

Child Abuse Reporting Procedures

Church of the Nazarene

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Step 1: Definitions

The first step in this process involves understanding some basic terminology. These definitions will help you as you screen those who work and volunteer in your church:

Child--any person, regardless of physical or mental condition, under age 18.

Child Abuse--bringing harm to a child that occurs immediately or through accumulated effects over a period of time. There are four basic categories of child abuse: emotional abuse, neglect, physical abuse, and sexual abuse (see definitions).

Emotional abuse--when children are consistently told they are of no worth and/or never will be of any worth. Name-calling and threatening harm or injury are forms of emotional abuse.

Ephibophilia--an adult's exclusive sexual interest in adolescents usually of the same gender.

Liability--the legal responsibility for one's conduct often resulting in monetary damages.

Neglect--when harm is caused by withholding life's necessities (food, clothing, and shelter). The ability to provide life's necessities, but failing to do so, is the factor that separates neglect from poverty.

Negligence--the failure to exercise reasonable care.

Negligent selection--the failure to exercise reasonable care in hiring employees or selecting volunteer workers.

Negligent supervision--the failure to exercise reasonable care in supervising either employees or volunteer workers.

Pedophilia--an adult's exclusive sexual interest in children who are under the age of puberty.

Physical abuse--any kind of bodily injury to a person.

Program--any class, organization, activity, group, event, etc.

Punitive damages--monetary penalties enforced by a court against a person or organization that engages in reckless behavior.

Reasonable care--the care that would be exercised by an ordinarily prudent person under the same or similar circumstances.

Respondeat superior--a legal principle in which an employer is legally responsible for the negligence of its employees while within the scope of their employment.

Sexual abuse--any sexual activity between a child and an adult, or between children when there is an unequal distribution of power. This includes exposing children to sexual activity or pornography.

Training--organized study programs that enhance skills. These programs may include: home study courses, workshops, seminars, conferences, and mentoring relationships.

Steps for Reporting Suspected Abuse

Once a child or youth reports that he/she has been abused, the following steps should be made:

Step 1: Remove the alleged perpetrator of abuse from contact with the alleged victim as well as from the other children and youth of the church. Don't draw any attention to the situation by your actions. The alleged offender will not be permitted to have contact with children or youth until completely cleared of the accusations.

Step 2: Using the "Abuse Report Form" found in this appendix, obtain the information of the incident. Document the necessary information so that a report can be made to the appropriate officials.

Step 3: The incident must be reported to church officials using the following guidelines set up in the Manual, part II, Judicial Administration, 501.2:

The person who has the authority to respond is determined by the position within the church of the individual or individuals who may be involved in misconduct as follows:

<i>Person Implicated</i>	<i>Person with Authority to Respond</i>
Nonmember	Pastor of local church where the conduct in question takes place.
Layperson	Pastor of church where layperson is a member.
Member of the clergy	District superintendent where the person implicated is a member or the pastor of the local church where the person is on staff.
District superintendent	General superintendent in jurisdiction.
Not otherwise defined	General secretary/Headquarters Operations officer.

The person with the authority to respond may enlist the help of others in any fact-finding or response.

Note: Just because a person makes a report to your church supervisor, they may not be absolved from making a report personally to their state's Child and Family Services, depending on the laws in their particular state or province.

Step 4: Contact the parents of the alleged victim.

Step 5: Contact the church insurance carrier for liability coverage.

Step 6: Contact the church's attorney.

Step 7: Report the incident to the state child abuse hot line. The National Child Abuse Hot line number is 1-800-4-A-CHILD (1-800-422-4453). Local child abuse hot line numbers can be found in the front of a telephone book (white pages).

Step 8: Use the “Follow-up Responses After Abuse” that is found in the appendix to strategically plan your church’s course of action after abuse has occurred in your church.

Abuse Report Form

Date: ____/____/____

Time: _____ A.M. or P.M.

