qualitative research paper is organised into two sections. The first section synthesises recent research on physical and mental health indicators among children in the South African population. The second section examines the complex impacts of childhood trauma, particularly focusing on child sexual abuse and the vulnerabilities of orphaned children in South Africa. The findings reveal severe consequences of abuse, including trauma, mental health issues, and developmental disturbances, alongside existing legal protections and ongoing challenges. The situation is further exacerbated by increased anxiety, depression, and behavioural issues among children and adolescents. This paper advocates for community-based prevention strategies and support for dysfunctional families. Furthermore, it calls for longitudinal research to enhance understanding of resilience and recovery. Additionally, special attention must be paid to children who live in kinship care, where poverty, caregiver stress, and social isolation heighten the risk of sexual abuse.

Keywords: children's health; orphaned children; childhood trauma; sexual abuse; mental health

Introduction

Globally, the prevalence of child abuse cases is alarming, with an upward trend that warrants significant concern. In South Africa, the Teddy Bear Foundation reports that 5 385 children were identified as victims of sexual assault between 2019 and 2024. However, many perpetrators remain unapprehended and/or unconvicted due to deficiencies within the criminal justice system (Wagner 2025). This situation, among other factors, has contributed to pervasive mistrust of the system by society, which in turn discourages some victims from reporting their experiences to the police, which hinders the pursuit of justice and the provision of the necessary support. Maguire-Jack et al. (2021) assert that the maltreatment of children and/or child abuse is linked to enduring negative effects into adulthood, including elevated rates of depression, anxiety, behavioural disorders, suicide attempts, substance abuse, and risky sexual behaviours. Collectively, these consequences pose significant detriments to society.

Akter et al. (2023) suggest that many victimised children are cared for by extended family members rather than their parents or non-relative caregivers, such as babysitters or staff at daycare facilities. In rural contexts, or within predominantly African diaspora communities, it is typically grandparents, aunts, uncles, or older siblings who provide such care. However, this relative care is often informal and lacks formal agreements or legal proceedings pertaining to guardianship or foster care. In many African societies, relative care is frequently employed when parents are unable to care for their children due to various factors, including financial hardship, work obligations, health issues, legal challenges, or death (Sahoo et al. 2023). Relative care is often perceived as preferable to foster care by strangers, as it allows the child to remain in the family, thereby preserving cultural, emotional, and familial bonds (Hillis et al. 2021).

This arrangement is deemed suitable during instances when, for example, the mother is incarcerated for a specific period. Ross (2016) posits that such circumstances may provide grounds for determining instances of abuse.

According to recent reports, a considerable number of South African children reside in relative care due to various social and economic challenges, including poverty, the HIV/AIDS epidemic, and other family-related issues (Unwin et al. 2022). Statistics South Africa and the United Nations Children's Fund indicate that approximately 10% to 12% of children in South Africa are in relative care arrangements (Adeyeye et al. 2023). This equates to approximately 2 to 2.5 million children being raised by relatives, such as grandparents, aunts, uncles, or older siblings. These figures may fluctuate in response to changing social conditions, regional factors, and family dynamics.

This discussion paper aims to amplify the voices of rural children who have encountered sexual, physical, and emotional abuse, alongside the shortcomings of the South African child welfare services in providing necessary support (Tandon et al. 2022). Furthermore, this study encapsulates the deficiencies of the criminal justice system in addressing this phenomenon.

Rationale for the study

The orphan population is transitioning from being predominantly an African issue to increasingly becoming a regional concern in various parts of the world (McNeil et al. 2020). The rapid rise in the orphan population in South Africa, primarily due to HIV/AIDS, places significant strain on already weakened social service systems and exacerbating food crises (Ntuli et al. 2020). It is widely acknowledged that families are under considerable pressure and struggle to meet the diverse needs of orphans. Families that provide care for orphans do not receive adequate social and material protection and assistance from the South African government to ensure that all orphans have access to fundamental necessities such as nutrition, education, healthcare, and emotional support, as delineated in the Children's Act (No. 38 of 2005) and the Child Justice Act (No. 75 of 2008) (Kibachio and Mutie 2020). The capabilities and burdens faced by familial caregivers, who are predominantly female, require careful examination and understanding. Identifying the stressors associated with raising children in relative care or orphan households is crucial (Zakayo et al. 2020). The challenges encountered by both orphans and their relatives are particularly pertinent to this inquiry, as they strive to maintain the cohesion of their families and communities. The prevalence of sexual abuse, rape, and transactional sex among children in South Africa is already alarming (Ismayilova and Karimli 2020), and these issues are exacerbated for children who are in relative care. These children are particularly vulnerable due to societal perceptions that label them as aimless, impoverished, and lacking guardianship or protection. The emotional distress experienced by these children is profound and deeply concerning (Merrill et al. 2021).

