

# Community Health Committee Training

## LEARNING CIRCLES CHILD ABUSE PREVENTION

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### A LEARNING NETWORK INITIATIVE



LEARNING NETWORK



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**The Learning Network** is a collection of 5 civil society organisations that are based in Cape Town: **The Women's Circle, Ikamva Labantu, Epilepsy South Africa, The Women on Farms Project** and the **Cape Metro Health Forum** – the umbrella body for health committees in the Western Cape, as well as 4 higher education institutions:

**University of Cape Town (UCT)**  
**University of the Western Cape (UWC)**  
**Maastricht University, in the Netherlands**  
**Warwick University in the UK**

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## Child Abuse Prevention

**Learning Objectives:** Community Health Committee members will;

- Be able to recognise and define child abuse
- Have an understanding of the legal definitions of child abuse
- Understand how the conditions for abuse of children is created
- Recognise the role of early socialization in child protection
- Understand the importance empowering children as a prevention tool
- Recognise the importance of community structures for abuse prevention
- Recognise the important role of significant adults in prevention education



## Activity 1: What is Child Abuse?

30 minutes

**Purpose:** Participants reflect on their Experience of Child Abuse.

**Method:** Group-work.

**Material:** Flip-chart and khokis

**Procedure:** In area groups, community health committee members write a definition of abuse and various kinds of abuse. Each group present their findings in a plenary session

The facilitator then writes up a common definition and ensures consensus. The facilitator, using the work generated by the groups, writes up the six acknowledged forms of child abuse and takes time to explain in which category the different examples generated in group-work falls.

They should include the following;

### 1. Physical Abuse

Child physical abuse is the intentional infliction of an injury on a child including but not confined to;

- Bite marks.
- Bruises on uncommonly injured body surfaces.
- Lacerations.
- Burns.
- High incidence of accidents or frequent injuries.  
Fractures/broken bones in unusual places such as the skull, ribs etc.
- Injuries, swellings to face and extremities.
- Dis-colouration of skin.
- Blunt-instrument marks.
- Human hand marks.
- Multiple injuries at different stages of healing.
- Evidence of poor care/failure to thrive.

## Activity: Hitting as a Form of Punishment?

10 minutes

**Purpose:** Participants reflect on hitting children.

**Method:** Debate in plenary.

**Procedure:** Facilitator asks participants to give their view on hitting and discusses alternative forms of discipline.

## **Is hitting a child the same as physical abuse?**

Corporal **punishment**, the use of physical force with the intent of inflicting bodily pain, but not injury, for the purpose of correction or control used to be a very common form of discipline. Many of us were spanked as children.

Corporal punishment sends the message to children that physical force is an appropriate response to problems or opposition. Some adults still argue about the level of force when hitting children. What a child learns from being hit is that the use of violence can be condoned when one needs to instill discipline.

### **Indicators: The child;**

- Avoids physical contact with others.
- Is apprehensive when other children cry.
- Wears clothing to purposely conceal injury, such as long sleeves in hot weather.
- Refuses to undress for sport or for required physical exams at school.
- Give inconsistent versions about occurrences of injuries.
- Seems frightened of parents.
- Is often late/absent from school.
- Comes to school early and seems reluctant to go home afterwards.
- Has difficulty getting along with others.
- Plays aggressively and often hurts peers.
- Complains of pain upon movement or contact.
- Has a history of running away from home.

### **Recognising Accidental from non-accidental Injury.**

Recognising accidental from non-accidental injury: We are able to recognize accidental from non-accidental injury when we are able to verify that the information that we received is factual. Mostly when abuse or neglect has occurred, the adult and the child might change the story.

### **Some signs and symptoms to watch out for;**

- if adult and child tell a different story (interview adult and child separately)
- Children who are wary (scared) of adults (especially significant adults such as the father or step-mother).

