

# Vulamasango Child and Youth Care Centre Child Abuse Policy

This document is aimed at structuring the response of Vulamasango and all its staff members to cases of abuse or cases of suspected child abuse to children in the project.

The document has been formatted under the guidelines of the South African Children's Act 38 of 2005 as amended by Children's Amendment Act 41 of 2007.

## Definitions

The definitions given herewith are as per the South African Children's Act 2005 (Act 38 of 2005).

**Child:** Means a person under the age of 18

**Abuse:** in relation to a child, means any form of harm or ill-treatment deliberately inflicted on a child, and includes

- a) Assaulting a child or inflicting any other form of deliberate injury to a child;
- b) Sexually abusing a child or allowing a child to be sexually abused;
- c) Bullying by another child;
- d) A labour practice that exploits a child; or exposing or subjecting a child to behavior that may harm the child psychologically or emotionally;

**Sexual abuse:** in relation to a child, means

- a) Sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;
- b) Encouraging, inducing or forcing a child to be used for the sexual gratification of another person;
- c) Using a child in or deliberately exposing a child to sexual activities or pornography; or
- d) Procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

**Emotional Abuse:** Means a pattern degrading or humiliating conduct towards a complainant, which may include:

- a) Repeated insults, ridicule or name-calling
- b) Repeated threats to cause emotional pain
- c) Repeated exhibition of obsessive possessiveness or jealousy, which is such as to constitute a serious invasion of a complainant's privacy, liberty, integrity and / or security.

**Neglect:** A child is said to have been neglected when the caregiver has not fulfilled his or her basic parental responsibilities. According to the Children's Act, these responsibilities are "to provide for the basic physical, intellectual, emotional or social needs" of the child.

**Physical Abuse:** Is the deliberate physical injury to a child, or the intentional or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or suffocating, confinement to a room or inappropriately giving drugs to control behavior.

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## The Identification Of Suspected Child Abuse

There are various reasons why children do not discuss child abuse. It is therefore the duty of the childcare worker to be mindful of the symptoms and characteristics of child abuse and to be able to identify them.

### On Suspicion Of Abuse, The Childcare Worker Should:

- a) Start gathering information as soon as you suspect child abuse. Continue to do so consistently, and document all information gathered. Treat all this information as confidential.
- b) Discuss your suspicions and the information that you gathered with the Social worker (unless she or he is possibly implicated)
- c) Ensure confidentiality by opening a separate file for the particular child. This file must be kept separate and in a lockable drawer that others do not have access to.
- d) Remain objective at all times and do not allow personal matters, feelings or pre-conceptions to cloud your judgment.
- e) Any information to do with child abuse is confidential and must be handled with great discretion.
- f) The reporting and investigation of child abuse must be done in such a way that the safety of the child is insured.
- g) Justice must not be jeopardized, but at the same time the support needed by the child and even others around him/her must not be neglected.

## Procedure To Be Followed In Cases Of Suspected Child Abuse

Step 1: **Reporting** The Children's Amendment Act No. 41 of 2007 mandates every professional in or around the life of a child to report any abuse or suspicion of abuse as quoted below from section 110 of the afore mentioned document.

- a) "Any correctional official, dentist, homeopath, immigration official, labor inspector, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, social service professional, social worker, speech therapist, teacher, traditional health practitioner, traditional leader or member of staff or volunteer worker at a partial care facility, drop-in centre or child and youth care centre who on reasonable grounds concludes that a child has been abused in a manner causing physical injury, sexually abused or deliberately neglected, must report that conclusion in the prescribed form to a designated child protection organization, the provincial department of social development or a police official.
- b) Any person who on reasonable grounds believes that a child is in need of care and protection may report that belief to the provincial department of social development, a designated child protection organization or a police official.
- c) A person referred to in subsection (1) or (2)-"

The same is expected of every staff member at Vulamasango – Open Gates. This includes all volunteers, cooking and cleaning personnel, farm laborers, drivers and security personnel, housemothers, crèche teachers, afterschool care staff, administrative staff, social workers, medical staff and any other person under the employment of Vulamasango.

