

## MISSION HILLS COMMUNITY CHURCH

### STANDARD POLICY & PROCEDURE

**Subject:** Reporting and Responding to Child Abuse

**Approved by:** Council February 6, 2023

#### **A. Reporting Procedures Overview**

Signs and symptoms of abuse and reports of abuse by a minor need to be taken seriously. When required, an investigation of said symptoms of abuse or reports must only be conducted by local police and the Ministry for Children & Families people trained to investigate child abuse complaints.

When signs and symptoms of abuse or reports of abuse arise from a minor served in a church program, volunteers/staff in that program may be the ones to notice the signs or symptoms, or to whom the child reports complaints of abuse. A volunteer/staff person should not conduct an investigation of the matter. Instead, volunteers and staff should follow the established reporting procedure.

As per Section 14.1 of the *Child, Family and Community Services Act* of British Columbia, an individual is legally required to report child abuse.

The Church assumes responsibility for responding to abuse that occurs in council approved programs only. Hence, council and leadership must exercise caution in assuming any involvement or responsibilities in programs that occur outside of church programs because doing so heightens the potential for additional legal liabilities. 1<sup>st</sup> example, an individual or family deciding to organize a program involving children of other families and qualifying (usually unintentionally) the program as a Church function. 2<sup>nd</sup> example, \_\_\_\_\_ “missionaries” falling under the responsibility of another organization. In any case, the Church should provide sufficient training and support to staff and volunteers for reporting abuse in any circumstance.

#### **B. Responding to Signs, Symptoms, and Reports of Abuse**

Volunteers/staff who work in child/youth programs may become aware of suspected child abuse in a number of ways. A volunteer/staff person may actually witness an abusive incident or have an alleged incident reported to him/her by the victim or by another child. Some children will not report an abusive incident because of their fear of the abuser or because they believe they deserved the abuse. Other children are threatened by the abuser not to tell anyone of their experience, but volunteers/staff may observe signs and symptoms that may lead them to suspect abuse.

The reporting procedures outline below will assist volunteers/staff to respond to reported incidents of abuse or to respond to observable signs and symptoms of abuse.

### *Reporting Procedures*

1. Each person who has reason to believe that a child (under age 19) is or may be in need of protection shall forthwith report the belief and the information upon which it is based to the local Ministry for Children & Families (MCF) in compliance with the *Child, Family and Community Services Act*. In conjunction with the report to the MCF, the person shall also report the occurrence to the senior pastor and Council's President. It may be wise for the person to consult with the senior pastor or Council President before reporting but without being coerced as to whether or not to report.
2. A person who has "a feeling" but is quite hesitant that a child is or has suffered abuse should discuss the feeling and the information on which it is based to the senior pastor and council's President. The senior pastor or council President shall determine whether or not the matter is reportable.
3. Prior to reporting the occurrence, if necessary, and pursuant to the *Child, Family and Community Services Act*, no staff or volunteers, shall, apart from complying with paragraphs 1 and 2 herein, conduct any investigation or question any individual(s) unless specifically authorized by council. Any information obtained and any report pursuant to paragraphs 1 and 2 shall herein be considered and treated as **CONFIDENTIAL** information by the church.
4. No investigation or inquiry shall be conducted where a report has been made to the MCF until theirs and the police investigation has been completed unless otherwise authorized by the appropriate civil authorities.

### **C. If Staff is Alleged to Have Abused A Person**

1. If there is a written or verbal report made, alleging that any volunteer personnel has abused or threatened to abuse a person or if the senior pastor received information about any volunteer personnel that might indicate that a person may be at risk, such volunteer personnel shall immediately be suspended from any duties or responsibilities in the ministry area pending the outcome of the investigation and subject to any discipline policy.
2. If there is an allegation that a staff has abused or threatened to abuse a person, such employee shall be suspended from any duties or responsibilities in all ministries, with pay, pending the outcome of such investigation, until otherwise notified by the council of the church and subject to any written employment discipline policy process.

3. Any notice of suspension shall be given in such a way that no investigation by the MCF or police will be put in jeopardy and shall be done in consultation with the civil authorities. The suspension from duties and responsibilities is not and shall not be seen or accepted as the “guilt” of the individual, but only as an indication of the priority given to the need to protect our children.
4. Any volunteer or staff, who has been suspended pending the completion of the investigation shall be subject to the discipline process of the church in accordance with church policy, or such other policies implemented from time to time to deal with the investigation of abuse allegations.
5. Any personnel, volunteer or employee found to have abused a person or placed a person at risk of abuse shall, apart from any other discipline process, be prohibited from participation in any ministry of the church.