- Violent shaking (e.g. a baby with little other symptoms except vomiting and disorientation). Doctors are able to identify by looking into the retina of the eye or a scan.
- Sometimes accidental injuries are caused as a result of neglect.
- Cigarette burns: these are normally in less obvious places such as under the feet or on the inside of the arm where it can be hidden by a long t-shirt or sweater.
- If stages of bruising are inconsistent with the story told.

**Stages of healing in bruises:**

Time	Day 1-3	Day 3-5	Day 5-7	Day 7 onward
Colour	blue	red	green	yellow

Compare the stage of healing with the story provided of how the injury was incurred in order to recognize accidental from non-accidental abuse.

When community health committee members encounter children who present with different stages of bruising or consistently different injuries, this is always a reason for further investigation or reporting to the relevant government official e.g. police office or social worker.

A broken bone: A clean fracture would indicate one hard, sharp blow whilst splinters around the fracture could indicate a fall or tumble.

**2. Emotional**

Emotional child abuse involves behavior that interferes with a child’s mental health or social development.

- constant criticism
- ignoring a child
- insulting, belittling, swearing, name-calling, comparing child to a bad role-model.
- Favouritism
- Minimizing achievements
- Invasion of privacy
- Black-mailing and bribing
- Emotional abuse is sometimes covert rather than overt (e.g. parents who are mostly depressed or unhappy. Parents constantly fighting. Not actively

interacting with a child. Spending more quality time with the favoured child.

- Emotional abandonment.

One website calls it “*the systematic tearing down of another human being.*” Such abuse can range from verbal insults to acts of terror, and it’s almost always a factor in the other three categories of abuse. While emotional abuse by itself doesn’t involve the infliction of physical pain or inappropriate physical contact, it can have more long-lasting negative psychological effects than either physical abuse or sexual abuse.

Emotional abuse can come not only from adults but from other children: siblings, neighborhood or schoolyard bullies or peers in schools that permit a culture of social ostracism. The signs of emotional child abuse include apathy, depression, and hostility. If it happens at school, the child may be reluctant to go to school and develop or fake a physical complaint.

### **3. Neglect**

Deliberate with-holding of basic needs.

- Food, shelter, education, health care, basic clothing
- Love and affection
- Not developing obvious skills
- Not attending to health needs e.g. ongoing headaches or toothache.
- Not providing proper discipline.
- Leaving a child unattended for long periods of time
- Not providing age-appropriate developmental resources for development e.g. paint, books, musical instruments. (parental or institutional).
- More concerned with partner(s) than with child(ren).

Neglect is often about those aspects of child care that has to do with physical protection of the child. Withholding basic health-care like taking a child to the doctor for an ear-ache or a toothache could be classified as neglect.

If children are not getting proper nutrition that provides their body with the best defence system, such as eating a balance of carrots, pumpkin, fruits, green vegetables, calcium and protein, it could qualify as neglect, depending on whether it relates to poverty or deliberate with-holding. Children are dependent

on adults to guide them in healthy eating choices. Lots of vitamin C will prevent colds.

Ensuring that children drink sufficient clean water is a priority. Care-givers and parents need to oversee these, until it becomes a habit for the child to drink a glass or two of fresh water in the morning, afternoon and at night. Water flushes the system.

The basics of hygiene training from a young age would also fall under this category. This teaching includes simple practices like;

- Washing the whole body once daily.
- Keeping underwear and top garments clean.
- Brushing teeth daily
- Washing all fruits and vegetables before eating them.
- Washing hands after using the toilet.
- Washing hands before eating.
- Using only previously boiled water to prepare food or drinks for young children.
- Keeping bed linen and blankets clean.
- Keeping all surfaces where food is prepared hygienic and clean.
- Teaching children not to bite off the same apple, drink out of the same bottle or share lip-ice or an ice-cream. This provides for an easy transfer of germs.

Remember that neglect includes both the emotional and physical needs of the child. Many of the aspects related to child protection in general, would therefore also be regarded as neglect in the different areas of abuse that follows.

