

Shalom Mennonite Fellowship

Ethical Treatment of
Children: Reducing the
Risk of Child Sexual Abuse

Policy and Procedure Manual

Edited June, 2007

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Policy and Procedure Manual

Shalom Mennonite Fellowship recognizes that child sexual abuse is a serious problem in today's world. Sexual abuse can be physical, verbal, or non-verbal, including unwanted touching, comments about a person's body or offensive gestures. The abuser may be an adult, an adolescent, or another child (provided the child is four years older than the victim.) For the safeguarding of our children and our volunteers we will work at preventing child sexual abuse through the procedures contained in this document.

I. SCREENING PROCESS

Screening is to be used with all applicants and church workers, full-time, part-time, compensated or volunteer, including clergy, according to the guidelines set forth below prior to working with children or youth. Workers will be thought of in two categories: 1) Staff, which includes clergy, youth sponsors, MVS local program coordinator, ZAPC Program coordinator and program facilitators 2) Volunteers, which include Shalom and Zuni program volunteers and other unpaid workers.

A. Screening Form

Will be completed prior to assignment and an interview conducted.

B. Training

All workers will attend an annual training session led by the Education Commission to include teaching the church's policy's and procedures to reduce the risk of child sexual abuse as outlined in this document.

C. Reference Checks

All applicants and church staff (see above), compensated or volunteer who will work with children or youth will be required to provide reference information which will be checked. A written record of the contact will be kept on file in the church office. Volunteers (as defined above) references will be followed up on at the discretion of Shalom and Zuni leadership.

D. The "Six Month" Rule

Volunteers will be permitted to work with youth or children only after they have been regular attenders of the church for 6 months.

E. Completion of a Criminal Records Check Authorization Form

All volunteers and employees who will work with children or youth will be required to complete a detailed authorization and release form authorizing the release of criminal history information.

F. Employees or Volunteers With Certain Criminal Violations Will Not be Accepted

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If the criminal records check shows a criminal history which the applicant or volunteer did not disclose on the screening form or during the interview, his or her services will not be accepted. If the criminal records check reveals criminal convictions which were already disclosed on the screening form and in the interview, the Church will use its discretion in determining whether the individual's services will be utilized. Obviously, no one with a criminal history of abusing or neglecting children will be permitted to work with children or youth.

G. Adult Survivors of Child Abuse Must Meet With A Pastor Before Working With Children

II. GUIDELINES FOR CHURCH WORKERS AND FACILITIES

A. Use a Team Approach -- The Two Person Rule

Two approved workers **should be present** during any church activity involving minors. Preferably one of these adults would be a parent of one of the participating children or youth, or at a minimum, someone 21 years old or older. When working with the MYF or the JMYF, both workers must be at least 21 years old.

B. Obtain Parental Permission

Church workers should obtain the consent of the child's parent or guardian before going out alone with that child, or spending time with the child in an unsupervised one-on-one situation. Workers should notify an appropriate church leader of such meetings in advance. Children and youth should also have parental permission for involvement in church sponsored programs or activities.

C. Discuss Suspicious Behavior Immediately

Any inappropriate conduct or relationship between a church worker or volunteer and a member of the youth group or a child should be reported immediately to the pastor or a member of the elder's body. Any suspicious behavior will be immediately investigated. Inappropriate behavior of an employee will result in disciplinary action, up to and including termination of employment. Inappropriate behavior of a volunteer will result in the volunteer being dismissed from the program or his or her services no longer being utilized. (See section I.V.B.) Depending on the circumstances, the Church may also report the employee or volunteer's behavior to the proper authorities.

D. Classroom Doors

All classrooms and other areas used by minors must have a window in the door or the door must be left open during use.

E. Provide Adequate Personnel

Programs that involve children and youth should always include adequate supervisory personnel. Supervision should be maintained before and after the event until all children are in the custody of their parents or legal guardians.

F. Observe An Overnight Rule

On all overnight occasions, a minimum of two screened workers will be in attendance.

