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LEGAL FRAMEWORK WITH REGARD TO CHILD PROTECTION
(Most of the Information was taken from Education Labour Relations Council: Policy Handbook for Educators. Universal Print Group. 2003)

The Department has several policy documents in place that promotes the protection of children. Provinces do have protocols in place that specifically deals with the management of child abuse and neglect. The National Department provides a national framework for provincial policies and strategies. An inter-sectoral collaborative approach forms the basis of all policies.

The overall objective of this Act is to provide for the determination of national education policy in order to ensure that all learners would reach their full potential and to put structures in place to provide resources to implement the policies. It is based on the principles as is in the Constitution and promotes the best interest of the child.

1.1 Admission Policy for ordinary schools:
This policy ensures that a learner is admitted to the total school programme and may not be suspended from classes, denied access to cultural, sporting or social activities of the school, denied a school report or transfer certificates, or otherwise victimised on the grounds that his or her parent is unable to pay or has not paid the required school fees. The rights and wishes of learners with special education needs, must be taken into account at the admission to an ordinary school.

1.2 National Policy on HIV/AIDS for Learners and Educators in Public Schools, and Students and Educators in further Education and Training Institutions:
This policy seeks to contribute towards promoting effective prevention and care within the context of the public education system with regard to HIV/AIDS. It deals with the protection of learners who are infected and affected by HIV/AIDS, the provision to implement universal precautions to eliminate the risk of transmission in an effective way as well as provision for an effective and sustainable education programme on HIV/AIDS. Age appropriate education on HIV/AIDS forms part of the curriculum for all learners and are integrated in the life skills education programme for pre-primary, primary and secondary school learners. This programme forms part of the Life Orientation Learning Area as is outlined in the Revised National Curriculum Statement. The programme includes the following:

1.2.1 Providing information on HIV/AIDS and developing life skills necessary for the prevention of HIV transmission as well as basic first aid principles;
1.2.2 Emphasising the role of drugs, sexual abuse and violence, and sexually transmitted diseases in the transmission of HIV/AIDS, and empowering learners to deal with these situations;
1.2.3 Encouraging learners to make use of health care, counselling and support services offered by community service organisations and other disciplines;
1.2.4 Teaching learners and students how to behave towards persons with HIV/AIDS, raising awareness on prejudice and stereotypes around HIV/AIDS;
1.2.5 Cultivating an enabling environment and a culture of non-discrimination towards people with HIV/AIDS; and
1.2.6 Providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of condoms, faithfulness to one’s partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculoses, avoiding traumatic contact with blood, and the application of universal precautions.

This policy also provides for the establishment of a possible Health Advisory Committee in each school that can offer support and guidelines to the school.

1.3 National Guidelines on the Management of Drug Abuse by Learners in Public and Independent Schools and Further Education and Training Institutions:
These guidelines gives clear directions to schools for the management of learners and educators who are experimenting with, using, abusing, dealing in and in possession of drugs. The guidelines deals with drug screening and searches of learners, Education and information on intervention strategies as well as a School management form an important part of this policy.

2. South African Schools Act, Act 84 of 1996:
This Act provides for a uniform system for the organisation, governance and funding of schools. An important part of this Act is the establishment of School Governing Bodies that promotes parent participation in the governance of the School. One of their responsibilities is to develop a Code of Conduct for learners.

2.1 Guidelines for the consideration of Governing Bodies in Adopting a code of conduct for Learners:
Guidelines have been established that specifically deals with the rights and responsibilities of learners. Non-violence and the freedom and security of learners are ensured.

2.2 Regulations for Safety Measures at Public Schools:
These regulations deals with the promotion of violence and drug free schools, and access to public school premises. This serves to protect learners from all forms of violence and issues such as abduction and exploitation.

2.3 Regulations to Prohibit initiation Practices in Schools:
These regulations place the responsibility on principals, Educators and governing bodies to ensure that learners will be protected against initiation practices that endangers the mental or physical health or safety of the learner; undermines the intrinsic worth of learners; submission to humiliating or violent acts which undermine the dignity of the child; undermines the fundamental rights and values that underpin the Constitution; destroys public or private property.

3. Employment of Educators Act, Act 76 of 1998:
This Act provides for the employment of Educators, for the regulation of the conditions of service, discipline, retirement and discharge of educators and for matters connected therewith. One of the provisions of this Act is the dismissal of an educator if he or she is found guilty of theft, bribery, fraud or an act of corruption in regard to examinations or promotional reports; committing an act of sexual assault on a learners, student or other employee; having a sexual relationship with a learner of the school where he or she is employed; seriously assaulting, with the intention to do grievous bodily harm to a learner; illegal possession of an intoxicating, illegal or stupefying substance; or causing a learner to perform any of the acts contemplated in this paragraph.

4. South African Council of Educators Act, Act 31 of 2000:
The Code of Professional Ethics that forms part of this Act, clearly states that an educator should avoid any form of humiliation and refrains from any form of abuse, physical or psychological; should refrains from improper physical contact with learners; refrains from any form of sexual harassment, physical or otherwise, of learners; refrains from any form of sexual relationship with learners at a school. It is expected of an educator to use appropriate language and behaviour in his or her interaction with learner, and acts in such a way as to elicit respect from the learners; takes responsible steps to ensure the safety of the learner.

5. Other Policy Documents:
5.1 Signposts for Safe Schools:
The Department of Education and the Department of Safety and Security have developed a Manual, Signposts for Safe Schools that deals with several social issues that impact on the safety at schools. This document is intended to provide schools with strategies to address specific social issues, focussing on improving the impact, authority and efficiency of school management and school services, development of policies, procedures and plans for their implementation, including policies for non-adherence, and strategies to involve, mobilise and capacitate youth in prevention programmes, projects and campaigns. The manual deals with issues such as bullying, gangs, racism, guns and weapons, truancy, witchcraft, child abuse, HIV/AIDS, stress and suicide and substance abuse.

5.2 National Curriculum Statement (NCS) - grades R - 9 (2002):
The NCS adopts an inclusive approach by specifying minimum requirements for all learners. The special educational, social, emotional and physical needs of learners will be addressed in the design and development of appropriate Learning Programmes. The Learning Area Statements provide a guideline of requirements and expectations from Grade R to 9. The RNCS has tried to ensure that all Learning Area Statements reflect the principles and practices of social justice, respect for the environment and human rights as defined in the Constitution. In particular the curriculum attempts to be sensitive to issues of poverty, inequality, race, gender, age, disability and such challenges as HIV/AIDS. The Life Orientation Learning Area guides and prepares learners for life and its possibilities. Life Orientation specifically equips learners for meaningful and successful living in a rapidly changing and transforming society. It develops skills, knowledge, values and attitudes that empower learners to make informed decisions and take appropriate actions regarding:

- Health Promotion
- Social Development
- Personal development
- Physical development and movement
- Orientation to the world of work.
5.3 Education White Paper 5 on Early Childhood Development:
The White Paper 5 promotes a comprehensive approach to policies and programmes for children from birth to nine years of age with active participation of their parents and caregivers. Its purpose is to protect the child’s rights to develop his or her full cognitive, emotional, social and physical potential. The strategic plan focus on the delivery of appropriate, inclusive and integrated programmes, with a particular emphasis on the development of a national curriculum statement, practitioner development and career pathing, health, nutrition, physical development, clean water and sanitation, and a special programme targeting four year old children from poor families with special needs and those infected with HIV/AIDS.

5.4 Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System:
The White Paper 6 focuses on the transformation of the former segregation of learners with disabilities to a system of inclusive education where the principle of "Quality Education for All" forms the basis of the document. The term "inclusive education" can be defined as:

- Acknowledging that all children and youth can learn and that all children need support
- Enabling education structures, systems and learning methodologies to meet the needs of all learners
- Acknowledging and respecting differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV/AIDS or other infectious diseases
- Broader than formal schooling and acknowledging that learning also occurs in the home and community, and within formal and informal setting and structures
- Changing attitudes, behaviour, teaching methods, curricula and environment to meet the needs of all learners
- Maximising the participation of all learners in the culture and the curriculum of educational institutions and uncovering and minimising barriers to learning.

The White Paper 6 outline the strategies to address barriers to education, of which child abuse and neglect are also seen as "barriers to education"

5.5 Girls Education Movement (GEM):
GEM is a child-centred, child-led grassroots movement that was launched in March 2003 in Parliament. The objectives are as follows:

- To protect and promote the rights of all girls to quality education
- To enable African girls to participate in decision making about their education
- To provide girls with opportunities to develop and exercise their leadership and technical skills
- To tap the potential of boys, men and women to work in partnership with girls to promote equitable, accessible, high quality education in Africa and through education to create equitable, just societies
- To protect the rights of girls with special needs and any child at risk of exploitation or abuse in or outside school
- To sensitise key actors in the importance of girls education and mobilise policies and programs that will ensure quality education for all girls.