**Behavioural signs for the above include;**

- Shyness or passivity.
- Extreme changes in behavioral patterns.
- Poor interpersonal relationships or a lack of self-confidence.
- Clinginess, withdrawal or aggressiveness.
- Regressing to infantile behavior such as bedwetting, thumb sucking or excessive crying.
- Recurrent nightmares, disturbed sleep patterns, or a sudden fear of the dark.

- Depression
- Low self-esteem.
- Flinching away or ducking from emotion or people moving towards them.
- Eating disorders or loss of appetite.
- Self-mutilation such as "cutting," biting oneself or pulling out hair.
- Unusual habits like rocking, sucking cloth.

#### **4. Child Labour**

Deliberate with-holding of basic needs.

- exploitation of children
- developmentally or age inappropriate work
- forced labour
- children doing adult work
- forced to leave school to take adult responsibility
- young girls taking adult chores in household with no time to play or for self.

#### **5. Structural Abuse**

Deliberate with-holding of basic needs.

- Institutions
- The state
- Legislation
- Schools, OVC institutions, Welfare institutions
- Withholding food to make people politically compliant
- Food scarcity: governments need to plan (failure to do so should call for emergency measures to facilitate periods of scarcity and lack).
- Poverty humiliates, degrades and breaks down self-esteem.

## 6. Sexual Abuse

Any sexual comment, behavior or activity with a child, which includes;

- verbal
- touching
- oral sex
- incest
- sodomy
- sexual suggestion or innuendo
- penetration
- rape

### Indicators

- Talking about having a secret.
- Unexplained fear of a particular person.
- Unusual knowledge of sexual matters.
- Acting much younger or older than chronological age.
- Frequent lying, or a fall in grades at school.
- Aggression
- Running away from home
- Age inappropriate sexual behaviour
- Frequent masturbation
- Aggressive behaviour
- Fear of a particular person in the family or overtly sexual attitudes and comments
- Possessiveness by male relative toward a child
- Regressing to infantile behavior such as bedwetting, thumb sucking or excessive crying.
- Recurrent nightmares, disturbed sleep patterns, or a sudden fear of the dark.
- Talking about having a secret.

It is important to remember that some of these symptoms of child abuse can be normal manifestations of play and activity. Other symptoms could be the result of a traumatic event that is not necessarily abuse, like divorce, or are signs of a physical disease such as depression. Still others are definitely "red flag" symptoms of abuse.

Any of the above behavioral signs are cause for concern to a parent, teacher, or caregiver. A good first move is to open and nurture trusting lines of communication. Increase the time spent with the child, and increase the attention given to the child. Show more interest in their lives, and ask more questions. Assure them of your unqualified love and support, and make sure they know that you want them to feel happy and confident. Make sure they know that no matter what has happened, - you will always love them.

Increase your contact with their teachers, counselors, and peers. Find out more about their activities, the people they spend time with, and the families of their friends.

Many people fear that reporting child abuse or neglect will destroy a family. The truth, however, is that getting help can protect children from further harm and assist the family in facing and overcoming its problems.

**Myths and Facts about child sexual abuse**

<b>Myth</b>	<b>Fact</b>
Strangers are normally perpetrators	Most abuse committed by someone known to the child
Children are seductive	Adults are always responsible for abusing children
Men cannot control their libido	Men can
Men who were abused re-abuse	Stats indicate that more women are sexually abused and do not re-abuse
‘sick’ men sexually abuse	Sexual abuse is abuse of power
The child consented to sex	A child under 18 cannot consent to sex. It remains a crime committed by an adult.
Girls are weak	Child sexual abuse is based on abuse of power through grooming, co-ercion or force (rape).
Children ‘hide’ information	Children are socialized to respect their elders and obey those in authority.