Relatively little attention has been paid to the maltreatment of orphaned children, particularly in sub-Saharan African countries where the burden is more pronounced. The literature indicates that numerous African children lose their parents due to terminal illnesses, extreme poverty, and family-related factors (Muammar et al. 2021). The rapidly increasing number of orphaned and vulnerable children in sub-Saharan Africa presents a significant challenge to the implementation of rights and protection mechanisms for these children (Elmusharaf et al. 2021). While various interventions aim to protect orphaned and vulnerable children from a multitude of deprivations, there are instances where support efforts inadvertently exacerbate problems due to inadequate targeting and a failure to comprehensively identify and address the needs of affected children (Shattnawi et al. 2021). Foster care has been proposed as one of the most effective alternative care arrangements for orphaned and vulnerable children (Nasserie 2021); however, research has indicated a higher prevalence of sexual abuse and neglect among girls in both relative and foster care settings.

In South Africa, the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007) is particularly relevant for the protection of children against sexual abuse. This legislation addresses the criminalisation of sexual offences, including those involving children, and outlines protection and support mechanisms for victims of sexual abuse. It defines and criminalises various forms of sexual abuse against children, such as rape, sexual assault, exploitation, and grooming.

The Criminal Law Act criminalises all forms of sexual activity with children under the age of 16, irrespective of consent. It introduces the concepts of sexual grooming and exploitation as criminal offences (Papalia et al. 2021). The Act also mandates the establishment of a National Register for Sex Offenders to monitor individuals convicted of sexual offences against children, thereby preventing them from working in environments where they can have access to children. Furthermore, it offers protective measures during court proceedings to shield child victims from further trauma, such as permitting them to testify via video link (Kelley et al. 2020).

Social environment that leads to child abuse

Shaw and McKay (1942) proposed a theory that emphasised what are termed the “structural characteristics” of neighbourhoods (Maguire-Jack et al. 2021). The original conceptualisation of the theory included factors such as neighbourhood poverty, residential instability, and ethnic diversity. Researchers in the field of maltreatment have also investigated additional neighbourhood factors, including the childcare burden, which pertains to the ratio of available adults to children (Klein 2011), as well as access to services (Maguire-Jack and Negash 2016; Morton 2013). Rates of neighbourhood poverty may correlate with instances of maltreatment due to limited employment opportunities and services, leading to direct deprivation of basic needs and heightened family stress, which in turn hinders the ability to engage in appropriate parenting practices. The majority of research indicates that neighbourhood poverty rates are associated with maltreatment rates, even when accounting for the influence of individual-level poverty on parenting. Residential instability in neighbourhoods, defined as the frequency of residents moving in and out, may be linked to maltreatment, as it undermines the capacity to forge connections with neighbours. Such connections can provide protective factors against maltreatment by enhancing social support and establishing individuals who can monitor parenting behaviours. The literature on residential instability presents mixed findings, with most studies reporting no significant relationship (Coulton et al. 1999; Kim 2004; Merritt 2009; Molnar et al. 2003), while at least one study has identified a correlation with higher rates of maltreatment (Irwin 2009).

Aim and objectives

The study aimed to review recent research on child abuse, with a specific focus on the physical and mental health indicators among children who are victims of such abuse. Furthermore, the study explored the complex impact of childhood trauma as a consequence of child abuse. The primary objectives of this discussion paper were as follows:

- To articulate the various dimensions of child abuse perpetrated by parents or other adults through incest, rape, and other forms of molestation in rural settings or elsewhere in the country.
- To delineate the backgrounds of the perpetrators of child abuse and to examine their influence on the prevalence of violent behaviour against children.
- To elucidate the consequences of this heinous crime.

Methodology

The scourge of child abuse in South Africa varies across geographic contexts, and there has been little progress in addressing this issue through both formal and informal agents of social control. This discourse-based paper employed a scoping literature review to explore the vulnerability and risk factors associated with orphaned children who are victims of sexual abuse in relative care. This paper presents a narrative synthesis of the literature review and utilised secondary sources to delineate the risk factors and vulnerabilities of orphaned children in relative care. Elements from various sources are integrated to articulate a cohesive argument while illustrating how these sources engage with one another (Maguire-Jack et al. 2021; Magadla-Mateyise and Zenzile 2024). This process aids in demonstrating how the researchers’ voice and ideas are embedded within the existing body of knowledge (Magadla-Mateyise and Zenzile 2024).

The sample size was determined based on the principle of data saturation, which is common in qualitative research. Saturation occurs when additional data no longer yield new insights or themes. This approach ensures depth and richness of information rather than statistical representation.

