

BISHOPS

CHILD ABUSE POLICY

1. PREAMBLE

This policy is based on the WCED Policy available online www.wced.wcape.gov.za.

The procedures outlined in this policy have a strong legal foundation and are therefore in keeping with all relevant legislation regarding children, child care and education. .

2. DEFINITIONS

In this policy document, unless the context indicates otherwise, the following definitions apply:

Alleged Offender means the individual against whom a complaint has been laid. This could be but is not limited to a member of staff, a parent or a pupil.

Child abuse means any action or inaction which is detrimental to the physical, emotional and developmental well-being of the child. It includes (but is not limited to) neglect, emotional abuse, physical abuse, sexual harassment and sexual abuse.

Complainant means a pupil who has lodged a complaint of child abuse, stalking, intimidation or the breach of an interim or final protection order granted in terms of the Domestic Violence Act, no. 116 of 1998.

Documentation includes the following:

- Notes or letters from parents;
- Medical certificates from medical practitioners;
- Notes and letters from the learner;
- Drawings made by the observing employee or educator of injuries on the body of the learner;
- Any other form of information or evidence that could be used to verify the complaint.

Emotional Abuse means a pattern of degrading or humiliating conduct towards a complainant which may include:

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

Intimidation means uttering or conveying a verbal or non-verbal threat, or causing a complainant to receive a threat, which induces fear. It includes:

- threats to cause emotional pain, and
- exhibition of obsessive possessiveness or jealousy which is such as to constitute a serious invasion of a complainant's privacy, liberty, integrity and/or security.

Neglect means any act or omission by a parent or any other person entrusted to care for a learner, which results in impaired physical functioning, physical development, or injury or harm to the learner.

Parent means the biological, adoptive, foster- or step-parent or the guardian or person legally entitled to custody of a pupil, including the learner's primary caregiver (who may legally be deemed not to be the learner's parent or guardian).

Physical Abuse means any act or threatened act of physical violence which may cause injury or even death to a learner.

SAPS means the South African Police Services.

Sexual Abuse means any unlawful physical act of a sexual nature and includes indecent assault, sexual harassment, attempted rape and rape.

Sexual Harassment is unwanted conduct of a sexual nature. The unwanted nature of sexual harassment distinguishes it from behaviour that is welcome and mutual. Sexual attention becomes sexual harassment if:

- the behaviour is persisted in, although a single incident of harassment can constitute sexual harassment; and/or
- the recipient has made it clear that the behaviour is considered offensive; and/or

- the perpetrator should have known that the behaviour is regarded as unacceptable.

Sexual harassment may include unwelcome physical, verbal or non-verbal conduct, and is not limited to the examples listed below:

- a) **Physical conduct** of a sexual nature includes all unwanted physical contact, ranging from touching to sexual assault and rape.
- b) **Verbal forms of sexual harassment** include:
 - unwelcome innuendoes, suggestions, comments, advances and phone calls of a sexual nature;
 - sex-related jokes and insults;
 - unwelcome comments about a person's body made in a person's presence and directed towards that person;
 - unwelcome and inappropriate enquiries about a person's sex life; and unwelcome whistling or suggestive sounds directed at a person or group of persons.
- c) **Non-verbal forms of sexual harassment** include:
 - unwelcome gestures and indecent exposure;
 - the unwelcome display of sexually explicit objects or publications (pictures and printed text); and
 - the sending of letters, faxes or electronic mail containing remarks with sexual connotations.
- d) **Quid pro quo sexual harassment (*sexual blackmail*)** occurs when a member of staff or another pupil influences or attempts to influence a pupil's academic results, leadership position, standing at the school or sporting or cultural or achievements or involvements in exchange for sexual favours.
- e) **Stalking** means repeatedly following, pursuing, or accosting the complainant.

3. AIM OF THIS POLICY

The aim of this policy is to put measures and procedures in place to respect and protect the rights of pupils, particularly their rights to safety, personal security, bodily integrity, equal treatment and freedom from discrimination, and especially to create an environment where pupils can maximise their opportunity to learn, free from abuse.

