CHILD ABUSE: AN ASSESSMENT OF RECOGNITION CAPABILITIES, ATTITUDES AND REPORTING PRACTICES OF PRIMARY SCHOOL TEACHERS IN PIETERMARITZBURG

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A mini-thesis submitted in partial fulfilment of the requirements for the degree of Masters in Public Health in the School of Public Health, University of the Western Cape.

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CHILD ABUSE: AN ASSESSMENT OF RECOGNITION CAPABILITIES, ATTITUDES AND REPORTING PRACTICES OF PRIMARY SCHOOL TEACHERS IN PIETERMARITZBURG

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KEYWORDS

Child abuse
Child maltreatment
Reporting practices
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Teachers
Pietermaritzburg
Recognition of child abuse
Child rights
Child sexual abuse
KwaZulu-Natal
ABSTRACT

**Background:** Child abuse is a global public health problem with serious consequences for the victims and society. Most studies on child maltreatment in South Africa have focused on the role of teachers as perpetrators and the prevalence of abuse within schools. Due to their strategic importance in breaking the cycle of abuse, it is important to document teachers’ knowledge and attitudes towards identifying and reporting suspected cases of child abuse in relation to existing mandatory laws.

**Aim:** To assess teachers’ knowledge, attitudes and reporting practices of suspected child abuse in independent and public primary schools across all quintile categories in the Midlands education circuit in Pietermaritzburg.

**Methods:** An observational, descriptive cross sectional quantitative study design was used. A self-administered questionnaire was completed by 237 teachers selected by multi-stage stratified proportional random sampling from a total of 2496 primary school teachers. The data were analysed using CDC Epi Info 7 (2012b). A descriptive analysis was done and groups were compared with chi square, ANOVA or Kruska-Wallis tests where appropriate. The level of significance was set as 95%.

**Results:** The teachers were generally knowledgeable about possible indicators of child abuse. There were critical gaps in participants’ knowledge of reporting procedures and most of the teachers (70.2%) have had no training on child abuse detection and reporting. Previous training on child abuse was associated with an increased likelihood to have detected abuse in the past (OR 4.86, 95%CI 2.64-8.96, p < 0.01). An overwhelming awareness of mandatory reporting law did not translate into knowledge of its provisions or substantial compliance. Hence, while most teachers agreed that all forms of child maltreatment should be reported, they still displayed differential reporting of suspected cases. The decision to report was often influenced by their perceived seriousness of the on-going abuse while uncertainty about on-going abuse was one of the most important barriers to lodging a report of suspected cases.

**Conclusions and Recommendations:** Teachers recognised child abuse as a serious issue and are willing to learn and do more. Teachers, and ultimately the children in their care, would immensely benefit from training repertoire which addresses identified contextual issues shaping teachers’ child abuse detection and reporting practices.
DECLARATION

I declare that Child Abuse: An Assessment of Recognition Capabilities, Attitudes and Reporting Practices of Primary School Teachers in Pietermaritzburg is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

ADEYEMI BENJAMIN OLAMIDE

February 2013

Signed
DEDICATION

To my mum, Mrs Florence Adejoke ADEYEMI, for giving her all.
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All glory to God Almighty for giving me the grace to complete this degree.

I am also indebted to my supervisors, Prof Christina Zarowsky and Assoc. Prof. Shanaaz Mathews, for their guidance and enthusiastic support throughout the course of this research. I am particularly grateful for their timeous feedback and detailed response to queries despite their obviously busy schedules.

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CHAPTER ONE

INTRODUCTION

1.1 CHILD ABUSE: A Public Health Problem

Child abuse is a social and public health tragedy with worldwide spread: it has been documented in all cultures, races and socio-economic classes (WHO, 2002; Pinheiro, 2006; Aynsley-Green & Hall, 2008). Despite the ubiquitous nature of child abuse and neglect, it is not until recently that the magnitude of the problem and the attendant damaging consequences are being acknowledged on an international scale (Pinheiro, 2006; WHO, 2010). Even with the widespread ratification of the United Nations Convention on the Rights of the Child (UNCRC) by many countries since the 1990s, the United Nations (UN) Secretary-General's Study on Violence against Children (Pinheiro, 2006) presented to the UN General Assembly in 2006 still showed that violence against children is not only commonplace but is often socially allowed, state-sanctioned and lawful (WHO, 2010a).

The increasing global focus on child abuse notwithstanding, the actual global burden of child abuse and neglect remains unknown and available estimates are generally considered gross underestimations (Alvarez et al., 2004; WHO, 2002; Pinheiro, 2006). The non-availability of accurate data on the burden of child abuse has been attributed to the absence of data from developing countries (WHO 2010b) as well as the secret and sensitive nature of issues surrounding child abuse (Shumba, 2001; Richter & Dawes, 2008; WHO, 2010b). There are also widespread disparities in available estimates due to variations in operational definitions employed in studies on child abuse (National Research Council, 1993); the quality of official statistics (WHO, 2010b); different national reporting requirements and whether sample population consisted of potential perpetrators or victims of abuse (WHO 2002; Richter & Dawes, 2008). Nevertheless, global prevalence of child sexual abuse has been reported as high as 62% among women and 16% among men (Johnson, 2004). It is estimated that 25-50% of children have suffered some forms of physical abuse and annually, there are 31,000 homicides recorded among children under 15 years (WHO, 2010b).
In South Africa, according to a recent report by the South African Medical Research Council (Jewkes et al., 2009), child abuse is still a pervasive problem despite the protection offered by various legislative instruments enacted since the advent of popular democracy in 1994 (September, 2006; Richter & Dawes, 2008). Data released in 2001 showed that about 12% of South African children were working within the context of exploitative child labour (Richter & Dawes, 2008). In a South African national school survey in 2002, Andersson and Ho-Foster (2008) uncovered the hidden epidemic of male children sexual abuse. In the survey, male child sexual abuse was very common especially in rural areas with 44% of all the male children respondents reporting that they have been coerced into having sex (Andersson & Ho-Foster, 2008). These findings and assertions are in tandem with the recent South African Police Service’s crime statistics report for 2011/2012 which showed that between April 2011 and March 2012, 1 in 10 cases of reported serious contact crimes committed in South Africa were perpetrated against a child (SAPS, 2012). According to the report, serious contact crimes include murder, attempted murder, sexual offences, assault with grievous bodily harm, common assault, aggravated robbery and common robbery. The same report showed that 1 in 20 of all reported murder as well as attempted murder cases were children (SAPS, 2012). The extreme consequences of child abuse on South African children were succinctly captured by a recent in-depth national review of childhood homicide cases for 2009 by researchers at the Gender & Health Research Unit of the South African Medical Research Council (Mathews, Abrahams, Jewkes, Martin & Lombard, 2012). The researchers showed that 3 children were murdered on a daily basis in South Africa (Mathews et al., 2012). These reports must be viewed against the backdrop of the fact that the reported cases represent fractions of the actual infractions perpetrated against children since they are not always in a position to report.

1.2 Consequences and Costs of Child Abuse

Child abuse has far-reaching consequences both for the victims of abuse and the society at large. At the extreme, child abuse can result in permanent disability or premature death (WHO, 2002; Mathews et al., 2012). No less significant are the non-fatal health consequences of child abuse such as internalized psycho-social impairments like anxiety disorders, withdrawal and depression as well as externalized
aggression and delinquent behaviour (WHO, 2002; Johnson, 2004; Bordin, Duarte, Peres, Nascimento, Curto & Paula, 2009). The abused girl-child is at increased risk of internalizing problems and manifesting this as depression (Bordin et al., 2009) whereas her male counterpart is more likely to externalise the deleterious effects of child abuse through aggression and delinquency (Schilling, Aseltine & Gore, 2008). Unwanted pregnancy and transmission of HIV and other sexually transmitted infections are consequences particularly relevant in the context of child sexual abuse (Shumba, 2001; WHO, 2002; Johnson, 2004; Rehle, Shisana, Pillay, Zuma, Puren & Parker, 2007). The toll of child abuse on the society manifests in costs incurred from provision of healthcare for victims (WHO 2010b), investigating and prosecuting abuse perpetrators and the productivity lost to disability and premature death (WHO, 2002; Segal & Dalziel, 2011). A recent study conducted among men convicted of intimate femicide in South Africa highlighted the role of “traumatic childhood experiences” in shaping violent adult masculine manifestations (Mathews, Jewkes & Abrahams, 2011:1). Simply put, child abuse is a “…reverse alchemy…turning the gold of a newborn…into the lead of a depressed, diseased adult” (Felitti, 2002:2).

1.3 Child Abuse and Duties to Protect: The Global and South African Legal Perspectives

A recurring theme in international works commissioned to address the plague of child abuse is the affirmation that no form of child abuse is justifiable and that all forms of child abuse are preventable (Pinhiero, 2006; WHO, 2006). Furthermore, a rights-based perspective which demanded the recognition of children as full-fledged human beings with distinct rights worthy of protection provided the basis for the development of international treaties and legal instruments aimed at protecting the inalienable rights of children to grow within a nurturing and an abused-free environment (Pinhiero, 2006). Hence, there have been concerted efforts to employ international conventions such as the UNCRC (WHO, 2006) and the African Charter on the Rights and Welfare of the Child (Richter & Dawes, 2008) to safeguard the rights of children. These conventions, which have been ratified by many countries including South Africa, place a legal obligation on signatory countries to take steps to comprehensively protect children from all forms of abuse or maltreatment (WHO, 2006; Richter & Dawes, 2008). The South African government, in compliance with its international legal obligations, has
put in place statutory legislative framework and protocols aimed at safeguarding the rights of children and protecting them from abuse (SAHRC, 2002, Dawes & Mushwana, 2007).

Section 28 of the Bill of Rights of South African constitution (RSA, 1996) defines a child as any person below the age of 18 years. This section is exclusively devoted to the rights of the South African child and it guarantees the right of every child to basic necessities like food, shelter and basic services as well as protection from “…abuse, neglect or degradation” (subsections 1(c) & 1(d)) including sexual abuse (SAHRC, 2002). It also prohibits the exposure of a child to “…exploitative labour practices” or work conditions that threaten a child’s “…well-being, education, physical or mental health or spiritual, moral or social development” (subsection (1f) i & ii). In tandem with Article 3 of the UNCRC, the Bill of Rights (section 28 (2)) espouses the principle that the overarching consideration in all matters relating to a child will be the best interests of the child (Dawes & Mushwana, 2007). Sections 10 and 12 provide guarantee with respect to the right to dignity and protection from violence for every South African, including children (Dawes & Mushwana, 2007).

The practical protection of these inalienable rights of the South African child is facilitated by protocols and domestic legislation like Children’s Act No. 38 of 2005; Children’s Amendment Act of 2007; The South African Schools Act No 56 of 1996, (KZNDOE, 2010a; Dawes & Mushwana, 2007); Abolition of Corporal Punishment Act of 1997 (Richter & Dawes, 2008); Sexual Offences and Related Matters Amendment Act No. 32 of 2007 and Child Justice Act No. 75 of 2008 (McQuoid-Mason, 2011). The Schools Act No 56 of 1996 and Abolition of Corporal Punishment Act of 1997 prohibit the use of corporal punishment in schools and penal institutions in South Africa. The department of education has appropriate guidelines and protocols for dealing with cases of abuse occurring within schools (KZNDOE, 2010a). The Children’s Act (2005) not only places a legal obligation on designated persons and professionals to report suspected cases of child abuse to child protection services, it also prescribes appropriate sanctions and protection from prosecution for defaulters and whistle-blowers respectively (Dawes & Mushwana, 2007).
1.4 Barriers to Reporting Suspected Cases of Child Abuse

Emanating from these conventions are national laws in many countries requiring the mandatory reporting of suspected cases of child abuse by children’s caregivers and certain professionals working with children (Richter & Dawes, 2008; WHO, 2002; Piltz & Wachtel, 2009). However, most cases of child abuse still go unreported despite these laws (Alvarez, Kenny, Donohue, & Carpin, 2004; WHO, 2006). Reasons adduced for failure of designated professionals to report suspected cases include their limited ability to recognize signs of child abuse (Alvarez et al., 2004; Walsh, Schweltzer & Bridgstock, 2005; Piltz & Wachtel, 2009); concerns about negative consequences arising from the report – to either the victim or the reporter (Alpert & Green, 1992 in Alvarez et al., 2004; Abrahams, Casey & Doro, 1992; Piltz & Wachtel, 2009) and uncertainties about the reporting process (Abrahams et al., 1992; Beck et al., 1994).

Understanding the barriers which prevent professionals from reporting suspected cases of child abuse is important for a number of reasons. Firstly, the assertions of underreporting notwithstanding, professionals still account for the reporting of the majority of cases of child abuse lodged with authorities that are statutorily designated to handle such cases (Alvarez et al., 2004; Walsh et al., 2005). Therefore, professionals with mandatory reporting responsibilities are strategically important in the drive to detect and redress cases of child abuse. Teachers are particularly important given the fact that most abused children “…have one thing in common—they go to school” (Hinson & Fossey, 2000:251). In addition, when cases of child abuse go unreported, victims are not only being denied access to potentially beneficial interventions (Alvarez et al., 2004), they are also at risk of further exposure to escalating physical or psychological trauma (Walsh et al., 2010).

1.5 Rationale for the Study

Most studies exploring the role of educational institutions with respect to child abuse in southern Africa however have mainly focused on the roles of teachers as perpetrators of physical and sexual abuse and the prevalence of abuse within schools (Prinsloo, 2006; Shumba, 2001; Jewkes, Levin, Mbananga & Bradshaw, 2002; Human Rights Watch, 2001). Given the paucity of literature on the recognition and reporting
practices of child abuse by South African teachers, this study seeks to add to the body of knowledge by examining primary school teachers’ knowledge of manifestations of child abuse and neglect as well as document their attitudes and reporting practices within the context of applicable South African laws and policies.

1.6 Study Setting

Even though the South African Government broadly classifies schools into public and independent/private schools (South African Government Information, 2011), a closer look shows that the public schools are further categorized into quintiles based on poverty indicators like unemployment, literacy rates and income of the communities in which the schools are located (CREATE, 2009). This categorization was informed by the need to correct the racially-motivated funding disparities of the past (CREATE, 2009). Enrolees in schools categorised as quintiles 1-3 do not pay any fee, hence the name “no-fee schools”. Students in public schools in quintile 4 receive some subsidy from government whereas those in public schools in quintile 5 do not get any subsidy. Despite these reforms, enrolment pattern is still largely influenced by social class; “…the legacy of apartheid and poverty persists in terms of very varied learning contexts…” with widening resource gaps (CREATE, 2009: 2) within schools.