All matters shall be reported to the management committee through the Director Child Care.

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**Step 2:** The committee shall follow up on the process and report the matter to the police and the department of Social Development.

Should any member of the management committee be involved in the abuse or suspected abuse, they shall not be included in any meetings pertaining to the issue until further investigation has been done.

**Step 3:** The Director childcare and the CEO shall discuss with the department of social services to determine whether there are reasonable grounds to suspect abuse. This shall also be start the process of working with other organizations that have child abuse as a main focus, including the police and the labor law office.

**Step 4:** Should there be reasonable grounds for suspecting child abuse (as confirmed by, for example, an external role player who is involved in the process), the Director Child Care and or the CEO will discuss the matter with the parents or caregivers (unless the parent or caregiver is the suspected abuser). The Director Child Care is responsible for keeping all information around the case until the matter has been resolved.

When the issue has been finalized the file shall be moved to a safe room for storage.

**Step 5:** The Director Child Care will maintain contact with the internal and external role player and will forward a report to the department of social services on progress in the matter, via the CEO.

The best interests of the pupil are of most paramount importance. It is therefore important to manage any suspected abuse effectively in order to protect the learner and the teacher from additional and unnecessary trauma. The trust that the pupil will experience and develop in the individuals involved, as well as in the process (including the support provided) at this stage, will largely determine whether he will be prepared to lodge a complaint or disclose information.

### **The management of disclosure**

Disclosure is a process that usually takes time, especially in cases of sexual abuse. It is therefore seldom done in one single isolated event. Complainants often disclose only small amounts of information at a time over a period.

Disclosure reaches a key stage when a young person provides the staff member with specific information about the fact that he has been or is being abused or when the child has done this, he is referred to as the complainant in the case.

### **Managing Disclosure**

- a) Be conscious of the fact that disclosure can be a very traumatic experience.
- b) Prevent further emotional harm to the complainant.
- c) The detail of the abuse should be related to as few people as possible.
- d) Display empathy, warmth and acceptance.
- e) Try to ensure the safety of the complainant against further abuse.
- f) Clarify confidentiality, but explain that other professional persons will have to be informed.
- g) Identify the other role-players who are to be involved, as well as their roles and functions.
- h) Explain the potential consequences of the disclosure, (i.e. that the staff member is legally bound to report the case)

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- i) Cases of sexual abuse under no circumstances should the incident of the child abuse be discussed with alleged offender.
- j) DO NOT interrogate the complainant in order to obtain information or to investigate the case.
- k) DO NOT insist on seeing the physical evidence of abuse.
- l) DO NOT examine the complainant for signs of sexual abuse or rape by removing clothes and /or touching or examining the child.
- m) DO NOT take a statement from the complainant, as the investigating officer of the SAPS will do this.
- n) DO NOT confront the parents or the caregivers if they are the suspected or alleged perpetrators.
- o) DO NOT confront the alleged perpetrator.

### **Important to say:**

- a) I believe what you are telling me.
- b) I acknowledge that you feel uncomfortable about the incident.
- c) I appreciate your courage in speaking to me.
- d) I am sorry to hear what has happened to you.
- e) It is not your fault.
- f) In order to help you, I will have to speak to another person.

### **Important to keep in mind**

- a) Whatever may happen to the alleged offender is not your fault.
- b) The complainant may be unwilling to lay a charge against the alleged offender because of intimidation.
- c) The complainant may feel powerless and may have been sworn to secrecy by the alleged offender.
- d) The complainant may be related to the alleged offender and may want to protect the family.
- e) The complainant may feel that she or he lacks support because no one will believe him.
- f) Often the mother has divided loyalties and protects the father (or boyfriend, uncle, brother, grandfather, etc.) because of financial or emotional dependence (in cases of children living outside the project).
- g) The complainant may love the alleged offender and just want the abuse to stop.
- h) The complainant may be afraid of being removed from the family.
- i) Disclosure by a child may be traumatic for you. You can ask for personal professional assistance from the social worker. It is the role of the Social Worker and the Project Manager to find other organizations to find other stakeholders to give help in the areas that the organization does not have personnel.
- j) Effective management of the process of disclosure will ensure that both complainant and member of staff are protected from additional and unnecessary emotional trauma. It is therefore important to ensure that:
  - k) The case is handled confidentially, and within a very short time,
  - l) All relevant role-players are involved from the beginning of the intervention, and
  - m) Detailed plans to manage support and intervention are made in the best interest of the complainant.