The main thrust of this policy document is to manage incidents involving the abuse of Bishops pupils. All procedures provided in this document, therefore, have a clear educational focus (prevention, timely intervention, and support).

4. ACCOUNTABILITY AND RESPONSIBILITY

The Principal is ultimately accountable for implementing, managing and sustaining the policy and procedures described in this document. The Principal may be assisted in the process by the Headmasters, Deputy Headmasters (Pastoral) and School Counsellors.

All staff members are legally bound to report all matters of suspected child abuse as outlined in this Policy.

5. THE IDENTIFICATION OF SUSPECTED CHILD ABUSE

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

The typical symptoms and characteristics of physical abuse, neglect, abuse, emotional abuse and rape trauma syndrome are provided in appendix B to help you identify these different forms of child abuse.

The following guidelines should be followed by staff members who suspect that a pupil has been/ is being abused:

- Start gathering information as soon as you suspect child abuse. Continue to do so consistently, and document all information gathered. Treat all this information as confidential.

- Discuss your suspicions and the information that you have gathered with the Counsellor, VP (Pastoral) or Headmaster, (unless she or he is possibly implicated).
- Ensure confidentiality by opening a separate file for the particular pupil. This file must be kept in the strong-room or safe.
- Remain objective at all times and do not allow personal matters, feelings or pre-conceptions to cloud your judgment.
- Any information to do with child abuse is confidential and must be handled with great discretion.
- The reporting and investigation of child abuse must be done in such a way that the safety of the pupil is ensured.
- Justice must not be jeopardised, but at the same time the support needed by the learner and her or his family must not be neglected.

6. **PROCEDURE TO BE FOLLOWED IN CASES OF SUSPECTED CHILD ABUSE.**

Step 1 All incidents of suspected child abuse should be reported to the Counselling Department.

Section 15 of the Child Care Amendment Act 96 of 1996 states that a physician, nurse, social worker, or educator must report child abuse or the suspicion of child abuse. Educators are legally protected if their actions are well-intentioned. Failure to report child abuse or the suspicion thereof will be prosecuted.

Step 2 The Counsellor will discuss the matter with the Headmaster who will be responsible for reporting the alleged incident to the H: SLES at the EMDC.

Step 3 The Headmaster and the Counsellor will discuss the observations or incident with the H: SLES at the EMDC who will help the institution to determine whether there are reasonable grounds to suspect child abuse, and to advise on which external role-players to involve in the process, such as the local welfare organisation(s) or the local social worker of the Department of Welfare, the SAPS, the Child Protection Unit, and (if an employee is involved) Labour Relations.

Step 4 If there are reasonable grounds for suspecting child abuse (as confirmed by, for example, an external role-player who is involved in the process), the Headmaster or School Counsellor will

- discuss the matter with the parents or caregivers (unless the parent or caregiver is the suspected abuser) and
- report the case or incident to the H: SLES at the EMDC, who will keep a confidential record of all such cases or incidents.

Step 5 The Counsellor will maintain contact with the internal and external role-players and will forward a report to the H: SLES on progress in the matter, via the Headmaster.

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

7. THE MANAGEMENT OF DISCLOSURE

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

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

The following guidelines should be used to manage the process of disclosure.

- Be conscious of the fact that disclosure can be a very traumatic experience.
- Prevent further emotional harm to the complainant.
- The details of the abuse should be related to as few people as possible.
- Display empathy, warmth and acceptance.
- Try to ensure the safety of the complainant against further abuse.
- Clarify confidentiality, but explain that other professional persons will have to be informed.
- Identify the other role-players who are to be involved, as well as their roles and functions.
- Explain the potential consequences of the disclosure, (i.e. that the staff member is legally bound to report the case).
- Cases of sexual abuse or rape must be reported as soon as possible.
- Under no circumstances should the incident of child abuse be discussed with the alleged offender.
- DO NOT interrogate the complainant in order to obtain information or to “investigate” the case.
- DO NOT insist on seeing the physical evidence of abuse.
- DO NOT examine the complainant for signs of sexual abuse or rape by removing clothes and/or touching or examining the pupil.
- DO NOT take a statement from the complainant, as the investigating officer of the SAPS will do this.
- DO NOT confront the parents or the caregivers if they are the suspected or alleged perpetrators.
- DO NOT confront the alleged perpetrator.