Data were collected through desktop research employing search engines such as LibGuides, ResearchGate, Google Scholar, and EBSCOhost. The researchers also relied on secondary data, which yielded a diverse array of sources, including books, theses, and journal articles. These sources were deemed beneficial and provided reliable information for this discussion paper. Magadla-Mateyise and Zenzile (2024) commend the use of documented information as opposed to relying solely on individuals, as the latter may forget valuable information, while documents facilitate saving time and resources. The collected data were analysed through content analysis using the following methodology: the researchers first developed their research questions, followed by selecting the content they wished to analyse from the collected data. Subsequently, the process of identifying biases was undertaken. Finally, the researchers defined the units and categories for coding, and the text was organised into manageable content categories. This methodology helped to ensure the validity and reliability of the study, which could be replicated multiple times and would yield consistent results. The data were stored according to specific file-naming conventions: relative care, vulnerability, family disputes, and children’s risk factors.

To minimise internal biases inherent in qualitative desktop research, the study employed systematic inclusion and exclusion criteria during source selection, prioritising peer-reviewed and reputable publications. Reflexivity was maintained by documenting decision-making steps throughout the review process, and triangulation was achieved by comparing findings across multiple sources to ensure consistency and credibility.

Findings

The South African literature on child sexual abuse generally conceptualises vulnerability in more cellular terms. It tends to adopt a macro perspective on the children's social environment by focusing on the risk factors for abuse in the family, school, peer group, and community (Slavin et al. 2020). A comprehensive literature review identified family risk factors, including physical and sexual abuse experienced by the family caregiver, particularly when the mother is the victim, financial stress in the household, social isolation, and the intense gendered socialisation of both male and female children (Rudolph et al. 2022). Notable associations with child sexual abuse were observed in contexts of alcohol use, inappropriate sexual behaviour, poverty, and unemployment of the family caregiver. Additionally, caregiver divorce or separation, along with the replacement of the biological father by another male partner, were identified as family factors with the strongest correlations to all forms of child abuse in South Africa (Brankley et al. 2021).

Non-nuclear families and orphanhood did not serve to distinguish particular groups of children in this context; however, the research did not disaggregate the results to examine familial effects based on the type of orphanhood. Two recent studies in the macro-cellular framework contest the notion that family-level characteristics significantly increase the risks of sexual abuse, inhibit the normal gendered developmental behaviours of children, and diminish the socio-economic power of the child to effectuate any consequences (Luken et al. 2021). Furthermore, gendered bias does not necessarily empower communities to confront the issue; community responses, including heroic rescues of innocent girls from the perpetrators of abuse, are often characterised by a similar recognition of either abnormal men or disempowered orphaned children. Yet, these same communities frequently impose restrictions on girls by denying them the opportunity to engage in effective gender roles and structures, thereby indirectly fostering their vulnerability to sexual abuse perpetrators and obstructing social involvement that could provide assistance and protection (Winters et al. 2020). Lastly, the non-birth relative who provides care to the orphaned child represents a significant caregiver who may either entrap the child in a role associated with sexual abuse or promote empowerment and nurture a caregiving environment (Franchino-Olsen et al. 2022).

Incidents occurring in rural communities are not predominantly covered due to the disproportionately higher rates of poverty experienced in these settings compared to urban areas (Belanger and Stone 2008). Maguire-Jack et al. (2021) assert that rural communities face unique challenges regarding service accessibility (Heflinger and Christens 2006), with a relatively limited number of human service providers (Girth et al. 2012). The operational costs associated with transport to police stations to report incidents of crime further restrict the ability of rural residents to seek assistance (Belanger and Stone 2008; Zenzile 2021). This situation is exacerbated by social ties and processes that may function differently in rural locations in relation to responses to crime in general (Zenzile 2021). The detrimental impact of certain characteristics of rural settings, such as geographic and social isolation, presents additional challenges that hinder the ability to delineate a comprehensive understanding of the situation (Adi 2016; Beyer et al. 2013; Edwards et al. 2009).

The extent of sexual crimes

The following data on sexual incidents were reported from 2020 to 2024 across nine provinces. The number of sexual offences increased from 7 296 in 2020 to 12 702 in 2021, remaining stable at over 11 000 from 2022 to 2024. Additionally, it is noteworthy that instances of rape rose from 5 805 in 2020 to 10 006 in 2021, followed by a decrease to 9 516 in 2022 and 9 252 in 2023, before increasing again to 9 309 in 2024. Furthermore, sexual assaults rose from 1 070 in 2020 to 1 900 in 2021, with a subsequent decrease to 1 707 in 2022; from 2023 to 2024, there were 1 642 and 1 469 reported incidents, respectively.