5.6 Guidelines for the Prevention and Management of Sexual Violence and Harassment in Public Schools:
The purpose of the guidelines is to assist public schools in maintaining minimum standard procedures when addressing allegations of sexual violence and harassment, and to specifically detail how public schools should treat victims of sexual violence and harassment and those who have, or are alleged to have committed such acts. They are also intended to assist victims of sexual violence and harassment with reporting procedures and in seeking intervention and support. The guidelines seek to create a safe, caring and enabling environment for learning and teaching, both inside and outside of the classroom.

5.7 Measures for the Prevention and Management of Learner Pregnancy:
These measures provide a framework for educating and assisting learners to understand and exercise their rights and responsibilities with regard to healthy lifestyles; guiding and supporting vulnerable learners; and involving all relevant role-players and integrating these measures with available systems and structures. Roleplayers include parents, learners, educators, communities, NGO’s, SAPS and the Depts of Education, Health and Social Development.

6. Children’s Act, Act 38 of 2005:
The Department of Education has a specific role with regard to the placement of learners in Schools Of Industries and Reform Schools. The National Interim Protocol document that is issued by the National Inter-sectoral Committee for Child Justice, serves as guidelines for departmental officials. The Children’s Act also provides for the report of physical, sexual, emotional abuse, abandonment, neglect, and circumstances that will lead to seduction of children, sexual activity and ill treatment. (Sect. 110) Educators are compelled to notify the Department of Social Development of suspected and confirmed cases of child abuse. Provincial Departments of Education are responsible to implement strategies to encourage notification of alleged cases as well as to provide for the necessary support for both educator and learner. A pre-scribed form need to be completed for each suspected of confirmed case of child abuse.

8. Specific legislation and protocols that underpin the definition of child abuse are the following:
- The Bill of Rights (the SA Constitution)
- UN Convention for the Rights of the Child
- South African Children's Charter
- African Charter for the Rights and the Welfare of the Child
- The Children's Act
- The Domestic Violence Act
- The Criminal Procedures Act
- The Sexual Offences Act
- The SA Schools Act
- The Employment of Educators Act
- Basic Conditions of Employment Act

DEFINITIONS

BROAD:
There are various definitions of child abuse:
It can be considered as any act/inaction that has a potential risk to harm the child (under 18 years of age);
OR
Any infringement of a child's rights in terms of Section 28 of the SA Constitution

Here are some definitions:

PHYSICAL ABUSE: Any non-accidental injury either inflicted on the child, or sustained by the child through an adult's intentional neglect to protect the child from physical harm/injury.

SEXUAL ABUSE: Exploitation of a child for the sexual pleasure of an adult.
- Can be of a contact (e.g. fondling, touching over and underclothes, rubbing against a child, french-kissing, masturbation, oral sex)
- non-contact nature (inappropriate remarks, exposing the child to sexual behaviour or pornography, exhibitionism, cybersex, voyeurism),
- penetrative sex (sodomy, rape, attempted rape).
Incest may include any of these behaviours, but is perpetrated within the family / close relatives.

EMOTIONAL ABUSE: Attacks on the child's emotional development and self-worth via criticism, belittling and insulting the child, rejection, withdrawal of love, support and guidance

NEGLECT: Means any act or omission by a parent or caregiver which results in impaired physical function, impaired physical development, or injury or harm to the learner

CHILD LABOUR: No child under the age of 15 years is allowed to be employed without an investigation and approval of the Commissioner of Child Welfare. Children have the right to be protected against economic and labour exploitation. Children should not be required or permitted to perform work or provide services that are age inappropriate or place a risk on the child's well-being, education, physical or mental health or spiritual, moral or social development. The Worst Forms of Child Labour (WFCL) has been defines as:
- all forms of slavery or practices similar to slavery, such as the sale of a child, trafficking of children, meaning the recruitment of children to do work far away from home and from the care of their families, in circumstances within which they are exploited; debt bondage or any other form of bonded labour or serfdom; forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- Commercial sexual exploitation of children (CSEC), including the use, procuring or offering of a child for prostitution, or the production pornography or for pornographic performances;
- use, procuring or offering of a child by others for illegal activities, also known as children used by adults in the commission of crime (CUBAC), including the trafficking or production of drugs.

LEGAL DEFINITIONS:
In terms of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act 32 of 2007 a new perspective has been placed on sexual offences. Due to the complexity of these offences, the relevant Sections are quoted in full. There is an obligation on ALL persons to report sexual abuse of a child or mentally disabled persons. (Section 54)

1. Rape (Section 3)
Any person (‘A’) who unlawfully and intentionally commits an act of sexual penetration with a complainant (‘B’), without the consent of B, is guilty of the offence of rape.

2. Compelled rape (Section 4)
Any person (‘A’) who unlawfully and intentionally compels a third person (‘C’), without the consent of C, to commit an act of sexual penetration with a complainant (‘B’), without the consent of B, is guilty of the offence of compelled rape.

3. Sexual assault (Section 5)
(1) A person (‘A’) who unlawfully and intentionally sexually violates a complainant (‘B’), without the consent of B, is guilty of the offence of sexual assault.
(2) A person (‘A’) who unlawfully and intentionally inspires the belief in a complainant (‘B’) that B will be sexually violated, is guilty of the offence of sexual assault.

4. Compelled sexual assault (Section 6)
A person (‘A’) who unlawfully and intentionally compels a third person (‘C’), without the consent of C, to commit an act of sexual violation with a complainant (‘B’), without the consent of B, is guilty of the offence of compelled sexual assault.

5. Compelled self-sexual assault (Section 7)
A person (‘A’) who unlawfully and intentionally compels a complainant (‘B’), without the consent of B, to-
(a) engage in- (i) masturbation; (ii) any form of arousal or stimulation of a sexual nature of the female breasts; or (iii) sexually suggestive or lewd acts, with B himself or herself;
(b) engage in any act which has or may have the effect of sexually arousing or sexually degrading B; or
(c) cause B to penetrate in any manner whatsoever his or her own genital organs or anus, is guilty of the offence of compelled self-sexual assault.

6. Incest (Section 12)
(1) Persons who may not lawfully marry each other on account of consanguinity, affinity or an adoptive relationship and who unlawfully and intentionally engage in an act of sexual penetration with each other, are, despite their mutual consent to engage in such act, guilty of the offence of incest.
(2) For the purposes of subsection (1)-
(a) the prohibited degrees of consanguinity (blood relationship) are the following:
(i) Ascendants and descendents in the direct line; or (ii) collaterals, if either of them is related to their common ancestor in the first degree of descent;
(b) the prohibited degrees of affinity are relations by marriage in the ascending and descending line; and
(c) an adoptive relationship is the relationship of adoption as provided for in any other law.
(3) (a) The institution of a prosecution of a person who is a child at the time of the alleged commission of the offence referred to in subsection (1) must be authorised in writing by the National Director of Public Prosecutions.
(b) The National Director of Public Prosecutions may not delegate his or her power to decide whether a prosecution in terms of this section should be instituted or not.

7. Bestiality (Section 13)
A person (‘A’) who unlawfully and intentionally commits an act-
(a) which causes penetration to any extent whatsoever by the genital organs of-
(i) A into or beyond the mouth, genital organs or anus of an animal; or (ii) an animal into or beyond the mouth, genital organs or anus of A;
(b) of masturbation of an animal, unless such act is committed for scientific reasons or breeding purposes, or of masturbation with an animal, is guilty of the offence of bestiality.

8. Acts of consensual sexual penetration with certain children (statutory rape) (Section 15)
(1) A person (‘A’) who commits an act of sexual penetration with a child (‘B’) is, despite the consent of B to the commission of such an act, guilty of the offence of having committed an act of consensual sexual penetration with a child.
(2) (a) The institution of a prosecution for an offence referred to in subsection (1) must be authorised in writing by the National Director of Public Prosecutions if both A and B were children at the time of the alleged commission of the offence: Provided that, in the event that the National Director of Public Prosecutions authorises the institution of a prosecution, both A and B must be charged with contravening subsection (1).
(b) The National Director of Public Prosecutions may not delegate his or her power to decide whether a prosecution in terms of this section should be instituted or not.

9. Acts of consensual sexual violation with certain children (statutory sexual assault) (Section 16)
(1) A person ('A') who commits an act of sexual violation with a child ('B') is, despite the consent of B to the commission of such an act, guilty of the offence of having committed an act of consensual sexual violation with a child.

(2) (a) The institution of a prosecution for an offence referred to in subsection (1) must be authorised in writing by the relevant Director of Public Prosecutions if both A and B were children at the time of the alleged commission of the offence: Provided that, in the event that the Director of Public Prosecutions concerned authorises the institution of a prosecution, both A and B must be charged with contravening subsection (1).