When disclosure takes place it is necessary to communicate the following to the complainant:

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

In managing the process, keep the following in mind:

- Whatever may happen to the alleged offender is not your fault.
- The complainant may be unwilling to lay a charge against the alleged offender because of intimidation.
- The complainant may feel powerless and may have been sworn to secrecy by the alleged offender.
- The complainant may be related to the alleged offender and may want to protect the family.

- The complainant may feel that she or he lacks support because no one will believe him.
- Often the mother has divided loyalties and protects the father (or boyfriend, uncle, brother, grandfather, etc.) because of financial or emotional dependence.
- The complainant may love the alleged offender and just want the abuse to stop.
- The complainant may be afraid of being removed from the family.
- Disclosure by a pupil may be traumatic for you. You can ask for personal professional assistance from the Counselling Department, Chaplain or from the Specialised Learner and Educator Support component at the EMDC.
- Effective management of the process of disclosure will ensure that both complainant and member of staff are protected from additional and unnecessary emotional trauma. It is therefore important to ensure that:
 - the case is handled confidentially, and within a very short time,
 - all relevant role-players are involved from the beginning of the intervention, and
 - detailed plans to manage support and intervention are made in the best interest of the complainant.

8. GUIDELINES FOR COUNSELLORS ON DOCUMENTATION OF CASES OF SUSPECTED CHILD ABUSE.

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

The 8 point list which follows should be used by the Counsellor as a guideline to ensure that appropriate information is documented. You must, however, ensure that the information is obtained as objectively as possible. Do not use the list as a question-and-answer session. The complainant must be given the opportunity to speak spontaneously.

All documentation should be kept in a folder.

With respect to this folder, the following guidelines should be followed:

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

The following information should be documented in this folder:

(1) The complainant's personal details:

- Name in full
- Age
- Sex
- Present grade
- Home address and telephone number
- Details of parents or caregiver

(2) The nature of the incident.

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

(3) The details of the incident:

- The date(s) when the incident(s) occurred;
- The time(s) when the incident(s) occurred;
- The place(s) where the incident(s) occurred.

(4) The circumstances of the incident:

- Were there any other people present at the time of the incident?
- Were there any other people who were in the surrounding area who might have witnessed the incident?

- If there were witnesses, get their full particulars, i.e. for each:
 - Full name
 - Home address and telephone number
 - Age, sex and present grade
- If the complainant does not know these details, ask her or him the following:
 - What were the physical attributes of the witness?
 - Sex and approximate age and height of the witness?
 - Did the witness have any distinguishing features?

(5) How did the complainant experience the incident?

- How did the complainant feel at the time of the incident?
- Record the complainant's feelings in her or his own words.
- How is she or he feeling now?
- Is she or he experiencing any physical or psychological symptoms, and if so what are these symptoms?
- Write down the words that the complainant uses to describe the incident.

(6) Details of the first disclosure.

- Has the complainant related the details of the incident to anyone?
- If so, obtain the following details:
 - Full name;
 - Home address and telephone number;
 - Age and sex;
 - Nature of the person's relationship to the complainant.
 - Has the complainant reported the incident to the South African Police Services?
 - If so, obtain the following details:
 - The case number;
 - The name of the police station and the investigating officer;
 - The date on which the incident was reported;

- Details of any witnesses who have made statements to the SAPS.

(7) Details of any material evidence.