Prevalence of sexual abuse in relative care

Currently, one-fifth (21.3%) of children aged 17 years and under do not live with their parents. It may also be surprising to note that this is contrary to the international norm, where many children under 18 reside with both parents (Statistics South Africa 2023). Due to issues of confidentiality and discrepancies in administrative reporting and coding, systematic data-collection methods, analysis, and concomitant theory are limited (Woolgar et al. 2022). The limited available data indicate that 19% of substantiated cases of child sexual abuse involved children in kinship care, with 31% of these children living with grandparents and 19.1% residing with other relatives. Furthermore, in 2008, 22%

of all alleged perpetrators of child sexual abuse were biological parents, and the incidence of sexual abuse and other risky sexual behaviours towards half-sibling relatives aged 15 to 17 highlights a vulnerability to predation and underscores the critical need to identify and avoid remaining unsupervised with cohabiting half-siblings (Ranjha et al. 2023). Consistent with the established relationship between household resources and the need for substitute care, as well as the positive kin policing of care in unofficial kinship arrangements, a lower statistical risk for sexual abuse has been identified for children in kinship care arrangements where individual perpetrators had no maltreatment substantiations (Hunt et al. 2024).

Family risk factors for vulnerability

An increasing number of studies have investigated factors that may predispose children to adverse outcomes. These factors can be identified at the individual, familial, social, and community levels (Adegboye et al. 2021). At the individual level, child vulnerability has been found to correlate with young age and mental health issues. At the familial level, children are often more vulnerable when the primary caregiver is experiencing depression, benevolent sexism, or educational deficiencies (Bosch et al. 2022).

These adverse outcomes frequently lose significance once other contextual factors are taken into account. At the social level, children whose primary caregivers are involved with social services may experience more negative outcomes. Furthermore, children from families facing additional challenges, such as domestic violence or intra-family conflicts, are also more likely to encounter poorer outcomes (Thurstans et al. 2022).

Several authors underscore the interrelationship among factors that render children vulnerable and emphasise that these factors do not operate in isolation. Children who are exposed to maltreatment frequently exhibit a combination of risk factors. In their study of pre-adolescent children from the general population, Polcari et al. (2023) found that children who had not experienced maltreatment rated significantly lower on these risk factors. Moreover, children who endure severe forms of abuse, such as penetrative sexual abuse or life-threatening physical abuse, typically present with multiple vulnerabilities that increase their susceptibility to adverse outcomes. Although not all children exposed to these risk factors are victimised, the presence of numerous risk factors substantially elevates the statistical probability of victimisation (Milford et al. 2022). As research has evolved to concentrate on risk factors that amplify children's vulnerability, the diversity of etiological factors associated with various forms of child victimisation has expanded. The scarcity of protective factors, the characteristics of perpetrators, and issues related to cooperation among family members, children, and professionals have all been identified as risk-enhancing factors (Vanderloo et al. 2022).

Concomitant risk factors

In South Africa, many families live below the poverty line, and a limited number of individuals contribute personal income tax. This situation hampers the government's ability to generate revenue for the provision of services (Bezuidenhout 2020). Ultimately, specific risk factors such as poverty, sexuality, feelings of being a burden, a severe shortage of time, and a lack of support for caregivers increase the likelihood of sexual abuse, particularly in the context of relative care for social orphans (Gewirtz-Meydan and Finkelhor 2020). A comprehensive framework encompassing personal, informal support and structural levels facilitates discussions at the individual, family, broader social, and societal levels. It also aids in understanding the diverse factors involved. The most significant influence arises from the context of caring for children outside of the traditionally recognised family unit, where structure is lacking, thereby enabling a broad framework for analysis (Chiao and Deji-Abiodun 2020).

Consequences of sexual abuse

As noted by Milford et al. (2022), traumatic stress responses increase a child's vulnerability to physical and mental health problems, as well as to disruptions in development. Studies on non-abused parental loss have demonstrated that the loss of a "safe haven" and a "secure base" negatively impacts a child's psychological adjustment. It is generally acknowledged that children respond to their experiences, extract what they can from them, and that their perceptions of the world and of relationships are shaped by their daily experiences. Literature on non-abused parental bereavement can therefore also be significant for understanding the consequences of orphan child sexual abuse. It provides insight into attachment relationships, identity development, emotional regulation, self-esteem, worries, fears, and perceptions of others (Polcari et al. 2023).