(b) The Director of Public Prosecutions concerned may not delegate his or her power to decide whether a prosecution in terms of this section should be instituted or not.

10. Sexual exploitation of children (Section 17)

(1) A person ('A') who unlawfully and intentionally engages the services of a child complainant ('B'), with or without the consent of B, for financial or other reward, favour or compensation to B or to a third person ('C')-

(a) for the purpose of engaging in a sexual act with B, irrespective of whether the sexual act is committed or not; or

(b) by committing a sexual act with B, is, in addition to any other offence which he or she may be convicted of, guilty of the sexual exploitation of a child.

(2) A person ('A') who unlawfully and intentionally offers the services of a child complainant ('B') to a third person ('C'), with or without the consent of B, for financial or other reward, favour or compensation to A, B or to another person ('D')-

(a) for purposes of the commission of a sexual act with B by C;

(b) by inviting, persuading or inducing B to allow C to commit a sexual act with B;

(c) by participating in, promoting, encouraging or facilitating the commission of a sexual act with B by C;

(d) by making available, offering or engaging B for purposes of the commission of a sexual act with B by C, or

(e) by detaining B, whether under threat, force, coercion, deception, abuse of power or authority, for purposes of the commission of a sexual act with B by C, is guilty of an offence of being involved in the sexual exploitation of a child.

(3) A person ('A') who-

(a) intentionally allows or knowingly permits the commission of a sexual act by a third person ('C') with a child complainant ('B'), with or without the consent of B, while being a primary care-giver defined in section 1 of the Social Assistance Act, 2004 (Act 13 of 2004), parent or guardian of B; or

(b) owns, leases, rents, manages, occupies or has control of any movable or immovable property and intentionally allows or knowingly permits such movable or immovable property to be used for purposes of the commission of a sexual act with B by C, with or without the consent of B, is guilty of the offence of furthering the sexual exploitation of a child.

(4) A person ('A') who intentionally receives financial or other reward, favour or compensation from the commission of a sexual act with a child complainant ('B'), with or without the consent of B, by a third person ('C'), is guilty of an offence of benefiting from the sexual exploitation of a child.

(5) A person ('A') who intentionally lives wholly or in part on rewards, favours or compensation for the commission of a sexual act with a child complainant ('B'), with or without the consent of B, by a third person ('C'), is guilty of an offence of living from the sexual exploitation of a child.

(6) A person ('A'), including a juristic person, who-

(a) makes or organises any travel arrangements for or on behalf of a third person ('C'), whether that other person is resident within or outside the borders of the Republic, with the intention of facilitating the commission of any sexual act with a child complainant ('B'), with or without the consent of B, irrespective of whether that act is committed or not; or

(b) prints or publishes, in any manner, any information that is intended to promote or facilitate conduct that would constitute a sexual act with B, is guilty of an offence of promoting child sex tours.

11. Sexual grooming of children (Section 18)

(1) A person ('A') who-

(a) manufactures, produces, possesses, distributes or facilitates the manufacture, production or distribution of an article, which is exclusively intended to facilitate the commission of a sexual act with or by a child ('B');

(b) manufactures, produces, possesses, distributes or facilitates the manufacture, production or distribution of a publication or film that promotes or is intended to be used in the commission of a sexual act with or by 'B';

(c) supplies, exposes or displays to a third person ('C')-

(i) an article which is intended to be used in the performance of a sexual act; (ii) child pornography or pornography; or (iii) a publication or film, with the intention to encourage, enable, instruct or persuade C to perform a sexual act with B; or

(d) arranges or facilitates a meeting or communication between C and B by any means from, to or in any part of the world, with the intention that C will perform a sexual act with B, is guilty of the offence of promoting the sexual grooming of a child.

(2) A person ('A') who-

(a) supplies, exposes or displays to a child complainant ('B')- (i) an article which is intended to be used in the performance of a sexual act; (ii) child pornography or pornography; or (iii) a publication or film, with the intention to encourage, enable, instruct or persuade B to perform a sexual act:
(b) commits any act with or in the presence of B or who describes the commission of any act to or in the presence of B with the intention to encourage or persuade B or to diminish or reduce any resistance or unwillingness on the part of B to (i) perform a sexual act with A or a third person ('C'); (ii) perform an act of self-masturbation in the presence of A or C or while A or C is watching; (iii) be in the presence of or watch A or C while A or C performs a sexual act or an act of self-masturbation; (iv) be exposed to child pornography or pornography; (v) be used for pornographic purposes as contemplated in section 20 (1); or (vi) expose his or her body, or parts of his or her body to A or C in a manner or in circumstances which violate or offend the sexual integrity or dignity of B; (c) arranges or facilitates a meeting or communication with B by any means from, to or in any part of the world, with the intention that A will commit a sexual act with B; (d) having met or communicated with B by any means from, to or in any part of the world, invites, persuades, seduces, induces, entices or coerces B- (i) to travel to any part of the world in order to meet A with the intention to commit a sexual act with B; or (ii) during such meeting or communication or any subsequent meeting or communication to- (aa) commit a sexual act with A; (bb) discuss, explain or describe the commission of a sexual act; or (cc) provide A, by means of any form of communication including electronic communication, with any image, publication, depiction, description or sequence of child pornography of B himself or herself or any other person; or (e) having met or communicated with B by any means from, to or in any part of the world, intentionally travels to meet or meets B with the intention of committing a sexual act with B, is guilty of the offence of sexual grooming of a child.

12 Exposure or display of or causing exposure or display of child pornography or pornography to children (Section 19)

A person ('A') who unlawfully and intentionally exposes or displays or causes the exposure or display of-(a) any image, publication, depiction, description or sequence of child pornography or pornography; (b) any image, publication, depiction, description or sequence containing a visual presentation, description or representation of a sexual nature of a child, which may be disturbing or harmful to, or age-inappropriate for children, as contemplated in the Films and Publications Act, 1996 (Act 65 of 1996), or in terms of any other legislation; or (c) any image, publication, depiction, description or sequence containing a visual presentation, description or representation of pornography or an act of an explicit sexual nature of a person 18 years or older, which may be disturbing or harmful to, or age-inappropriate, for children, as contemplated in the Films and Publications Act, 1996, or in terms of any other law, to a child ('B'), with or without the consent of B, is guilty of the offence of exposing or displaying or causing the exposure or display of child pornography or pornography to a child.

13 Using children for or benefiting from child pornography (Section 20)

(1) A person ('A') who unlawfully and intentionally uses a child complainant ('B'), with or without the consent of B, whether for financial or other reward, favour or compensation to B or to a third person ('C') or not-(a) for purposes of creating, making or producing; (b) by creating, making or producing; or (c) in any manner assisting to create, make or produce, any image, publication, depiction, description or sequence in any manner whatsoever of child pornography, is guilty of the offence of using a child for child pornography.

(2) Any person who knowingly and intentionally in any manner whatsoever gains financially from, or receives any favour, benefit, reward, compensation or any other advantage, as the result of the commission of any act contemplated in subsection (1), is guilty of the offence of benefiting from child pornography.

14 Compelling or causing children to witness sexual offences, sexual acts or self-masturbation (Section 21)

(1) A person ('A') who unlawfully and intentionally, whether for the sexual gratification of A or of a third person ('C') or not, compels or causes a child complainant ('B'), without the consent of B, to be in the presence of or watch A or C while he, she or they commit a sexual offence, is guilty of the offence of compelling or causing a child to witness a sexual offence.

(2) A person ('A') who unlawfully and intentionally, whether for the sexual gratification of A or of a third person ('C') or not, compels or causes a child complainant ('B'), without the consent of B, to be in the presence of or watch-(a) A while he or she engages in a sexual act with C or another person ('D'); or (b) C while he or she engages in a sexual act with D, is guilty of the offence of compelling or causing a child to witness a sexual act.

(3) A person ('A') who unlawfully and intentionally, whether for the sexual gratification of A or of a third person ('C') or not, compels or causes a child complainant ('B'), without the consent of B, to be in the presence of or watch A or C while he or she engages in an act of self-masturbation, is guilty of the offence of compelling or causing a child to witness self-masturbation.

15 Exposure or display of or causing exposure or display of genital organs, anus or female breasts to children ('flashing') (Section 22)

A person ('A') who unlawfully and intentionally, whether for the sexual gratification of A or of a third person ('C') or not, exposes or displays or causes the exposure or display of the genital organs, anus or female breasts of A or C to a child complainant ('B'), with or without the consent of B, is guilty of the offence of exposing or displaying or causing the exposure or display of genital organs, anus or female breasts to a child.
Generally only a few cases of abuse are reported to the authorities - about 1 in 4 cases.

