



MANDATORY REPORTING OF CHILD ABUSE AND RELEVANCE TO THE AYH PROGRAM

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health

Department:
Health
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RELEVANCE TO AYHP

- Adolescents are high-risk for:
 - Physical/sexual abuse
 - Neglect
 - Exploitation
 - Early pregnancy
 - Coercion and intimate partner violence
- Children (10–14 years) face heightened vulnerability to sexual abuse, early pregnancy, and traumatic outcomes, including deliveries and unsafe terminations.



POLICY ALIGNMENT: AYH POLICY 2017

The **Adolescent and Youth Health (AYH) Policy 2017** aims to improve **health outcomes for adolescents (10–24 years)** by:

- Integrating services for **adolescent-friendly, comprehensive care**
- Focusing on **prevention, early detection, and response** to violence, abuse, and sexual/reproductive health needs
- Ensuring **confidential, respectful, non-judgmental care**
- Enhancing **referrals, reporting, and support** systems — including linkages to social services and legal reporting
- **Mandatory reporting and Form 22** fit into the AYH framework because they help:
 - ✓ Identify at-risk adolescents early
 - ✓ Trigger protective, therapeutic, and legal action
 - ✓ Facilitate multisectoral support



SOUTH AFRICAN ADOLESCENT INVESTMENT CASE

The Investment Case highlights:

- **High burden of preventable adolescent health risks**
- **Cost-benefit** of scaling up interventions for:
 - Early pregnancy prevention
 - Violence reduction
 - Sexual abuse detection and response
 - Psychosocial support services
- **Mandatory reporting** supports this by:
 - Reducing under-reporting of abuse
 - Strengthening data for planning and investment



GLOBAL FRAMEWORK: GAMA AND AA-HA!

Global Action for Measurement of Adolescent Health (GAMA)

- Advocates standardized **indicators** to measure adolescent health.
- Reporting abuse/neglect and outcomes (e.g., pregnancy, violence exposure) contributes essential **data for monitoring and investment decisions**.

Accelerated Action for the Health of Adolescents (AA-HA!)

- WHO framework to scale up **priority interventions** across sectors.
- Recommends:
 - Child protection systems
 - Adolescent-friendly sexual and reproductive health services
 - Data systems for surveillance and measurement

Form 22 and mandatory reporting feed into these global targets by:

- Improving data quality on abuse and exploitation
- Informing prevention and response strategies
- Supporting accountability in multisector action



CHALLENGES IN SOUTH AFRICA

Adolescent Pregnancy (10–14 years)

- Low age deliveries reflect underlying **sexual abuse/trauma**, coercion, or exploitation.
- Often linked to:
 - Lack of access to comprehensive sexuality education
 - Social vulnerabilities
 - Gaps in reporting and support systems

Termination of Pregnancy

- Adolescents may seek unsafe terminations due to:
 - Stigma, fear of reporting
 - Limited adolescent-friendly services
 - Lack of supportive pathways after abuse

Reporting systems can be under-utilized when:

- Adolescents fear breach of confidentiality
- Providers lack training on mandatory reporting + adolescent rights
- Linkages between health, social services, police are weak
- Data systems are fragmented



WHY THIS CAPACITY BUILDING MATTERS

Mandatory reporting and structured documentation (Form 22):

- ✓ Protect child and adolescent rights
- ✓ Enable early detection and intervention
- ✓ Strengthen linkages across health, social development, education, justice
- ✓ Enhance national data for planning and global benchmarking

Aligned with:

South Africa's laws (Children's Act)

National adolescent health policy (AYH Policy 2017)

Investment case priorities

Global measurement and acceleration frameworks (GAMA & AA-HA!)



CALL TO ACTION

For improved adolescent health and protection we must:

- **Train health, education, and social service providers** on mandatory reporting & adolescent rights.
- **Ensure confidentiality and supportive referral pathways.**
- **Strengthen data systems** linking Form 22 into national health and social information systems.
- **Scale multisector approaches** to prevent abuse, and support pregnant adolescents.
- **Prioritize adolescents 10–14 yrs** in policy, programming, and investment decisions.



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