The literature on child sexual abuse has documented a wide range of short- and long-term effects. Some of the short-term effects identified include shame and guilt, increased fears, sleeping problems and nightmares, difficulties in talking about the experience, crying, reduced capacity to concentrate, and regressive signs in younger children, such

as bed-wetting (Woolgar et al. 2022). Long-term effects reported in the literature encompass both psychological (e.g., emotional difficulties, dissociation, or the emergence of post-traumatic stress disorder) and non-psychological (e.g., sexual problems, academic difficulties, or an increased risk of re-victimisation). However, as most reviews indicate, lay or media descriptions tend to overstate the evidence for severe long-term consequences; the current state of knowledge regarding their ramifications is, in fact, still undergoing significant development (Polcari et al. 2023).

Discussion

The adversarial concept of child abuse is not clearly delineated. When compared with the total volume of cases entering the criminal justice system, few are resolved by trial (Maguire-Jack et al. 2021; Magadla-Mateyise and Zenzile 2024). The accused is brought to trial under the presumption of innocence, and the state is required to prove beyond a reasonable doubt that the defendant is guilty (Bezuidenhout 2020). However, while the state is obligated to utilise its authority and resources to gather evidence, environmental circumstances often impede this process. The rural setting of an area hinders the government's ability to develop effective prevention programmes that focus on the identification of prospective or potential offenders (Zenzile 2021; Roelofse and Gumbi 2018).

This study suggests the potential role of various stakeholders in the prevention of child abuse and criminal behaviour in society. The literature presents numerous diverse explanations for involvement in unconventional activities. Men are predominantly identified as the perpetrators, which results in a greater focus on them (Bezuidenhout 2020).

Psychological explanations have been proposed to elucidate this phenomenon (Milford et al. 2022; Hunt et al. 2024). Consequently, it can be inferred that there is not always consensus regarding the explanations of criminal behaviour (Bezuidenhout 2020). It is also important to avoid an obsessive focus on the causes of this phenomenon. It is prudent to explore the development of new approaches aimed at curtailing child abuse.

Limitations

This discussion paper consolidated published information and directed it towards the achievement of the study's objectives. There may be other relevant studies that focus on different aspects of child abuse; however, these were not included due to the limitations of the researchers' search mechanisms. Child abuse is often inadequately reported to the police, which results in a relatively limited body of published literature for understanding the phenomenon in question through the criminal justice process. Therefore, the conclusions drawn from this study possess limited generalisability.

Conclusion and recommendations

To ensure objectivity in deriving conclusions from secondary data, thematic synthesis was applied across multiple sources to identify consistent patterns rather than relying on single-author interpretations. This approach minimized bias and enhanced the reliability of findings.

Research on the effects of sexual abuse predominantly relies on retrospective data or on children identified as victims through actual disclosure or symptomatology. There is a paucity of research concerning those who never disclose, particularly in the context of sexual victimisation in relation to children in relative care. The incongruity between findings and prognostications leads to the following recommendation: a controlled longitudinal research design, complemented by practical clinical assessment, should be developed to evaluate the actual impact of sexual abuse on victims as they age, including those individuals who never disclose such abuse. It is hoped that the lack of overt and persistent symptoms will be replicated through improved methods of inquiry. Future research should investigate whether actual rates of paediatric sexual abuse are declining over the years, or if children are less inclined to disclose, and whether individuals are less inclined to report abuse. Given the prolonged duration that incapacitated victims endure, future research should emphasise recovery and resiliency, in addition to traditional methods of victim support. Imperviousness can serve as a valuable coping mechanism for victims of sexual abuse. Successful resiliency can be leveraged as a cornerstone in fostering connections to both the perpetrator and to sexuality. Childcare regulatory agencies, in considering the long-term safety and welfare of children, must operate as supportive entities in society, rather than as distant figures devoid of empathy. Only recognising and validating the emotional responses of children and victims will enable the implementation of effective interventions. Encouragement, spirit, and determination must inform the evaluation process.