There are various factors often associated with under-reporting.
- Shame or Guilt
- Lack of knowledge/ignorance (don't know who to report to)
- Intimidation and bribery
- Economic factors (breadwinner status, unemployment, poverty)
- Need to protect (self, family, offender)

**RISK FACTORS FOR FAMILIES AND CHILDREN**

- Socially isolation persons or families
- Few community support/family support
- Poor parenting and parenting skills
- Abuser being abused themselves
- Single parent families
- Young parents
- Children close in age
- Families with high stress levels/loads
- Disabled children
- Female children
- Step / foster children
- Absent parent - physically/emotional
- Poverty, lack of access to basic services

**MYTHS AND MISBELIEFS**

<table>
<thead>
<tr>
<th>Myths and Misbelieves</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only people unknown to the child (stranger danger)</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Non-abusing parent must have known</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Some forms of abuse are more serious</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>All children subjectively feel traumatised by abuse</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Parents who abuse do not love their children</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>All problems presented, result from some from of abuse</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>All abusers are males</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Only female children are sexually abused</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Children feel better once they have disclosed</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Offenders are untreatable</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>No need for therapy - time will heal</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Abused children will develop into abusing adults</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>It does not happen in my community</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sex with children cleanses a person with HIV/AIDS</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Children can say &quot;NO&quot;</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Once damages are paid - it's over</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>It is the father's duty to demonstrate to the daughters about sex</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Children can always tell</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
INDICATORS OF ABUSE

This is a guide - don't jump to conclusions! Consult with an expert in the field.

The following information are acknowledged and taken from “Abuse no more. Dealing effectively with Child Abuse” as issued by The Western Cape Education Department, 2001.

PHYSICAL ABUSE:

<table>
<thead>
<tr>
<th>Behaviour of an adult who abuses children</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complaints that the child is difficult to control;</td>
</tr>
<tr>
<td>• Little knowledge of child development, makes unrealistic demands, e.g. expects good bowel control at too early age;</td>
</tr>
<tr>
<td>• May indicate that child is prone to injuries. Lies about how child was injured;</td>
</tr>
<tr>
<td>• Gives contradictory explanations about how the child was injured;</td>
</tr>
<tr>
<td>• Inappropriate or excessive use of medical service;</td>
</tr>
<tr>
<td>• Seems concerned about the welfare of the child.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviour of an abused child</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cannot explain injuries or gives inconsistent explanations;</td>
</tr>
<tr>
<td>• Absconds;</td>
</tr>
<tr>
<td>• Cringe or withdraws when touched;</td>
</tr>
<tr>
<td>• Babies stare with empty expression, rigid carriage, on guard;</td>
</tr>
<tr>
<td>• Extremely Aggressive or withdrawn;</td>
</tr>
<tr>
<td>• Seeks attention from anyone who cares;</td>
</tr>
<tr>
<td>• Extremely compliant, tries to please others;</td>
</tr>
<tr>
<td>• Become scared when other children cry;</td>
</tr>
<tr>
<td>• Scared to go home after school. Scared of adults;</td>
</tr>
<tr>
<td>• Normal activities arouse anxiety;</td>
</tr>
<tr>
<td>• Vandalises things.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical indications of child abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Injuries - bruises, cuts, burns, fractures;</td>
</tr>
<tr>
<td>• Various injuries, various degrees of healing;</td>
</tr>
<tr>
<td>• Various injuries over a period of time;</td>
</tr>
<tr>
<td>• Head injuries on babies and pre-school children, e.g. cuts, bruises, burn marks, abrasions which cannot be satisfactorily explained;</td>
</tr>
<tr>
<td>• Injuries such as fractures, abrasions, burns and bruises which cannot be explained;</td>
</tr>
<tr>
<td>• Inappropriate clothing to cover the body.</td>
</tr>
</tbody>
</table>

NEGLECT:
**Behaviour of an adult who neglect children**

- Behaviour indicates rejection of the child, e.g. child is left in cot or bedroom for long periods of time;
- Ignores the child's loving approaches, refuses to hold the child's hand or hold her or him close;
- Indicates the child is unwelcome;
- Indicates the child is difficult to care for, e.g. the child is "demanding" and "difficult to feed".

**Behaviour of a neglected child**

- Listless and makes few or no demands, e.g. seldom cries;
- Little or no interest in the environment;
- Little or no movement, e.g. lies still in bed;
- Does not react to strangers' attempts to stimulate her or him;
- Shows little fear of strangers, e.g. does not react to them;
- Beats or steals food;
- Continually tired, listless or falling asleep;
- Says that nobody at home looks after her or him;
- Irregular Attendance at school;
- Destructive and aggressive;
- Inappropriate clothing, poor personal hygiene, continually hungry;
- Physical and medical needs don't receive attention;
- child labour.

**Physical indications of child neglect**

- The child does not grow and loses a lot of weight (though this may also indicate underdevelopment. A medical examination is necessary to determine the case.)

**The following physical characteristics are often present in neglected children:**

- Child is pale and emaciated
- Very little body fat in relation to build, e.g. folds on buttocks; skin feels like parchment owing to dehydration;
- Constant vomiting and/or diarrhoea;
- Developmental milestones not reached within normal age-ranges, e.g. neck still limp at 6 months, cannot walk at 18 months.

**SEXUAL ABUSE:**
### Behaviour of an adult who sexually abuses children

- Exceptionally protective towards child and jealous;
- Discourages contact with peer-group when there is no supervision;
- Acts seductively towards child;
- Indicates that the spouses have marital problems;
- Abuses alcohol and/or drugs.

### Behaviour of a sexually abused child

- Sexual play with self, others and toys;
- Sexual vocabulary and/or behaviour not age appropriate;
- Drawings or descriptions with sex theme not age appropriate;
- Strange, sophisticated or unusual sexual knowledge, e.g. flirtation;
- Promiscuity and/or prostitution;
- Continual absconding;
- Fear of seduction by members of the opposite sex;
- Unwilling to participate in certain activities;
- Sudden deterioration in school progress;
- Poor relations with peers;
- Withdrawal, fantasising, uncommonly childish behaviour;
- Crying without provocation;
- Depression, attempted suicide.

### Physical indications of a sexually abused child

- Pain or unusual itching of genitals or in anal area;
- Torn, stained or bloodstained underwear;
- Pregnancy;
- Injuries to genitals or anal area, e.g. bruises, swelling or infection;
- Sexually transmitted diseases;
- Difficulty in sitting or walking;
- Regular urinary infection;
- Throat irritations and/or soreness or mouth sores owing to forced oral sex.

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**EMOTIONAL ABUSE:**

### Behaviour of an adult who emotionally abuses children

*Child Abuse Guidelines*

Approved June 2005; Revised April 2010
• Blames the child for own problems and disappointments - child is seen as a scapegoat;
• Continually expresses negative feelings about the child to other people and the child;
• Conduct towards the child expresses continual rejection;
• Withholds herself or himself from verbally or behaviourally expressing love to the child;
• Continually trying to bribe, influence or terrify the child;
• Continually trying to isolate the child, e.g. by prohibiting contact inside and outside the family

### Behaviour of an emotionally abused child

• Aggression, depression or extreme withdrawal;
• Extreme compliance; too well-mannered, too clean;
• Extreme attention-seeking;
• Extreme control when she or he plays - suppresses own feelings.

### Physical indications of an emotionally abused child

• Enuresis (bedwetting) and/or encopresis (soiling) for which there is no physical cause;
• Continual psychosomatic complaints, e.g. headache, nausea, stomach pain;
• Child does not grow and develop according to expectations

### RAPE TRAUMA SYNDROME:

#### Physical Indicators

• Immediately after a rape, survivors often experience shock; they are likely to feel cold, faint, become mentally confused (disorientated), tremble, feel nauseous and sometimes vomit.
Child Abuse Guidelines
Approved June 2005; Revised April 2010

• Pregnancy
• Sexually transmitted diseases like HIV/AIDS, syphilis and/or gonorrhoea; gynaecological problems like irregular, heavier and/or painful periods, vaginal discharges and bladder infections.
• Bleeding and/or infections from tears or cuts in vagina or rectum, depending on what happened during the rape;
• A soreness of the body. There may also be bruising, grazes, cuts, etc. depending on the kind of force used during the rape.
• Nausea and/or vomiting
• Throat irritations and/or soreness owing to forced oral sex.
• Tension headaches
• Pain in lower back and/or stomach
• Sleep disturbances like difficulty falling asleep, waking up during the night, being woken by nightmares about rape, getting less sleep than usual, or on the other hand, feeling exhausted and needing to sleep more than usual.
• Eating disturbances such as not feeling like eating, eating less than usual and so losing weight, or on the other hand eating more than usual and so putting on weight.

