APPENDIX E: FORM 22

FORM 22

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, Dept of Social Development**

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2. The District Director, Dept of Education: For Attention CES: SDSS / Social Worker
Copy for your attention and Register for Child Abuse Cases

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:	DD	MM	CCYY

1. CHILD: (COMPLETE PER D) CHI						
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:						

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	
Surname:	**Name:**
Address:	**Telephone number:**
Other children interviewed: □ Yes	**□ No** **Number :**

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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**						

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

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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)

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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**

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

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 r Offic**			

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

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

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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**	**Psychologist**	**Police Official**	**Physiotherapist**
	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:_____

Official Stamp of Department / child protection organisation