References

1. Adegboye, D., Williams, F., Collishaw, S., Shelton, K., Langley, K., Hobson, C., & others. (2021). Understanding why the COVID-19 pandemic-related lockdown increases mental health difficulties in vulnerable young children. *JCPP Advances*, 1(1), e12005. <https://doi.org/10.1111/jcv2.12005>
2. Adeyeye, S. A. O., Ashaolu, T. J., Bolaji, O. T., Abegunde, T. A., & Omoyajowo, A. O. (2023). Africa and the nexus of poverty, malnutrition and diseases. *Critical Reviews in Food Science and Nutrition*, 63(5), 641–656. <https://doi.org/10.1080/10408398.2021.1952160>
3. Adi, S. (2016). Does location matter? The impact of family violence in rural areas. In M. Baker, J. Ford, B. Canfield, & T. Grabb (Eds.), *Identifying, treating, and preventing childhood trauma in rural communities* (pp. 43–57). IGI Global.
4. Akter, S., Banna, M. H. A., Brazendale, K., Sultana, M. S., Kundu, S., Disu, T. R., & others. (2023). Determinants of health care seeking behavior for childhood infectious diseases and malnutrition: A slum-based survey from Bangladesh. *Journal of Child Health Care*, 27(3), 395–409.
5. Belanger, K., & Stone, W. (2008). The social service divide: Service availability and accessibility in rural versus urban counties and impact on child welfare outcomes. *Child Welfare*, 87(4), 101–124.
6. Beyer, K. M. M., Layde, P. M., Hamberger, L. K., & Laud, P. W. (2013). Characteristics of the residential neighborhood environment differentiate intimate partner femicide in urban versus rural settings. *The Journal of Rural Health*, 29(3), 281–293.
7. Bezuidenhout, C. (2020). *A Southern perspective on fundamental criminology* (2nd ed.). Pearson South Africa.
8. Bosch, R., Pagerols, M., Prat, R., Español-Martín, G., Rivas, C., Dolz, M., & others. (2022). Changes in the mental health of children and adolescents during the COVID-19 lockdown: Associated factors and life conditions. *International Journal of Environmental Research and Public Health*, 19(7), 4120. <https://doi.org/10.3390/ijerph19074120>
9. Brankley, A. E., Babchishin, K. M., & Hanson, R. K. (2021). STABLE-2007 demonstrates predictive and incremental validity in assessing risk-relevant propensities for sexual offending: A meta-analysis. *Sexual Abuse: Journal of Research and Treatment*, 33(1), 34–62. <https://doi.org/10.1177/1079063219871572>
10. Chiao, C., & Deji-Abiodun, O. (2020). A global analysis of the regional variation in the symptoms of acute respiratory infection during childhood: Epidemics and their association with environmental vulnerability. *Health & Place*,
11. Coulton, C. J., Korbin, J. E., & Su, M. (1999). Neighborhoods and child maltreatment: A multi-level study. *Child Abuse & Neglect*, 23(11), 1019–1040
12. Edwards, M. E., Torgerson, M., & Sattem, J. (2009). Paradoxes of providing rural social services: The case of homeless youth. *Rural Sociology*, 74(3), 330–355.
13. Elmusharaf, K., Chestnov, R., & Jung, J. (2021). The case for investment in prevention and control of non-communicable diseases in the United Arab Emirates. UNDP, WHO, UNIATF & GHC.
14. Franchino-Olsen, H., Chesworth, B. R., Boyle, C., Rizo, C. F., Martin, S. L., Jordan, B., & others. (2022). The prevalence of sex trafficking of children and adolescents in the United States: A scoping review. *Trauma, Violence, & Abuse*, 23(1), 182–195.
15. Gewirtz-Meydan, A., & Finkelhor, D. (2020). Sexual abuse and assault in a large national sample of children and adolescents. *Child Maltreatment*, 25(2), 203–214.
16. Girth, A. M., Hefetz, A., Johnston, J. M., & Warner, M. E. (2012). Outsourcing public service delivery: Management responses in noncompetitive markets. *Public Administration Review*, 72, 887–900.
17. Heflinger, C. A., & Christens, B. (2006). Rural behavioral health services for children and adolescents: An ecological and community psychology analysis. *Journal of Community Psychology*, 34(4), 379–400.
18. Hillis, S. D., Blenkinsop, A., Villaveces, A., Annor, F. B., Liburd, L., Massetti, G. M., & others. (2021). COVID-19-associated orphanhood and caregiver death in the United States. *Pediatrics*, 148(6), e2021053760.
19. Hunt, G. R., Mathews, B., Higgins, D. J., Finkelhor, D., Willis, M. L., Haslam, D. M., & others. (2024). The prevalence of child sexual abuse perpetrated by leaders or other adults in religious organizations in Australia. *Child Abuse & Neglect*, 155, 106946.
20. Irwin, M. (2009). The impact of race and neighborhood on child maltreatment: A multi-level discrete time hazard analysis (Doctoral dissertation). Case Western Reserve University.
21. Ismayilova, L., & Karimli, L. (2020). Harsh parenting and violence against children: A trial with ultrapoor families in Francophone West Africa. *Journal of Clinical Child & Adolescent Psychology*, 49(1), 18–35.