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G. Use A Church Nursery Identification Procedure

Nursery personnel should clearly identify the child and the child's parent or legal guardian. Children should only be released to a properly identified and pre-authorized adult.

III. UNDERSTANDING AND IDENTIFYING ABUSE

A. Behaviors

Child Sexual abuse includes behaviors that involve touching and non-touching aspects. Examples include fondling; oral, genital, and anal penetration; intercourse; forcible rape; verbal comments; pornographic videos; obscene phone calls; exhibitionism; allowing children to witness sexual activity.

B. Physical Signs

Physical signs of abuse include but are not limited to lacerations and bruises; nightmares; irritation, pain or injury to the genital area; difficulty with urination; discomfort with sitting; torn or bloody underclothing; venereal disease.

C. Behavioral Signs

Behavioral signs of abuse include but are not limited to anxiety when approaching the church or nursery area, nervous or hostile behavior towards adults, sexual self consciousness, "acting out" type sexual behavior, withdrawal from church activities and friends.

D. Verbal Signs

Verbal signs of abuse may include phrases like, "I don't like ...(particular church worker)"; "(A church worker) does things to me when we're alone"; "I don't like to be alone with (A church worker)"; "(A church worker) fooled around with me."

IV. REPORTING PROCEDURES FOR CHURCH WORKERS

A. Reporting Obligations

Depending on the circumstances, child and youth workers or volunteers should be considered mandatory reporters of suspected child abuse or neglect. Arizona Revised code 13-3620 details who is a mandatory reporter and that the report should be made "immediately" which would mean at least within 48 hours. There are criminal penalties for failure to report. The individual reporting the conduct is protected from legal and civil liability if the report is made in good faith. Even if a church worker or volunteer is not a "mandatory reporter" of child abuse or neglect, any such person may make a report to the local social services department.

B. Line Of Reporting For Allegedly Abused Child/Youth

1. When possibly abusive or unhealthy activities are suspected, a report should be documented in writing and brought immediately to the attention of the church's Ministry Team.

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2. All efforts at handling the incident must be documented.
3. The Complainant is encouraged to contact a trustworthy adult advocate of their choice to report inappropriate behavior. This adult advocate will ensure that Complainant's parent or guardian is immediately informed that possible abuse or molestation has occurred. The adult advocate shall work with complainant to document the particulars of the situation. The Ministry Team is also to be informed immediately. A written statement with the Complainant's signature is required. A member of the Ministry Team will see that an attorney is immediately contacted to provide a written opinion as to whether the church should report the abuse or molestation to law enforcement authorities. The written opinion should be obtained within 24 hours of when the Ministry Team first becomes aware of the abuse or molestation. The attorney's advice should be followed. If the attorney recommends that an incident be reported, the advice should be acted upon immediately.
4. The Pacific Southwest Mennonite Conference Executive will be in communication with the accused utilizing the resources of outside professional and/or legal advisors.
5. A member of the Ministry Team must contact the church's insurance company within 24 hours of the report.
6. If the accused person has ministerial credentials, the Conference Minister shall report to the chair of the Pastoral Leadership Committee of Pacific Southwest Mennonite Conference and the Ministry Team will contact the conference executive and follow their guidelines.
7. The accused will be suspended from responsibilities during the investigation of alleged abuse.
8. The PSMC Conference Executive shall cooperate fully with state and legal entities for resolution and restitution.

V. RESPONDING TO ALLEGATIONS OF ABUSE

A. Maintain Adequate Records

Up-to-date worker's applications, references, and screening forms will be on record in a confidential locked file and should be kept up to date.

B. Spokesperson

To protect the child and the accused, information regarding the complaint and the investigation will be limited to only those with a need to know in the Church organization. One person will be designated as the church spokesperson who will have the responsibility

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to respond to inquiries from law enforcement, social services, the media and the congregation.