Alleged Victim's Name: _____

Age: _____

Address: _____

Phone number: () _____

Parent's name: _____

Alleged Perpetrator's Name: _____

Age: _____

Address: _____

Phone number: () _____

Relation to the victim: _____

Who first discovered the abuse? _____

How was the abuse discovered? _____

Where is the victim right now? _____

Where is the alleged perpetrator of abuse right now? _____

Have the parents been notified? _____

How many witnesses are there to the abuse? _____

Names and addresses of witnesses:

What do you know first hand about the abuse? _____

Follow-up Responses After Abuse

When abuse occurs in the church, it is hard to objectively determine what the needs are for the church and the individuals closely associated with the abuse to recover from the trauma in effective ways. It is highly recommended that a team of leaders meet to discuss some intentional steps of how to respond after a possible case of abuse has occurred in the church. Having prepared a plan of action in case of abuse assists the church to be intentional in the healing of this crises.

Here are some areas the team needs to address:

- *The care and safety of the victim.* This is a top priority. Therefore, be ready to offer a good resource person who is knowledgeable and capable of therapeutic and spiritual counseling for abusive situations within the teen context.
- *Intentional care toward the church.* The church needs to be able to respond positively to this crises. How will the crises be addressed to the congregation? From the pulpit, support groups, individual counseling, parent meetings? If the abuse involved a worker, the adults may be questioning safety. Help them learn how to respond to questions about the abuse.
- *Intentional care toward the children and youth in the church.* This crises can devastate a ministry if not handled appropriately. How will the need for counseling of people who may have been closely associated with the accused abuser be addressed? How will trust be rebuilt? How will questions be responded to?
- *Response to the media.* By not talking to the media, some may infer that the church has something to hide. Should a local press conference be held? Should information be released to the news media before any misinformation gets into the public? Exercise caution in releasing information because that information may influence a court case. **Do not release any names!** The team should designate one person to be the spokesperson for the church to the media. This person should be the official voice of the church in dealing with the media.

Adult Workers Need to Know

What to do when abuse is reported:

1. **Don't panic.** Stay calm. Make sure you understand the claim. Gather the necessary information, but don't do the investigation.
2. **Respect privacy.** Make sure other adults can see you with this child/youth, but go to an area where people will not hear or interrupt your conversation. The information you gather is confidential, but **do not** make any promises to not tell those who will need to know.
3. **Respect the person.** It is important to respond seriously, no matter who the child/youth is or his/her past actions. Admitting abuse is not easy. It may have been a difficult step to reveal the abuse. Treat all reports with utmost respect.
4. **Don't criticize.** What you say needs to be supportive. Choose your words carefully. They are laying the groundwork for future healing. Never question why he or she didn't tell you sooner. These words may begin to imply guilt.
5. **Don't encourage the child/youth to forget the abuse.** You want the child/youth to be honest with his/her feelings about the abuse and not take the matter lightly.
6. **Don't promise to keep the situation a secret.** Make it clear that you have to report the situation to the proper authorities.

Myths and truths of child sexual abuse:

It is important in helping to prevent child abuse to know something about a child abuser and how that person operates. It would be easy if we could identify a child abuse offender by a common physical or behavioral characteristic, but there is no such profile that fits the various perpetrators of abuse. However, there are some misconceptions that may lead to a false sense of security in the church.

Myth: The child offender is a dirty old man.

Truth: The usual offender is between the ages of 20 and 30. In fact, 20 percent of sex offenders begin before the age of 18.

Myth: The offender is a stranger to the victim.

Truth: Over 80 percent of the time, the abuser is known by the victim. Most abuse takes place within the context of an ongoing relationship, in which the abuser is in a position of authority. In these cases, abusers will befriend children who are lonely or unhappy to spend time with them and listen to their problems.

Myth: The molester is mentally ill.

Truth: Most are upstanding citizens in their community. Less than 10 percent of child abusers are found to be mentally ill.

Myth: The child offender is alcoholic or drug-addicted.

