

KWAZULU NATAL DEPARTMENT OF EDUCATION

POLICY GUIDELINES FOR THE MANAGEMENT OF CHILD ABUSE AND NEGLECT IN KZN DEPARTMENT OF EDUCATION



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CHILD PROTECTION: CHILD ABUSE

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.

1. National Education Policy Act, Act 27 of 1996

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.

❑ 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.

❑ 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:

- Providing information on HIV/AIDS and developing life skills necessary for the prevention of HIV transmission as well as basic first aid principles;
- 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;
- Encouraging learners to make use of health care, counselling and support services offered by community service organisations and other disciplines;
- Teaching learners and students how to behave towards persons with HIV/AIDS, raising awareness on prejudice and stereotypes around HIV/AIDS;
- Cultivating an enabling environment and a culture of non-discrimination towards people with HIV/AIDS; and
- 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 tuberculosis, 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.

❑ National Policy on the Management of Drug Abuse by Learners in Public and Independent Schools and Further Education and Training Institutions:

This policy gives clear guidelines to schools for the management of learners and educators who are experimenting with, using, abusing, dealing in and in possession of drugs. The policy 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.

❑ 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.

❑ 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.

❑ 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 an 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:

❑ 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.

❑ Revised National Curriculum Statement (RNCS) - grades R - 9 (2002):

The RNCS 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.

□ **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.

□ **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"

□ **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 trough education to create equitable, justice 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.

6. Child Care Act, Act 74 of 1983 / 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 practice guidelines for departmental officials. . The Child Care 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.

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.

7. **The National Policy Framework and Strategic Plan for the Prevention an Management of Child Abuse Neglect and Exploitation serves as guidelines for inter-sectoral collaboration between the Department of Social Development other Government Departments and the NGO sector.**
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 Child Care Act
- ✓ The Domestic Violence Act
- ✓ The Criminal Procedures Act
- ✓ The Sexual Offences Act
- ✓ The SA Schools Act
- ✓ The Employment of Educators 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.

LEGAL DEFINITIONS:

In terms of the Criminal Procedures Act, there are no such offences as "child abuse, sexual abuse or emotional abuse". This act provides for the following criminal charges:

RAPE: The unlawful and intentional sexual intercourse with a female without her consent. Sexual intercourse with a girl under the age of 16 years, is classified as "Statutory Rape".

ATTEMPTED RAPE: Where penetration did not occur, but the intention to penetrate was present.

ASSAULT (Common): The unlawful and intentional application of force directly or indirectly to another person (physical abuse), or the threatening of another person with violence that may cause danger to the threatened person, the belief that the threat would be carried out. This can also include harassment.

INDECENT ASSAULT: As described in the "definition" of "Sexual Abuse".

ASSAULT WITH THE INTEND TO DO GRIEVIIOUS BODILY HARM (GBH): Severe physical abuse.

SODOMY: Male on male anal intercourse without consent.

INCIDENTS OF CHILD ABUSE:

Generally only a few cases of abuse are reported to the authorities - about 1 in 3 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

MYTHS AND MISBELIEFS

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

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 :

Behaviour of an adult who abuses children

- Complaints that the child is difficult to control;
- Little knowledge of child development, makes unrealistic demands, e.g. expects good bowel control at too early age;
- May indicate that child is prone to injuries. Lies about how child was injured;
- Gives contradictory explanations about how the child was injured;
- Inappropriate or excessive use of medical service;
- Seems concerned about the welfare of the child.

Behaviour of an abused child

- Cannot explain injuries or gives inconsistent explanations;
- Absconds;
- Cringe or withdraws when touched;
- Babies stare with empty expression, rigid carriage, on guard;
- Extremely Aggressive or withdrawn;
- Seeks attention from anyone who cares;
- Extremely compliant, tries to please others;
- Become scared when other children cry;
- Scared to go home after school. Scared of adults;
- Normal activities arouse anxiety;
- Vandalises things.

Physical indications of child abuse

- Injuries - bruises, cuts, burns, fractures;
- Various injuries, various degrees of healing;
- Various injuries over a period of time;
- Head injuries on babies and pre-school children, e.g. cuts, bruises, burn marks, abrasions which cannot be satisfactorily explained;
- Injuries such as fractures, abrasions, burns and bruises which cannot be explained;
- Inappropriate clothing to cover the body.

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;
- Begs 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.

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.

EMOTIONAL ABUSE:

Behaviour of an adult who emotionally abuses children

- 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.