C. Prepare A Position Statement

A clear position statement of our church regarding child sexual abuse will be developed in consultation with legal counsel for public use when an allegation occurs. It will include our policies and established safeguards.

D. Emotional Response

The church will avoid inappropriate responses to allegations including denial, accusations and minimizing the events.

E. Use An Attorney

The church's legal counsel will be present when the spokesperson is answering any investigational questions from the police or social service agencies.

F. Congregational Notification

The Ministry Team will notify the congregation of attenders with a history of sexual abuse.

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We wish to acknowledge:

Reducing the Risk of Child Sexual Abuse in Your Church, Hammer, Richard R., Klipowicz, Steven W., Cobble, James F. Jr. Christian Ministries Resources, Matthews, NC, 1993.

Springdale Mennonite Church, whose policy was borrowed and adapted.

The law firm of Wharton, Aldhizer & Weaver who reviewed this policy.

Virginia Mennonite Conference who distributed this policy for use by sister conferences and churches.

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APPENDIX 1

**SCREENING FORM FOR CHILDREN OR YOUTH WORKER OR
VOLUNTEER
CONFIDENTIAL**

THIS FORM IS BEING USED TO HELP THE CHURCH PROVIDE A SAFE AND SECURE ENVIRONMENT FOR THOSE CHILDREN AND YOUTH WHO PARTICIPATE IN OUR PROGRAMS AND USE OUR FACILITIES. IT IS DESIGNED TO HELP THE CHURCH PROVIDE A SAFE AND SECURE ENVIRONMENT FOR THOSE CHILDREN AND YOUTH WHO PARTICIPATE IN OUR PROGRAMS AND USE OUR FACILITIES. THIS FORM IS TO BE COMPLETED BY ALL APPLICANTS FOR ANY POSITION (VOLUNTEER OR COMPENSATED) INVOLVING THE SUPERVISION OR CUSTODY OF MINORS. THIS IS NOT AN EMPLOYMENT APPLICATION FORM.

PERSONAL

Name _____ Date _____
Last First Middle Maiden

Address _____ City _____ State ____ Zip _____

Home Phone () _____

Social Security Number: _____

I have been a regular attender at Shalom Mennonite Fellowship since _____.

Have you ever been convicted or pleaded guilty to a crime? _ No _ Yes

(If yes, please explain-- (attach a separate page, if necessary) _____

Were you a victim of abuse or molestation while a minor? _ No _ Yes

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the senior pastor rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.

Do you have a current driver's license? _ No _ Yes

If yes, please list your drivers license number _____

I give my permission for my Auto Insurance Co., _____, to report to Shalom Mennonite Fellowship regarding my insurance record.

(applicant's signature)

Church History and Prior Youth Work

Name of church of which you are a member: _____

List (name & address) other churches you have attended regularly during the past five years:

List all previous work involving youth (list each organization's name & address, type of work performed, and dates: _____

(Continued on Back)

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APPENDIX 1 (continued)

SCREENING FORM FOR CHILDREN OR YOUTH WORKER

Personal References (not former employers or relatives)

Name _____ Name _____
Address _____ Address _____
Telephone _____ Telephone _____

List all places of residence in last five years:

List all places of employment for last five years:

Name	Address	Supervisor	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all educational institutions attended in last five years:

I have read "Reducing the Risk of Child Sexual Abuse Policy and Procedure Manual" and agree to observe the safeguards, procedures and protocols listed.