**D. Insurance**

1. Council should review its insurance policies to review and, if necessary, upgrade the scope of coverage. Remember, individual council members could face personal liability in the event of a claim and therefore council members should be personally interested in ensuring that the church has the best liability policy available.

**E. References**

1. Child Abuse Prevention Program, Beth Swagman, CRC Publications
2. “How to Avoid Claims for Sexual Abuse and Harassment”, David G. Thwaites, CCCC
3. Child, Family and Community Services Act, Ministry for Children & Families, BC Government

## APPENDIX "A"

### Signs and Symptoms of Child Abuse

Note – Children rarely exhibit just one sign that they are the victims of abuse. Some symptoms may also represent typical developmental changes or the after-effect of traumas in their lives other than abuse. Conversely, it is possible for abuse to be taking place without the appearance of noticeable symptoms because of the child's ability to mask or deny what would otherwise be very confusing and painful to acknowledge. Generally, several signs observed over a period of time suggest that a child may be suffering from abuse. This highlights the need for training among volunteers, staff, and program leaders.

#### A. *Infants and Preschool children*

1. Regression to an earlier stage of behavioral development such as baby talk, thumb sucking, or bed-wetting.
2. Change in social behavior (excessive crying or changing, or becoming aggressive or withdrawn) that is not associated with normal developmental stages.
3. Physical manifestations such as loss of bowel control, bed wetting, frequent urination, headaches, stomachaches, breathing difficulties, sore throats accompanied by gagging, stains in the child's underclothes.
4. Exhibiting signs of fear around a family member or familiar person, or fear of a familiar place or object.
5. Fear of being touched, shying away from physical contact. Resistance to being diapered or assisted in the bathroom.
6. Use of explicit language or sexual behavior that is beyond the child's comprehension or life experience.
7. Attempting sexual behavior with other children or attending adults.
8. Unexplained injuries and/or bruises, repeated injuries blamed on the child's carelessness, multiple bruises sustained in one event, or bruises to child's midsection,

back, head, or back of thighs, signs of scalding, burning, or distinctive bruising such as in the shape of a belt buckle; multiple bruises in various stages of healing.

9. Name-calling toward other children, bullying behavior, sulking/brooding.
10. Fascination with fires, playing with matches, lighter.

B. *School-age children*

1. Physical manifestations as above with addition of complaints of pain, irritation, soreness, redness on the child's bottom, smearing feces on walls or objects.
2. Pattern of injuries, multiple injuries, injuries about the face or neck; failure to complain about or explain an obvious physical discomfort.
3. Unusual fears of familiar person, a particular room, a particular object, or fear of new experiences.
4. Poor concentration in classroom.
5. Exhibiting adult-pleasing behaviors, striving for perfection, acting miserable if failing.
6. Engaging in self-injury; engaging in excessive masturbation or masturbation in public setting.
7. Acting enraged and out of control, expressing anger through destruction.
8. Shyness about physical touch.
9. Exhibiting sexual behavior beyond comprehension or maturity level; behaving in sexual manner with other children or adults.
10. Exhibiting signs of needing to be in control of others or situations, bullying others.
11. Hostility and distrust of adults, mood swings and irritability, violent disruptions.
12. Acting out, including hoarding food and toys, lying, stealing, assaulting.
13. Frequent absences from school or other scheduled events either because of being punished or to hide bruises.
14. Low self-esteem, particularly sensitivity to criticism.

15. Hyper-vigilance (excessive and suspicious watching of other people), is easily startled.
16. Preoccupation with fire and setting fires.

C. *Adolescents*

1. Eating disorders, use of laxatives, unexplained and dramatic changes in weight.
2. Change in sleep patterns, including excessive sleeping, sleeping during the day, and insomnia.
3. Performance in school plunges.
4. Perfectionistic behavior, excessive self-criticism, attempting to please adults, overreacting to any form of criticism or complaint.
5. Sexually provocative or asexual behavior, denial of body changes and sexual development; for females, seeking affection from older adult males.
6. Experimentation with drugs and alcohol.
7. Self-abusive behavior including cutting self, preoccupation with danger and weapons, suicide attempts.
8. Truancy from school;
9. Cruelty to animals, bullying younger children.
10. Emotional numbness, inability to be emotionally supportive to others.
11. Having a few friends, changing friends often.
12. Depression and other signs of withdrawal and avoidance.
13. Pregnancy.
14. Refusing to attend to basic hygiene.
15. Rectal and vaginal infections.