- 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

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
- To record incidences of child abuse
- To report/notify authorities re child abuse - Amendments in Child Care Act - Notification - First report implications (Refer to Form 25 - 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 42 of the Child Care Act, Act 74 of 1983 the following applies:
 - every dentist, medical practitioner, nurse, social worker or teacher, or any person employed by or managing a children's home, place of care or shelter, who examines, attends or deals with any child in circumstances giving rise to the suspicion that that child has been ill-treated, or suffers from any injury, single or multiple, the cause of which probably might have been deliberate, or suffers from a nutritional deficiency disease, shall immediately notify the Director-General or any offices designated by him or her for the purposes of this section, of those circumstances; and
 - Any dentist, medical practitioner, nurse, social worker or teacher, or any person employed by or managing a children's home; place of care or shelter, who contravenes any provision of this section shall be guilty of an offence.
 - No legal proceedings shall lie against any dentist, medical practitioner, nurse, social worker or teacher, or any person employed by or managing of a children's home, place of care or shelter, in respect of any notification given in good faith in accordance to this section."
- These sections compel persons as mentioned in Sect. 42 of the Act to notify the Director-General of the National Department of Social Development by the completion of Form 25. 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 pre-scribed steps will be taken to comply with the regulation of the child Care 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 25 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 SDSS office in the relevant region for record keeping and coordination; iii) one copy to be kept at the school.

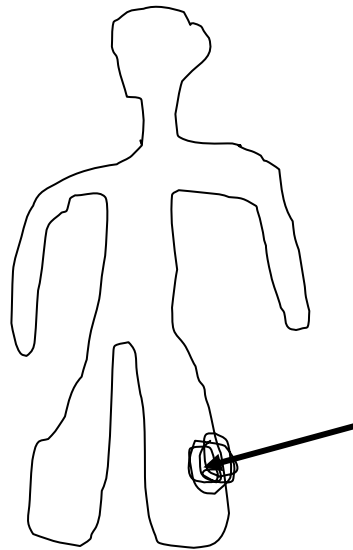
SCENARIOS:

There are three scenarios to consider:

1. **If you suspect abuse of one of your learners**
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.



Broken leg
12-11-2002

- Consult with the Principal and notify the local Department of Social Welfare or Child Welfare Agency.
- Complete Form 25 as indicated in the Circular of the Department of Education and Culture.

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 25 (attached): Notification of Child Abuse
- 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 judicae, 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 is"
- ⇒ "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 25 (attached): Notification of Child Abuse
- 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**

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 25 has been submitted to the appropriate body. A copy of Form 25 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 25 (attached): Notification of Child Abuse and submit it to the local Department of Social Welfare. A copy of Form 25 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.
- 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. Sensitive 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 25].
- 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 25 (attached): Notification of Child Abuse and submit it to the local Department of Social Welfare. A copy of Form 25 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.
- 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 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.

If the referral is from:

3a An outside agency, they are responsible for the completion and submission of Form 25. 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 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.
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 liase 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 The Director: Investigations and Labour Disputes.
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: Investigations and Labour Disputes** 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 asking specialists to address learners, parents, staff etc on these issues. This way, these specialists also develop a relationship with the school.

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)

