

CHILDLINE TRAINING WORKSHOP

**RECOGNISING THE
SIGNS AND SYMPTOMS
OF CHILD ABUSE
AND
THE PROCESS OF
REPORTING**

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3. Sexual Abuse

-Exploitation of a child for sexual or erotic gratification of the abuser such as incest or exposing a child to other form of sexual activity such as fondling, intercourse or the internet/pornographic activities.

4. Neglect

The failure to provide a child with adequate care, food, clothing shelter or health cares where resources exist.

[This is not done intentionally]

**** (SLIDES) ****

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WHAT MAKES A CHILD VULNERABLE TO SEXUAL ABUSE?

A) GROOMING PROCESS

- Starts at an age where the child does not fully understand what is happening to them.
- Adult is known and trusted by the child.
- Material enticements.
- Silent, obedient, non-assertive child is an easy target.
- Child is trapped into the situation and made to feel guilty.
- Child is sworn to secrecy through fear, threats or withholding the material favors.

MOTHER

Many know of the abuse.

Those who collude do so for a number of reasons:

- Dependent
- Focus on own needs, rather than the needs of the child
- Untreated depression (apathetic and finds it hard to make decisions)
- Also abused by offender and feel powerless against him
- Feeling of inadequacy

Those who do not know about the abuse and then find out or interrupt the abuse taking place, suffer from shock, disbelief and sometimes denial.



Post Traumatic Symptoms specific to Sexual Abuse:

Behavioral Indicators:

- Inappropriate displays of affection
- Age-inappropriate sexually explicit drawings
- Inappropriate playing with children / toys

Physical indicators:

- Complaints of genital or anal itching or pain
- Chronic illnesses especially throat infections and venereal diseases
- Torn, bloody, stained underwear
- Injuries to the vaginal or anal areas e.g. bruising, swelling, infection

Rarely is one indicator conclusive proof that a child has been abused. In most cases a child will present a group of both behavioral and physical indicators



DISCLOSURE

Guidelines for teachers at times of disclosure

1. Stay calm and try not to show shock.
2. Be non-judgmental.
3. Acknowledge the child's statement.
4. Speak quietly and privately.
5. Believe what the child tells you.
6. Tell the child s/he is not responsible for what has happened.
7. Congratulate and affirm the child for his/her courage.
8. Be reassuring
9. Make mental notes then write down *after* having spoken to the child

REMEMBER

- Don't make promises you are unable to keep
- Don't press for details
- Don't ask 'WHY' questions, these imply judgement; just listen
- Don't minimize the situation by comparing to other cases
- Don't overreact as this could be perceived as blame or disapproval

CHILD CARE AMENDMENT ACT, 1996

Amendment of section 42 of ACT 74 of 1983, as substituted by section 15 of ACT 86 of 1991

15. Section 42 of the principal Act is hereby amended –
- (a) by the substitution for subsection (1) of the following subsection:
 - (1) Notwithstanding the provisions of any other law every *dentist, medical practitioner, nurse, [or] 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 the 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 officer designated by his or her for the purposes of this section, of those circumstances.” And
 - (b) by the substitution for the subsections (5) and (6) of the following subsections:
 - (5) “Any dentist, medical practitioner, nurse, [or] 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.*
 - (6) *No legal proceedings shall lie against* any dentist, medical practitioner, nurse [or] 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 with this section.”

WHAT CAN YOU AS A PARENT DO?

Education is your child's best protection!!

COMMUNICATE

- Effective communication with your child is essential for their safety.
- Teach your child how to protect themselves and how to respond to threatening situations.
- Besides talking to your child, you should also listen to what your child is saying to you. Listen whenever they come to you with their problems. In this way, you are also learning about your child's world.
- Make sure that feel able to talk to you about things that are troubling them, including situations, where someone has scared them or made them feel uncomfortable.
- Let your children know that you are there for them.
- Build their self-esteem and confidence. Praise them for their talents, achievements and personalities.

STRANGERS AND STRANGE SITUATIONS

- Make sure that your child knows what a stranger is. A stranger is anyone your children do not know: man / woman, well-dressed or shabby, kind or threatening, pretty or ugly.
- Teach your children to look out for certain situations and actions involving adults, no matter who the adults are. E.g. It's alright for children to be suspicious of adults who ask for help.
- Children should not be asked to keep special secrets from their parents.
- Children should not be asked to touch anyone in the bathing suit areas of the body (private parts), or allow anyone to touch them in those areas.
- Children should stay away from people in cars/vans, even if those people want to show them something e.g. kittens / puppies / toys, etc.