**Behavioural Indicators**

• Crying more than usual.
• Difficulty in concentrating.
• Being restless, agitated and unable to relax, or on the other hand just sitting around and moving very little.
• Not wanting to go out and/or socialise, or on the other hand socialising more than usual.
• Not wanting to be left alone.
• Stuttering or stammering more than usual.
• Trying to avoid anything that reminds the survivor of the rape, e.g. someone who was raped at a party may stop going to parties.
• Many rape survivors don't want to talk about what happened, because it makes them remember the rape.
• More easily frightened or startled than usual. Rape survivors often get very scared when someone walks up behind them without warning.
• Being very alert and watchful.
• Getting very upset by minor things that didn't worry them before the rape.
• Losing interest in things that used to be of interest to them before the rape.
• Problems in relationships with people like family, friends, lovers and spouses. Rape survivors may become irritable and so may quarrel with others more easily; or they may withdraw from people with whom they had been close before the rape. They may also become very dependent on others, or on the other hand overly dependent.
• Sexual problems like a fear of sex, a loss of interest in sex or a loss of sexual pleasure.
• Changes in work or school, e.g. playing truant, dropping out of school, changing jobs, or stopping work altogether.
• Moving house.
• Increased use of substances like alcohol, cigarettes and/or drugs. A person who didn't use a substance before the rape may start to use it afterwards.
• Increased washing and/or bathing, because of a feeling of being dirty from the rape.
• Acting as if the rape never happened

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**RAPE TRAUMA SYNDROME**

**Psychological Indicators**

• Intrusive thoughts and feelings about being dirty from (contaminated by) the rape. These feelings often make rape survivors wash or bath more frequently. These thoughts are known as obsessional thoughts.
• Flash backs - the sudden feeling that the rape is happening again, which makes the survivor very frightened and upset.
• Nightmares about the rape.
• Being very upset by anything that reminds the survivor of the rape.
• Becoming extremely afraid of certain things that remind the survivor of the rape. Such extreme fears are called phobias. Rape survivors often develop extreme fears of men, of strangers, of being alone, of leaving their homes, of going to school or to work, and of sex. These phobias are called trauma-phobias, because they are caused by a trauma.
• A loss of memory of part or all of the rape, which is called psychogenic amnesia.
  • Being able to feel certain feelings like happiness, or feeling very “flat”. On the other hand, rape survivors can feel emotionally confused and have mood swings (quick changes of mood).
• Feeling that they will not live for very long and/or feeling very negative about their future prospects.
• Feeling depressed and/or sad, and sometimes having thoughts of suicide.
• Feeling irritable and angry.
  • Feeling more fearful and anxious than usual. Rape survivors are often very afraid that their assailant(s) will return, that they are pregnant and/or that they have been infected with a disease from the rape.

ROLE OF THE EDUCATOR

• To identify child abuse or neglect or worst forms of child labour
• To record incidences of child abuse
• To report/notify authorities re child abuse - Children’s Act, Act 38 of 2005 - Notification - First report implications (Refer to Form 22 - attached)
• To refer cases
• To facilitate disclosure where appropriate
• To support the child throughout the process
• To facilitate preventative measures/programmes through life skills education

NB: The role of the educator is one of reporting the abuse, supporting the child and NOT to investigate the case

PROCEDURE

• In terms of Section 110 of the Children's Act, Act 38 Of 2005 the following applies:
  • "(1) Any correctional official, dentist, homeopath, immigration official, labour inspector, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, social service professional, social worker, speech therapist, teacher, traditional health practitioner, traditional leader or member of staff or volunteer worker at a partial care facility, drop-in centre or child and youth care centre who on reasonable grounds concludes that a child has been abused in a manner causing physical injury, sexually abused or deliberately neglected, must report that conclusion in the prescribed form to a designated child protection organisation, the provincial department of social development or a police official; (2) Any person who on reasonable grounds believes that a child is in need of care and protection may report that belief to the provincial department of social development, a designated child protection organisation or a police official. (3) A person referred to in subsection (1) or (2)-
    (a) must substantiate that conclusion or belief to the provincial department of social development, a designated child protection organisation or police official; and
    (b) who makes a report in good faith is not liable to civil action on the basis of the report."

• These sections compel persons as mentioned in Sect. 110 of the Act to notify the Director-General of the Provincial Department of Social Development by the completion of Form 22. This form is attached. On notification, the DG will request any policeman, social worker or authorised officer to take appropriate steps to ensure the safety and welfare of the child. A preliminary investigation into the circumstances giving rise to the concerns with regard to the child will be conducted by a social worker or other designated person. Should the preliminary investigation reveal reasonable grounds, further prescribed steps will be taken to comply with the regulation of the Children's Act.

• A National Child Protection Register. A Provincial Child Protection Register will be kept at the various Provincial Offices of the Department of Social Welfare. Other departments such as the Dept of Health, Education, SAPS and Justice are encouraged to keep their own registers with the view of planning and provision of preventive services.

• Form 22 needs to be duplicated and be kept in every School Principal's Office and be available to all educators for completion in the event of suspected or disclosed abuse. Forms need to be completed in three fold: i) the original to be sent to a local Dept of Social Welfare or child welfare society for intervention; ii) one copy to be sent to the District Director for attention SDSS in the relevant District for record keeping and coordination; iii) one copy to be kept at the school.

SCENARIOS:

There are three scenarios to consider:
1. If you suspect abuse of one of your learners, INCLUDING risk factors Worst Forms of Child Labour
2. Once the child has disclosed or someone else reports an incidence to you
3. In cases of alleged abuse by an educator/staff member

1. If you suspect abuse of one of your learners:
- Start gathering information as you begin to suspect child abuse - build a case in the child’s file. As a suggestion, draw a picture of a child and as you observe “abuse”, draw these onto the picture, specify the injury and date it.

- Monitoring aspects such as days and times absent and note whether (if the child does not disclose directly) they reflect patterns such as late arrival in poor condition (could indicate forms of child labour) absence on market days, dipping days, during planting/harvest seasons etc

- Consult with the Principal and notify the local Department of Social Welfare or Child Welfare Agency.

- Complete Form 22 as indicated in the Circular of the Department of Education and Culture.

- Refer to ILST for on-going support

2. Once a child has disclosed or someone else reports an incidence of child abuse to you:

- Write down as verbatim as possible what the child / person has said

- Remember:
  Non-verbal communication is very important -
  Positioning – rather sit next to the child and NOT behind your desk
  Be relaxed and open minded
  Eye contact
  Tone of voice
  Facial expressions – be careful of expressing shock, anger, disbelief, etc.

BE AWARE OF THE CHILD’S NEEDS !!!!

- Ascertain the child’s immediate need for safety, by asking the following questions : -
  When did it happen?
  Where did it happen?
  Who did this to you?
  When was the first time this has happened to you?
  Does the child need immediate medical attention? (Rape, open wounds, severe marks, etc.)

- Discuss ONLY with the principal/counsellor. It is only necessary to discuss pertinent information, and not the full story. Remember, you must maintain confidentiality.

- Discuss jointly the next step e.g. contacting of specialists/support persons, contact parents, go to the clinic/hospital for medical opinion, crisis centre. Don’t take sole responsibility for this step.

- Think through the potential consequences of each action for the child AND the school
• To decide on further steps, consult with SDSS official responsible for child abuse cases/community social worker/community nurse/parent/ Family Violence, Child Abuse & Sexual offences Office (FCS) of the South African Police Services, formerly the Child Protection Unit, etc.
• Take action as decided upon after consultation.
• If decided upon, refer for specialist attention (hospital, police, social worker)
• Complete Form 22 (attached): Notification of Child Abuse
• Refer to ILST for on-going support
• FOLLOW UP e.g. contact/phone social worker/CPU officer regularly
• Support the child throughout the process

VERY IMPORTANT:
• Should there be a police investigation and court case, the case is treated as sub judice, be careful not to discuss any information.
• Should you be the first person to whom a child has disclosed abuse, you can be subpoenaed to appear in court to give evidence on what the child told you. Be specific in what the child told you – do not expand or give your own opinion in the matter. Use words that were used by the child! You cannot refuse to appear in court once you had been subpoenaed. Should you be subpoenaed, inform your principal and discuss court procedures with the social worker or your lawyer.

