**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** |