A LIFESKILLS PREVENTION PROGRAMME

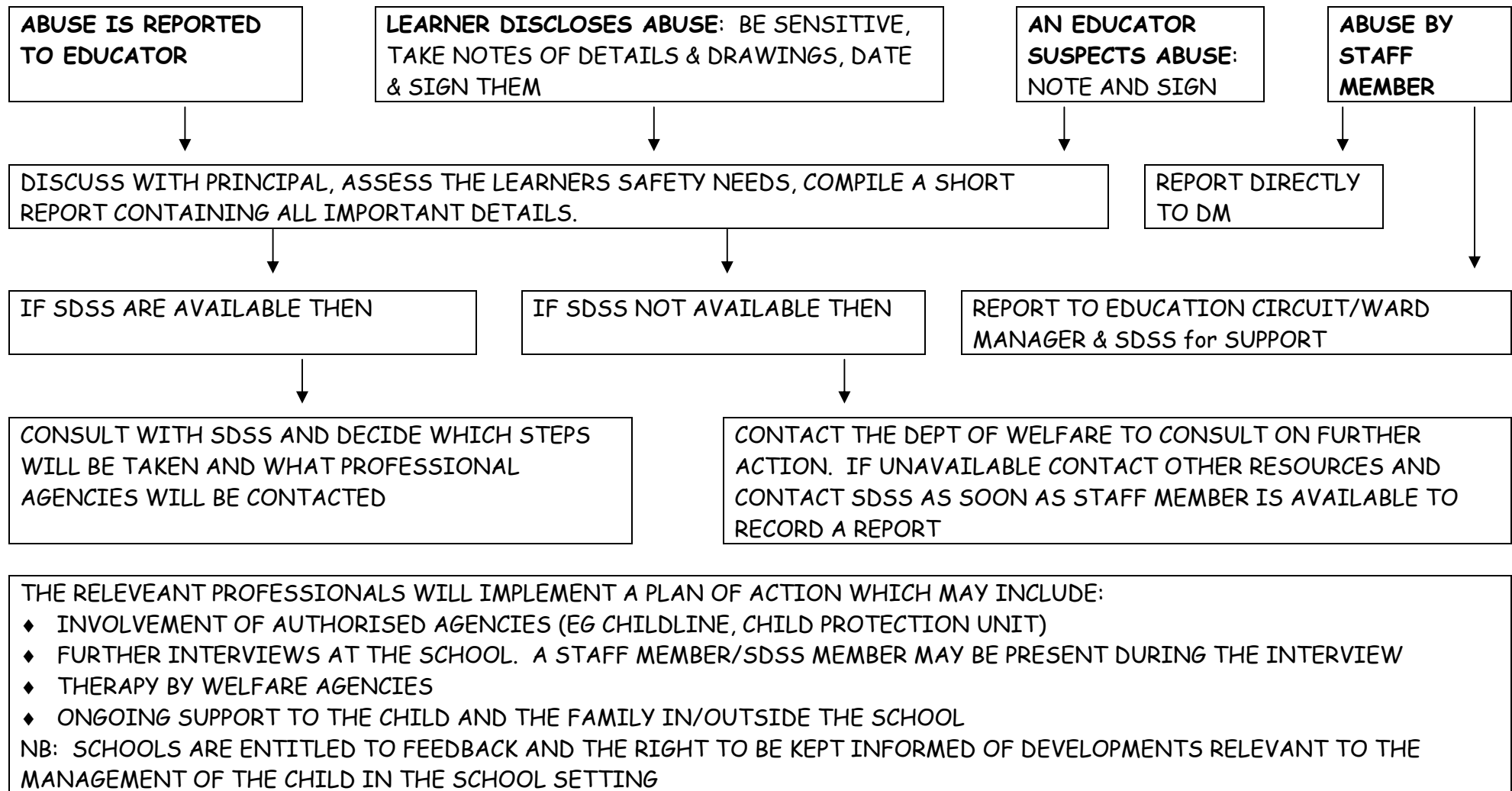
SKILLS TO BE INCLUDED :

- 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)

FLOW DIAGRAM: DEALING WITH CHILD ABUSE IN EDUCATION

REMEMBER: IN ALL CASES COMPLETE FORM 25



**NOTIFICATION OF SUSPICIONS OF ILL-TREATMENT OF OR DELIBERATE INJURY
TO CHILDREN : SECTION 42(1) CHILD CARE ACT NO. 74 OF 1983 :
REGULATION 39A**

FORM 25

REPUBLIC OF SOUTH AFRICA

(A) NOTICE BY EDUCATOR/INFORMANT

**NOTE
A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD**

TO:

**1. The Head of the Department
LOCAL DEPT OF SOCIAL WELFARE
OR
LOCAL CHILD WELFARE AGENCY**

**2. The District Director
Dept of Education
FOR ATTENTION:
CES: SDSS (Social Worker)**

The following information is provided in good faith after examining, attending or dealing with the child concerned in circumstances giving rise to the suspicion that the child has been ill-treated, or suffers from an injury, single or multiple, the cause of which probably might have been deliberate -

1. Identifying details: Name(s) of child _____

Sex: _____

Date of birth: _____

2. Particulars of place, time and date of the alleged incident, including a children's home, place of care, place of safety, school of industries or shelter:

3. Full particulars of parent(s), guardian(s) or other custodian(s) of the child
Name(s)

Address(es) _____

4. Nature and extent of the ill-treatment of or deliberate injury inflicted on the child:

Medical treatment administered by: _____

5. Identifying particulars and address of the alleged perpetrator(s)
 Name: _____
 Sex: _____ Age: _____ Occupation: _____
 Address: _____ (work)
 _____ (home)
 Telephone number: _____ (w) _____ (h)
6. Capacity in which informant examined, attended to or dealt with the child

7. Circumstances giving rise to the suspicion that the child has been ill-treated or suffers from an injury, single or multiple, the cause of which probably might have been deliberate:

8. If the incident has been reported to the police, details of police station and references concerned: _____

9. Other information or remarks:

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

Signature of Educator

Signature of Principal

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
SAPS Child Protection	031 325 4981
SAPS Local	.....
CHILD WELFARE SOCIETY	.....
DEPT OF EDUCATION:	
District Office	.....
SDSS	.....
Learner Affairs	.....
G&M	.....
SEM	.....
DEPT OF SOCIAL WELFARE	.....
HOSPITAL	.....
LOCAL HEALTH CLINIC	.....