POSITIVE RESPONSES TO THE CHILD
◊ “I believe you”
◊ “I am glad you told me”
◊ “I am sorry it happened to you”
◊ “This must have been a bad experience” (Note: this should be used carefully and when the learner expresses negative feelings - as a way of expressing empathy, reflecting learners’ feelings)
◊ “Always remember, it is not your fault”
◊ “I cannot make promises not to tell”
◊ “I need to speak to someone who will help you, but I will be there to support you”

OTHER IMPORTANT MESSAGES TO COMMUNICATE TO THE LEARNER
⇒ “Your body belongs to you. You have the right not to be abused”
⇒ “Sexual abuse is never your fault. Nothing a child does or doesn’t do, excuses an older person who uses a child for sexual pleasure”
⇒ “Sexual abuse is harmful. The deepest hurt is the way sexual abuse make children feel about themselves”
⇒ “Good people can do bad things. Abusers may be good persons in other ways, but abuse is wrong and must be stopped”
⇒ “Usually sexual abuse does not stop by itself. Tell someone who will listen and do something about it”
⇒ “Keep telling people you trust until someone listens”
⇒ “What happens to the abuser is never your fault”

3. In cases of alleged abuse by an official of the Department of Education (e.g. educator, principal, admin staff, etc.):
• Inform the principal (if perpetrator is school personnel) or the circuit manager (if perpetrator is the principal) immediately. The Principal or circuit manager has to follow the prescribed departmental procedures for disciplinary action.
• Follow-up with a letter of confirmation to the Principal or Circuit Manager with copies to the District Manager and the Labour section.
• Write down as verbatim as possible what the child / person has said
• Remember:
  Non-verbal communication is very important -
  Positioning – rather sit next to the child and NOT behind your desk
  - Be relaxed and open minded
  - Eye contact
  - Tone of voice
  - Facial expressions – be careful of expressing shock, anger, disbelief, etc.

BE AWARE OF THE CHILD’S NEEDS !!!!
• Ascertain the child’s immediate need for safety, by asking the following questions: -
  - When did it happen?
Where did it happen?
Who did this to you?
When was the first time this has happened to you
Does the child need immediate medical attention? (Rape, open wounds, severe marks, etc.)

- Discuss **ONLY** with the principal/counsellor. It is only necessary to discuss pertinent information, and not the full story. Remember, you must maintain confidentiality.
- Discuss jointly the next step e.g. contacting of specialists/support persons, contact parents, go to the clinic/hospital for medical opinion, crisis centre. **Don’t take sole responsibility for this step.**
- Think through the potential consequences of each action for the child AND the school
- To decide on further steps, consult with SDSS official responsible for child abuse cases /community social worker/ Childline/ community nurse/parent/ Family Violence, Child Abuse & Sexual offences Office (FCS) of the South African Police Services, formerly the Child Protection Unit, etc.
- Take action as decided upon after consultation.
- If decided upon, refer for specialist attention (hospital, police, social worker)
- Complete Form 22 (attached): Notification of Child Abuse
- Refer to ILST for on-going support
- FOLLOW UP e.g. contact/phone social worker/CPU officer regularly
- Support the child throughout the process

**IMPORTANT: IN CASES WHERE THE ALLEGED PERPETRATOR IS A LEARNER AT A SCHOOL.**

- Specialist intervention is necessary!!
- The dynamics of a child perpetrator is very complex.
- Consult with Childline or SDSS official responsible for child abuse cases before taking any disciplinary actions with regard to the alleged perpetrator
- Refer to ILST for support intervention programme

**PROCEDURAL ROLE OF THE SDSS official responsible for child abuse cases**

SDSS staff are likely to become involved with child abuse cases in the following ways:

1. When a school/educator reports suspicion/disclosure of child abuse;
2. When, during a SDSS member’s counselling/evaluation of a child,
   a. child abuse is disclosed;
   b. child abuse is suspected
3. When alleged abuse is reported to SDSS from sources outside the school.

The SDSS member is required to:
1. When child abuse is suspected/disclosed by school/educator

- Clarify the role of SDSS in child abuse cases. SDSS's role is strictly to support and provide guidance with regard to the procedures.
- Support the school/educator/parent by:
  - Ensuring that they are fully informed of their responsibilities and the procedures required.
  - Revise and discuss child behaviour which are known indicators of abuse.
- Counsel the principal/educator with regard to the need for confidentiality, who else to inform. (Guard against rumour mongering amongst staff and learners) Discuss the need to support the learner, alleged perpetrator (if learner) and other affected persons.
- Establish whether counselling support from SDSS is appropriate/necessary. [Counselling of this nature is concerned with the trauma/stress experienced by those concerned and is not in any way part of the investigation].
- Facilitate the principal/school's decision making with regard to the various steps which need to be taken, ensuring that the legal requirements and consequences of each step are carefully considered. All decisions must be taken by the school/principal, taking into cognisance the best interest of the child.
- Ensure that the matter is reported. It may be necessary to follow up and ensure that Form 22 has been submitted to the appropriate body. A copy of Form 22 must be filed in a confidential restricted file maintained by the Chief Education Specialist (CES) and the social worker at the SDSS offices.
- For statistical purposes, the CES must ensure that the SDSS social worker informs the provincially delegated SDSS member who is accountable to the provincial Department of Social Welfare.

2.a. When, during a SDSS member's counselling/evaluation of a child, abuse is disclosed.

- Offer support to the child and discuss possible actions to be taken. Clarify the role of SDSS to the child, explaining that there is a legal obligation to report abuse. As the person to whom the abuse is first disclosed the SDSS member is fully responsible for the notification of the incident(s).
- Write down as verbatim as possible what the child has said
- Remember:
  - Non-verbal communication is very important -
    - Positioning
    - Be relaxed and open-minded
    - Eye contact
    - Tone of voice
    - Facial expressions

  - BE AWARE OF THE CHILD'S NEEDS !!!!
- Ascertain the child's immediate need for safety, by asking the following questions: -
  - When did it happen?
  - Where did it happen?
  - Who did this to you?
  - When was the first time this has happened to you?
  - Does the child need immediate medical attention? (Rape, open wounds, severe marks, etc.)
- Discuss with the child the next step e.g. contacting of specialists/support persons, parents, go to the clinic/hospital for medical opinion, crisis centre. Think through the potential consequences of each action for the child AND the school
- If appropriate, clarify with the principal the role of SDSS in child abuse cases; and
- Discuss the matter ONLY with the principal and class teacher. This is necessary to ensure that the child's behaviour is understood and would receive the necessary support. It is only necessary to discuss pertinent information. Remember, you must maintain confidentiality. Think through the potential consequences of each action for the child AND the school.
- Consult with and refer to the local social worker/Childline/local crisis facility/community nurse and if required consult and refer to local hospital (if < 14 years) or District Surgeon and/or the Family Violence, Child Abuse and Sexual Offences Office (FCS) of the South African Police services, previously, the Child Protection Unit (CPU).
- Complete Form 22 (attached): Notification of Child Abuse and submit it to the local Department of Social Welfare. A copy of Form 22 must also be filed in a confidential restricted file maintained by the CES and social worker at the SDSS offices. For statistical purposes, the CES must ensure that the SDSS social worker informs the provincially delegated SDSS member who is accountable to the provincial Department of Social Welfare. The Child Abuse Register must be completed
- FOLLOW UP e.g. contact/phone social worker/CPU officer regularly
- Ensure that the child is supported at all times.
• Facilitate an Abuse Prevention Programme.

2. b. When, during a SDSS member’s counselling/evaluation of a child, abuse is suspected

• In offering support to the child, indicate punishments, behaviour and actions, which are inappropriate and should be reported. Sensitively question the nature of physical contacts and invite disclosure of incidents, which cause the child anxiety. Disclose the implications of alleged abuse. Clarify the role of SDSS to the child, explaining that there is a legal obligation to report abuse. Indicate and discuss possible actions to be taken. [As the person who first suspects abuse, the SDSS member is fully responsible for the notification of the incident(s) by completing and submitting Form 22].
• Write down as verbatim as possible what the child has said and record relevant non-verbal behaviour
• Remember:
  Non-verbal communication is very important -
  Positioning
  Be relaxed and open-minded
  Eye contact
  Tone of voice
  Facial expressions
  BE AWARE OF THE CHILD’S NEEDS !!!!
• Ascertain the child’s immediate need for safety, by asking the following questions:
  When did it happen?
  Where did it happen?
  Who did this to you?
  When was the first time this has happened to you?
  Does the child need immediate medical attention? (Rape, open wounds, severe marks, etc.)
• Other than in cases of exceptional trauma, e.g., a child is hysterical, suicidal, the child must be sensitively informed of the SDSS’s obligation to report concerns. At all times the child must be reassured and be provided with support. If appropriate, discuss with the child possible next steps e.g. contacting of specialists/support persons, parents, go to the clinic/hospital for medical opinion, crisis centre. Think through the potential consequences of each action for the child.
• If appropriate, clarify with the principal the role of SDSS in child abuse cases; and
• Discuss the matter ONLY with the principal and class teacher. This is necessary to ensure that the child’s behaviour is understood and would receive the necessary support. It is only necessary to discuss pertinent information. Remember, you must maintain confidentiality. Think through the potential consequences of each action for the child and the school.
• Consult with and refer to the local social worker/community nurse and if necessary local hospital (if < 14 years) or District Surgeon and/or Child Protection Unit (CPU - now known as FCS - Family Violence Child Abuse Sexual Offences Office).
• Complete Form 22 (attached): Notification of Child Abuse and submit it to the local Department of Social Welfare. A copy of Form 22 must also be filed in a confidential restricted file maintained by the CES and social worker at the SDSS offices.
• For statistical purposes, the CES must ensure that the SDSS social worker informs the provincially delegated SDSS member who is accountable to the provincial Department of Social Welfare. The Child Abuse Register must be completed.
• FOLLOW UP e.g. contact/phone social worker/CPU officer regularly
• Ensure that the child is supported at all times.
• Facilitate an Abuse Prevention Programme.