22. Kelley, S. M., Ambroziak, G., Thornton, D., & Barahal, R. M. (2020). How do professionals assess sexual recidivism risk? An updated survey of practices. *Sexual Abuse, 32*(1), 3–29.
23. Kibachio, D. N., & Mutie, P. M. (2020). Challenges affecting orphans and vulnerable children (OVCS) in Embu County. *International Journal of Sociology, 1*(1), 18–36.
24. Kim, J. S. (2004). Neighborhood effects on the etiology of child maltreatment: A multilevel study (Doctoral dissertation). University of Texas.
25. Klein, S. (2011). The availability of neighborhood early care and education resources and the maltreatment of young children. *Child Maltreatment, 16*(4), 300–311.
26. Luken, A., Nair, R., & Fix, R. L. (2021). On racial disparities in child abuse reports: Exploratory mapping the 2018 NCANDS. *Child Maltreatment, 26*(3), 267–281.
27. Magadla-Mateyise, A. F., & Zenzile, E. (2024). A review of official documents and literature on the forgotten victims of parental incarceration in South Africa. *Research in Social Sciences and Technology, 9*(3), 160–177. <https://doi.org/10.46303/ressat.2024.53>
28. McNeil, M. J., Namisango, E., Hunt, J., Powell, R. A., & Baker, J. N. (2020). Grief and bereavement in parents after the death of a child in low-and middle-income countries. *Children (Basel), 7*(5), 39.
29. Merrill, K. A., William, T. N., Joyce, K. M., Roos, L. E., & Protudjer, J. L. (2021). Potential psychosocial impact of COVID-19 on children: A scoping review of pandemics and epidemics. *Journal of Global Health Reports, 4*, e2020106.
30. Milford, S. C., Vernon, L., Scott, J. J., & Johnson, N. F. (2022). An initial investigation into parental perceptions surrounding the impact of mobile media use on child behavior and executive functioning. *Human Behavior and Emerging Technologies, 2022*(1), 1691382.
31. Maguire-Jack, K., & Negash, T. (2016). Parenting stress and child maltreatment: The buffering effect of neighborhood social service availability and accessibility. *Children and Youth Services Review, 60*, 27–33. <https://doi.org/10.1016/j.chilyouth.2015.11.016>
32. Maguire-Jack, K., Jespersen, B., Korbin, J.E., & Spilsbury, J. C. (2021). Rural child maltreatment: A scoping literature review. *Trauma Violence and Abuse, 22*(5), 1316–1325. <https://doi.org/10.1177/1524838020915592>
33. Merritt, D. H. (2009). Child abuse potential: Correlates with child maltreatment rates and structural measures of neighborhoods. *Children and Youth Services Review, 31*(8), 927–934. <https://doi.org/10.1016/j.chilyouth.2009.04.009>
34. Molnar, B. E., Buka, S. L., Brennan, R. T., Holton, J. K., & Earls, F. (2003). A multilevel study of neighborhoods and parent-to-child physical aggression: Results from the project on human development in Chicago neighborhoods. *Child Maltreatment, 8*(2), 84–97. <https://doi.org/10.1177/1077559502250822>
35. Morton, C. (2013). The moderating effect of substance abuse service accessibility on the relationship between child maltreatment and neighborhood alcohol availability. *Children and Youth Services Review, 35*(12), 1933–1940. <https://doi.org/10.1016/j.chilyouth.2013.09.019>
36. Muammar, N. F. B., Ajeebi, A. A., Aladwany, A. L., Yousif, A., Alharthy, N., & Phillip, W. (2021). Factors associated with delayed child vaccine during coronavirus disease-2019 pandemic. *Saudi Journal of Emergency Medicine, 2*(1), 18–25. <https://doi.org/10.24911/SJEMed/72-1603445943>
37. Nasserie, T. (2021). Understanding, prevention, and management of vaccine-preventable communicable diseases and associated health outcomes (Doctoral dissertation). Stanford: Stanford University.
38. Ntuli, B., Mokgatle, M., & Madiba, S. (2020). The psychosocial wellbeing of orphans: The case of early school leavers in socially depressed environment in Mpumalanga province, South Africa. *PLoS One, 15*(2), e0229487. <https://doi.org/10.1371/journal.pone.0229487>
39. Papalia, N., Mann, E., & Ogloff, J. R. P. (2021). Child sexual abuse and risk of revictimization: Impact of child demographics, sexual abuse characteristics, and psychiatric disorders. *Child Maltreatment, 26*(1), 74–86. <https://doi.org/10.1177/1077559520932665>
40. Polcari, A. M., Hoefler, L. E., Callier, K. M., Zakrison, T. L., Rogers, S. O., Henry, M. C., & others. (2023). Social vulnerability index is strongly associated with urban pediatric firearm violence: An analysis of five major US cities. *Journal of Trauma and Acute Care Surgery, 95*(3), 411–418. <https://doi.org/10.1097/TA.0000000000003896>
41. Ranjha, R., Singh, K., Baharia, R. K., Mohan, M., Anvikar, A. R., & Bharti, P. K. (2023). Age-specific malaria vulnerability and transmission reservoir among children. *Global Pediatrics, 6*, 100085. <https://doi.org/10.1016/j.gped.2023.100085>
42. Republic of South Africa. (2005). Children’s Act, No. 38 of 2005. Pretoria: Government Printer.