For the purpose of this research, the public schools will be classified based on their funding structure: independent schools, public no-fee schools, public schools with government subsidy as well as public primary schools with no subsidy. This study was conducted in primary schools selected across these four different funding categories in the Midlands circuit in Pietermaritzburg, KwaZulu-Natal. The choice of study location is influenced by the fact that the researcher currently lives and works in Pietermaritzburg and has encountered some cases of child abuse and/or neglect in the course of his work as a clinician. Furthermore, given the important role of socioeconomic and cultural factors in shaping issues related to child abuse, conducting the study in these categories of schools would facilitate the possibility of exploring the impact of the extant “resource divide” (CREATE, 2009:4) within these schools on child abuse-related issues.
CHAPTER TWO
LITERATURE REVIEW

2.1 CHILD ABUSE: DEFINITION AND TYPES

Providing a pluralistic definition of child abuse that takes into account the widespread variations in cultural expectations of parenting and child rearing practices has been very challenging (Finkelhor & Korbin 1988; Korbin, 1991; Richter & Dawes, 2008; Mullen, Martin, Anderson & Romans, 1996). For instance, some forms of corporal punishment or physical discipline are considered as indispensable components of normal child rearing practices in many societies (WHO, 2010a; Richter & Dawes, 2008; Wong, Leung, Tang, Chen, Lee & Ling, 2009; James, 1994). However, it has been argued that adopting “…a stance of extreme cultural relativism…” which seeks to accommodate all forms of societally sanctioned child rearing practices is fraught with the risk of justifying obvious abusive acts which are not censured by the society (Pierce & Bozalek, 2003: 818). Cultural connotations notwithstanding, there is almost a unanimous agreement that extreme disciplinary measures and child sexual abuse are abhorrent practices (Bross, 2000 in WHO, 2002; Johnson, 2004). The World Health Organization (WHO) Consultation on Child Abuse Prevention defined child abuse as:

“…all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (WHO, 2002:59).

This definition differs from that provided by the National Department of Social Development of South Africa (2004 in Richter & Dawes, 2008) which excludes potential harm and “…rests on actual harm being done to children…” (Richter & Dawes 2008:82).

Flowing from above, child maltreatment or abuse can be categorized into physical abuse; emotional abuse; sexual abuse and neglect.
2.1.1  **Physical Abuse**

Physical abuse refers to non-accidental injuries resulting from the deliberate use of physical force on a child (WHO, 2006; James, 1994). Such physical force includes actions such as kicking, biting, shaking, hitting, burning, punching, scalding, suffocating or deliberate poisoning (WHO, 2006; James, 1994; Goldman, Salus, Wolcott & Kennedy, 2003). Some authorities have argued that actions with potential for harm should also be regarded as child abuse because the harm arising from some physical forces might not be immediate or immediately apparent (WHO, 2006; Dubowitz & Bennett, 2007). While the injuries are not accidental, it is pertinent to mention that they may not have been intentional (James, 1994). In fact, a large proportion of violence perpetrated against children within the home occurs in the course of severe discipline (James, 1994; WHO, 2006) or physical punishment that is incongruous with the child’s age or condition (Goldman et al., 2003).

2.1.2  **Emotional Abuse**

Emotional abuse or psychological maltreatment refers to repetitive behavioural patterns such as criticism, belittling, threats, irrational restriction on social contacts and verbal abuse which attack a child’s sense of self-worth, emotional development or social competence (James, 1994; KZNDOE, 2010a). The repetitive nature of such actions rather than an isolated incident is a common feature of most definitions of emotional abuse (Tomison & Tucci, 1997; Goldmasn et al., 2003). Emotional abuse is the most difficult form of child abuse to identify because its effects, such as delayed development, learning and language difficulties, are not unique to children exposed to psychological maltreatment and may only become apparent in later stages of a child’s development (Goldman et al., 2003; James, 1994).

2.1.3  **Sexual Abuse**

Child sexual abuse (CSA) is the use of a child for sexual gratification usually by an adult and in some instances, by other children who by virtue of their position are in a position of power, responsibility or trust over the child victim (WHO, 2006). CSA can be of a contact or non-contact nature (KZNDOE, 2010a; Goldman et al., 2003). Touching, fondling, oro-genital or anal penetration of a child, French-kissing and
masturbation are examples of contact-type of child sexual abuse whereas non-contact type of sexual abuse includes acts like indecent exposure, exposure of a child to pornographic materials, cybersex or voyeurism (Goldman et al., 2003; KZNDOE, 2010a).

2.1.4 Neglect

Neglect refers to failure of a caregiver or parent to provide for a child’s basic needs despite having the means to do so (Goldman et al., 2003; WHO, 2006) thus compromising the child’s physical, intellectual or emotional development. Neglect, despite being the most common form of child abuse (Hildyard & Wolfe, 2002; DHHS, 2011) is often the most neglected (Gilbert, Widom, Browne, Fergusson, Webb & Janson, 2009).

Neglect could be physical, emotional or educational (Goldman et al., 2003). Some examples of physical neglect include failure to provide adequate food, clothing or safe living conditions; refusing or delaying needed medical treatment, child abandonment and inadequate supervision which put the child at risk of harm or injury (Goldman et al., 2003; WHO, 2006) and in extreme cases, death (Mathews et al., 2012). Educational neglect refers to situations where caregivers or parents permit chronic school absenteeism; fail to enrol a child requiring special education in an appropriate school; fail to register a child of mandatory school age or prevent such a child from attending school (Goldman et al., 2003). Emotional neglect arises when a child is chronically exposed to domestic violence or does not receive adequate affection or emotional nurturing from the caregiver or parent (Hildyard & Wolfe, 2002).

2.2 CHILD ABUSE: THE BURDEN, THE COSTS AND THE CONSEQUENCES

Globally, child abuse and its consequences remain a major public health problem (Pinheiro, 2006; Gilbert et al., 2009; WHO, 2010b). Despite the limitations associated with accurately determining the burden of child abuse, the United Nations Secretary General report on child abuse estimated that about 150 million girls and another 73 million boys less than 18 years were sexually assaulted worldwide (Pinheiro, 2006). Estimates from high-income countries showed that 4-16% and about 10% of children...
have been physically abused and subjected to psychological maltreatment respectively (Gilbert et al., 2009). In sub-Saharan Africa, as much as 5% of adult populations in some studies reported being sexually abused as children (Lalor, 2004).

The harsh reality of the fatal consequences of child abuse and neglect was recently highlighted in a report which showed that nearly half of cases of 1018 childhood homicides in 2009 were due to child abuse and neglect (Mathews et al., 2012). Recent crime statistics released by the South African Police Service (SAPS, 2012) showed that children are increasingly being targeted by abusers and common criminals alike. The crime statistics report for 2011/2012 showed that 25 862 children (representing 40.1% of sexual offences) were victims of sexual offences (SAPS, 2012). During the same period, more than 23, 000 children were assaulted with almost half of them suffering grievous bodily harm in the process (SAPS, 2012). Other reports showing that 35-45% of children had witnessed violence being perpetrated against their mothers and another 15% have been neglected by inebriated parents support the notion that exposure of children to emotional violence and neglect is also common place in South Africa (Seedat et al., 2009). Also, the disproportionate burden of HIV/AIDS borne by young girls in South Africa has been linked to the pervasive problem of child rape, child sexual abuse and HIV/AIDS avoidance strategies by men (Rehle et al., 2007).

As alarming as these figures might be, it is pertinent to stress that they represent a fraction of the actual magnitude of the problem given the fact that significant disparities—as much as a ten-fold difference—have been noted between child abuse rates substantiated by child protection services and those reported by victims and their parents (Gilbert et al., 2009). Also, inadequate data, the secret and sensitive nature of child maltreatment (Dubowitz & Bennett, 2007) as well as variations in operational definitions of child abuse in research and across jurisdictions continue to hamper efforts aimed at correctly estimating the true burden of child abuse (National Research Council, 1993; Richter & Dawes, 2008). Besides, children in abusive situations are often concurrently exposed to multiple types of abuse and abusive situations are often repetitive rather than isolated once-off occurrences (Gilbert et al., 2009). Also, it has also been suggested that substantial proportion of child abuse-related homicides may have been wrongly attributed to other causes (WHO 2010b).
Despite the debate over the methodological shortcomings of studies exploring the adverse outcomes associated with exposure to abuse during childhood (Goldman et al., 2003; Gilbert et al., 2009), there is enough evidence that the damaging consequences of child abuse are extensive. They go beyond the proximate physical injuries and disabilities suffered by affected individuals (WHO, 2006; Goldman et al., 2003) and can manifest at any time in the lifespan of the victims with profound long-term negative impacts on their mental and socio-economic wellbeing (Segal & Dalziel, 2011; Gilbert et al., 2009). The possible physical aftermath of child abuse includes bruises, fractures, burns, failure to thrive and in extreme instances, disability and death (Goldman et al., 2003). However, beyond the physical effects of child abuse are the abnormal cerebral neuronal rewiring and adverse neurocognitive sequelae seen in abused children which make them prone to engage in risky behaviours such as high-risk sexual behaviours, alcohol and recreational drug use with attendant negative health outcomes like unwanted pregnancy, sexually transmitted infections including HIV/AIDS, criminal behaviour and suicide (Goldman et al., 2003; WHO, 2006; Gilbert et al., 2009). This neurocognitive impairment has also been hypothesised as being responsible for the internalised anxiety, withdrawal and depression often seen in abused girls and the externalised delinquency and aggression often manifested by abused boys (Goldman et al., 2003; Bordin et al., 2009; Schilling, Aseltine & Gore, 2008). There is also a strong link between child abuse and the development of organic disorders such as obesity, heart disease, cancer and diabetes in adulthood (Felliti, 2002; WHO, 2010).

The economic impact of child abuse is seen in the lower educational attainment and poorer employment outcomes seen in abused children when compared to their counterparts (Gilbert et al., 2009). Further economic impacts of child abuse on the society include the direct healthcare and rehabilitation costs for victims; lost tax revenue due to disability and premature death and the opportunity costs incurred in the course of reallocating scarce resources to services required to bring perpetrators to justice (Segal & Dalziel, 2011; WHO, 2006). Available conservative estimates for most countries run into billions of US dollars and are comparable to costs incurred in controlling other major diseases (Segal & Dalziel, 2011). In the United States, conservative estimates as at 2007 put these costs at USD 103.8 billion (Wang & Holton, 2007).
2.3 CHILD ABUSE IN CONTEXT

The Commission on Social Determinants of Health (CSDH, 2008) asserts that the conditions in which people live and work have a significant bearing on their quality of life and the burden of diseases they bear. The CSDH (2008) specifically identified unacceptably skewed power and socio-cultural dynamics as well as restricted economic opportunities as major drivers of health inequity within communities. This assertion aptly captures the contexts in which child abuse occur: it cannot be attributed to a single risk factor (WHO, 2006; Dubowitz & Bennett, 2007). Rather, it is the outcome of “…a complex interplay of multiple risk factors” (National Research Council, 1993: v) that is “... often deeply rooted in cultural, economic, and social practices” (Pinheiro, 2006: 6). An ecological model has been used to depict the dynamics and interactions among four nested levels of risk factors: individual, relationship, community and societal (WHO, 2006) and how these interactions shape the occurrence of child abuse and its consequences (National Research Council, 1993). These levels have been similarly termed ontogenic development; microsystem; exosystem and macrosystem respectively (Sidebotham, 2001). The ecological model is regarded as the most comprehensive model for understanding the nature of the complex aetiology of child abuse and its implications on prevention and mitigation efforts (Sidebotham, 2001). These factors are regarded as risk factors or protective factors depending on whether they exacerbate or mitigate the risks of child abuse and its adverse outcomes (National Research Council, 19993; WHO, 2006; CDC, 2012a).

The individual level explores the roles of biological variables and personal history in determining an individual’s susceptibility to child abuse. The relationship and community levels respectively examine the influence of a person’s intimate social relationships and the settings in which these relationships exist on his/her vulnerability to abuse. The contribution of extant socio-cultural norms to the development of child abuse is explored at the societal level (WHO, 2006).

2.4 RISK FACTORS FOR CHILD ABUSE

At the individual level, the presence of certain personality traits or psychosocial impairments in the parents or caregivers increases the likelihood of child abuse (WHO, 2006; Goldman et al., 2003). Some of the risk factors identified as increasing the
propensity for child abuse include impaired bonding between the child and the mother; social isolation; impaired parenting skills and history of child abuse in the caregiver/parent (Goldman et al., 2003; WHO, 2006). Others are low self-esteem; depression or other cognitive impairments; financial difficulties; substance or alcohol abuse as well as erroneous belief in the effectiveness of physical punishment as a remedy for misbehaviour (Goldman et al., 2003; WHO, 2006).

While children cannot be blamed for being victims of child abuse (CDC, 2012a), it is a sad reality that some children may be more difficult to raise because they are born prematurely or suffer from physical, emotional or cognitive disabilities and thus require special care which puts additional strain on their caregivers/parents (Goldman et al., 2003; WHO, 2006). Such children along with those who do not meet parental expectations with respect to gender or physical appearance or are unwanted are more likely to be abused (Goldman et al., 2003; WHO, 2006). Hyperactive or impulsive children, children with behavioural problems and those who are perceived as being too demanding of parental attention are more likely to suffer maltreatment especially when raised by caregivers or parents with poor coping skills.

At the relationship level, it has been shown that children reared within the context of poverty, dysfunctional family structures (WHO, 2002; Lazenbatt & Freeman, 2008), intimate partner violence and domestic violence (WHO, 2002; Richter & Dawes, 2008; Stanley & Appleton, 2008; Aysnley-Green & Hall, 2008) and inadequate social support network (CDC, 2012a) are at increased risk of abuse when compared to their counterparts. Equally disturbing is the finding that the risk of death from child abuse tracks poverty: the highest risk typically being found in low and middle income countries with pervasive poverty (WHO, 2002). However, it must be stressed that the presence of poverty alone within the household does not make abuse inevitable – “most poor people do not maltreat their children” and abuse is not restricted to any socioeconomic class (Goldman et al., 2003:33).

A community characterised by high level of unemployment, residential volatility, dilapidated social infrastructure, high level of violence (WHO, 2006; CDC, 2012a) and dangerous neighbourhoods (Dubowitz & Bennett, 2007) create the right milieu for child abuse to fester. Furthermore, high rates of child abuse and maltreatment are buoyed by ideological and socio-cultural constructs which favour patriarchy – an
unquestioning and subservient obedience of children and women to men (Richter & Dawes, 2008). Other risk factors for abuse at the societal level include inequitable socioeconomic opportunities, societal glorification of violence and cultural acceptance of physical punishment as part of normal child rearing practices (Goldman et al., 2003; WHO, 2006).

Putting the above into perspective, unique to the South African context is the ignominious role of apartheid in the creation of one of the most economically unequal societies in the world and the entrenchment of a violent culture (Richter & Dawes, 2008; Seedat et al., 2009; Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009; September 2006). Also, until the enactment of the Schools Act of 1996 and the Abolition of Corporal Punishment Act of 1997, corporal punishment was legally sanctioned in schools and penal institutions in South Africa (Richter & Dawes, 2008). Another contributory factor for the high level of child abuse in South Africa is the societal acceptance of corporal punishment as suitable correctional measures for children (WHO, 2002; Richter & Dawes, 2008). In fact, Morrel (2006) has argued that parental acceptance and support is one of the reasons why corporal punishment persists in South African schools despite its prohibition.

As previously mentioned, abusive acts against children occur every day and everywhere: in schools, homes, neighbourhood and the community at large (Seedat et al., 2009; Richter & Dawes, 2008). Sadly though, the most frequently identified perpetrators are those traditionally responsible for protecting children’s interests: parents and teachers (Jewkes et al., 2002; Prinsloo, 2006; Richter & Dawes, 2008).