- Has the complainant been to a hospital, general practitioner, district surgeon, social worker, clinic, psychologist or psychiatrist?
- If so, obtain the following details:
 - The reference number, if any;
 - Information whether there is a J88;
 - The name of the hospital or clinic;
 - The name and telephone number of the general practitioner, nurse, social worker, district surgeon, psychologist or psychiatrist;
 - The dates on which the complainant attended one or more of these services.
 - If the complainant has not seen a Doctor, offer to arrange a referral to the School Doctor or any other Medical practitioner elected by the complainant.
- Obtain the originals or copies of any relevant documents in the complainant's possession, including any letters or notes received from the alleged offender.
- Are there any clothes with stains or any other evidence of the incident? If so, obtain the originals or copies thereof, place them in a bag, and if the matter is reported to the SAPS, hand them over for forensic testing.

(8) Details of the alleged offender.

- The full name of the alleged offender;
- Her or his position at the institution;
- If the complainant does not know these details, ask:
 - What were the physical attributes of the alleged offender?
 - What were her or his sex and approximate age and height?
 - Did she or he have any distinguishing features?

9. GUIDELINES FOR COUNSELLORS ON THE MANAGEMENT OF CASES OF SUSPECTED CHILD ABUSE.

The following procedure should be followed by the School Counsellor managing any case of suspected child abuse:

STEP 1: Ensure the safety of the complainant. (In collaboration with the SAPS, ensure that the complainant will not have direct contact with the alleged offender.) It is important to ensure that the SAPS become involved as soon as possible.

STEP 2: Clarify confidentiality, but explain to the complainant the potential consequences of the disclosure, i.e. that in order to help him, you are legally obliged to report the case to other role-players such as the social worker and/or the SAPS. Explain the roles they will play. Explain also the procedures that will be followed (Steps 3 – 9 below).

STEP 3: Inform the Headmaster (unless he is implicated) and the Deputy Headmaster (Pastoral). No detailed information about the abuse needs to be disclosed at this stage.

STEP 4: The Counsellor should contact the relevant role-players in order to decide on the process of intervention. Once a complaint has been lodged with the Counsellor, either the Headmaster or the Counsellor must refer the matter to the relevant role-players within three days. The school social worker at the EMDC will help the Counsellor to decide on the involvement of other relevant agencies, e.g.

- The Department of Welfare;
- The local welfare organisation;
- The Child Protection Unit;
- The SAPS in the residential area of the complainant;
- Labour Relations, when employees are the alleged offenders;
- The complainant's parent(s) (with the consent of the complainant, if she or he is over 14), provided that they are not the alleged offenders;
- The Child Protection Centre;
- The Department of Health, school nurse and school doctor.

STEP 5: The Counsellor should compile a confidential report that will be used by the social worker and the SAPS. To protect its confidentiality this report must be kept locked in the strong-room or safe with all the

relevant documentation on the case. If the alleged offender is an employee, the report should be forwarded as confidential to the school's HR Manager.

STEP 6: The Headmaster and Counsellor will meet with the relevant role-players (mentioned in Step 4 above) to draw up a plan of action setting out the responsibility of each participant in the intervention process. Give the H: SLES this information for the attention of the school social worker.

STEP 7: The Headmaster follows up with all participants on the progress of the intervention. All information is documented and reported to the Headmaster and all others who will be supporting the complainant. All this information should be regularly passed on to the H: SLES for the attention of the school social worker.

STEP 8: Keep the complainant and his parent(s) informed of the steps taken by the role-players and the outcome of the investigation.

STEP 9: The Counsellor will monitor the complainant's emotional, mental and physical health, discuss it with his parents, and refer it for further professional help if necessary.

10. ADDITIONAL PROCEDURES TO BE FOLLOWED IF THE ALLEGED OFFENDER IS A BISHOP'S PUPIL.

Young alleged offenders need to be supported by the system. This should be seen as an attempt to prevent them from committing further abuse. The nine steps described in the previous section serve as guidelines for managing the alleged offender. In addition the following should be implemented:

1. The alleged offender's parents should be contacted and informed of the incident(s). The plan of action for support and intervention should be discussed with them.
2. The alleged offender should be referred to an appropriate person for emotional support and therapy.
3. Depending on the seriousness of the offence, temporary suspension of the alleged offender can be arranged, but only if it is in the best interests of other pupils and the school.
4. The Headmaster shall refer the complaint to the College Council. If the alleged offence was serious enough to merit suspension or expulsion, the procedures laid down for these in the South African Schools Act (Act no. 84, 1996), paragraph 9, must be followed.