Applicant's Signature _____ (Parent's Signature _____)
if applicant is under 18 years old

Witness Name _____

Witness Signature _____ Date _____

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APPENDIX 2
REFERENCE CONTACT FORM---CONFIDENTIAL

**RECORD OF CONTACT WITH A REFERENCE OR CHURCH IDENTIFIED BY AN
APPLICANT FOR YOUTH OR CHILDREN'S WORK**

Name of Applicant _____

Reference or church contacted (if a church, identify both the church and person or minister contacted)

Date and time of Contact _____

Person contacting the reference or church _____

Method of contact (e.g., telephone, letter, personal conversation) _____

Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness and suitability for youth or children's work:

PERSONAL INTERVIEW- Comments, Impressions:

Printed Name of person making the contact

Signature

Church Position

Date

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Appendix 3
Shalom Mennonite Fellowship Church Parental
Medical Release Form

Student's name _____

Parent's Name(s) _____

Address _____

Phone Home _____

Work _____

If my/our child _____ requires treatment by a physician or hospital, while attending Shalom Mennonite Fellowship in Tucson, AZ, please make every effort to contact me/us at the above phone numbers. If I/we cannot be reached to authorize treatment, I hereby authorize youth advisors _____, _____ to consent for treatment of my/our child.

Insurance Information:

Insurance Company _____

Contract/Group No. _____

Person's name insurance is in _____

Health Information:

Please list any allergies, medications, and/or special instructions leaders and sponsors should be aware of:

Signature of Parent or Guardian

Date

(OVER)

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Notary Statement

On this _____ day of _____, 20__, before me, _____, Notary Public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/he/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Notary Public

My Commission Expires: _____

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AUTHORIZATION, CERTIFICATIONS AND RELEASE

I hereby UNCONDITIONALLY AUTHORIZE _____, its employees and agents ("Church") to conduct an unrestricted background investigation of me to such extent(s) and in such way(s) as determined in the Church's sole discretion. I UNCONDITIONALLY AUTHORIZE all persons, organizations and entities to release to the Church any information whatsoever that may relate in any way to me. This authorization includes, but is not limited to, any and all information concerning non-civil, criminal or civil matters, driving records, previous employment, educational information, credential verification, personal and professional reference data and opinions. I UNCONDITIONALLY AUTHORIZE the State of Arizona, the _____ Police Department, the Arizona Department of Public Safety, the Federal Bureau of Investigation and any other law enforcement agency or any other person whomsoever to obtain and release to the Church any information about me, including, but not limited to, criminal history record information obtained from the Central Criminal Records Exchange and NCIC.

Without limitation, this authorization embraces all possible information sources, including but not limited to those defined above in this application and specific examples as follows: any law enforcement department; the United States Military Services; any state or federal agency or department, departments of social service, child protective services units; and any organization or person to which they may refer for release of information pertaining to possible finding(s) of child abuse or neglect investigations involving me or as to any other matter.

I UNCONDITIONALLY CERTIFY that I have never been charged with or convicted of any offenses or determined, even with reason to suspect, to have engaged in any conduct involving the sexual molestation, physical or sexual abuse or rape of a child.

I FOREVER WAIVE my right of review or access to any reported information and, without limitation, hereby FOREVER RELEASE the Church and any information or data source, including organizations and individuals, from any liability of whatsoever nature in connection with its release or use, even though such individual or organization is unnamed in this authorization. The Church may use and distribute a copy of this authorization for any purpose deemed necessary, and a copy shall operate just as effectively as the original. I agree that this authorization is irrevocable.

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Furthermore, I UNCONDITIONALLY CERTIFY that I have carefully reviewed this completed application and have made true, correct, and complete answers and statements with respect to my application, acknowledging that the information will be relied upon in considering my application, and I understand that any omission, misleading or incorrect statement or other representation made or implied by me, or any supplement thereto, whether written or oral, will be sufficient grounds for failure to employ, or for immediate termination by the Church. I acknowledge that any employment offer/appointment made to me by the Church shall be conditioned upon the Church's receipt of background information which discloses no material, adverse report of any kind, as determined in the sole discretion of the Church. In the event the Church determines, in its sole discretion, the existence of a material, adverse report in any background information, I agree that the employment offer/appointment shall be deemed revoked immediately without further action or notice.

SIGNATURE _____ DATE _____

SOCIAL SECURITY NO. _____

Please return this completed application to:

SHALOM MENNONITE FELLOWSHIP IS AN EQUAL OPPORTUNITY EMPLOYER