Truth: According to a National Child Abuse survey, an overwhelming majority of child abusers are not drug abusers, and only one-third are alcohol dependent. Some perpetrators do use bribes as a means to sexually abuse. One form of bribery includes offering drugs in exchange for sex. This, however, is a technique used by strangers.

Myth: The child offender is sexually frustrated.

Truth: Child abusers are often married, thereby having other sexual encounters--although these may be dysfunctional. These abusers may in fact have the appearance of normal adult relationships.

Myth: Child offenders progress into increasingly violent acts.

Truth: There is no evidence that suggests all abuse turns to violence or that abuse will increase in its severity. Often, pornography is used to convince the victim that the sexual encounters are acceptable. Threats of physical harm may eventually be used if the perpetrator fears that their actions will be revealed. However, most abusers prefer not to harm their victims physically.

Indicators of Sexual Abuse

The indicators of abuse vary. No child or caretaker will exhibit all of the physical or behavioral indicators listed, neither will any one indicator show abuse. Indicators should be used as a guideline to raise awareness and to show a need for closer scrutiny.

It should also be noted that physical indicators are present in only a small percentage of sexual abuse cases. Therefore, the absence of physical indicators should not be considered conclusive evidence that an allegation is unsubstantiated.

Behavioral Indicators of Sexual Abuse in Infants and Preschoolers:

1. Being uncomfortable around previously trusted persons
2. Sexualized behavior (masturbation, sexually inserting objects, explicit sex play with other children, etc.)
3. Fear of restrooms, showers, or baths (common locations of abuse)
4. Fear of being alone with men or boys
5. Nightmares on a regular basis or about the same person
6. Abrupt personality changes
7. Uncharacteristic hyperactivity
8. Moodiness, excessive crying
9. Aggressive or violent behavior toward other children
10. Difficulty in sleeping or relaxing
11. Clinging behavior which may take the form of separation anxiety
12. Passive or withdrawn behavior

Behavioral Indicators of Sexual Abuse in Older Children:

1. Being uncomfortable around someone previously trusted
2. Specific knowledge of sexual facts and terminology beyond developmental age
3. Sexualized behavior (masturbation, sexual acting out with other children on a regular basis, seductive toward peers and adults, etc.)
4. Wearing multiple layers of clothing, especially to bed
5. Parent-like behavior (pseudo maturity, acts like a small parent)
6. Fear of being alone with men or boys
7. Fear of restrooms, showers, or baths
8. Constant unexplained anxiety, tension, or fear
9. Frequent tardiness or absence from school, especially if male caretaker writes excuses
10. Attempts to make herself ugly or undesirable (poor personal hygiene)
11. Eating disorders (obesity, bulimia, anorexia)
12. Self-conscious behavior, especially regarding body
13. Reluctance to go home after school
14. Abrupt personality changes
15. Child acquires toys or money with no explanation
16. Wetting of bed or clothing
17. Nightmares on a regular basis or about the same person

2. Extreme overprotection or jealousy toward a child by a parent (parent sharply restricts a child's contact with peers and adults outside the home)
3. Inappropriate sleeping arrangements (child sleeps with a parent on a regular basis or with both parents where she is exposed to sexual activity)
4. Prolonged absence of one parent from home (through death, divorce, etc.)
5. Mother who is often ill or is disabled
6. Extreme lack of communication between caretakers
7. Inordinate participation of father in family (father may interact little with family members or may insist on being in charge of all family activities)
8. Extreme paternal dominance of spouse (for instance, mother is not allowed to drive or to talk to school personnel, etc.)
9. Work or activity schedules which result in a caretaker (especially male), spending large amounts of time alone with a child or children
10. Extreme favoritism shown to a child (father may spend a lot of time and attention on one daughter)
11. Severe over reaction by a parent to any sex education offered to a child
12. Geographic isolation of family
13. Overcrowding in a home
14. Caretaker who has been sexually abused as a child
15. Family has no social or personal support systems
16. Alcohol or drug abuse within the family