11. ADDITIONAL PROCEDURES TO BE FOLLOWED THE ALLEGED OFFENDER IS A BISHOP'S EMPLOYEE.

If the alleged offender is a Bishop's employee, the Headmaster should inform the school's HR Manager. The HR Manager and the Headmaster will jointly determine an appropriate plan of action. In formulating an appropriate response, the Headmaster and HR Manger should consider the following:

The Employment of Educators Act, no.76 of 1998, as amended by the Education Laws Amendment Act of 200 is the section dealing with Serious Misconduct in Section 17 (1) states:

An educator must be dismissed if she or he is guilty of:

- (1) Committing an act of sexual assault on a leaner, student or other employee:
- (2) Having a sexual relationship with a learner of the school where she or he is employed:
- (3) Seriously assaulting, with the intention to cause grievous bodily harm to a learner or other employee:

It is the responsibility of the Human Resources Manager to:

- Investigate all complaints (ensuring that the complainant's safety, privacy and confidentiality are maintained at all times).
- In consultation with the Headmaster, suspend an employee immediately as a precautionary measure when there is substantial evidence.
- Serve charges on the employee.
- Proceed with a disciplinary inquiry in a manner which protects the interests and the special needs of the child witness(es).
- Take a final decision on termination or continuation of service in terms of the Employment of Educators Act, 1998, as amended by the Education Laws Amendment Act, 2000.

Appendix A: Database of Support Services

Organisation or Department	Contact Person	Tel. No.
SAPS Rondebosch	Captain Tony Penso	685 7345/2476
Dept. of Social Services Wynberg	Mrs de Kock	710 9800
Child Care & Info Centre		689 1519
Safe School Call Centre		088 45 4647
Childline / Safeline		426 1100
RAPCAN		448 9034
Child Welfare: Athlone	Mrs Pemberthy	761 7130
		638 1164
Child Abuse Provention		448 9034
Child care & Info Centre		689 1519
Child Line		461 111
9–12 Years		0800 055555

APPENDIX B

Signs and characteristics of Physical Abuse

Behaviour of an adult who abuses children	Behaviour of an abused child	Physical indications of child abuse
<ul style="list-style-type: none"> • Complains that the child is difficult to control; • Little knowledge of child development. Makes unrealistic demands, e.g. expects good bowel control at too early an age; • May indicate that child is prone to injuries. Lies about how the child was injured; • Gives contradictory explanations about how the child was injured; • Inappropriate or excessive use of medical service; • Seems unconcerned about the welfare of the child. 	<ul style="list-style-type: none"> • Cannot explain injuries, or gives inconsistent explanations; • Absconds; • Cringes or withdraws when touched; • Babies stare with empty expression, rigid carriage, on guard; • Extremely aggressive or withdrawn; • Seeks attention from anyone who cares; • Extremely compliant, tries to please others; • Becomes scared when other children cry; • Scared to go home after school. Scared of adults; • Normal activities arouse anxiety; • Vandalises things. 	<ul style="list-style-type: none"> • Injuries – bruises, cuts, burns, fractures; • Various injuries, various degrees of healing; • Various injuries over a period of time; • Head injuries on babies and pre-school children, e.g. cuts, bruises, burn marks, abrasions which cannot be satisfactorily explained; • Injuries such as fractures, abrasions, burns and bruises which cannot be explained; • Inappropriate clothing to cover the body.