**Purpose:** To develop an understanding of power and powerlessness.

**Method:** Buzz session and Brainstorm.

**Procedure:** Participants are asked to take a partner and tell them about a child sexual abuse story that they encountered in the community, in childhood or read about. In plenary, participants are asked to respond to the question; *“In your stories, who were the abuser?”* This is done so that participants generate a list of names based on reality rather than on perception.

The facilitator using the list generated by participants will point out that it is generally a crime where unequal power relations are exploited but it is also a crime of opportunity.

Concerned adults should be in a position to recognise the opportunities that lead to child molestation and interrupt these.

### **Education is still the best form of Prevention**

It is not possible to be with your children 24 hours a day. In terms of education, you can support organizations and programs that work with the public to encourage and teach good parenting skills and provide help for parents at risk of abusing their children. Such programs include;

- parent education programs
- emergency services and referral
- home-based visits
- family resource centers
- parent support groups
- mental health services

You can also teach your children how to deal with bullies and how to identify, fend off, and report attempts at sexual abuse. And you can learn how to monitor your children’s Internet use for signs of potential sexual abuse.

### Activity 3: Gender Socialisation

15 minutes

**Purpose:** To recognise how parents can contribute to unequal gender socialisation.

**Method:** Brainstorm.

**Procedure:** Ask participants to call out the different messages that we bombard our children with, toys we buy or chores that we give, based on gender and the facilitator writes it up under two columns titled 'Girls' and 'Boys'.

### Adult Intervention in Child Abuse

In addition to reporting suspected child abuse when you learn about it, you can intervene effectively if you encounter a parent or caregiver abusing or about to abuse a child by striking the child or screaming at the child. *"Can I hold the baby for you?"* It's a matter of offering on-the-spot help rather than scolding or threatening to call authorities. If you yourself are overwhelmed by child-care responsibilities, frustrated by a baby who won't stop crying, or in danger of harming your children, you can reach out for help. Pick up the phone and call someone who can help.

Stress that the abuse was not the child's fault.

### Other kinds of abuse

- **Shaking baby syndrome:** shaking the child can cause brain damage. This is apparent when the child starts vomiting or becomes tired. The child then needs to be taken for a scan
- **Foetal alcohol syndrome:** Children are born with this due to excessive use of alcohol by the pregnant mom.
- **Munchausen by proxy:** Parents who make their children ill for attention.

### Activity 3: Review

1. Write up six different forms of abuse and provide a definition of child abuse.
2. When evaluating child sexual abuse, what is the dynamic that makes it possible for this type of abuse to occur and name three things we can do to address it.
3. Generate a list of other examples of power dynamics in society and discuss the potential for abuse. In conclusion, remind participants that where unequal relations exist, abuse of power is always a possibility.

### Activity 4: Sex Education

15 minutes

**Purpose:** To recognise the importance of Sex education

**Method:** Brainstorm.

**Material:** Flip-chart and khokis

**Procedure:** the facilitator asks the participants to respond to the questions “*Who taught you about sex? What were you taught?*” and writes up the responses in two columns.

It is then pointed out that children should be getting basic sex education from a reliable source so that they go into the world armed with factual information. The facilitator should then gauge from participants if they have sufficient and accurate information to pass on to children in their care.

This discussion leads into a role-play.

### Activity 5: Talking to Children

15 minutes

**Purpose:** To provide an opportunity for CHC members to test their knowledge on sex education

**Method:** Role-play.

**Material:** Chairs

**Procedure:** The participants are asked to take their chairs to an open space in the room and sit facing a partner. The facilitator asks them to act out the following roles;

1. Identifying one side as mothers and the opposite side as six year old children, parents are asked to respond to the question; “*Mummy, where did I come from.*” Using age

appropriate language the parents have to respond the way they would to a six-year-old child.