16. Hyper-vigilance (excessive and suspicious watching of other people), is easily startled.

*D. Neglect*

1. Appearing to be underfed, constantly hungry, underweight for size and age.
2. Begging for food, stealing food, hoarding food.
3. Lack of supervision, underage child supervising another child/children.
4. Chronic absenteeism from school, unattended educational needs.
5. Unattended medical, dental needs.
6. Consistent or frequent lack of hygiene, poor hygiene, or lack of cleanliness resulting in odors.
7. For infants, failure to thrive.

*E. Parental Behaviors and Home Life*

1. Not attending meetings about the child, not showing an interest in the child, critical of child, uncomplimentary.
2. Constantly putting child down, using harsh words to describe child, using threats and unflattering language.
3. Describing child as underachiever, complaining that he/she lets people down, is unmotivated, achieves less than brothers and sisters.
4. Speaking of child in a way that sounds romantic, too grown-up, too sugary or too perfect.
5. Hostile, closed-minded, overprotective, isolating, doesn't let others in the house, won't participate in activities with other parents, makes excuses about failing to do tasks, talks about things not being good at home.

6. Reports of past/other suspicious behavior, reports that an older brother or sister may have been mistreated.
7. Chemical dependency by one or both parents.
8. Sudden and dramatic changes in family's financial security.



## APPENDIX "B"

### Responding to a Child's Report of Abuse

1. Take the child seriously when he/she tells the story.
2. Avoid judgmental statements such as, "I think you just had a bad dream."
3. Do not appear frightened or disgusted by the child's story, since this may cause the child to stop talking or to believe you are upset with the child.
4. Do not try to convince the child that the story isn't true or that it did not happen the way the child reports it did.
5. Do not make promises to the child that you will not tell anyone what has been shared with you.
6. Remind the child that whatever happened is not his/her fault.
7. Remind the child that it was a good decision to tell someone what happened to him/her.
8. Tell the child that you want to find help so the incident can be prevented from happening again.
9. Do not offer a child a reward for telling the story or promise a gift if the child tells another adult.
10. Reassure the child that he/she does not deserve to be hurt by anyone.
11. Do not frighten the child by talking about the police involvement or medical examinations to verify the complaint; instead, share with the child that other people need to know about what happened, and they will talk to the child later.
12. Do not ask the child to show you any bruises that are beneath the child's underwear or clothing; only observe those bruises that are accessible. In some communities, removing a child's clothing even to confirm a report of abuse is a violation of the law.
13. Do not investigate the child's story; rather, listen to the story and take notes immediately afterwards while it is still fresh in your memory.
14. Do not tell the child he/she has been abused.

15. Offer to support the child and remind the child that you care about him/her.
16. Follow through in consecutive weeks and months by speaking to the child and offering support.

## APPENDIX "D"

### Responding to Parent(s) Who Are Notified of an Abuse Report

1. Remain calm and non-judgmental.
2. Anyone who makes a report to the police or child authorities is usually granted anonymity; do not identify the reporter unless you are given permission to do so.
3. \*Do not share any statements made by the child with a parent or relative who is implicated by the child as an abuser. It is advisable not to share the child's statement with anyone other than the authorities until the identity of the abuser can be determined and authorities have determined whether or not the child can be protected from contact with that person.
4. Do not attempt to convince a parent that the alleged abuse happened or did not happen; do not attempt to discredit the child nor cast suspicion on the alleged abuser.
5. Do not investigate with a parent what may be happening in the home; and do not share information with a parent that has not been shared with the authorities.
6. Do not make promises to a parent about the outcome of the investigation.
7. Listen to any information a parent may offer about the incident and record it immediately after the conversation; report additional information to authorities through the reporting procedure outlined in the church's policy.
8. Offer parent(s) support.
9. Suggest resources for parent(s) including books or literature that may be helpful to them.
10. Allow parent(s) to express their disbelief, anger, and grief (parent(s) may be in shock or denial at the mention of abuse allegations).
11. Do not minimize the type of abuse, its impact on the child, or its harm to the child.
12. Assure parent(s) of the confidential nature of the report and the need to maintain confidentiality unless disclosure is necessary to protect the well being of other children.