Signs and characteristics of Neglect

Behaviour of an adult who abuses children	Behaviour of an abused child	Physical indications of child abuse
<ul style="list-style-type: none"> • Behaviour indicates rejection of the child, e.g. child is left in cot or bedroom for long periods of time; • Ignores the child's loving approaches, refuses to hold the child's hand or hold her or him close; • Indicates the child is unwelcome; • Indicates the child is difficult to care for, e.g. the child is "demanding" and "difficult to feed". 	<ul style="list-style-type: none"> • Listless and makes few or no demands, e.g. seldom cries; • Little or no interest in the environment; • Little or no movement, e.g. lies still in bed; • Does not react to strangers' attempts to stimulate her or him; • Shows little fear of strangers, e.g. does not react to them; • Begs or steals food; • Continually tired, listless or falling asleep; • Says that nobody at home looks after her or him; • Irregular attendance at school; • Destructive and aggressive; • Inappropriate clothing, poor personal hygiene, continually hungry; • Physical and medical needs don't receive attention. 	<ul style="list-style-type: none"> • The child does not grow, and/or loses a lot of weight (though this may also indicate under-development. A medical examination is necessary to determine the case.) <p>The following physical characteristics are often present in neglected children:</p> <ul style="list-style-type: none"> • Child is pale and emaciated; • Very little body fat in relation to build, e.g. folds on buttocks; skin feels like parchment owing to dehydration; • Constant vomiting and/or diarrhoea; • Developmental milestones not reached within normal age-ranges, e.g. neck still limp at 6 months, cannot walk at 18 months.

Signs and characteristics of Sexual Abuse

Behaviour of an adult who abuses children	Behaviour of an abused child	Physical indications of child abuse
<ul style="list-style-type: none"> • Exceptionally protective towards child and jealous; • Discourages contact with peer-group when there is no supervision; • Acts seductively towards child; • Indicates that the spouses have marital problems; • Abuses alcohol and/or drugs. 	<ul style="list-style-type: none"> • Sexual play with self, others and toys; • Sexual vocabulary and/or behaviour not age-appropriate; • Drawings or descriptions with sex theme not age-appropriate; • Strange, sophisticated or unusual sexual knowledge, e.g. flirtation; • Promiscuity and/or prostitution; • Continual absconding; • Fear of seduction by members of the opposite sex; • Unwilling to participate in certain activities; • Sudden deterioration in school progress; • Poor relations with peers; • Withdrawal, fantasising, uncommonly childish behaviour; • Crying without provocation; • Depression, attempted suicide.; 	<ul style="list-style-type: none"> • Pain or unusual itching of genitals or in anal area; • Torn, stained or bloodstained underwear; • Pregnancy; • Injuries to genitals or anal area, e.g. bruises, swelling or infection; • Sexually transmitted diseases; • Difficulty in sitting or walking; • Regular urinary infection. • Throat irritations and/or soreness or mouth sores owing to forced oral sex.;

Signs and characteristics of Emotional Abuse

Behaviour of an adult who abuses children	Behaviour of an abused child	Physical indications of child abuse
<ul style="list-style-type: none"> • Blames the child for own problems and disappointments – child is seen as a scapegoat; • Continually expresses negative feelings about the child to other people and the child; • Conduct towards the child expresses continual rejection; • Withholds herself or himself from verbally or behaviourally expressing love to the child; • Continually trying to bribe, influence or terrify the child; • Continually trying to isolate the child, e.g. by prohibiting contact inside and outside the family. 	<ul style="list-style-type: none"> • Aggression, depression or extreme withdrawal; • Extreme compliance; too well-mannered, too neat, too clean; • Extreme attention-seeking; • Extreme control when she or he plays – suppresses own feelings. 	<ul style="list-style-type: none"> • Enuresis (bedwetting) and/or encopresis (soiling) for which there is no physical cause; • Continual psychosomatic complaints, e.g. headache, nausea, stomach pain; • Child does not grow and develop according to expectations.