3. When alleged abuse is reported to SDSS from sources outside the school.

If the alleged perpetrator is a member of the Department of Education and Culture, the matter must be referred in writing to the District and Circuit/Ward Manager. The child’s need for support must be discussed and a plan of action agreed upon. A joint initial visit by the SDSS member and Ward Manager is strongly recommended. Form 22 needs to be completed as well as Child Abuse Register.

If the referral is from:
3a An outside agency, they are responsible for the completion and submission of Form 22. SDSS is to provide the agency with a brief report that the school had been visited and the necessary steps have been taken. The investigation of abuse remains with the referring agency.
3b A parent/primary caregiver or member of the public, they are to be referred to local Social Welfare Agency.
If the alleged perpetrator is not a member of the Department, the person referring, must be supported and referred to the appropriate Welfare Agency. SDSS is advised to telephonically enquire of the school as to the well being of the child concerned.

PROTOCOL TO BE FOLLOWED IN CASES REFERRED BY CHILDLINE:

ALLEGED CHILD ABUSE BY AN OFFICIAL AT A SCHOOL

CHILDLINE:
1. Childline refer case directly to the Circuit Manager and District SDSS Social Worker or person dealing with child abuse matters. Where the name of the learner is known, Childline will also refer the case to the local Dept of Social Welfare or Child Welfare Society to attend to the needs of the child.
2. At the end of each month, Childline will send a summarised report of all cases that were referred, to the DCES: Social Work

DISTRICT LEVEL: (Normal Protocol will be followed in all cases)
1. The Circuit Manager will investigate the complaint against an official as is required according to role functions. A report by the Circuit Manager with recommendations, should be submitted within 14 days to the District Manager and with a copy to the Director: G&M at Head Office. Thereafter monthly progress reports should be submitted to the District Manager and with a copy to the Director: G&M at Head Office to ensure effective management of the cases. In cases where disciplinary action is deemed necessary, the Circuit Manager will refer the case to the Labour Section to take further action. A copy will also be send to the District Manager and with a copy to The Director: G&M at Head Office. The Circuit Manager could request support from the DOE Social Worker to assist with the support needs of the child involved.
2. The School Social Worker will act as a support to the Circuit Manager, assessing the situation of the child and the impact of the alleged abuse on the social functioning of the child. The School Social Worker will liaise with the local welfare organisation to ensure that the needs of the child had been attended to. Progress reports will be submitted to the District Manager and the DCES: Social Work at Head Office.

HEAD OFFICE LEVEL:
1. The Director: G&M will co-ordinate the investigations by the Circuit Managers. In cases where special investigations need to be performed, it will be referred to relevant Director for Labour relations
2. The DCES: Social Work will co-ordinate the services of the District School Social Workers as well as monitor all referrals from Childline.
3. The Director: Labour Relations will co-ordinate special investigations into relevant matters.
4. A case discussion will be held on a monthly basis involving Head Office officials and, where necessary, officials from District Offices.

PREVENTION:
Prevention must be part of the schools' everyday programme - schools must be proactive by involving specialists to address learners, parents, staff etc on these issues. This way, these specialists also develop a relationship with the school. When external specialists are involved, the SDSS official should be informed to provide additional support.

Be a health promoting school!

A prevention programme will:
- Strengthen family life
- Strengthen child's self-esteem
- Promote the development of Life Skills - across all phases of life/school
- Empower the school community including School Governing Bodies (SGBs), parents, Learner Representative Committee (LRCs)
- Raising awareness of risks for Worst Forms of Child Labour (eg being offered money or drugs as a way to lure child into ways of exploitation)

A LIFESKILLS PREVENTION PROGRAMME
SKILLS TO BE INCLUDED:
• Building a positive self-concept
• Expressing feelings constructively
• Establishing, maintaining and terminating relationships
• Effective communication
• Clarification of values
• Management of own sexuality
• Sexuality education including STIs (sexually transmitted infections)
• Conflict management and dealing with negative emotions
• Decision-making skills
• Taking responsibility for own actions and decisions
• Problem-solving techniques
• Prevention and care and support for HIV/AIDS (those infected and affected)
• Assertiveness Skills
FLOW DIAGRAM: DEALING WITH CHILD ABUSE AND EXPLOITATION IN EDUCATION AS CRISIS

REMEMBER: IN ALL CASES COMPLETE FORM 22 AND COMPLETE CHILD ABUSE REGISTER

ABUSE IS REPORTED TO EDUCATOR

LEARNER DISCLOSES ABUSE: BE SENSITIVE, TAKE NOTES OF DETAILS & DRAWINGS, DATE & SIGN THEM

AN EDUCATOR SUSPECTS ABUSE: NOTE AND SIGN

ABUSE BY STAFF MEMBER

DISCUSS WITH PRINCIPAL / CHAIRPERSON OF THE ILST, ASSESS THE LEARNERS SAFETY NEEDS, COMPILE A SHORT REPORT CONTAINING ALL IMPORTANT DETAILS.

REPORT DIRECTLY TO DM

IF SDSS ARE AVAILABLE THEN

IF SDSS NOT AVAILABLE THEN

REPORT TO EDUCATION CIRCUIT/WARD MANAGER for INVESTIGATION & SDSS for SUPPORT

• CONSULT WITH SDSS AND DECIDE WHICH STEPS WILL BE TAKEN AND WHAT PROFESSIONAL AGENCIES WILL BE CONTACTED
• REFER TO ILST FOR ONGOING SUPPORT PLAN

CONTACT THE DEPT OF WELFARE / CHILDLINE TO CONSULT ON FURTHER ACTION. IF UNAVAILABLE CONTACT OTHER RESOURCES AND CONTACT SDSS AS SOON AS STAFF MEMBER IS AVAILABLE TO RECORD A REPORT

THE RELEVANT PROFESSIONALS WILL IMPLEMENT A PLAN OF ACTION WHICH MAY INCLUDE:
♦ INVOLVEMENT OF AUTHORISED AGENCIES (EG CHILDLINE, CHILD PROTECTION UNIT)
♦ FURTHER INTERVIEWS AT THE SCHOOL. A STAFF MEMBER/SDSS MEMBER MAY BE PRESENT DURING THE INTERVIEW
♦ THERAPY BY WELFARE AGENCIES
♦ ONGOING SUPPORT TO THE CHILD AND THE FAMILY IN/OUTSIDE THE SCHOOL

NB: SCHOOLS ARE ENTITLED TO FEEDBACK AND THE RIGHT TO BE KEPT INFORMED OF DEVELOPMENTS RELEVANT TO THE MANAGEMENT OF THE CHILD IN THE SCHOOL SETTING
REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD

(Regulation 33)

[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]

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

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

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

2. The District Manager, Dept of Education. For Attention: CES: SDSS and Social worker

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

Source of report (do not identify person)

- Victim
- Relative
- Parent
- Neighbour/friend

- Professional (specify)

- Other (specify)

Date Reported to child protection organisation:

<table>
<thead>
<tr>
<th>DD</th>
<th>MM</th>
<th>CCYY</th>
</tr>
</thead>
</table>

1. CHILD: (COMPLETE PER CHILD)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Full name(s)</th>
</tr>
</thead>
</table>

Gender: M F

Date of Birth: DD MM CCYY

School Name: Grade: Age / Estimated Age:

* ID no: * Passport no:

Contact no:

2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION

- Street child
- Child labour
- Child trafficking
- Commercial sexual exploitation
- Exploited children
- Child abduction

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Name:</th>
</tr>
</thead>
</table>

Address: Telephone number:

Other children interviewed: Yes No Number:

(*) = Complete if available or applicable

Child Abuse Guidelines
Approved June 2005; Revised April 2010
### 4. ALLEGED ABUSER

#### 4.1) Surname

<table>
<thead>
<tr>
<th>SURNAME OF CHILD:</th>
<th>FULL NAMES OF CHILD:</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth: DD MM CCYY</th>
<th>Gender: M F</th>
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<table>
<thead>
<tr>
<th>ID No:</th>
<th>Age:</th>
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* Passport No: * Drivers license:

Also known as:

<table>
<thead>
<tr>
<th>Relationship to child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Grand father</td>
</tr>
<tr>
<td>Grand mother</td>
</tr>
<tr>
<td>Step father</td>
</tr>
<tr>
<td>Step mother</td>
</tr>
<tr>
<td>Foster father</td>
</tr>
<tr>
<td>Foster mother</td>
</tr>
<tr>
<td>Uncle</td>
</tr>
<tr>
<td>Aunt</td>
</tr>
<tr>
<td>Sibling</td>
</tr>
<tr>
<td>Caregiver</td>
</tr>
<tr>
<td>Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer</td>
</tr>
<tr>
<td>Other (specify)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (include postal code):</th>
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<table>
<thead>
<tr>
<th>Postal Code:</th>
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</table>

#### 4.2) WHEREABOUTS OF ALLEGED PERPETRATOR:

<table>
<thead>
<tr>
<th>Section 153 (Request for removal by SAPS)</th>
<th>Still in home</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>In hospital (Name/Place)</th>
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<table>
<thead>
<tr>
<th>In detention (Place)</th>
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<table>
<thead>
<tr>
<th>Living somewhere else</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Whereabouts unknown</th>
</tr>
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<td></td>
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<table>
<thead>
<tr>
<th>Un-identified</th>
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</table>

### 5. PARENTS OF CHILD (If other than above)

<table>
<thead>
<tr>
<th>Surname: Father / Step-father</th>
<th>Full name(s)</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date of Birth: DD MM CCYY</th>
<th>Gender: M F</th>
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<table>
<thead>
<tr>
<th>ID no:</th>
<th>Age:</th>
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</table>

<table>
<thead>
<tr>
<th>Surname: Mother / Step-mother</th>
<th>Full name(s)</th>
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<table>
<thead>
<tr>
<th>Date of Birth: DD MM CCYY</th>
<th>Gender: M F</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ID no:</th>
<th>Age:</th>
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</table>

Also known as:

<table>
<thead>
<tr>
<th>Names and ages of siblings or other children if helpful for tracking</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (include postal code):</th>
<th>Postal Code:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(*) = Complete if available or applicable
**SURNAME OF CHILD:**

**FULL NAMES OF CHILD:**

### 6. ABUSE

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Date unknown:</th>
<th>Episodic/ongoing from (date)</th>
<th>Reported to CPR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD MM CCYY</td>
<td>DD MM CCYY</td>
<td>DD MM CCYY</td>
<td></td>
</tr>
</tbody>
</table>

**Place of incident:**
- Child’s home
- Field
- Tavern
- School
- Friend’s place
- Partial Care
- ECD Centre
- Neighbour
- Child and youth care centre
- Other (specify)  
  - Foster home
  - Temporary safe care

#### 6.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)
- Physical
- Emotional
- Sexual
- Deliberate neglect

#### 6.2) INDICATORS (Check any that apply)

**PHYSICAL:**
- Abrasions
- Bruises
- Burns/Scalding
- Fractures
- Other physical illness
- Cuts
- Welts
- Repeated injuries
- Fatal injury (date of death)
- Injury to internal organs
- Head injuries
- No visible injuries (elaborate)
- Poisoning (specify)
- Other Behavioural or physical (specify)

**EMOTIONAL:**
- Withdrawal
- Depression
- Self destructive aggressive behaviour
- Corruption through exposure to illegal activities
- Deprivation of affection
- Exposure to anti-social activities
- Exposure to family violence
- Parent or care giver negative mental condition
- Inappropriate and continued criticism
- Humiliation
- Isolation
- Threats
- Development Delays
- Oppression
- Rejection
- Accusations
- Anxiety
- Lack of cognitive stimulation
- Mental, emotional or developmental condition requiring treatment (specify)

**SEXUAL:**
- Contact abuse
- Rape
- Sodomy
- Masturbation
- Oral sex area
- Molestation
- Non contact abuse (flashing, peeping)
- Irritation, pain, injury to genital
- Other indicators of sexual molestation or exploitation (specify)

**DELIBERATE NEGLECT:**
- Malnutrition
- Medical
- Physical
- Educational
- Refusal to assume parental responsibility
- Neglectful supervision
- Abandonment

#### 6.3) Indicate overall degree of Risk to child:
- Mild
- Moderate
- Severe
- Unknown

#### 6.4) When applicable, tick the secondary type of abuse Multiple Abuse:
- Yes
- No

**Brief explanation of occurrence(s) (including a statement describing frequency and duration)**

(*) = Complete if information is available or applicable
**7. MEDICAL INTERVENTION (*)**

<table>
<thead>
<tr>
<th>Treated outside hospital:</th>
<th>Examined by:</th>
<th>Hospitalised:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Doctor</td>
<td>□ For assessment</td>
</tr>
<tr>
<td>□ No</td>
<td>□ Reg. Nurse</td>
<td>□ For treatment</td>
</tr>
<tr>
<td>Where (name of Hospital)</td>
<td>Contact person</td>
<td>□ As place of safety</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**8. CHILDREN’S COURT INTERVENTION (*)**

<table>
<thead>
<tr>
<th>Removal of child to temporary safe care (Section 152):</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td>MM</td>
</tr>
<tr>
<td></td>
<td>DD</td>
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<tr>
<td></td>
<td>CCYY</td>
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</tbody>
</table>

**9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)**

<table>
<thead>
<tr>
<th>Reported to SAPS:</th>
<th>Charges laid:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>DD</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
<td>MM</td>
</tr>
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<td></td>
<td>CCYY</td>
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</table>

<table>
<thead>
<tr>
<th>CASE NR</th>
<th>Police Station</th>
<th>Telephone Nr</th>
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<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Police Officer</th>
<th>Rank of Police Officer</th>
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</tbody>
</table>

**10. CHILD KNOWN TO WELFARE ORGANISATION/ SOCIAL DEVELOPMENT?**

<table>
<thead>
<tr>
<th>10.1) Child known to welfare?:</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Organisation</td>
<td>Contact number</td>
<td>Reference number</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a profession, mandatory obliged to report child abuse)**

<table>
<thead>
<tr>
<th>Name of informant</th>
<th>Employer</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Employer Address</th>
<th>Work Telephone Nr</th>
<th>Fax Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email Address

(*) = Complete if information is available or applicable
### Child Abuse Guidelines

Approved June 2005; Revised April 2010

<table>
<thead>
<tr>
<th>SURNAME OF CHILD:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL NAMES OF CHILD:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAPACITY</th>
<th>Caregiver</th>
<th>Correctional Official</th>
<th>Child and Youth Care Centre</th>
<th>Dentist</th>
<th>Doctor</th>
<th>Drop in Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 110 (1)</td>
<td>Homeopath</td>
<td>Labour Inspector</td>
<td>Legal Practitioner</td>
<td>Midwife</td>
<td>Member of staff – partial care facility</td>
<td>Medical Practitioner</td>
</tr>
<tr>
<td>Religious leader</td>
<td>Nurse</td>
<td>Occupational Therapist</td>
<td>Psychologist</td>
<td>Police Official</td>
<td>Physiotherapist</td>
<td></td>
</tr>
<tr>
<td>Speech therapist</td>
<td>Shelter</td>
<td>Traditional health practitioner</td>
<td>Volunteer Worker – partial care facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td>Other (specify)</td>
<td></td>
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</tbody>
</table>

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

Signature of person reporting alleged abuse: ________________________________

Date: __________________________________________________________________

---

**Official Stamp of Department / child protection organisation**

---

**NAME OF EDUCATOR:** ________________________________

**NAME OF PRINCIPAL:** ________________________________

**DATE:** ________________________________

**NAME OF SCHOOL:** ________________________________

**ADDRESS:** ________________________________

**CONTACT TELEPHONE:** ________________________________
## RESOURCES

**CHILDLINE**
- 0800055555
- 031 312 0904

**LIFELINE**
- 0861 322 322
- 031 312 2323

**DOE HOTLINE**
- 0800 204 353
- 0860 KZN DOE

**SAPS Child Protection**
- ...........................................

**SAPS Local**
- ...........................................

**CHILD WELFARE SOCIETY**
- ...........................................

**DEPT OF EDUCATION:**
- **District Office**
  - ...........................................
- **SDSS**
  - ...........................................
- **Learner Affairs**
  - ...........................................
- **G&M**
  - ...........................................
- **SEM**
  - ...........................................

**DEPT OF SOCIAL WELFARE**
- ...........................................

**HOSPITAL**
- ...........................................

**LOCAL HEALTH CLINIC**
- ...........................................

**DEPT OF LABOUR**
- **Child Labour Officials**
  - ...........................................