

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**

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Head of the Department

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)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Relative	<input type="checkbox"/> Parent	<input type="checkbox"/> Neighbour/friend
<input type="checkbox"/> Professional (specify)			
<input type="checkbox"/> Other (specify)			
Date Reported to child protection organisation:		DD	MM
		CC	YY

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:						

2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION		
<input type="checkbox"/> Street child	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> 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:		
Street Address (include postal code):				<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grand father <input type="checkbox"/> Grand mother <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Foster father <input type="checkbox"/> Foster mother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Caregiver <input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer <input type="checkbox"/> Other (specify)		
				Postal Code:		
4.2) WHEREABOUTS OF ALLEGED PERPETRATOR:						
<input type="checkbox"/> Section 153 (Request for removal by SAPS)				<input type="checkbox"/> Still in home		
<input type="checkbox"/> In hospital (Name/Place.....)						
<input type="checkbox"/> In detention (Place.....)						
<input type="checkbox"/> Living somewhere else		<input type="checkbox"/> Whereabouts unknown		<input type="checkbox"/> 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

<input type="checkbox"/> No visible injuries (elaborate)	<input type="checkbox"/> Poisoning (specify)	<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> 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): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		
	MM	DD	CCYY

9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)					
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
		DD	MM	CCYY	
CASE NR		Police Station		Telephone Nr	
Name of Police Officer			Rank of Police Officer		

10. CHILD KNOWN TO WELFARE ORGANISATION/ SOCIAL DEVELOPMENT?		
10.1) Child known to welfare?: <input type="checkbox"/> Yes <input type="checkbox"/> 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	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: _____

Official Stamp of Department / child protection organisation