### 2.5 PROTECTIVE FACTORS AGAINST CHILD ABUSE

Although protective factors have not been as widely studied as risk factors for child abuse (CDC, 2012a), evidence from effective child abuse prevention strategies and other sources has shown that a cohesive family unit (WHO, 2006) and availability of social support for families (CDC, 2012a) especially at the time of stress offer strong protection for children against maltreatment (Dubowitz & Bennett, 2007; Goldman et al., 2003). Other factors with potential protective effects from child abuse include parental employment, optimal access to healthcare and social services and a concerted effort by the community to prevent child abuse (CDC, 2012a). Overall, there is
convincing evidence that the promotion of safe, stable, and nurturing relationships (SSNR) between children and their caregivers/parents is an effective strategy for preventing child abuse and its lifelong adverse consequences (CDC, 2010; WHO, 2009). This approach recognizes the significant impact of safety, stability and nurture on facilitating healthy outcomes from the transactional relationship that exists between the developing child and his/her overall environment (CDC, 2010).

2.6 RECOGNISING AND RESPONDING TO CHILD ABUSE

Early recognition and reporting of child abuse are important for protecting children through timely institution of appropriate interventions (Alvarez et al., 2004). These interventions are aimed at reducing the consequences of abuse, terminating abusive acts (WHO, 2002; Haj-Yahia & Attar-Schwartz, 2008) and ultimately preventing the tragic “reverse alchemy” of child abuse which turns “…the gold of a newborn into the lead of a depressed, diseased adult” (Felitti, 2002:2). The reporting process also facilitates efforts to apprehend and punish perpetrators of child abuse (Walsh et al., 2005).

South Africa has followed the lead of many developed countries such as United States (Hinson & Fossey, 2000; Alvarez et al., 2004), Australia (Walsh, Rassafiani, Mathews, Farrell & Butler, 2010), Canada (Beck et al., 1994) and Israel (Haj-Yahia & Attar-Schwartz, 2008) which have laws which make it mandatory for people in position of responsibility for children and professionals in welfare services, schools, law enforcement agencies and healthcare workers to recognize, report and respond to suspected cases of child abuse (Haj-Yahia & Attar-Schwartz, 2008; Richter & Dawes, 2008; Gilbert et al., 2009). The country has ratified international conventions on the rights of children such as the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child which were ratified in 1995 and 2000 respectively. Laws like the Children’s Act (2005); Children’s Amendment Bill (2006); Prevention of Family Violence Act (1993); and the Schools Act (1996) have been enacted to safeguard the rights of children (September, 2006; Richter & Dawes, 2008). Specifically, the Children’s Act (2005) in section 110(1) states that a teacher - or any other designated person:
“…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”.

It goes further in section 110 (3) (b) to grant immunity from prosecution to any person –as well as those with mandatory reporting responsibility- who “makes a report [of suspected child abuse] in good faith”. In fact, failure to comply with mandatory reporting is an offence, punishable by “…a fine or imprisonment for a period not exceeding 10 years or both” [s 305(6)].

Reasonable grounds for suspicion of child abuse include direct disclosure of abuse by a child, relative or neighbour or observations of behaviour that suggest child abuse (DCSI, 2009). Thus, professionals do not have to prove the occurrence of abuse, they are only required to report their suspicion to designated personnel who will then investigate and determine if maltreatment has actually occurred (Alvarez et al., 2004).

However, in South Africa and other parts of the world, those tasked with the responsibility of reporting suspected cases of child abuse have often failed to do so for a variety of reasons (Alvarez, et al., 2004; Gilbert et al., 2009). The bulk of available research on recognition of child abuse and reporting practices has focused almost exclusively on healthcare personnel and to a certain extent, on teachers (Hinson & Fossey, 2000; Gilbert et al., 2009; Haj-Yahia & Attar-Schwartz, 2008; Lazenbatt & Freeman, 2006; Shumba, 2001). Continuity of contact (Walsh et al., 2010) and the availability of caring counsellors and teachers make the school environment a convenient ground for detecting and reporting abuse (Hinson & Fossey, 2000; Gilbert et al., 2009). Furthermore, the relationship of children and their teachers is subject to the legal obligations of in loco parentis in South Africa (Wits, Undated) and most parts of the world. This legal prescription provides teachers with the legal footing to literally stand “in the place of a parent” as far as the protection of the child’s rights and welfare are concerned (Wits, Undated:1).
2.7 CONCEPTUALISING TEACHERS’ RESPONSES TO CHILD MALTREATMENT: General Judgement and Decision Making Model (GJDM) and Social Cognitive Theory (SCT)

Studies have been conducted, mainly in the developed world, to assess the recognition capabilities and reporting practices of teachers and other professionals with mandatory reporting obligations as they relate to child abuse and neglect (Hinson & Fossey, 2000; Beck et al., 1994; Haj-Yahia & Attar-Schwartz, 2008). Based on an adaptation of Dalgleish’s (1988, 2003 in Walsh, Bridgstock, Farrell, Rassafiani & Schweitzer, 2008) General Judgement and Decision Making (GJDM) model, Walsh and colleagues (2008:984) posited that teachers’ propensity to recognise and report cases of child abuse involves “…a two-part process in which teachers must first detect...and then report...” these cases. They hypothesized that the detection phase is subject to knowledge of the signs and symptoms of child abuse and neglect while the reporting phase is influenced by the teachers’ awareness of the laws, policies and procedures for reporting; their attitudes and their beliefs about the likelihood that the outcome of reporting will benefit the child; and whether the school set up facilitates or hinders reporting (Walsh et al., 2008).

In the same vein, Albert Bandura’s social cognitive theory (SCT) provides further insights into understanding teachers’ responses to suspected child abuse. The psychologist posited that learning takes place within a social context through observation and modeling. He argued that learning and behaviour represent two distinct processes (Denler, Wolters & Benzon, 2009) while highlighting the considerable influence of self-regulatory processes and motivation on the propensity of an individual to reproduce a learned behaviour (Sincero, 2011). These concepts puts into perspective the observed seemingly illogical disconnect between teachers’ awareness of their reporting obligations and failure to lodge reports of suspected child maltreatment as reported by Greytak (2009) that familiarity with the content of mandatory reporting law on its own was not associated with increased likelihood to report suspicion of child abuse.

Furthermore, according to SCT, the inclination to perform a learned behaviour is strongly influenced by expected outcome such as the feeling of accomplishment or the negative consequence that may accompany the (non)performance of a given task
(Denler et al., 2009; Sincero, 2011). Thus, if doubts exist about the effectiveness of reporting or the ensuing interventions, teachers may choose not to lodge any report. Similarly, teachers’ confidence in the effectiveness of reporting child abuse may be buoyed by observations of favourable outcomes in similar cases. Conversely, first-hand experience or vicarious observations of unpleasant outcomes occasioned by reporting suspected child abuse will logically damage teachers’ confidence in the reporting process thus leading to total disregard for reporting responsibilities or reluctance to get involved in the reporting process. In fact, these are some of the concerns raised by those who have questioned the effectiveness of punitive provisions of mandatory reporting laws (McInnes, 2002; Ainsworth, 2002; Harries & Clare, 2002). Critics of mandatory reporting laws are worried that increased volumes of notifications occasioned by mandatory reporting may overstretch the already struggling child protection services thus resulting in more selective follow-ups and increased proportion of unsubstantiated reports (Harries & Clare, 2002). Worse still, resources that could have been used to assist families of children in dire socio-economic straits would have been depleted in the course of investigating these reported but eventually unsubstantiated cases. One of the overall effects of such situation is that professionals’ confidence in the effectiveness of reporting cases of suspected child abuse will be further undermined. Another worrying observation is the tendency for jurisdictions with mandatory reporting laws to adopt an adversarial legalistic stance which usually ignores the broader socio-economic and structural inequities which encourage child abuse in the first place (Hill, Stafford & Green Lister, 2002; Harries & Clare, 2002).

Indeed, available evidence showed that professionals fail to report abuse because of their inadequate knowledge of signs and symptoms of child abuse and neglect (Stein, 1984 in Alvarez et al., 2004, Hinson & Fossey, 2000); uncertainties about which acts amount to child abuse and neglect (Alvarez et al., 2004); concerns about potential harm to the victim occasioned by reporting; and erroneous beliefs about legal requirements of the reporting process (Alvarez et al., 2004; Beck et al., 1994). Other major deterrents to reporting suspected cases include the absence of tell-tale physical signs -especially in child neglect (Abraham, et al., 1992; Kenny & McEachern, 2002), and reluctance to face the potential inconveniences arising from getting involved with the reporting process (Hinson & Fossey, 2000; Gilbert et al., 2009; Haj-Yahia & Attar-
Schwartz, 2008). On the other hand, professionals are more likely to report suspected cases of child maltreatment when such abuse is physical or sexual (Walsh et al., 2008; Haj-Yahia & Attar-Schwartz, 2008) and when they believe that the safety of the child is under threat (Beck et al., 1994).

Investigations into the effect of training on child abuse detection and reporting among professionals have yielded mixed results. Contrary to their expectations, some researchers (Walsh et al., 2008) found that teachers without formal child protection training were more likely to detect and report abuse than those with formal training. In another study (Walsh et al., 2005), formal child protection training had no effect on teachers detection and reporting of child abuse. However, in a review of the effects of mandatory reporting laws on child maltreatment reporting, Wallace and Bunting (2007) asserted that training remains a cornerstone of any plan to successfully implement such laws given that training not only leads to increased rates of reporting but also improved quality of reports. According to Mathews and Walsh (2004), the potential spinoffs of improved quality of reporting through training would include reduced frequency of inaccurate reports and their adverse effects on the victims, the alleged perpetrators and the reporter; preventing the wastage of public funds on investigating inaccurate reports and ultimately freeing up much needed resources for those who actually need them.

Research exploring the effects of school characteristics on teachers’ detection and reporting practices of child abuse have yielded mixed results. Both schools with high and low learner to teacher ratio tend to lodge more child abuse reports (O’Tootle et al., 1999 in Walsh et al., 2008). Also, school characteristics such as the socioeconomic status of the students and school size did not have a strong influence on teachers’ propensity to report or detect abuse (Walsh et al., 2008). But according to Greytak (2009), teachers are more likely to report suspected child abuse when there is a clear cut school policy on child maltreatment reporting.

Flowing from this, it does appear that any effort aimed at improving professionals’ inclination to report suspected abuse needs to look beyond the enactment and enforcement of mandatory reporting laws as the deus ex machina to the problem of pervasive child abuse. Rather, such efforts should also strive to improve professionals’ self-efficacy through nurturing a school environment which inspires confidence in the
reporting process and the provision of training which improves professionals’ ability to recognize the signs and symptoms of ongoing child maltreatment and increases their familiarity with the reporting procedures. Such training should also address underlying negative attitudes and beliefs which hinder reporting.

The above findings and assertions have implications for child abuse detection and reporting in South African schools. The unacceptably high burden of child abuse in South Africa coupled with the dearth of literature on the recognition and reporting practices of child abuse by South African teachers provides a strong motivation for an exploratory study aimed at examining primary school teachers’ knowledge of manifestations of child maltreatment as well as their attitudes and reporting practices within the context of applicable South African laws. Given the existing resource gaps among the different categories of schools, it is equally important to explore the prevailing child abuse detection and reporting trends with respect to resource endowments in these schools so as to provide evidence-based policy suggestions on improving child abuse detection and reporting in South African schools.
CHAPTER THREE
AIM, OBJECTIVES AND STUDY METHODS

3.1 AIM:

This study aims to assess teachers’ knowledge of child abuse, their attitudes and reporting practices with regards to child abuse in selected independent and public primary schools across all quintile categories in the Midlands education circuit in Pietermaritzburg.

3.2 OBJECTIVES:

1. To assess teachers’ knowledge of signs and symptoms of child abuse and neglect.

2. To assess teachers’ knowledge of the specific laws and policies guiding the mandatory reporting of suspected cases of child abuse.

3. To describe the attitudes of the teachers to issues related to child abuse.

4. To investigate the child abuse reporting practices of the teachers.

3.3 STUDY METHODS

3.3.1 Study Design: The study was conducted using an observational, descriptive cross sectional quantitative study design. Using a self-administered questionnaire, this study sought to describe the recognition capabilities; attitudes and reporting practices of the teachers with respect to suspected cases of child abuse. Other authors (Haj-Yahia & Attar-Schwartz, 2008; Beck et al., 1994) have used the same study design for similar research questions. An exploratory comparison of findings across the types of schools chosen was done, to generate hypotheses for differences that might be observed in the level of knowledge, reporting practices and attitudes of the teachers from the different schools (Katzenellenbogen et al., 1999).
3.3.2 **Study Population, Sample Size and Sampling Method:**

The study population consisted of 2,496 primary school teachers in the Midlands circuit, Pietermaritzburg as at the time of data collection. The study participants were selected using proportionate stratified sampling to ensure that teachers from each type of school were represented (Durheim & Painter, 2009). This sampling frame comprised of all 178 registered primary schools in all the nine education wards (Cumberwood, Edendale, Lions River, Midlands East, Midlands North, Mooi River, Msunduzi East, Msunduzi North and Msunduzi South) under the Midlands circuit was obtained from the Department of Education Umgungundlovu district using the Education Management Information System (EMIS) database.

3.3.3 **Sample Size:** In the absence of any baseline data on the teachers’ knowledge of manifestations of child abuse, the researcher assumed a knowledge prevalence of 50% among the teachers with a maximum error of 4.00% and a power of 80% (CDC Epi Info 3.5.3, 2011). Thus, using Epi Info (CDC, 2011), the study participants required was calculated to be 233 teachers. These participants were selected from a total of 2496 primary school teachers registered in the Midlands circuit on the EMIS database.

3.3.4 **Sampling Method:** Schools with complete data -151 out of 178 registered schools- were stratified according to funding structure as previously explained. There were 134 public schools consisting of 16 quintile 1 schools with 70 teachers; 16 quintile 2 schools with 111 teachers; 35 quintile 3 schools with 543 teachers; 24 quintile 4 schools with 580 teachers and 35 quintile 5 schools with 874 teachers. There were 17 registered independent schools with 244 teachers.

The proportion of teachers from each stratum with respect to the total teachers’ population was determined and the sample population was constituted to reflect this proportion. The strata consisted of 724 teachers from “no-fee” schools (quintiles 1, 2 and 3), 1454 teachers from fee-paying public schools (quintiles 4 and 5) and 244 teachers from independent schools. Hence, the sample population of 256 teachers was made up of 77 teachers from “no-fee” schools, 154 teachers from fee-paying public schools and 25 teachers from independent schools.
Afterwards, using random number tables, 7 schools were selected from the “no-fee” schools, 11 from fee-paying public schools and 5 independent schools. The number of teachers selected to participate in the study from each school was proportional to the relative population of the teachers in each school type. After on-site briefing of the teachers on the broad aims of the research, the final study population at the level of the schools consisted of a convenience sample of 332 teachers who volunteered to participate in the study.

3.3.5 Data Collection Method: A self-administered questionnaire was used for the study. Given the expected educational background of the study participants and the quantitative nature of the study, this method of data collection seemed appropriate. Similar data collection method was used in previous studies assessing knowledge and reporting practices of teachers on issues related to child abuse (Hinson & Fossey, 2000; Beck et al., 1994; Haj-Yahia & Attar-Schwartz, 2008).

