**FORM 22**

**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**

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

TO: The Head of the Department

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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.

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| **Source of report (do not identify person)****□ Victim □ Relative □ Parent □ Neighbour/friend** **□ Professional (specify) …………………………………………………………………………………………………….****□ Other (specify) ………………………………………………………………………………………………………………** |
| **Date Reported to child protection organisation:** | **DD** | **MM** | **CCYY** |

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| **1. CHILD: (COMPLETE PER CHILD)** |
| **Surname** | **Full name(s)** |
| **Gender:**  | **M** | **F** | **Date of Birth:** | **DD** | **MM** | **CCYY** |
| **School Name:** | **Grade:** | **Age / Estimated Age:** |
| **\* ID no:** | **\* Passport no:** |
| **Contact no:** |

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| **2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION** |
| **□ Street child □ Child labour □ Child trafficking** **□ Commercial sexual exploitation □ Exploited children □ Child abduction** |

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| **3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD** |
| **Surname:** | **Name:** |
| **Address:** | **Telephone number:** |
| **Other children interviewed: □ Yes □ No Number :**  |

**(\*) = Complete if available or applicable**

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| **SURNAME OF CHILD:** |  |
| **FULL NAMES OF CHILD:** |  |

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| **4. ALLEGED ABUSER**  |
| **4.1) Surname** | **Full Name(s)** |
| **Date of Birth:** | DD | MM | **CCYY** | **Gender:** | **M** | **F** |
| **ID No:** | **Age:** |
| **\* Passport No:** | **\* Drivers license:** |
| **Also known as:** | **Relationship to child:****□ Father □ Mother****□ Grand father □ Grand mother****□ Step father □ Step mother****□ Foster father □ Foster mother****□ Uncle □ Aunt** **□ Sibling □ Caregiver****□ Professional: social worker/police officer/teacher/caregiver/priest/dr/****volunteer****□ Other (specify)** |
| **Street Address (include postal code):** |
| **Postal Code:** |
| **4.2) WHEREABOUTS OF ALLEGED PERPETRATOR:**  **□ Section 153 (Request for removal by SAPS) □ Still in home**  **□ In hospital (Name/Place…………………………………………………………………………………….)** **□ In detention (Place…………………………………………………………………….……………………..)** **□ Living somewhere else □ Whereabouts unknown □ Un-identified** |

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| **5. PARENTS OF CHILD (If other than above)** |
| **Surname: Father / Step-father** | **Full name(s)** |
| **Date of Birth:** | **DD** | **MM** | **CCYY** | **Gender:** | **M** | **F** |
| **ID no:** | **Age:**  |
| **Surname: Mother / Step-mother** | **Full name(s)** |
| **Date of Birth:** | **DD** | **MM** | **CCYY** | **Gender:** | **M** | **F** |
| **ID no:** | **Age:**  |
| **Also known as:** | **Names and ages of siblings or other children if helpful for tracking** |
| **Street Address (include postal code):** | **Postal Code:** |

**(\*) = Complete if available or applicable**

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| **SURNAME OF CHILD:** |  |
| **FULL NAMES OF CHILD:** |  |

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| **6. ABUSE** |
| **Date of Incident:** | **Date unknown:** | **Episodic/ongoing from (date)** | **Reported to CPR:** |
| DD | MM | CCYY | **DD** | **MM** | **CCYY** | DD | MM | CCYY |
| **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** |
| **Sexual** | **Physical** | **Emotional** | **Deliberate Neglect** |
| **Brief explanation of occurrence(s) (including a statement describing frequency and duration)** |
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**(\*) = Complete if information is available or applicable**

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| **SURNAME OF CHILD:** |  |
| **FULL NAMES OF CHILD:** |  |

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| **7. MEDICAL INTERVENTION (\*)** |
| **Treated outside hospital:** **□ Yes**  **□ No**  | **Examined by:**  **□ Doctor**  **□ Reg. Nurse** | **Hospitalised:** **□ For assessment** **□ For treatment**  **□ As place of safety** |
| **Where (name of Hospital)** | **Contact person** | **Telephone Number** |

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| **8. CHILDREN’S COURT INTERVENTION (\*)** |
| **Removal of child to temporary safe care (Section 152): □ Yes □ No**  |  **Date** |
| **MM** | **DD** | **CCYY** |

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| **9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (\*)** |
| **Reported to SAPS:**  **□ Yes**  **□ No**  | **Charges laid:** **□ Yes**  **□ No** | **Date** |
| **DD** | **MM** | **CCYY** |
| **CASE NR** | **Police Station** | **Telephone Nr** |
| **Name of Police Officer** | **Rank of Police Officer** |

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| **10. CHILD KNOWN TO WELFARE ORGANISATION/ SOCIAL DEVELOPMENT?** |
| **10.1) Child known to welfare?: □ Yes □ No**  |
| **Name of Organisation** | **Contact number** | **Reference number** |

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| **11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a profession, mandatory obliged to report child abuse)** |
| **Name of informant** | **Employer** |
| **Employer Address** | **Work Telephone Nr** | **Fax Number** |
| **Email Address** |

**(\*) = Complete if information is available or applicable**

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| **SURNAME OF CHILD:** |  |
| **FULL NAMES OF CHILD:** |  |

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| **CAPACITY****Section 110 (1)** | **Caregiver** | **Correctional Official** | **Child and Youth Care Centre** | **Dentist** | **Doctor** | **Drop in Centre** |
| **Homeopath** | **Labour Inspector** | **Legal Practitioner** | **Midwife** | **Member of staff – partial care facility** | **Medical Practitioner** |
| **Minister of Religion** | **Nurse** | **Occupational Therapist** | **Psycho-logist** | **Police Official** | **Physio-therapist** |
| **Religious leader** | **Social service professional** | **Social worker** |
| **Speech therapist** | **Shelter** | **Traditional leader** |
| **Teacher** | **Traditional health practitioner** | **Volunteer Worker – partial care facility** |
| **Other (specify)** |

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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