Rape Trauma Syndrome

(Source: "Rape Trauma Syndrome" – Rape Crisis Cape Town Trust)

Behaviour of an adult who abuses children	Behaviour of an abused child	Physical indications of child abuse
<ul style="list-style-type: none"> • Immediately after a rape, survivors often experience shock; they are likely to feel cold, faint, become mentally confused (disorientated), tremble, feel nauseous and sometimes vomit. • Pregnancy. • Sexually transmitted diseases like AIDS, syphilis and/or gonorrhoea; gynaecological problems like irregular, heavier and/or painful periods, vaginal discharges and bladder infections. • Bleeding and/or infections from tears or cuts in vagina or rectum, depending on what happened during the rape. • A soreness of the body. There may also be bruising, grazes, cuts, etc.;, depending on the kind of force used during the rape. • Nausea and/or vomiting. 	<ul style="list-style-type: none"> • Crying more than usual. • Difficulty in concentrating. • Being restless, agitated and unable to relax, or on the other hand just sitting around and moving very little. • Not wanting to go out and/or socialise, or on the other hand socialising more than usual. • Not wanting to be left alone. • Stuttering or stammering more than usual. • Trying to avoid anything that reminds the survivor of the rape, e.g. someone who was raped at a party may stop going to parties. • Many rape survivors don't want to talk about what happened, because it makes them remember the rape. • More easily frightened or startled than usual; 	<ul style="list-style-type: none"> • Intrusive thoughts and feelings about being dirty from (contaminated by) the rape. These feelings often make rape survivors wash or bath more frequently. These thoughts are known as obsessional thoughts. • Flashbacks – the sudden feeling that the rape is happening again, which makes the survivor very frightened and upset. • Nightmares about the rape. • Being very upset by anything that reminds the survivor of the rape. • Becoming extremely afraid of certain things that remind the survivor of the rape;. Such extreme fears are called phobias. Rape survivors often develop extreme fears of men, of strangers, of being alone, of

<ul style="list-style-type: none"> • Throat irritations and/or soreness owing to forced oral sex. • Tension headaches. • Pain in lower back and/or stomach. • Sleep disturbances like difficulty falling asleep, waking up during the night, being woken by nightmares about the rape, getting less sleep than usual, or on the other hand feeling exhausted and needing to sleep more than usual. • Eating disturbances such as not feeling like eating, eating less than usual and so losing weight, or on the other hand eating more than usual and so putting on weight. 	<p>Rape survivors often get very scared when someone walks up behind them without warning.</p> <ul style="list-style-type: none"> • Being very alert and watchful. • Getting very upset by minor things that didn't worry them before the rape. • Losing interest in things that used to be of interest to them before the rape. • Problems in relationships with people like family, friends, lovers and spouses. Rape survivors may become irritable and so may quarrel with others more easily; or they may withdraw from people with whom they had been close before the rape. They may also become very dependent on others, or on the other hand overly independent. • Sexual problems like a fear of sex, a loss of interest in sex or a loss of sexual pleasure. • Changes in work or 	<p>leaving their homes, of going to school or to work, and of sex. These phobias are called traumaphobias, because they are caused by a trauma.</p> <ul style="list-style-type: none"> • A loss of memory of part or all of the rape, which is called psychogenic amnesia. • Being unable to feel certain feelings like happiness, or feeling very "flat". On the other hand, rape survivors can feel emotionally confused and have mood swings (quick changes of mood). • Feeling that they will not live for very long and/or feeling very negative about their future prospects. • Feeling depressed and/or sad, and sometimes having thoughts of suicide. • Feeling irritable and angry. • Feeling more fearful and anxious than usual. Rape survivors are often very afraid that their assailant(s) will return, that they
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	<p>school, e.g. playing truant, dropping out of school, changing jobs, or stopping work altogether.</p> <ul style="list-style-type: none"> • Moving house. • Increased use of substances like alcohol, cigarettes and/or drugs. A person who didn't use a substance before the rape may start to use it afterwards. • Increased washing and/or bathing, because of a feeling of being dirty from the rape. • Acting as if the rape never happened. 	<p>are pregnant and/or that they have been infected with a disease from the rape.</p>
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