## Guidelines For The Documentation Of Suspected Child Abuse Cases

Documenting all the information gathered from the complainant helps you to develop a profile of him and of the possible abuse that is taking place. It will also help you when the SAPS take a sworn statement, should a criminal case be made.

To ensure that all appropriate information is documented the following points should be used as a guideline. You must, however ensure that the information is obtained as objectively as possible. Do not use the list as a question- and-answer session. The complainant must be given the opportunity to speak spontaneously. All documents should be kept in folder.

### Preparing The Folder

- a) Do not put a name on the folder.
- b) The Social Worker must give the case a number, put this number on the folder, and record it in a confidential register, which reflects the name and number of every case.
- c) So as not to reveal the identity of the complainant, both the folder and the confidential register must at all times be kept in a locked cabinet or safe to which only the Social Worker and the CEO has access.

### The Folder

#### 1. The complainant's personal details:

- 1.1 Name in full
- 1.2 Age
- 1.3 Sex
- 1.4 Present grade
- 1.5 Home address and telephone number. In cases of children staying outside the CYCC. In cases where the child stays in the CYCC, details of which house they stay in have to be part of the address.
- 1.6 Details of parents or caregiver

#### 2. The nature of the incident.

- 2.1 What did the alleged offenders say to the complainant?
- 2.2 What action did the alleged offender take against the complainant?
- 2.3 Where did the alleged offender touch the complainant?
- 2.4 Did the alleged offender threaten the complainant?
- 2.4 What did the complainant say or do during the incident?

#### 3. The details of the incident:

- 3.1 The date when the incident occurred;
- 3.2 The time when the incident occurred
- 3.3 The place where the incident occurred

#### 4. The circumstances of the incident:

- 4.1 Were there any other people present at the time of the incident?
- 4.2 Were there any other people who were in the surrounding area who might have witnessed the incident?
- 4.3 have witnessed the incident?
- 4.4 If there were witnesses, get their full particular, i.e. for each:

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- a) Full name
- b) Home address and telephone number
- c) Age, sex and present grade
- d) If the complainant does not know these details, ask her for him the following:
- e) What were the physical attributes of the witness?
- f) What is the sex and approximate age and height of the witness?
- g) Did the witness have any distinguishing features?

**5. Details of any material evidence.**

- 5.1 Has the complainant been to a hospital, general practitioner, district surgeon, social worker, clinic, psychologist or psychiatrist?
- 5.2 If so, obtain the following details:
  - a) The reference number, if any:
  - b) Information whether there is a j88
  - c) The name of the hospital or clinic;
  - d) The name and telephone number of the general practitioner, nurse, social worker, district, surgeon, psychologist or psychiatrist;
  - e) The dates on which the complainant attended one or more of these services
  - f) If the complaint has not seen a Doctor, offer to arrange a referral to the school Doctor or any other Medical practitioner elected by the complainant.
  - g) Obtain the originals or copies of any relevant documents in the complainant's possession, including any letters or notes received from the alleged offender.
  - h) Are there any clothes with stains or any other evidence of the incident? If so, obtain the originals or copies thereof, place them in a bag, and if the matter is reported to the SAPS, hand them over for forensic testing.

**6. Details of the alleged offender.**

- 6.1 The full name of the alleged offender
- 6.2 Her or his position at the situation
- 6.3 If the complainant does not know these details, ask
  - a) What were the physical attributes to the alleged offender?
  - b) What were her or his sex and approximate age and height?
  - c) Did she or he have any distinguishing features?