The knowledge of the teachers on manifestations of child abuse and neglect was tested using indicators that have been validated and described in published literature (Hinson & Fossey, 2000, KZN DOE, 2010). The teachers’ knowledge of child abuse reporting law and procedures was assessed using the applicable provision in the Children’s Act (2005) and the policy document issued by the KwaZulu-Natal department of education (KZN DOE, 2010) respectively. Likert items were used to assess attitudes and beliefs by asking participants to indicate their level of agreement with specific statements on issues related to child maltreatment. The research instruments are included as Appendix I.

Eight students from University of KwaZulu-Natal (UKZN) were recruited as research assistants (RAs). Some of these students had worked in a similar capacity with the Centre for Criminal Justice at UKZN. An initial training meeting was held during which the research overview and data collection logistics were discussed. During the meeting, the researcher also emphasized ethical considerations such as the need to show the necessary approval documents to school heads and participants as well the rights of the latter to decline participation at any stage of the research. A second meeting was held to train RAs in data collection and explain the test items on the questionnaire. The training was reinforced with role plays and the RAs were instructed
to refer and discuss any questions or concerns which they were unable to address themselves to the researcher.

The RAs and the researcher gave advance notice to the schools on proposed dates for data collection. This was facilitated by the availability of heads of schools contact information on the EMIS database. On site, teachers were briefed about the broad aims of the research and the importance of their participation to the success of the research. Each section of the informed consent form (Appendix I) was reviewed with the participants and they were then requested to sign the relevant section as an acknowledgement of the voluntary nature of their participation.

Where possible, the questionnaires were administered and collected on the same day. Given the need to avoid disruption of school activities, the “wait and get” approach did not work in all cases. In such instances when it was impossible to get the questionnaire on the same day, a follow up visit to collect them was arranged within 72 hours or on a mutually agreed date. In all cases, advance notice of the intended visitation dates was given to school heads or nominated contacts. The data were collected over the months of August and September 2012.

3.4 RIGOUR, VALIDITY AND RELIABILITY

The calculation of the sample size was aimed at balancing efficiency with precision and to minimize chance or error. As previously discussed, the expected level of knowledge of child abuse was assumed to be 50% since there was no baseline data among the study population. The acceptable error was 4% and the study power was 80%. Bias and confounding were addressed with the sampling methodology. However, the researcher recognized that the multistage nature of the sampling methodology introduced some measure of selection bias. This was counterbalanced by randomly selecting the wards. The stratification of the schools was aimed at ensuring that adequate numbers of teachers were selected from each type of school.

As described above, response rates were improved by giving advance notice to the schools, collecting completed questionnaires immediately or following up collection based on mutually agreeable schedules. Furthermore, to improve validity, the survey questions were based on the KwaZulu-Natal Department of Education’s Policy
Guidelines for the Management of Child Abuse and Neglect (KZN DOE, 2010) as well as previously validated tools used in similar studies (Hinson & Fossey, 2000; Beck et al., 1994; Haj-Yahia & Attar-Schwartz, 2008). The questionnaire was pretested among 15 primary school teachers and the feedback from the pretesting of the questionnaire was used to make relevant corrections to the study tool.

Also, as mentioned above, RAs were trained and debriefed periodically during the course of data collection to ensure that logistical difficulties were promptly addressed and prevent any major deviation from the research protocol.

3.5 DATA MANAGEMENT AND ANALYSIS

Each questionnaire was given a serial number which was eventually entered as the subject number on the spreadsheet. This allowed for cross-validation of data between the spreadsheet and the questionnaire when necessary. Cleaning of the data was done by randomly selecting 10% of valid questionnaires and recoding the data (Durheim, 2009) to check for errors and completeness. Cleaned data was exported from Microsoft Excel spreadsheet to CDC Epi Info 7 (2012b) for data analysis. The significance level was taken at P < 0.05 and 95% confidence interval.

3.6 ETHICAL CONSIDERATION

3.6.1 Informed Consent and Withdrawal: Permission to conduct the research was obtained from the KwaZulu-Natal Department of Education (Appendix II), the Senate Research Committee of the University of the Western Cape and designated authorities within the selected schools. The voluntary nature of participation in the research, the confidential and anonymous nature of the information supplied by the research participants was stressed in the cover letter on the questionnaire and the informed consent form. The participants were specifically informed that their participation in the survey was voluntary and that they were not required to answer any question they did not wish to answer. It was also stressed that their decision not to answer any particular question or withdraw at any stage of the study would neither offend the researcher nor attract any negative consequences to them. This same information was also explained orally to participants during visits to the selected schools.
3.6.2 **Confidentiality:** In the same vein, the names of participants and schools selected for the research were kept anonymous. Raw data that were transferred from questionnaires to a Microsoft Excel spreadsheet which was password protected to ensure that only the investigator had access to the information.

3.6.3 **Referral and Feedback:** Each participant was given a copy of “*Teacher’s Manual: What is Child Abuse and How Can I Help?*” (Appendix III) This is an information, education and communication (IEC) material on detecting and responding to child abuse published by Childline KwaZulu-Natal (Undated) which specifically seeks to educate teachers on detecting and reporting child abuse in South Africa. The booklet also provided relevant helplines with respect to responding to suspected cases of child abuse. Copies of the booklet were printed after obtaining permission from the Director of Childline KwaZulu-Natal.

The research findings will be shared with relevant stakeholders especially in the Department of Basic Education so as to guide future policy drive on improving detection and reporting of suspected cases of child abuse in our primary schools.

3.7 **STUDY LIMITATION:**

Despite rigorous effort to improve validity, reliability and generalizability of the findings emanating from this study, there are important limitations that must be borne in mind. Firstly, out of the 178 primary schools on the EMIS database for the Midlands circuit, 27 schools were yet to submit their schools’ statistics for 2012. Such schools were excluded from the study. While ethically inevitable, there is also the concern that the voluntary nature of participation may have inadvertently resulted in the selection of a biased sample of participants with more than a passing interest in child maltreatment-related issues. Also, there were instances where the school heads prevented access to the teachers citing “busy work schedules” despite repeated entreaties and presentation of approval letters from the department of education. Therefore, findings from this study may not be generalizable to these schools should they have any peculiar characteristics specifically related to child abuse which make them different from the ones with complete data as well as schools which agreed to participate.
Given the well-acknowledged sensitive nature of child maltreatment, another limitation is the possible effect of social desirability bias on the self-reported behaviour on previous reporting of suspected child abuse and the reported attitudes to issues related to child maltreatment. This effect was mitigated by taking every reasonable step to uphold the confidential nature of the enquiry. However, in instances when the questionnaires could not be collected immediately, there exists the possibility that some of the responses could have been influenced by whatever discussions the teachers might have had among themselves or the need to belong. Some researchers have suggested incorporating “a social desirability measure” into future research to improve validity (Haj-Yahia & Attar-Schwartz, 2008:308).

In spite of the above mentioned limitations, this study provides an important and probably the first insight into Pietermaritzburg teachers’ knowledge of manifestations of child abuse, the reporting laws and procedures as well as their reporting practices and attitudes. Some of the strengths of the research include the use of randomisation and study population stratification to address bias. Also, aggressive recruitment and follow up yielded a modest improvement in participants’ response rate. The multi-racial and gender composition of the study participants compared favourably with the racial diversity and genders of the teachers in Pietermaritzburg.
CHAPTER FOUR

RESULTS

4.1 DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS

The overall response rate for this study was 71% (237 respondents out of 332 contacted participants). Access and the response rate were better in the independent schools compared to the public schools (83% v 69%). The study was conducted in a multi-racial setting with majority of the participants being black (45.8%), South African (99.2%) and females (81.4%). Nearly all the teachers were South Africans (n=235, 99.2%) with a mean age of 41.9 years (SD= 10.3). Their years of teaching experience ranged from <1 year to 47 years with a median duration of 15 years. The rest of the demographic characteristics are as shown in Table 1.
Table 1: Demographic characteristics of participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Study population (Total=237)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
</tr>
<tr>
<td>Age (yrs) Mean ± SD</td>
<td>41.9 ± 10.3</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>44 (18.6)</td>
</tr>
<tr>
<td>Female</td>
<td>192 (81.4)</td>
</tr>
<tr>
<td>Race:</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>106 (45.8)</td>
</tr>
<tr>
<td>Coloured</td>
<td>31 (13.4)</td>
</tr>
<tr>
<td>Indian</td>
<td>37 (16.0)</td>
</tr>
<tr>
<td>White</td>
<td>57 (24.7)</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>198 (85.0)</td>
</tr>
<tr>
<td>Hindu</td>
<td>16 (6.9)</td>
</tr>
<tr>
<td>Islam</td>
<td>13 (5.6)</td>
</tr>
<tr>
<td>Traditional</td>
<td>3 (1.3)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (1.3)</td>
</tr>
<tr>
<td>Highest Level of Education Achieved:</td>
<td></td>
</tr>
<tr>
<td>Matric</td>
<td>17 (7.2)</td>
</tr>
<tr>
<td>Diploma</td>
<td>123 (52.3)</td>
</tr>
<tr>
<td>Bachelor</td>
<td>70 (29.8)</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>25 (10.6)</td>
</tr>
<tr>
<td>Teaching Experience (yrs)</td>
<td></td>
</tr>
<tr>
<td>Median (Range)</td>
<td>15 (&lt;1 - 47)</td>
</tr>
</tbody>
</table>
4.2 SELF-RATED KNOWLEDGE OF COMMON MANIFESTATIONS OF CHILD ABUSE

As shown in Figure 1, 82.5% (n=188) of the teachers rated themselves as having a good knowledge of manifestations of child abuse.
4.3 **PREVIOUS TRAINING ON DETECTING AND/OR REPORTING CHILD ABUSE**

Only 29.8% (n=70) of the respondents have received previous training on how to detect and/or report child abuse and neglect. The types of training received by the respondents (n=70) are as shown in Figure 2.

![](image)

4.4 **KNOWLEDGE OF MANIFESTATIONS OF CHILD ABUSE**

A univariate analysis of correct responses to 25 items testing the recognition of common manifestations of child abuse showed that the mean score for the study participants was 19.8 ± 4.0. The mean score for teachers in “no fee” schools (18.8 ± 3.6) was the lowest when compared to other school categories: “fee paying” (20.0 ± 4.2) and independent (20.5±4.2). Given that the variances were homogeneous (Bartlett’s test for equality of variance’s p-value = 0.43), a comparison of the mean score in the school types was done using a one-way analysis of variance (ANOVA). This showed that the differences in the average scores were not statistically significant, F (2, 232) = 2.25 with p-value=0.11.
Table 2 shows the responses of the teachers to test items on manifestations of child abuse that are particularly relevant within the school context. From the list, “unexplained injuries” was the most recognised possible manifestation of child abuse 94.5% (n=224). 86.8% (n=204) of the teachers recognised that sudden deterioration in school performance is one of the possible fallouts of child abuse.

4.5 KNOWLEDGE OF MANDATORY REPORTING OF CHILD ABUSE

Only 3% (n=7) of the teachers reported not being aware of the existence of a law on child abuse in South Africa. As shown in Table 3, when asked about the form(s) of child abuse they were supposed to report, emotional abuse ranked the lowest 67.9 % (n=161) while physical and sexual abuse were equally ranked the highest 89.0% (n=211).
**Table 2: showing the responses to test items on school-related manifestations of child abuse**

<table>
<thead>
<tr>
<th>Test Item</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>n</td>
</tr>
<tr>
<td>Unexplained injuries</td>
<td>94.5 (90.8-97.1)</td>
<td>2.1 (0.7-4.9)</td>
<td>3.4 (1.5-6.5)</td>
<td>237</td>
</tr>
<tr>
<td>Poor hygiene</td>
<td>69.2 (62.9-75.0)</td>
<td>18.6 (13.8-24.1)</td>
<td>12.2 (8.4-17.1)</td>
<td>237</td>
</tr>
<tr>
<td>Constant hunger</td>
<td>65.0 (58.5-71.0)</td>
<td>12.2 (8.4-17.1)</td>
<td>22.8 (17.6-28.7)</td>
<td>237</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>58.1 (51.5-64.4)</td>
<td>17.0 (12.4-22.4)</td>
<td>25.0 (19.6-31.0)</td>
<td>236</td>
</tr>
<tr>
<td>Cringing or withdrawal by the child when touched</td>
<td>89.4 (84.8-93.0)</td>
<td>2.5 (0.9-5.5)</td>
<td>8.1 (4.9-12.3)</td>
<td>236</td>
</tr>
<tr>
<td>Unusually aggressive or withdrawn</td>
<td>89.0 (84.3-92.7)</td>
<td>5.9 (3.3-9.7)</td>
<td>5.1 (2.6-8.7)</td>
<td>237</td>
</tr>
<tr>
<td>Becomes scared when other children cry</td>
<td>73.3 (67.2-78.8)</td>
<td>7.6 (4.6-11.8)</td>
<td>19.1 (14.3-24.7)</td>
<td>236</td>
</tr>
<tr>
<td>Afraid to go home after school</td>
<td>92.8 (88.7-95.8)</td>
<td>0.9 (0.1-3.0)</td>
<td>6.4 (3.6-10.3)</td>
<td>236</td>
</tr>
<tr>
<td>Irregular school attendance</td>
<td>89.9 (85.3-93.4)</td>
<td>2.1 (0.7-4.9)</td>
<td>8.0 (4.9-12.2)</td>
<td>237</td>
</tr>
<tr>
<td>Delinquent behaviour</td>
<td>72.3 (66.2-78.0)</td>
<td>9.8 (6.3-14.3)</td>
<td>17.9 (13.2-23.4)</td>
<td>235</td>
</tr>
<tr>
<td>Test Item</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Total</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>Pretends that physical injury is not painful</td>
<td>74.0 (67.9-79.5)</td>
<td>10.6 (7.0 - 15.3)</td>
<td>15.3 (10.9-20.6)</td>
<td>235</td>
</tr>
<tr>
<td>Sudden deterioration in school performance</td>
<td>86.8 (81.8-90.9)</td>
<td>3.0 (1.2-6.0)</td>
<td>10.2 (6.7-14.8)</td>
<td>235</td>
</tr>
<tr>
<td>Crying without provocation</td>
<td>71.6 (65.4-77.3)</td>
<td>8.5 (5.3-12.8)</td>
<td>19.9 (15.0-25.6)</td>
<td>236</td>
</tr>
<tr>
<td>Complaints of pain or itching in the genitals</td>
<td>88.6 (83.9-92.4)</td>
<td>2.1 (0.7-4.9)</td>
<td>9.3 (5.9-13.7)</td>
<td>237</td>
</tr>
<tr>
<td>Difficulty in walking or sitting</td>
<td>82.3 (76.8-86.9)</td>
<td>4.6 (2.3-8.2)</td>
<td>13.1 (9.1-18.1)</td>
<td>237</td>
</tr>
<tr>
<td>Torn, stained or bloody underclothing</td>
<td>91.1 (86.7-94.4)</td>
<td>2.1 (0.7-4.9)</td>
<td>6.8 (3.9-10.8)</td>
<td>235</td>
</tr>
<tr>
<td>Unwilling to change or participate in gym activities and also wears clothes that are unseasonal for the weather</td>
<td>76.8 (70.9-82.0)</td>
<td>4.2 (2.0-7.6)</td>
<td>19.0 (2.6-8.7)</td>
<td>237</td>
</tr>
<tr>
<td>Test Item</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Total</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Reports sexual abuse by caregiver/parent/relative/neighbour/family friend</strong></td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>n</td>
</tr>
<tr>
<td>Reports sexual abuse by caregiver/parent/relative/neighbour/family friend</td>
<td>90.7 (86.3-94.1)</td>
<td>4.2 (2.0-7.6)</td>
<td>5.1 (2.6-8.7)</td>
<td>237</td>
</tr>
<tr>
<td><strong>Schoolwork or art, poems, and stories containing unusual sexual behaviour themes</strong></td>
<td>83.5 (78.2-88.0)</td>
<td>3.8 (1.8-7.1)</td>
<td>12.7 (8.7-17.6)</td>
<td>237</td>
</tr>
<tr>
<td>Unattended medical needs including multiple rotten teeth</td>
<td>40.9 (34.6-47.5)</td>
<td>19.8 (15.0-25.8)</td>
<td>39.2 (33.0-45.8)</td>
<td>237</td>
</tr>
<tr>
<td>Behaviours such as cutting or deliberate self-harm</td>
<td>66.7 (60.3-72.6)</td>
<td>9.7 (6.3-14.2)</td>
<td>23.6 (18.4-29.6)</td>
<td>236</td>
</tr>
<tr>
<td>Unexplained frequent physical complaints like constant headaches or tummy aches</td>
<td>67.1 (60.7-73.0)</td>
<td>7.2 (4.2-11.2)</td>
<td>25.7 (20.3-31.8)</td>
<td>237</td>
</tr>
<tr>
<td>Test Item</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Total</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>n</td>
</tr>
<tr>
<td>Facial injuries such as bruises, burn marks (especially cigarette), lacerations</td>
<td>92.8 (88.7-95.8)</td>
<td>1.7 (0.5-4.3)</td>
<td>5.5 (3.0-9.2)</td>
<td>237</td>
</tr>
<tr>
<td>Bite marks</td>
<td>82.1 (76.6-86.8)</td>
<td>5.1 (2.7-8.8)</td>
<td>12.8 (8.8-17.7)</td>
<td>235</td>
</tr>
</tbody>
</table>
Table 3: Types of abuse participants indicated that they were supposed to report