43. Republic of South Africa. (2007). Criminal Law (Sexual Offences and Related Matters) Amendment Act, No. 32 of 2007. Pretoria: Government Printer.
44. Republic of South Africa. (2008). Child Justice Act, No. 75 of 2008. Pretoria: Government Printer.
45. Roelofse, C., & Gumbi, C. (2018). Policing in South Africa: Past and present. Durban: LexisNexis.
46. Ross, J. I. (2016). Key issues in corrections. United Kingdom: Policy Press.
47. Rudolph, J. I., Zimmer-Gembeck, M. J., & Walsh, K. (2022). Recall of sexual abuse prevention education at school and home: Associations with sexual abuse experience, disclosure, protective parenting, and knowledge. *Child Abuse & Neglect*, 129, 105680.
48. Sahoo, H., Dhillon, P., Anand, E., Srivastava, A., Usman, M., Agrawal, P. K., & others. (2023). Status and correlates of non-communicable diseases among children and adolescents in slum and non-slum areas of India's four metropolitan cities. *Journal of Biosocial Science*, 55(6), 1064–1085
49. Shattnawi, K. K., Okour, H., Alnatour, A., Al-Sheyab, N., Mrayan, L., & Joseph, R. A. (2021). Caring for a child with cancer: Experiences of Jordanian mothers. *Clinical Nursing Research*, 30(8), 1144–1152.
50. Slavin, M. N., Scoglio, A. A., Blycker, G. R., Potenza, M. N., & Kraus, S. W. (2020). Child sexual abuse and compulsive sexual behavior: A systematic literature review. *Current Addiction Reports*, 7, 76–88.
51. Shaw, C. R., & McKay, H. D. (1942). Juvenile delinquency and urban areas. Chicago: University of Chicago Press. Statistics South Africa. (2023). General household survey. <http://www.statssa.gov.za/publications/P03182023>. Accessed 4 April 2025.
52. Tandon, K., Adhikari, N., Adhikari, B., & Pradhan, P. M. S. (2022). Co-occurrence of non-communicable disease risk factors and its determinants among school-going adolescents of Kathmandu Metropolitan City. *PLoS One*, 17(8), e0272266.
53. Thurstans, S., Sessions, N., Dolan, C., Sadler, K., Cichon, B., Isanaka, S., & others. (2022). The relationship between wasting and stunting in young children: A systematic review. *Maternal & Child Nutrition*, 18(1), e13246.
54. Unwin, H. J. T., Hillis, S., Cluver, L., Flaxman, S., Goldman, P. S., Butchart, A., & others. (2022). Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: An updated modelling study. *The Lancet Child & Adolescent Health*, 6(4), 249–259.
55. Vanderloo, L. M., Omand, J., Keown-Stoneman, C. D., Janus, M., Tremblay, M. S., Maguire, J. L., & others. (2022). Association between physical activity, screen time and sleep, and school readiness in Canadian children aged 4 to 6 years. *Journal of Developmental & Behavioral Pediatrics*, 43(2), 96–103.
56. Wagner, L. (2025, March 23). Despair as child abuse cases stall in court. *Sunday Times*. <http://www.timeslive.co.za/Sunday-times/news/2025-03-23-justice-fails-our-kids-despair-as-abuse-cases-stall-in-court/>. Accessed 8 January 2025.
57. Winters, G. M., Colombino, N., Schaaf, S., Laake, A. L., Jeglic, E. L., & Calkins, C. (2020). Why do child sexual abuse victims not tell anyone about their abuse? An exploration of factors that prevent and promote disclosure. *Behavioral Sciences & the Law*, 38(6), 586–611
58. Woolgar, F. A., Wilcoxon, L., Pathan, N., Daubney, E., White, D., Meiser-Stedman, R., & others. (2022). Screening for factors influencing parental psychological vulnerability during a child's PICU admission. *Pediatric Critical Care Medicine*, 23(4), 286–295.
59. Zakayo, S. M., Njeru, R. W., Sanga, G., Kimani, M. N., Charo, A., Muraya, K., & others. (2020). Vulnerability and agency across treatment-seeking journeys for acutely ill children: How family members navigate complex healthcare before, during and after hospitalisation in a rural Kenyan setting. *International Journal for Equity in Health*, 19, 1–17. Zenzile, E. (2021). The role of traditional leaders in crime prevention in the former Transkei Region: The case study of O.R. Tambo District Municipality (Doctoral dissertation). Tshwane University of Technology.