2. Participants are then asked to move to the next chair so they sit facing a different partner.
3. One side is now identified as fathers and the other as 14 year old boys. The 14-year-old boys explain to their fathers that they had a dream and woke up with wet pyjamas. Fathers have to explain to their 14-year-old boys what is happening to their bodies.
4. Participants are then asked to move to the next chair so they sit facing a different partner.
5. One side is now identified as a pre-school educator who walks in on a child masturbating. The other side has to respond to a four-year-old child, the way they would in a real situation of this nature.

This session should generate a lot of laughter and the facilitator then explains that it is very important for the participants to be armed with information when doing community work.

**Working with Children:** Prevention education is absolutely essential.

- Age-appropriate information should be given continuously.
- Children need to know they have a right to refuse any touch and can challenge adult authority.
- Encourage a sense of body ownership.
- Role model healthy and loving relationships in the presence of children.
- Early socialization should be empowering for girls and encourage sensitivity in boys.
- Understand children's natural sexual development so that we can detect unnatural displays which are sometimes tell-tale signs of abuse.
- Teach children that they have a right to say no to any adult e.g. father, uncle, teacher etc.

### **Body Rights**

Children need to know about their body-rights from the youngest possible age. They need to be taught that nobody has a right to hurt them or touch them in inappropriate ways. Tell them what 'private parts' are. With young children re-enforce this message through regular activities.

### Activities to do with young children

Collect or draw pictures of various community authority figures such as a picture representing a mother, a nurse, a police officer, a doctor, a teacher, a priest, father, uncle, mother's boyfriend etc.

Have a group activity with the children where you point to the various figures and ask; *"Does the police officer have authority over your body?"* Children have to shout loudly *"No!"* Go through all the pictures over and over till children get the message. Then ask children; *"Who owns your body?"* They all have to shout *"Me!"*

Follow up this activity by teaching children about a body bubble. Using their arms they make a circle in front of themselves. This indicates the safe space and nobody has a right to infringe on their space.

Prevention education also requires that children have sufficient information to take care of themselves. This includes;

1. Each child knows their name and address. If children are too young to memorise this information, it must be written somewhere inside a school bag.
2. Each child must have the telephone number of a safe adult on their person.
3. Each child must be able to tell a police officer the name and contact details of a safe adult in the event of being lost. E.g. Parents name and place of employment.
4. Children must be taught what to do if parents are not home e.g.
  - Do not open the door if an adult is not home.
  - If someone wants them to take them out, they need to inform their parents first.
  - Do not accept gifts without parents/caregivers permission.
  - Do not eat sweets or lollipops, cold-drinks or suckers given by a stranger. Explain why.

The 'what if' game is useful to re-enforce these rules. Play this game with the children; *"What if I was not home and someone knocked on the door and said he was the TV repair man? What would you do?"*

*“What if Uncle Simon offered to take you to the mall?”*

*“What if a very well-dressed lady asked if she could buy you some nice clothing?”*

*“What if the teacher asked you to lift your skirt?”*

### Developmental Changes in Teenagers

<b>Girls</b>	<b>Boys</b>
Rapid body growth	Rapid body growth
Breasts start growing (sometimes one before the other)	Voice breaks and then deepens
Body becomes more curvaceous	Develop facial hair such as beard, moustache and sideburns.
Hair starts growing under the arms and in the pubic area.	Hair starts growing under the arms and in the pubic area.
Become more sexually aware of members of the opposite sex and attracted to members of the opposite sex.	Become more sexually aware of members of the opposite sex and attracted to members of the opposite sex.
Mood swings	Mood swings
Likes to be alone in room	Likes to be alone in room
Attention shifts from family to peer group	Attention shifts from family to peer group
Start menstruation (The body develops an egg which can be fertilised and if fertilised through sexual interaction) becomes a baby. If the egg is not fertilised, the body releases it as blood on a monthly basis. This is called menstruating.	Start having ‘wet dreams’. Involuntary ejaculation happens when dreaming. Boys develop sperm which, when emitted during sexual intercourse, fertilises the egg of a girl, which results in pregnancy.
Strong sexual feelings and urges may develop	Strong sexual feelings and urges may develop

Increased fantasizing  Takes more care in dressing up and developing a look as they formulate an identity e.g. 'sexy', 'student' 'goth'.	Increased fantasizing  Takes more care with dressing up and look as with girls.
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- Ask participants what the difference is between sex and sexuality.