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Yes % (95%CI)</th>
<th>Total n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>89.0 (84.3-92.7)</td>
<td>237</td>
</tr>
<tr>
<td>Emotional</td>
<td>67.9 (61.6-73.8)</td>
<td>237</td>
</tr>
<tr>
<td>Neglect</td>
<td>77.6 (71.8-82.8)</td>
<td>237</td>
</tr>
<tr>
<td>Sexual</td>
<td>89.0 (84.3-92.7)</td>
<td>237</td>
</tr>
</tbody>
</table>

Only 79.2 % (n=187) of the participants agreed that it was their responsibility to report suspected cases of child abuse. When respondents indicated otherwise (n=24; 10.2%), the school counsellor was the person often indicated as the individual whose responsibility it was to report suspected cases of child abuse (95.8%; n= 23) as shown in Table 4. Of note, none of the teachers indicated that it was not the school’s responsibility to report child abuse.

Table 4: Officials/person who teachers thought should report child abuse (among 24 teachers who reported that it was not the teacher’s responsibility)

<table>
<thead>
<tr>
<th>Official/Person</th>
<th>No of Participants*</th>
<th>% * (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Principal</td>
<td>16</td>
<td>66.7 (44.7-84.4)</td>
</tr>
<tr>
<td>Counsellor</td>
<td>23</td>
<td>95.8 (78.9-99.9)</td>
</tr>
<tr>
<td>Community Member</td>
<td>4</td>
<td>16.7 (4.8-37.4)</td>
</tr>
<tr>
<td>The Child’s parent</td>
<td>5</td>
<td>20.8 (7.1-42.2)</td>
</tr>
<tr>
<td>It is not the school’s responsibility</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

*Total no of participants > 24 and total percentages > 100 due to multiple choices.
While most respondents (75.3%, n=177) indicated that all suspected cases of child abuse should be reported, only 40.5% (n=96) of all the respondents knew that failure of a teacher to report a suspected case of child abuse is a crime in South Africa. Of the 96 respondents who knew that it was a crime for a teacher not to report suspected cases of child maltreatment, only 49 (60.0%) correctly indicated that the possible punishment for failure to report a suspected case of child abuse was a fine or imprisonment or both (Table 5).

**Table 5: Respondents’ reports of possible punishment for failing to report suspected child abuse**

<table>
<thead>
<tr>
<th>Possible punishment for defaulters</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fine only</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>A fine or imprisonment or both</td>
<td>49</td>
<td>57.0</td>
</tr>
<tr>
<td>Imprisonment only</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>No punishment</td>
<td>5</td>
<td>5.8</td>
</tr>
<tr>
<td>Verbal warning</td>
<td>28</td>
<td>32.6</td>
</tr>
<tr>
<td>Total*</td>
<td>86</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*total ≠ 96 due to missing data
4.6 RESPONDENTS’ KNOWLEDGE OF THE PROCEDURE FOR REPORTING SUSPECTED CASES OF CHILD ABUSE

As shown in Figure 3, 18.3% (n=43) of study participants indicated that their schools did not have a child abuse reporting policy. The same number did not know if their schools have a policy on child abuse reporting.

Figure 3: Pie chart showing participants’ responses to “does your school have a child abuse reporting policy?”

Eight items were used to probe teachers’ knowledge of the procedures for reporting suspected child abuse. Most (88.1%, n=208) of the respondents stated that it was important to document signs and symptoms pointing to possibility of abuse; 97.9% (n=232) indicated that the teacher should consult the principal or a designated school official but only 36.2% (n=85) of the teachers felt that it is the teacher’s responsibility to notify child protection services. In the same vein, less than a quarter (n=50, 21.5%) of the participants knew that the completion of Form 22 (Appendix IV) is mandatory.
11.2% (n=26) of the respondents believed that their school policy supersedes the existing law on reporting child abuse.

With respect to the knowledge of the procedure for reporting suspected cases of child abuse, overall, the participants’ average score was 4.9 (SD=1.4) correct responses to 8 test items on child abuse reporting procedure. Across the school types, the average scores for participants were 4.7 ± 1.5, 4.9 ± 1.4 and 4.9 ± 1.0 for “no-fee”, “fee-paying” and independent schools respectively. There were no statistically significant differences among the school group means by one-way ANOVA, F (2, 234) = 0.28, p-value = 0.76.

4.7 SELF-PERCEIVED KNOWLEDGE AND SCORE ON RECOGNITION OF CHILD ABUSE AND REPORTING PROCEDURE

The mean score of the participants on the 25 items assessing recognition of manifestations of child abuse tracked their self-perceived knowledge ratings. The highest average score (21.9 ± 2.2) was among participants who rated themselves as having “excellent” knowledge, followed by those who perceived themselves as having “good” knowledge (19.7 ± 4.0) and the least score (19.6 ± 4.2) was in those who rated themselves as having “poor” knowledge. Because the variances were non-homogenous (Bartlett’s test for equality of variance’s p-value = 0.038), a Kruska-Wallis H-test was used to compare the means of the three groups. However, the differences in the means were found not to be statistically significant (H (2) = 3.26, P = 0.20).

A similar trend was seen in the average scores of the participants with respect to their knowledge of the procedure for reporting suspected cases of child abuse: “excellent” (5.9 ± 1.5), “good” (4.9 ± 1.3) and “poor” (4.7 ± 1.3). The difference between the average scores of the three groups was found to be statistically significant after comparison using one-way ANOVA, F (2, 225) = 4.00, p-value = 0.02.
4.8 PRACTICES AND PAST REPORTING EXPERIENCES

Less than half of the study participants (44.7%, n=106) have had cause to suspect that one of their pupils was being abused. Of these, only 54 (50.9%) indicated that they always reported their suspicion. Most of the respondents (61.3%, n=65) who have suspected abuse in the past indicated that they reported their suspicion to the principal. The most often cited reason for reporting was concern for the safety and welfare of the child (78.3%, n=83); followed by a feeling of moral obligation (57.6%, n=61). Nearly half (49.1%, n=52) of the respondents indicated that they were motivated by a legal obligation. However, when asked to indicate the most important reason for reporting only 6.2% of the teachers were primarily motivated by a legal obligation to report (Table 6).

### Table 6: Most important reason for reporting suspected child abuse (n=113)

<table>
<thead>
<tr>
<th>Most important reason for reporting</th>
<th>No of participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is a legal obligation</td>
<td>7</td>
<td>6.2</td>
</tr>
<tr>
<td>It is a moral obligation</td>
<td>8</td>
<td>7.1</td>
</tr>
<tr>
<td>Out of concern for the safety and welfare of the child</td>
<td>94</td>
<td>83.2</td>
</tr>
<tr>
<td>The need to help the abuser get treatment</td>
<td>3</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>113</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Also, the teachers who have had cause to suspect child abuse had more years of teaching experience on the average when compared to those who have never had cause
to suspect child abuse (20.6 ± 10.2 vs. 13.3 ± 9.3). A bivariate analysis of the effect of years of teaching experience on the teachers’ likelihood to have detected abuse showed that teachers with less than 5 years of teaching experience were less likely to report previous suspicion of abuse among their pupils when compared to teachers with over 5 years of teaching experience (OR 0.28, 95% CI 0.12-0.64, p = 0.002).

Teachers who reported that they have had some form of formal training on child abuse detection and reporting were more likely to report that they have had cause to suspect child abuse among their students. This association was statistically significant (OR 4.86, 95% CI 2.64-8.96, p = 0.000001). Investigation of gender showed that male teachers were less likely to report that they have had cause to suspect child abuse (OR 0.72, 95% CI 0.37-1.42). This association was not statistically significant (p = 0.35) and the wide confidence interval reflects the small number of male teachers.

When asked about what they would do if they suspected that a child in their school was being abused, most respondents (70.9%, n=166) stated that they would investigate their suspicion; 26 (11.1%) indicated that they would interrogate the child and 20 (8.6%) opted to make an anonymous phone call to the police. Among all respondents, uncertainty over whether child abuse has occurred (67.5%, n=160); fear of being sued (38.4%, n=91); concerns about the report doing more harm than good (24.1%, n=57) and perceived inefficiency on the part of child protection services in responding to reports (14.4%, n=34) were some of the reasons which might prevent them from reporting suspected child abuse. Other barriers to reporting included fear of possible intimidation by the alleged perpetrator (35.0%, n=83) and perception of child’s punishment as a legitimate parental discipline (8.4%, n=20). Out of these concerns, uncertainty about whether child abuse has occurred was the most important consideration to most of the study participants (46.0%, n=97).
4.9 CHILD ABUSE-RELATED ISSUES: TEACHERS’ BELIEFS AND ATTITUDES

Figures 4-9 showed participants’ level of agreement with specific statements on issues related to child maltreatment. As shown in Figure 4, most teachers (n=137; 58.3%) agreed that “some forms of child abuse are more serious” than others.

The teachers’ attitude to mandatory reporting obligation to report child abuse and their readiness to participate in training aimed at improving child abuse detection and reporting are shown in Figures 5 and 6 respectively. Overall and across school types, most teachers agreed that they will readily participate in training aimed at improving their child abuse detection and reporting skills.

Figure 4: Stacked bar chart showing teachers’ belief that “some forms of child abuse are more serious” (n=235)

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1 The results are presented in stacked bar charts (Figures 4-9) using simple frequencies to allow a crude visual comparison.
Figure 5: Stacked bar chart showing teachers’ level of agreement with the statement “Teachers should not be forced to report all cases of child abuse” (n=236)
**Figure 6**: Stacked bar chart showing teachers’ level of agreement with the statement “I will readily participate in training to help me detect and report child abuse” (n=237)

Teachers’ beliefs with respect to the effectiveness of involving the SAPS or department of social welfare in addressing suspected cases of child abuse are depicted in Figures 7 and 8.
Figure 7: Stacked bar chart showing teachers’ belief that “reporting child abuse to the police or department of social welfare is not very effective in addressing cases of child abuse” (n=237)
Among all respondents, 167 (70.5%) agreed with the statement that “the department of education is not doing enough in educating teachers on how to detect and report child abuse” (Figure 9). Only 17 participants (7.2%) disagreed with this statement.
Figure 9: Stacked bar chart showing teachers’ belief that “the Department of Education is not doing enough on educating teachers on child abuse detection and reporting” (n=237)
CHAPTER FIVE

DISCUSSION

This study conducted among primary school teachers in Pietermaritzburg provides invaluable insight into teachers’ ability to recognise manifestations of child abuse; their knowledge of South African mandatory reporting laws and procedures; their previous reporting practices and some of the beliefs shaping their attitudes and practices. The overall response rate for this study was 71% (237 respondents out of 332 contacted participants). This is better than the figures reported for other studies (Beck et al., 1994; Walsh, Farrell, Schweitzer & Bridgstock, 2005; Goebbels, Nicholson, Walsh & De Vries, 2008), but comparable to that reported by Haj-Yahia and Attar-Schwartz (2008). This response rate meets the generally acceptable quality threshold of 60% for surveys (Johnson & Wislar, 2012). The generalizability of the results is further increased by the multi-racial composition of the participants and the predominance of the female gender which are broadly reflective of the gender distribution and racial diversity of the survey population.

Results from this study showed that even though teachers are legally mandated to report suspected cases of child abuse in South Africa, only a few of them have had any form of training in the detection and reporting of child maltreatment. In fact, less than a third of the teachers surveyed indicated that they have had any training in this regard even when a loose definition of training (including seminar/conference) was used. This gives cause for concern especially when juxtaposed against other findings from the research. For instance, in-service training contributed less than a quarter to the pool of teachers with any training on child abuse despite the fact that most of the teachers (86.5%) expressed their willingness to participate in any training aimed at strengthening their child abuse detection and reporting skills. Notably too, there was a positive association between previous training and the increased likelihood of teachers to have detected on-going child maltreatment: those who have had formal training on child abuse detection and reporting were found to be more than four times as likely to have had cause to suspect child abuse among their students (OR 4.86, 95% CI 2.64 - 8.96, p = 0.000001). Similar scenarios of inadequate training among professionals with mandatory reporting roles have been reported in other studies (Beck et al., 1994; Plitz & Wachtel, 2009). However, research exploring the effect of training on teachers’
capabilities to detect and report child abuse has yielded mixed results. Some studies have suggested that the knowledge acquired in training improved teachers’ preparedness or propensity to detect and report suspected cases of child abuse (Beck, 1994; Baginsky & Macpherson, 2005; King, 2011). Moreover, within the context of mandatory reporting, training has been shown to be associated with improved quality of reporting (Wallace & Bunting, 2007). On the other hand, other studies have shown that training neither positively influenced (Walsh et al., 2008) nor had any significant effect (Walsh et al., 2005) on teachers’ propensity to detect or report suspected cases of child maltreatment. This puzzling finding prompted the authors to speculate on the quality of the training (Walsh et al., 2005) and the possibility that training may have inadvertently shown the teachers how little they really knew about the complexities of child maltreatment-related issues including the inconsistencies of response to reports as well as intervention outcomes for victims and families (Walsh et al., 2008).

Respondents’ performance on items testing recognition of manifestations of child abuse and reporting procedures compared favourably with their self-perceived knowledge of child maltreatment issues. Teachers who reported having “excellent” knowledge scored highest while their counterparts who reported having “poor” knowledge had the lowest score, on the average. The mean score of those who reported having “good” knowledge was in-between. These findings closely mirrored previous reports by other researchers (Beck et al., 1994). It has also been reported that teachers who have never suspected child abuse are less confident about their knowledge and skills on child maltreatment detection (Goebbels et al., 2008). The need to adopt strategies that help increase teachers’ knowledge about child abuse issues was one of the key recommendations of a Canadian mixed-method research aimed at optimizing teachers’ role as important stakeholders in efforts to detect and report child abuse and neglect (King, 2011).

The findings above coupled with the fact that a majority (70.5%) of the teachers surveyed felt that the department of education was not doing enough in educating them on how to detect on-going maltreatment strongly suggest a critical need to institute regular training programmes for teachers as part of efforts to increase their detection and reporting skills. However, given the occasional “counter-intuitive effect” (Walsh et al., 2008:991) of training on professionals’ likelihood to detect or report child abuse and neglect (King, 2011).
maltreatment, a routine implementation of widespread training for these professionals might not produce the desired effects unless the training repertoire specifically addresses identified contextual issues.

This assertion of the importance of training that addresses the complexity of child abuse and of context is reinforced by the findings in this study which showed a disconnect between participants’ overwhelming awareness of the existence of the mandatory reporting law and their compliance with its provisions. While 95.8% (227 of 237) of the respondents indicated that they were aware of the existence of a law on child abuse in South Africa, only 62.6% (142 of 227) correctly indicated that they were supposed to report all the four types of child maltreatment. In this study, emotional abuse was the least common while physical and sexual abuse equally ranked the highest as the types of abuse teachers felt they were obligated to report. This might not be unconnected with the ease associated with recognising and proving on-going physical abuse due to its tell-tale signs (Goldman et al., 2003) and the almost universal feeling of disgust which the discovery of child sexual abuse often evoke (Johnson, 2004; Haj-Yahia & Attar-Schwartz, 2008). On the other hand, the recognition of the effects of child neglect and emotional maltreatment are often difficult because they may not be immediately apparent or may not be unique to child abuse (Goldman et al., 2003). Differential reporting of different forms of child maltreatment has been reported in other studies conducted among teachers (Walsh et al., 2008) with physical abuse being the most frequently reported (Beck et al., 1994; King, 2011).

A deeper exploration of knowledge of possible manifestations of maltreatment and the reporting procedures and policies showed that teachers from the different categories of schools performed differently on these items. Teachers from “no fee” schools had lower mean scores than their colleagues from “fee paying” and independent schools in both test items. This might not be unconnected with the resource gaps that have been reported to exist within these schools (CREATE, 2009). While to the best of the researcher’s knowledge, this is the first time a study explored the association between school characteristics and teachers’ knowledge of child abuse-related issues in South Africa, it is also pertinent to point out that the differences in the mean scores were not statistically significant. Also, this study did not include a systematic study of the reported resource gaps and may also not have enough statistical power to detect such
differences in sub-group analysis. However, there have been suggestions that the contexts within which learning takes place can profoundly affect teachers’ ability to focus on child abuse-related issues (Tite, 1994). Tite (1994) noted that challenging work environment may result in situations where teachers are so overwhelmed with their work demands that they fail to notice children suffering from on-going abuse.

While it is gratifying to note that about 4 in 5 (79.2%) of the teachers admitted that it was their responsibility to report suspected cases of child abuse, in practice, only 35.8% of those who have made previous reports of child abuse lodged a report with the SAPS or social worker. In fact, in this study, the majority of the respondents who had suspected abuse in the past indicated that they reported to their principals. Similar confusion has been reported among teachers regarding to whom suspected cases of child maltreatment must be reported (Abrahams, Casey & Daro, 1992; Beck et al., 1994). Is it possible that teachers are confused by the often given advice to discuss suspected cases of abuse with the principal or counsellor before lodging reports with child protection units or the legally designated personnel? For instance, the Policy Guidelines for the Management of Child Abuse and Neglect published by the KwaZulu-Natal Department of Education emphasised the need for teachers who intend to lodge a report to consult the principal or counsellor and then jointly discuss “…the next step e.g. contacting of specialists/support persons…” (KZNDOE, 2010a:20). While the guidelines boldly emphasised that teachers should not “…take sole responsibility for this step” (KZNDOE, 2010a:20) there were no suggestions on what the teachers’ next step should be in cases where the principal advises against filing a report. While it is understandable that carrying the designated school personnel along while making a report will facilitate the school’s ability to provide on-going support for the informant, there is no doubt that the law on mandatory reporting puts the responsibility for lodging a report squarely on the shoulders of the professional who suspects child abuse. There is need to duly and clearly emphasise this responsibility in published policies.

Furthermore, this research also showed some critical gaps in the teachers’ familiarity with specific reporting procedures. For example, most of the respondents indicated that they would investigate their suspicion of child abuse and more than half thought they had fulfilled their obligation once the principal or a designated school official has
been notified. Such stance is contrary to the law which only requires them to 
personally report their suspicion to “...a designated child protection organisation, the 
department of social development or a police official” and vests the responsibility for 
investigating suspected cases in these designated personnel (Children’s Act, 2005). It 
is particularly disturbing that less than a quarter of the teachers surveyed knew that 
completion of Form 22 is central to the whole reporting process –as expressed in the 
Children’s Act, 2005. This same information was appropriately emphasized in the 
circular issued by the KZN department of education as part of effort to outline the 
implications of the Children’s Act to its employees (KZNDOE, 2010b).

Similar to previous reports (Hinson & Fossey, 2000; Alvarez et al., 2004), there were 
glaring gaps in teachers’ knowledge of the implications of failure to report suspected 
child abuse as well as the legal protection provided by the law should a report made in 
good faith turn out to be false. Less than half (40.5%, n=96) of the teachers who 
participated in this study knew that failure to report suspected abuse is a crime in 
South Africa. Fewer still knew that the prescribed punishment is a fine or 
imprisonment or both. One can argue that these grave findings point toward an urgent 
need to acquaint teachers with the provisions of the law so as to engender substantial 
compliance with its mandatory prescriptions. But given the fact that the central tenet of 
mandatory reporting laws is the protection of children rather than punitive legalism, 
one can then alternatively argue for a broader approach which recognises teachers as 
precious partners in the endeavour to protect vulnerable children. In fact, consistent 
with reports from previous studies, findings from this survey also showed that 
inadequate knowledge of the law or reporting procedures, as important as they are, 
cannot fully account for teachers’ behaviours which are deemed inconsistent with the 
law or guidelines. There are other important considerations shaping teachers’ reporting 
behaviour. Indeed, in this study, the most important consideration in teachers’ decision 
to report child abuse was concern for the safety and welfare of the child rather than 
their legal obligation. Overwhelmingly, 83.2% of the teachers indicated that this 
concern was their primary consideration in their past reports compared to 6.2% who 
attributed their decision to report to their legal obligation. This is consistent with 
previous report that the perceived adverse impact of child maltreatment had more 
effect on teachers’ reporting decisions than consideration of legal obligation (Walsh et 
al., 2008). Greytak (2009) also reported that knowledge of the content of the
mandatory reporting law on its own was not associated with increased propensity to report suspected cases of maltreatment.

While most teachers recognised that all suspected cases should be reported, more than half of them still agreed that some forms of child abuse are more serious than others – which is different from saying that not all unkindness or harshness to children always constitutes child abuse. The implication of this is that teachers may be selective in the types of abuse they report rather than correctly treating all types of child maltreatment as equally serious and worthy of reporting. In fact, Walsh et al., (2008) documented that perceived seriousness of the abuse played a significant part in teachers’ decision to report hypothetical cases among Australian teachers while Haj-Yahia and Attar-Schwartz (2008) felt that the sense of personal disgust engendered by child sexual abuse played a major role in Palestinian teachers’ reporting practices. Even though erroneous, it is not unusual for potential reporters to equate the potential benefit of reporting suspected cases with the conspicuousness of child abuse indicators. Indeed, 2 out of every 3 teachers who participated in this research indicated that uncertainty about the occurrence of child abuse would prevent them from lodging a report. In fact, it was the topmost reason why about half of the teachers might choose not to make a report. Such considerations have important policy implications when one considers that the ultimate decision to report will be made by weighing the expected benefits of reporting against the potential negative consequences both for the victim and the teacher who elects to lodge a report. These findings suggest a crucial need to acquaint these teachers with the reasoning behind child abuse reporting laws and guidelines: no matter how innocuous they may appear, all types of child abuse are inherently damaging to a child’s wellbeing and a maltreated child is one abuse too many.

The concern about the gap between the frequency with which teachers come into contact with suspected child abuse and their contribution to child abuse reporting is long-standing (Beck et al., 1994). Certain beliefs and negative attitudes to issues related to child abuse have been implicated in this respect (Alvarez et al., 2004). Unlike reports from other previous studies, teachers were more or less neutral in their attitudes towards the police and the department of social welfare with respect to addressing reported cases of child abuse or resolving such cases without involving these constitutionally designated personnel. This is contrary to findings by Haj-Yahia.
and Attar-Schwartz (2008) where teachers were more favourably disposed towards reporting to the Child Protection Services (CPS) but not to the police. The authors suggested that the teachers’ disposition was shaped by prevailing socio-political constructs. This study did not explore the underlying reasons for the participants’ non-committal disposition to the police or department of social welfare; a mixed-method research would have been useful in this regard. While it is gratifying to note that only a minority of the teachers agreed that they should not be obligated to report all cases of child abuse, there is still the concern that this finding could have been influenced by social desirability concerns given its inconsistency with other results from this study such as teachers’ tendency to only report cases which they perceived as very serious.
CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

Overall, findings from this study showed that teachers were generally knowledgeable about possible indicators of child abuse and participants’ performance on test items generally tracked their self-reported knowledge. Previous training on child abuse was associated with an increased likelihood to have detected abuse in the past. Even though most agreed that all forms of child maltreatment should be reported, they still displayed differential reporting of suspected cases. The decision to report is often influenced by their perceived seriousness of the on-going abuse while uncertainty about on-going abuse was one of the most important barriers to lodging a report of suspected cases. Also, there were critical gaps in teachers’ knowledge of the reporting procedures and overwhelming awareness of the existence of the mandatory reporting law did not translate into knowledge of its critical provisions or substantial compliance.

6.2 RECOMMENDATIONS

The insights generated by this study provide an invaluable opportunity to engage with teachers and leverage on the unique opportunity provided by the classroom as part of effort to break the cycle of abuse. There are strong indications that teachers will benefit immensely from familiarizing themselves with the laws, policies and reporting procedures on child abuse and reporting. The department of education and other interested stakeholders should invest more resources in training teachers on the detection and reporting of child abuse so as to adequately empower them to fulfil their legally delegated roles. To be effective, such training should focus on addressing identified gaps in knowledge as well as correcting erroneous beliefs about child abuse, the law and the reporting process. Specific provisions of the relevant laws on child abuse should be highlighted especially as they relate to sanctions for failure to report all suspected abuse and protection from liability when reports turn out to be false. Given that concern about the safety of children under possible abusive situations was a major motivation for reporting suspected cases of child maltreatment, it is equally
important for such training to specifically emphasize that all forms of child maltreatment are harmful and none is acceptable. Apart from having consistent and clear core messages, these trainings also need to be tailored to specific contexts and be held at regular intervals so that new teachers are indoctrinated early while old ones are kept up to date about new developments and amendments.

Another potential benefit of regular training for teachers is the possibility of productive interaction between teachers on one hand and the other personnel involved in the process of investigating and responding to reported cases. Such interactions can be used to initiate and maintain positive intersectoral collaboration between teachers and these other personnel while simultaneously increasing the confidence in the reporting process when feedbacks are given and success stories are highlighted. However, during these meetings, care should be taken not to breach confidentiality. Such feedbacks also have the potential to improve the quality of future reports thus mitigating some of the unwanted effects of mandatory reporting arising from frequent unsubstantiated or false reports.

Furthermore, published departmental policies and guidelines on child abuse reporting need to be given wide publicity and be made readily available to teachers especially in collaboration with school heads and their governing bodies. These guidelines should emphasize the fact that the responsibility to report suspected child maltreatment to the police or department of social welfare ultimately lies with the teacher who suspects the abuse. Clear guidelines should be provided on how teachers should proceed when disagreements arise during the course of consulting the principal or other designated school personnel especially when the principal or personnel advises against lodging a report. Schools in turn should align their policies with the extant policies published by the department of education in order to minimize the occurrence of such conflicts.
REFERENCES


APPENDIX 1

CONSENT FORM

Title of Research Project: CHILD ABUSE: An Assessment of Recognition Capabilities, Attitudes and Reporting Practices of Primary School Teachers in Pietermaritzburg.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered.

I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant’s name...........................
Participant’s signature..........................
Witness...........................................
Date............................................
PARTICIPANT INFORMATION SHEET

Dear Participant

Thank you for your willingness to be informed about this study. What follows is an explanation of the study and your potential involvement. This study is being conducted for a mini-thesis as part of the requirements for a Masters in Public Health degree which I am completing at the University of the Western Cape. You are free to ask me anything that may be unclear or that you do not understand. My contact details and those of my supervisor can be found at the end of this memo.

TITLE OF RESEARCH

CHILD ABUSE: An Assessment of Recognition Capabilities, Attitudes and Reporting Practices of Primary School Teachers in Pietermaritzburg

PURPOSE OF THE STUDY

This study aims to assess teachers' knowledge of child abuse, their attitudes and reporting practices with regards to child abuse in selected primary schools within the Midlands education circuit in Pietermaritzburg. The study will also explore possible factors that enhance or prevent teachers from reporting suspected cases of child abuse. The research findings will be shared with relevant stakeholders so as to guide future policy drive on improving detection and reporting of suspected cases of child abuse in our primary schools.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

Your participation in this study will involve filling out a questionnaire. Specifically, the questions in this survey will revolve around your ability to recognise symptoms and signs of child abuse and your knowledge of applicable laws and policies on child abuse. There will also be questions about your opinion and what your experiences have been like in the course of responding to suspected cases of child abuse.

CONFIDENTIALITY

Your name will be kept confidential at all times and I shall keep all records of your participation, including a signed consent form which I will need from you should you agree to participate in the study, locked away at all times and will be destroyed after the study is completed.
VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is entirely up to you as you may not participate if you so decide. However, if you choose to participate, you may withdraw at anytime and you are not required to answer any question you do not wish to answer. If there are any questions that you would prefer not to answer, please feel free leave them unanswered. I will not be offended and there will be no negative consequences to you as a participant. Also, if you decide not to participate or withdraw from the research at any point, please be assured that you will not be adversely affected in any way.

BENEFITS AND COSTS.
You will be given a copy of “Teacher’s Manual: What is Child Abuse and How Can I Help?” This is an information, education and communication (IEC) material published by Childline KwaZulu-Natal which specifically seeks to educate teachers on detecting and reporting child abuse in South Africa. The leaflet also has relevant helplines with respect to responding to suspected cases of child abuse. While keeping your participation confidential, the research findings will be shared with relevant stakeholders especially in the Department of Basic Education so as to guide future policy drive on improving detection and reporting of suspected cases of child abuse in our primary schools. The only cost that you will bear for participating in this study is the time you spend on completing the questionnaire.

INFORMED CONSENT
Your signed consent to participate in this study is required before I proceed to interview you. I have included the consent form with this information sheet so that you will be able to review the consent form and then decide whether you would like to participate in this study or not.

QUESTIONS
Should you have further questions or wish to know more, I can be contacted as follows:
Dr Benjamin Olamide Adeyemi Cell: 0840106101 Email: ben_adeyemi@yahoo.com
I am accountable to my supervisors:
Professor Christina Zarowsky (who is contactable at 021 959 2173 or c/o SOPH fax: 021 959 2872) and
Dr Shanaaz Mathews (who is contactable at Gender and Health Research Unit, Medical Research Council,
Senior Scientist, PO Box 19070, Tygerberg 7405, Cape Town, South Africa;
shanaaz.mathews@mrc.ac.za).

Should you have any questions regarding this study or wish to report any problems you have experienced
related to the study, please contact the study coordinator:

Prof Christina Zarowsky
School of Public Health
UNIVERSITY OF THE WESTERN CAPE
Private Bag X17
Bellville 7535
SOUTH AFRICA

Tel: +27 21 9599394
Fax: +27 21 959 2872
Email: czarowsky@uwc.ac.za
QUESTIONNAIRE

Section A: BACKGROUND & SOCIODEMOGRAPHIC DATA

1. Age (years):  

2. Gender: Male  Female 


If non-South African, please specify nationality………………………………

4. Race:  Black  White  Coloured  Indian  

Other (please specify)………………………………………………

5. Religion:  Christian  Islam  Hindu  Traditional  

Other (please specify)………………………………………………

6. Level of Education:  Matric  Diploma  Bachelor  

Postgraduate  (please specify):………………

7. Years of Teaching Experience:  

8. Grade(s) being taught:  

9. How would you rate your knowledge of symptoms and signs of child abuse?  

   a. Excellent  b. Good  c. Poor 

10. Have you ever received any formal training on how to detect and/or report child abuse and neglect?  

    a. Yes  b. No 

   If No, please go to question 13

11. If yes, when? Answer………………………………………

12. What type of training did you receive?  

    a. Seminar/Conference  b. In-service training  

    b. University courses  d. Other(please specify)…
Section B: KNOWLEDGE OF CHILD ABUSE

13. In your opinion, the following are possible manifestations of child abuse (Yes/No/I don’t know)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
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<tbody>
<tr>
<td>a.</td>
<td>Unexplained injuries</td>
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<td>b.</td>
<td>Poor hygiene</td>
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<td>c.</td>
<td>Constant hunger</td>
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<td>d.</td>
<td>Malnutrition</td>
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<td>e.</td>
<td>Cringing or withdrawal by the child when touched</td>
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<td>f.</td>
<td>Unusually aggressive or withdrawn</td>
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<td>g.</td>
<td>Becomes scared when other children cry</td>
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<tr>
<td>h.</td>
<td>Afraid to go home after school</td>
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<tr>
<td>i.</td>
<td>Irregular school attendance</td>
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<td>j.</td>
<td>Delinquent behaviour</td>
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<td>k.</td>
<td>Pretends that physical injury is not painful</td>
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<td>l.</td>
<td>Bizarre, sophisticated, or unusual sexual behaviour or knowledge for age</td>
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<td>m.</td>
<td>Sudden deterioration in school progress or performance</td>
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<td>n.</td>
<td>Crying without provocation</td>
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<td>o.</td>
<td>Complaints of pain or itching in the genitals</td>
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<td>p.</td>
<td>Difficulty in walking or sitting</td>
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<td>q.</td>
<td>Torn, stained or bloody underclothing</td>
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<td>r.</td>
<td>Unwilling to change clothes or participate in gym and also wears clothes that are unseasonal for the weather</td>
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<td>s.</td>
<td>Reports sexual abuse by caregiver/parent/relative/neighbour/family friend</td>
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</table>
Section C: KNOWLEDGE OF MANDATORY REPORTING OF CHILD ABUSE

14. Are you aware that a law on child abuse exists in South Africa?
   a. Yes  
   b. No  
   c. Not sure  

15. What form(s) of child abuse are you supposed to report? (Select all that apply)
   a. Physical abuse  
   b. Emotional abuse  
   c. Neglect  
   d. Sexual  
   e. None of the above 

16. Is it your responsibility to report suspected cases of child abuse?
   a. Yes  
   b. No  
   c. Not sure  

17. If No, whose responsibility is it? (Select all that apply)
   a. The Principal  
   b. The school counsellor  
   c. Community Member  
   d. The child’s parent  
   e. It is not the school’s responsibility  

18. How certain should one be before reporting child abuse?
   a. Only confirmed cases should be reported  
   b. All suspected cases should be reported  
   c. Only those with obvious signs of injury/abuse  
   d. Only those based on a child’s disclosure  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
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<tbody>
<tr>
<td>t. Schoolwork or art, poems, and stories containing unusual sexual behaviour themes</td>
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<tr>
<td>u. Unattended medical needs including multiple rotten teeth</td>
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<td>v. Behaviours such as cutting or deliberate self-harm</td>
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<td>w. Unexplained frequent physical complaints like constant headaches or tummy aches</td>
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<td>x. Facial injuries such as bruises, burn marks (especially cigarette), lacerations</td>
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<td>y. Bite marks</td>
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</table>
19. Is the failure of a teacher to report suspected case(s) of child abuse a crime?
   a. Yes  
   b. No  
   c. Not sure  

   *If No, please go to question 22.*

20. If Yes, the possible punishment is:
   a. A fine only  
   b. Imprisonment only  
   c. A fine or Imprisonment or both  
   d. Verbal warning  
   e. No punishment  

21. If a teacher’s report of child abuse made in good faith turns out to be false, the teacher is: (Select the most correct option)
   a. Guilty under the law  
   b. Protected under the law  
   c. Will be dismissed by the department of education  
   d. Can be successfully sued by the parents or alleged perpetrator  
   e. Other (Please specify)  

SECTION D: KNOWLEDGE OF THE PROCEDURE FOR REPORTING SUSPECTED CASES OF CHILD ABUSE

22. Does your school have a child abuse reporting policy?
   a. Yes  
   b. No  
   c. I don’t know  

23. In terms of the procedure for reporting suspected child abuse:

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
<th>DON’T KNOW</th>
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<tbody>
<tr>
<td>It is acceptable to document signs and symptoms pointing to possibility of abuse</td>
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<td>The teacher should consult with the principal or a designated school official</td>
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<tr>
<td>Completion of Form 22 is mandatory</td>
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<tr>
<td>The teacher has fulfilled his/her obligation once the principal or a designated school official is notified</td>
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<tr>
<td>It is the teacher’s responsibility to notify the department of social welfare or a child protection agency</td>
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<tr>
<td>The school’s policy supersedes the law on reporting child abuse</td>
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<tr>
<td>The teacher is responsible for investigating cases of suspected child abuse</td>
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<tr>
<td>The teacher should confront alleged perpetrator or abuse</td>
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SECTION E: PRACTICES

24. Have you ever had cause to suspect that a child in your class is being abused?
   a. Yes  
   b. No  

25. If yes, how often do you report your suspicion?
   a. Always  
   b. Most times  
   c. Occasionally  
   d. Never  

26. To whom did you report these cases? (Please select all that apply)
   a. The Principal  
   b. Another teacher  
   c. The school counsellor  
   d. Social worker  
   e. The Police (SAPS)  
   f. Other(s): please specify …………………………………………

27. What was your reason(s) for reporting? (Please select all that apply)
   a. Out of concern for the safety and welfare of the child  
   b. It is a legal obligation  
   c. It is moral obligation  
   d. The need to help the abuser get treatment  
   e. Other (Please specify):……………………………………………

28. From the above, what do you consider as your most important reason for reporting?
   …………………………………………………………………………………

29. What would you do if you suspect that a child in your school is being abused?
   a. Ignore  
   b. Interrogate the child  
   c. Investigate your suspicion  
   d. Make an anonymous phone call to SAPS  
   e. Other (Please specify) …………………
30. What factors would prevent you from reporting your suspicion of child abuse? (Select ALL that apply)
   a. I am not sure that the child is being abused
   b. I do not know who to report to
   c. Reporting will do more harm than good for the child
   d. Child protection services are not efficient in responding to reports
   e. Child’s punishment is a legitimate parental discipline
   f. Intimidation from the perpetrator
   g. Fear of being sued
   h. Absence of obvious injuries
   i. Reporting may damage the image of the school
   j. Lack of support from the school authority
   k. Others: Please specify………………………………………………

31. From the above, which one do you consider as the most important?
   ……………………………………………………………………………………
   ……………………………………………………………………………………

UNIVERSITY of the WESTERN CAPE
SECTION F: ATTITUDES

Kindly indicate the extent to which you agree or disagree with each of the following statements using the following scale:
1 – Disagree
2 – Neither agree nor disagree
3 – Agree

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Some forms of abuse are more serious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Teachers should not be forced to report all cases of child abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>I will readily participate in training to help me detect and report child abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Reporting child abuse to the police or department of social welfare is not very effective in addressing cases of child abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Most cases of child abuse can be resolved without involving the police or the department of social welfare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>The department of education is not doing enough in educating teachers on how to detect and report child abuse</td>
<td></td>
<td></td>
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</tbody>
</table>

Thank you for your co-operation.
APPENDIX II

PERMISSION TO CONDUCT RESEARCH IN THE KZN D&E INSTITUTIONS

Your application to conduct research entitled: CHILD ABUSE: An Assessment of Recognition Capabilities, Attitudes and Reporting Practices of Primary School Teachers in Pietermaritzburg, in the KwaZulu-Natal Department of Education has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and Learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 May 2012 to 31 August 2013.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Mr. Alwar at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Director-Resources Planning, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to the schools in the Umgungundlovu District.

Nkosinathi S.P. Sishi, PhD
Head of Department: Education

Date

KWAZULU-NATAL DEPARTMENT OF EDUCATION
POSTAL: Private Bag X9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa
PHYSICAL: Office G25, 189 Pietermaritz Street, Metropolitan Building, Pietermaritzburg 3201.
TEL: Tel: +27 33 341 8610 | Fax: +27 33 341 8612 | E-mail: sibiwe.alwar@kzne.doe.gov.za

TEACHER'S MANUAL

What is child abuse and how can I help?

Here for you... Sikanye naye
ARE YOU FAMILIAR WITH THE SERVICES OF CHILDLINE?

Childline KwaZulu-Natal offers a wide range of child protection, prevention, treatment and rehabilitative services throughout KwaZulu-Natal:

WE ARE HERE TO HELP YOU!!!!!!!
Child Prostitution; Sexual Abuse; Child Trafficking; Child Protection; HIV/AIDS; Internet Pornography; School Violence; Substance Abuse, Bullying Etc !!

A 24/7 Toll-Free Provincial Counselling Help-Line for children and adults. Assistance provided with regard to a variety of problems such as sexual, physical and/or emotional abuse, child abandonment, neglect, children's behavioural difficulties, HIV/AIDS, child pornography, trafficking, etc.

Our Helpline is accessible via:

- sms :031 278 1680
- e-mail :crisisline@childlinekzn.org.za
- TOLLFREE:08000 55 555

Therapeutic Services:
- play therapy to children
- Individual psychotherapy
- group therapy
- Family therapy: To children and their families affected by sexual, physical and/or emotional abuse
- Psychotherapy is also provided to adult survivors of childhood sexual abuse.

Our satellite offices:
GJ Crookes Hospital in Scottburgh, Umlazi, Inanda, Chatsworth, Ndwenwe, Grey's Hospital, Ladysmith, Maphumulo, Umbumbulu, Pietermaritzburg, Durban Central, Mahatma Gandhi Hospital.
All referrals are to be directed to the main office on
Fax: (031) 312 6008 or Telephone - (031) 312 0904

Court Preparation and Support Programmes:
Child complainants are prepared and supported for their appearance at court. Our counsellors are present daily at the Verulam, Durban and Umlazi courts to support the child witness and their family members through their case. The programme helps minimise the traumatic impact of court processes on the child and to enhance his/her competency as a witness.

The Education and Awareness Programmes:
The programme presented at schools with learners includes issues of children’s rights, their responsibilities, protection, gender-based violence, sexuality, bullying, etc. Communities are addressed on parenting, abuse related issues, discipline, trafficking etc.

Parenting programmes
Training of Lay Trauma Counsellors

Professional Training programmes

Training programmes focus on managing inappropriate sexual behavior presented by children: Child Development; Trauma; Interdisciplinary protocols; Therapeutic models etc.

Child Sex Offender Rehabilitation Programme: This programme manages rehabilitation services for children and adults who have committed sexual offences against children. The programme educates them on responsible sexual behaviour and on managing their aberrant sexual behaviour. It also addresses other maladaptive issues in their lives.

Advisory and Advocacy: Childline participates in several Provincial Forums, Media, Government and Parliament to advise and advocate on children's issues.

Boy Child Programme:
Focuses on boys who have been abused. Intervention heals to prevent the cycle of abuse.

WHAT ARE RIGHTS?

Rights are entitlements that every human being has regardless of how different we are. Rights cannot be taken away from you by anyone, not the police, or your family, etc.

WHY DO CHILDREN HAVE RIGHTS?

Children have rights because they are human beings, and all human beings have rights.

- Children's rights are children's needs
- Children have a right to everything they need in order to grow up to be healthy, capable and caring members of society
- Children have a right to food, shelter, medical care, the love and protection of a family, play and a good education.

Children have the right to:
- Human Dignity
- Feel Safe
- Be respected
- Be different
- Learn and grow as individuals
- Be free from harm
- Be protected against abuse

But we also have a responsibility to:
- Respect people around us
- Care and listen to people
- Take good care of ourselves
- Report any form of abuse
- Learn from our mistakes

Respect the culture and beliefs of others
WHAT IS ABUSE

Abuse is a violation of our rights.

WHAT ARE THE DIFFERENT TYPES OF ABUSE?

There are different types of abuse. Abuse can be various forms—contact and non-contact. Common types are physical, sexual and emotional abuse.

PHYSICAL ABUSE: Non-accidental injuries to a child to cause them bodily harm or pain.

WHAT CONSTITUTES PHYSICAL ABUSE

- Beating
- Scalding
- Hitting / punching
- Strangulation
- Tying up
- Leaking in a small space
- Kicking
- Sticking with pins
- Suffocation
- Murder
- Burning with cigarettes or hot objects

PHYSICAL INDICATORS PRESENTED BY CHILDREN

- Unexplained bruises / welts
- Withdrews when touched
- Unexplained burns
- Unexplained lacerations, abrasions, fractures
- Unexplained abnormal bruises
- Bald spots and bruises on scalp
- Various injuries over a period of time
- Inappropriate clothing to cover the body

BEHAVIOURAL AND EMOTIONAL INDICATORS PRESENTED BY CHILDREN

- Wary of adult contact
- Apprehensive when other children cry
- Frightened of parents and afraid to go home absence from school
- Lags in emotional and intellectual development
- Unbelievable explanations for injuries Scared to go home after school, scared of adults
- Vandalism
SEXUAL ABUSE

Contact or non-contact sexual activities. Engaging in sexual activities with a minor for an older person's sexual gratification. It evokes a power differentiation between victim and abuser.

WHAT CONSTITUTES SEXUAL ABUSE?

- An abuser showing a child his/her genitals
- An abuser touching the child's genitals
- An abuser having a child touch his/her genitals
- Oral genital contact
- Forced masturbation
- Digital penetration
- Intercourse
- The use of child in the production of pornographic material and/or forcing a child to watch pornographic material
- Voyeurism
- Calling a child sexually abusive names
- Rubbing your body against others even in public settings e.g. in a bus

PHYSICAL INDICATORS OF SEXUAL ABUSE

- Difficulty in walking/sitting
- Torn, stained, bloody clothing
- Bruises, bleeding in the genital/anal area
- Pain when passing urine
- Sexually transmitted diseases
- Psychosomatic problems
- Pregnancy

BEHAVIOURAL AND EMOTIONAL INDICATORS PRESENTED BY CHILDREN

- Depression
- Unwilling to change for Physical Education class
- Withdrawal, fantasy, infantile behavior
- Inappropriate sexual knowledge and seductive behavior
- Poor peer relations
- Learning difficulties/deterioration in school
- Delinquency, runaway, truancy
- Attempted suicide/suicide
- Shy, reserved, fearful, abrupt change in personality or behavior
- Self mutilating behavior
Layers of clothing, double dressing
Drastic change in appetite
Excessive masturbatory behaviour
Over compliance
Compulsive behaviours
Anger

EMOTIONAL ABUSE
Attack on the child’s emotional development and self-worth. Not caring for or rejecting a child, hurting a child’s feelings.

WHAT CONSTITUTES EMOTIONAL ABUSE?
- Humiliating a child
- Withdrawal or rejection of love
- Adult indifference regarding inconsistencies in discipline, display of affection, etc.
- Lying to a child
- Manipulation
- Threats
- Failure to nurture and provide emotional support

EMOTIONAL INDICATORS PRESENTED BY CHILDREN
- Failure to thrive
- Inability to relate to others
- Lags in physical development
- Begging, stealing food

BEHAVIORAL INDICATORS PRESENTED BY CHILDREN
- Neurotic traits
- Low self esteem
- Anxiety
- Lack of trust
- Conduct disorders
- Behavioural extremes
- Developmental lags
- Withdrawal
- Depression
- Extreme attention seeking

OTHER PROBLEMS CHILDREN FACE
Bullying, child labour, abortions, HIV/AIDS, Satanism, being without a
home, substance abuse, relationship issues, suicide, teenage pregnancies, 
prostitution, poverty, loss of caregivers, neglect, etc.

SOME COMMON ISSUES THAT EFFECT CHILDREN!!!

eg: PORNOGRAPHY: what should you know. It is illegal...

- To Be In Possession Of Child Pornography
- To Create Or Produces Child Pornography
- To Access Child Pornography On The Internet Even If You Do 
  Not Download It
- To Knowingly In Any Way Distribute Child Pornography
  eg. if you text or blue tooth your friend a naked picture of a girl 
  or boy under the age of 18 years you are distributing child 
  pornography.
  to expose or display child pornography or pornography to a child
  to use a child for child pornography
  to expose child pornography to an adult ect.. ect..

WHAT CAN YOU AS AN ADULT DO - AS AN EDUCATOR/PARENT

- To identify child abuse
- To record incidences of child abuse
- To report / notify authorities re child abuse To refer cases 
- To facilitate disclosure where appropriate
- To support the child throughout the process
- To facilitate protection measures
- To discuss life skills

HOW TO DEAL WITH DISCLOSURE

At the time of disclosure by the child it is normal for one to feel the 
pressure of wanting to do the right thing and help in any possible way.

Below is an outline of how to deal with a child who is disclosing:

- Ensure that you are discussing the issue privately
- Acknowledge the child’s statement
- Always show the child that you believe what they are telling you
- If possible, try to remain calm and not show any shock
- Reassure the child and restrain from making any judgments
- Try to avoid questions that involve “why” as they sound as if you’re placing blame
- Always reaffirm the child that they are not to blame for what 
  has happened and that they did nothing to encourage it
- Emphasize with the child by showing them that you know how
**IMPORTANT RESPONSES TO A CHILD THAT HAS DISCLOSED:**

- I believe you
- I'm glad you told me
- I'm sorry this happened to you
- Affirm his/her courage for telling you. Tell the child she/he is not alone, there are other children who had similar experiences.
- It's not your fault.
- Listen; try to build a relationship with the child. Display empathy, warmth and acceptance. Clarify confidentiality, but tell the child that certain people will have to be informed.
- Note: you cannot guarantee confidentiality. You need to prepare the child for the process that needs to follow.
- I need to speak to other adults in order to help you.
- Explain potential consequences, e.g. Statement, Investigation, etc.

**SEVEN IMPORTANT MESSAGES FOR CHILDREN**

1. Your body belongs to you. You have a right not to be abused.

2. Sexual abuse is never your fault. Nothing a child does or doesn’t do excuses an older person from abusing a child.

3. Sexual abuse is harmful. The deepest hurt is the way the sexual abuse makes certain children feel about themselves psychologically.

4. Good people can do bad things. Abusers may be good people in other ways, but the abusers are very wrong and must be stopped.

5. Usually sexual abuse does not stop by itself. Tell an adult who will listen and do something about it.

6. Keep telling people you trust about the sexual abuse until someone listens.

7. What happens to a sexual abuser is never your fault.
AFTER DISCLOSURE

- Explain to the child that you need to involve other adults to help
- Inform the headmaster (he should, in consultation with the
  educator and experienced social worker, decide at which stage
  and by whom the parents should be contacted)
Note: If the educator is the alleged offender, inform the headmaster
and/or the abuse committee (they in turn must inform the District
Office)
- Follow school policy on child abuse
- Contact parent
- Report/lay a suspicion charge at a welfare organization and/or
  FCS
- Contact social worker
- Contact other resources - Childline

REASONS FOR NOT DISCLOSING

When caught up in sexual abuse, a child develops an adjustment pattern
to the abuse. Characteristics of this behavior pattern are:

Secrecy

The victims are often:
- Threatened with physical violence/
  withdrawal of love and affection.
- Afraid of disapproval or
  punishment.

Helplessness

Children are unable to stop the abuse and
although they may resist initially, later
they abandon active resistance in an effort
protect themselves.

Entrapment

Entrapment feelings of helplessness and secrecy lead to self-blame and
guilt.

In addition the child faces other pressures, e.g. he/she has "destroyed"
the family and has the responsibility to keep it together (takes on a
pseudo-adult role)

It is likely that MANY children may not be willing to disclose their sexual
abuse, because of their difficult circumstances
Positive home situation
Presence of sensitive friend or helper, e.g. teacher.
Perpetrator no longer in contact due to divorce, separation, imprisonment, interdict
Education strategies e.g. Childline.

THE HEALING PROCESS

A child who has been sexually abused needs professional therapy. You can help by being aware of what they need to work on, and by making your own responses to the child, consistent with the goals of treatment.

GENERAL TREATMENT GOALS:

- To affirm a positive self image
- To establish appropriate trust in other people
- To acknowledge emotions
- To vent aggression, receive support in dealing with their anger
- To experience positive adult and peer interaction
- To learn how to communicate needs and feelings verbally
- To develop alternate and more acceptable means of coping behaviors

WHY CHILDREN NEED THERAPY

Abuse can be traumatic and trauma has an overwhelming intense impact, which causes lasting damage to a child's psychological development. Trauma may create feelings of:

- Helplessness
- Vulnerability
- Loss of safety
- Loss of control
- Explosive of negative feelings - anger, depression, etc.

Children respond differently to trauma depending on their circumstances and developmental stage.

The symptomatic behavior that children present can disrupt children's normal functioning:

Children believe that they are different after they have been abused. Sometimes children become stigmatised and disempowered after the abuse has been made known.

Therapy will be offered at Childline! To counter the impact and help heal the child.

Therapy will heal the trauma of abuse, and the deep wounds incurred by the trauma. Abuse affects a child's mental health and their future if not attended to!
MANAGING AN ABUSED CHILD

• Try to give them extra attention (not too obvious)
• Adopt a child centered approach and assure them that you are available should they need to discuss a problem
• Communicate in a sensitive way
• Build a trusting relationship and positive self esteem
• Make opportunities for the abused child to draw and do creative activities, e.g. draw a family or a person. This will help them to express their inner feelings and act as a release.
• Initiate group activities e.g. play or peer groups
• Do not tell the class what the child may have told you. They will lose their trust in you. Abused children often isolate themselves
• Set aside some time in the afternoon for the child to come and talk to you. It is not advisable to become too involved or to take the child to your home. Rather call the appropriate referral team
• Follow up calling the relevant authorities or discussing the progress with the mother or primary caregiver
• The abused child is a restless sleeper who tosses and turns and maybe has nightmares. They are often tired and lethargic in class
• Be sensitive to the child’s needs. Allow the class to have a quiet time. Reading, listening to a story etc.
• Set limits if their behaviour warrants checking, do so and do not ignore it because you feel sympathetic. Reprimand immediately and deal with the problem on a one to one basis later.

THE MYTHS ABOUT CHILD ABUSE

• Children are mostly abused by strangers
• Damage to a child after abuse is irreparable
• All the child’s problems arise from the abuse
• Children can always say no
• Children can always tell
• Offenders are untreatable
• It does not happen in my community
• Sex with a child will cure HIV/AIDS
• No need for therapy - time will heal
• Once damages are paid - it’s over

NB: The role of the educator is to report the abuse, supporting the child and NOT to investigate the case.

CALL CHILDLINE KZN TO:
• OBTAIN ADVICE, SUPPORT OR INFORMATION ON HOW AND WHAT TO DO IN CASES OF ABUSE OR
• ANY CONCERNS YOU MAY HAVE IN RESPECT OF CHILDREN
• OBTAIN INFORMATION ON OUR WORKSHOPS AND TRAINING COURSES TO EDUCATORS AND COUNSELLORS - WE ARE HWSETA ACCREDITED

CHILD PROTECTION PROGRAMMES SHOULD BE AN ENDLESS ENDEAVOUR AS ABUSE EXISTS IN ALL COMMUNITIES. LOOK AT OUR WEBSITE FOR MORE DETAILS
CHILDREN NEED TO BE PROTECTED!

WE ARE ON YOUR SOCIAL NETWORKING SYSTEMS, LOOK FOR US, WE WANT TO HEAR FROM YOU...
TALK TO US....

TOLLFREE - 08000 55 555

EMAIL: crisisline@childlinekzn.org.za

SMS: 083 278 1680

'PROTECTION OF CHILDREN 1ST!
IN KZN'

You have a right to use the line! But the responsibility not to abuse it or abuse our counsellors

Proudly celebrating 23 years of service to the community

TOLLFREE - 08000 55 555

123 Percy Osborn Road
Morningside
Durban
4001
Phone: 031- 312 0904
Fax: 031- 312 6008
Toll Free: 08000 55 555
Email: director@childlinekzn.org.za
Website: www.childlinekzn.org.za
NPO: 004—156
APPENDIX IV

FORM 22
REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD
(Regulation 33)
[SECTION 110 OF THE CHILDREN’S ACT 38 OF 2005]

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: 1. The Head of the Department, Dept of Social Development

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:

1. CHILD: (COMPLETE PER CHILD)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Full name(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Date of Birth:</th>
<th>Age / Estimated Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Name:</td>
<td>Grade:</td>
<td></td>
</tr>
</tbody>
</table>

* ID no: * Passport no:

Contact no:

2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION

- Street child
- Commercial sexual exploitation
- Exploited children
- Child trafficking
- Child abduction

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD

<table>
<thead>
<tr>
<th>Surname</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Telephone number:</td>
</tr>
</tbody>
</table>

Other children interviewed: Yes No Number:

(*) = Complete if available or applicable
| SURNAME OF CHILD: |
| FULL NAMES OF CHILD: |

| 4. ALLEGED ABUSER |
| Surname | Full Name(s) |
| Date of Birth: | Gender: |
| ID No: | Age: |
| * Passport No: | * Drivers license: |
| Also known as: | Relationship to child: |
| Street Address (include postal code): | □ Father |
| | □ Grand father |
| | □ Step father |
| | □ Foster father |
| | □ Uncle |
| | □ Sibling |
| | □ Foster mother |
| | □ Grand mother |
| | □ Step mother |
| | □ Aunt |
| | □ Caregiver |
| | □ Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer |
| | □ Other (specify) |
| Postal Code: |

| 4.2) WHEREABOUTS OF ALLEGED PERPETRATOR: |
| □ Section 153 (Request for removal by SAPS) |
| □ Still in home |
| □ In hospita l (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: | Gender: |
| ID no: | Age: |
| Surname: Mother / Step-mother | Full name(s) |
| Date of Birth: | Gender: |
| 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
<table>
<thead>
<tr>
<th>SURNAME OF CHILD:</th>
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<tbody>
<tr>
<td>FULL NAMES OF CHILD:</td>
</tr>
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</table>

6. ABUSE

<table>
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<tr>
<th>Date of Incident:</th>
<th>Date unknown:</th>
<th>Episodic/ongoing from (date):</th>
<th>Reported to CPR:</th>
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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)

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Sexual</th>
<th>Deliberate neglect</th>
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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
- Corrupt 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
- Oral sex area
- Masturbation
- Rape
- Sodomy
- Non contact abuse (flashing, peeping)
- Molestation
- 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

<table>
<thead>
<tr>
<th>Sexual</th>
<th>Physical</th>
<th>Emotional</th>
<th>Deliberate Neglect</th>
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<td></td>
</tr>
</tbody>
</table>

Brief explanation of occurrence(s) (including a statement describing frequency and duration)

(*) = Complete if information is available or applicable
<table>
<thead>
<tr>
<th>Surname of Child:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Names of Child:</td>
<td></td>
</tr>
</tbody>
</table>

### 7. Medical Intervention (*)

<table>
<thead>
<tr>
<th>Treated outside hospital:</th>
<th>Examined by:</th>
<th>Hospitalised:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Doctor</td>
<td>☐ For assessment</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ Reg. Nurse</td>
<td>☐ For treatment</td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
<td>☐ As place of safety</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where (name of Hospital)</th>
<th>Contact person</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

### 8. Children's Court Intervention (*)

Removal of child to temporary safe care (Section 152): Date

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### 9. SAPS: (Action related to Alleged Abuser(s)) (*)

<table>
<thead>
<tr>
<th>Reported to SAPS:</th>
<th>Charges laid:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case No</th>
<th>Police Station</th>
<th>Telephone No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Police Officer</th>
<th>Rank of Police Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10. Child Known to Welfare Organisation / Social Development?

10.1) Child known to welfare?:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Contact number</th>
<th>Reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11. Details of Person Who Reports Alleged Abuse (Refers to a profession, mandatory obliged to report child abuse)

<table>
<thead>
<tr>
<th>Name of informant</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Address</th>
<th>Work Telephone No</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email Address

(*) = Complete if information is available or applicable