Sex is biological and sexuality is an expression of how we feel about ourselves and reflect it in our ways of being.

During the discussion ensure that all participants know that sex and sexuality are natural and normal aspects of our development.

Community health committee members can be asked to explain which exercises they use during teenage pregnancy and sexuality education with children.

There are normally a number of organisations that deal with child abuse. Invite an organisation to come and do a child-safety activity with the children. It is better to get people who can provide the correct information.

Many children in South Africa are abducted and raped and in this situation the children are almost powerless to defend themselves against a violent adult. This has to be reported immediately to the police. This means that, to the best of our ability, children need to be under adult supervision for as long as possible.

From a prevention perspective, the best we can do is to provide children with a lot of safety information to ensure that children can protect themselves from unscrupulous adults and that they do know their rights and that they know how to recognise a dangerous situation.

Some practical suggestions for when adult supervision is not possible include;

- Always walk in groups or with a friend whether it be to the shop or from school.
- Invite a friend over when home alone.
- Ask a neighbor to keep an eye on activities.

## Grooming

Remind children that even people who are nice to them could have the intention of abuse as a goal. This is called 'grooming'. The molester will start out by buying the child gifts and paying special attention to the child. This offer of 'love and affection' gradually becomes more sexualized.

It is often people known to the child such as an uncle, a neighbour or even the mom's boyfriend that will be in a position to groom a child. Parents and care-givers are advised to trust their instincts on such matter and make sure that children are not left alone in the company of suspect adults. Children should be warned about being alone with a person that a care-giver even suspects of potentially abusing a child.

Remember, prevention is better than cure.

### Activity 6: Responding to Disclosures

15 minutes

**Purpose:** To Develop an Understanding of the conditions required for a confidential disclosure

**Method:** Experiential Learning.

**Procedure:** The facilitator assures the participants of confidentiality. Participants are asked to move far apart from each other. Participants are each given a pen and piece of paper and asked to write down their most treasured secret. Once the activity is completed the participants are told that they can tear up the secret and the facilitator collects the bits and pieces and demonstrates that it is thrown-away, in a bin, all mixed up. Participants are then asked to share under what conditions they would share this secret and the facilitator will write up the responses.

### Your immediate response

- Listen to the child.
- Believe the child and tell them that.
- Console the child to alleviate immediate fears
- Ask the child what he/she thinks should happen
- Tell the child what you are able to do
- If it merely requires family intervention, arrange to visit the mother without disclosing what the child has said.

- If it requires legal intervention, report it to the police or a social worker.
- Find a quiet place to talk
- If it will help the child to cope. say that the abuser has a problem
- Say that you will do your best to protect and support the child
- If necessary, seek medical help and contact the police or social services
- If your child has told another adult, such as a teacher or school nurse, contact them. Their advice may make it easier to help your child.
- Determine if this incident may affect how your child reacts at school. It may be advisable to liaise with your child's teacher, school nurse or head.

### Activity 7: Developing a Community Activity

30 minutes

**Purpose:** To recognise that communities can develop interventions for child safety.

**Method:** Group work.

**Procedure:** Participants work in different areas and identify a particular concern that they can take action on. Using the facilitation skills training, they have to do the planning, develop an agenda and share their activity idea.

### Activity 8: Reviewing Facilitation Skills Theory

2 hours

**Purpose:** To reflect on the practical demonstration by going through the Facilitators' guide.

**Method:** Plenary.

**Procedure:** Facilitator and participants read through the Facilitator's guide to ensure comprehension of the various chapters.

## **Sources and Acknowledgements**

Most of the information has been taken from a Child Abuse Prevention Training model conducted by Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN).