

**DALLAS DIST. CHURCH OF THE NAZARENE**  
**Children's Ministries**  
**Manual For:**  
**POLICIES AND PROCEDURES**  
**IN THE PROTECTION OF CHILDRENS WORKERS**  
**& PREVENTION OF CHILD ABUSE**

This booklet containing policies and procedures for the adoption of the Dallas Dist. Sunday School Ministries Board:

The policies and procedures for the protection of children worker's & prevention of child abuse, has been formed from materials made available through the following contributors:

**Texas Attorney General Greg Abbott**

**Guideone Insurance Company,**

**(Safeguard Solutions), Risk Management Division**

**Brotherhood Mutual Insurance Company (Sample Policy Manual)**

**The Church of the Nazarene**  
**Children's Ministries Department Kansas City Missouri**  
**Lynda T. Boardman; Director**

**Dallas Dist. Children Ministry Council**

## **STATEMENT OF PURPOSE**

In the following instructions of our Lord Jesus Christ to "let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these" (Matthew 19:14), it is the purpose of the members and staff of the Dallas District Children's Ministries to provide a safe and secure environment for the preschoolers, children, youth and mentally handicapped persons entrusted to our care. We are to encourage those preschoolers, children, youth, and their families to enter a saving and passionate relationship with Jesus Christ, and to grow in their relationship with Him.

A safe and secure environment includes a formal, written policy regarding the prevention of child abuse. The following policy and procedures encompass the protection of preschoolers, children, and youth, as well as, employees, volunteers and the Dallas District Children's Ministries Family.

## **SCOPE**

This policy shall apply to all current and future workers, compensated and/or volunteer, who will have the responsibility of supervising the activities of preschoolers, children, youth and mentally handicapped persons.

## **DEFINITIONS**

For the purpose of this policy the following definitions shall apply:

**“Preschooler,” “Child,” “Children,” “Youth,” and “Minor”** shall be defined as any individual under the age of 18, or whose mental capacity is that of a minor.

**“Adult”** shall be defined as any individual at least 18 years of age.

**“Worker”** shall be defined as any adult who serves as a volunteer and/or paid position given the responsibility of working or caring for minors.

**“Teenage Worker”** shall be defined as any worker at least 14 years old, but under the age of 18, enlisted to assist with the care of minors.

**“Child Abuse”** shall be defined as verbal, physical, emotional, or sexual abuse of a preschooler or child.

**“Criminal Background Check”** (CBC) is the procedure used by qualified agencies to check the background of adult volunteers or paid employees for criminal activity.

# **WHAT IS CHILD ABUSE?**

**Section taken from: “What We Can Do About Child Abuse”**

**By. Texas Attorney General Greg Abbott**

## **Part One: What Is Child Abuse?**

Texas law provides a definition of child abuse. In addition, the law provides criminal sanctions for assaults, sexual assaults, and other acts that may be committed against children. The definition of child abuse, which is part of the Texas Family Code, is the basis for civil actions to protect a child from an abuser (such as removal of a child from the home). The Penal Code provides the basis for the criminal prosecution of a person who assaults or otherwise commits a crime against a child. The definition of child abuse and some relevant sections of the Penal Code can be found in the appendix to this handbook.

According to Chapter 261 of the Family Code (recodified in 1995), child abuse is an act or omission that endangers or impairs a child’s physical, mental or emotional health and development. Child abuse may take the form of physical or emotional injury, sexual abuse, sexual exploitation, physical neglect, medical neglect, or inadequate supervision.

The law specifically excludes “reasonable” discipline by the child’s parent, guardian, or conservator; corporal punishment is not in itself abusive under the law. An act or omission is abusive only if “observable and material impairment” occurs as a result, or if it causes “substantial harm,” or exposes the child to risk of substantial harm.

Neglect, like physical and emotional abuse, hinges on substantial harm or observable and material impairment. The law excludes from its definition of neglect any failure to provide for the child that is due to lack of financial resources. A child living in poverty is not a victim of neglect under the Texas Family Code except in cases where relief has been offered and refused by the child’s parent, guardian, or conservator.

Accidental injury or harm is also excluded from the definition of abuse. However, a person commits abuse if s/he places a child, or allows a child to be placed, in a situation where the child is exposed to “substantial risk” of injury or harm. The law also clearly states that a person commits abuse if s/he fails to make a reasonable effort to prevent another person from abusing a child. This provision applies to all forms of abuse, including physical and emotional abuse, sexual abuse, and neglect.

### **A. Recognizing Physical Abuse**

Physical abuse typically occurs when a frustrated parent or caregiver strikes, shakes, or throws a child because of anger. Other forms of deliberate assault that may be physically abusive include burning, scalding, biting, kicking, cutting, poking, twisting a child’s limbs, deliberately withholding food, binding, gagging, choking, or hitting the child with a closed fist or other instrument. Any form of corporal punishment may be abusive if it results in injury.

The indicators described below may be helpful in identifying possible child abuse victims. However, suspicious-looking injuries can occur accidentally, as the result of an unusual medical condition or birthmark, or even sometimes as the result of a non-abusive folk remedy for a medical condition. The investigation of child abuse should be performed by specially trained professionals. The indicators below can be used advisedly by persons who have frequent contact with children to identify possible victims.

Later sections of this handbook will describe a person’s legal responsibility to report suspected abuse and will suggest appropriate ways that the non-investigating non-specialist might be able to help a child who may be abused.

Physical injuries resulting from child abuse can run the gamut from bruises, burns, and lacerations, to head injuries, broken bones, broken teeth, and damage to internal organs. Symptoms may include pain, swelling, internal or external bleeding, impaired mobility, delayed development, malnutrition, convulsions, coma, or even death. Any of these injuries or symptoms

can occur because of accidents or medical conditions. Context, circumstances, and the exact nature of the wounds usually set apart the injuries resulting from abuse. Specially trained professionals must make the determination whether a child has actually been abused or not.

## **No reasonable explanation for the injury**

In some cases, the injured child or an adult will attribute the injury to abuse. More often, the explanation for the injury is insufficient, incongruous, or altogether lacking. The child may try to hide the injuries by wearing unseasonable clothes. Injuries may appear on a child who has been unexpectedly absent from school or day care for several days. The child's parents may seem unconcerned about an injury and their stories may be inconsistent with the injuries or contradictory. Any of these circumstances indicate possible abuse.

## **Unusual injuries for the child's age**

Injuries that are easily explained by typical childhood activities are probably accidental. Children tend to bruise and scrape their knees and elbows, for example. Fractures found in children under the age of about four are more likely to be the result of abuse, whereas fractures found in school-age children are more likely to have occurred accidentally. Any fracture found in an infant of twelve months or younger is suspect. It is also unnatural for an infant to have multiple bruises on various parts of the body. And young children do not ordinarily suffer internal injuries, broken bones, or head injuries from falling off furniture.

## **Location of wounds**

Inflicted injuries are likely to occur on the back surface of a child's body, from the neck to the knees, or on the face. If a child's injuries have been inflicted from many directions, the pattern is not so likely to be the result of an accidental fall or collision. Wounds resulting from abuse may also take a "defensive" pattern: if the child holds up his or her arms or hands as a shield, the blows will fall on the backs of the arms or on the backs of the hands.

## **Multiple or frequent injuries**

Multiple injuries of different ages may be indicators of abuse, depending also on the nature of the injury. When a child has a broken bone, x-rays might reveal other fractures that have healed. The age of a bruise is roughly indicated by its color. The injury is initially red, turning blue after six hours or so, then black or purple after 12-24 hours; within a few days the bruise turns greenish, fading to yellow or brown in about a week.

## **Bruises that form an unusual pattern**

The outline of a hand may be visible on a child's face as the result of a hard slap. The marks of finger pads may appear opposite the single bruise from a thumb if the child has been tightly gripped by the shoulder; choking may produce a similar pattern on the neck. Pinching may cause two crescent-shaped bruises, and fingernail marks may be visible. If the child is struck with an object, bruising may assume an identifiable shape.

## **Distinctive marks and lacerations**

An adult human's bite mark can often be identified by its size, together with its distinctive shape. Welts in various linear patterns result from whipping with a strap, ruler, or belt; belt buckles may cause unusual repeated patterns of laceration. Where has occurred, frequent and excessive

punishment may be suspected. Marks circling the wrists may indicate that a child has been tied up, and marks on the sides of the mouth may result from the use of a gag.

## **Unusual burns on a child**

Cigarette burns are generally circular, and although they may appear on any part of the body, most often they are found on the palms, soles of the feet, or buttocks. Other suspicious burns may show the outline of the hot object used: an iron, for example, or the coils of an electric burner. A child instinctively withdraws immediately from something hot, and a clear imprint suggests “branding,” or forceful application.

## **Unusual patterns of scalding**

By the same token, a child who accidentally sits in too-hot water will naturally struggle and splash, possibly burning the hands as well as the buttocks and legs. The scalding that results will be irregular. A child who is forcibly immersed in hot water will more likely show clear markings on the reddened skin, such as “gloves” or “socks” on immersed hands or feet or an immersion line around the waist. White creases (“zebra” marks) may be visible where the skin folds. White circles may form on red buttocks (“doughnut” marks) where the child’s weight presses the skin against the floor of the bath tub.

## **Suspicious-looking marks not caused by abuse**

Suspicious-looking marks can be caused by medical conditions not related to abuser. “Mongolian spots,” for example, are fairly common and look very much like bruises. Non-abusive but suspicious-looking burn marks can be caused by hot seat belt buckles, car seats, or skin disorders. Some children do bruise easily, so the location of the bruises and the explanations for them should be taken into account.

Accidental wounds from falls and collisions are most likely to appear on bony prominences of the body: in addition to knees and elbows, these include shins, chin, and forehead. Trained investigators and medical professionals can usually determine whether a mark or injury has been inflicted.

## **Head injuries**

Head injuries are involved in most abuse-related deaths of small children. A serious head injury may not be externally visible. Head injuries may occur in all degrees of severity, with symptoms ranging from dizziness, vomiting, lethargy, and confusion to coma and death. It may be difficult to determine the cause of a head injury in a small child; however, children who are too young to stand or walk are unlikely to inflict such injuries on themselves by accident. For the professionals who investigate cases such as these, inconsistencies and improbabilities in the parents’ accounts of the injury are particularly important.

## **Unexplained death of a child**

Any unexplained death of a child must be investigated from the start as a homicide. Investigators must observe the scene and interview all persons with access to the child at the time of death to determine whether smothering or any other form of abuse or neglect may have occurred. It is good investigatory practice to order an autopsy in any unexplained death of a child. An autopsy cannot always determine the cause of death, however. Investigators may have to rely upon crime-scene observations and the full case history to determine whether a child has been killed by abuse or neglect or has died of a non-abuse-related medical condition such as Sudden Infant

Death Syndrome (SIDS). Investigators should proceed, bearing in mind the very painful position of a non-abusive parent whose child has died of SIDS.

## **Shaken Baby Syndrome**

When a child is held by the shoulders or chest and shaken violently, often no external injury is visible. However, the impact of the brain on the inside of the skull may prove damaging or even fatal, especially if the child is less than two years old or is shaken repeatedly. Symptoms of injury include vomiting and seizures. An infant who is violently shaken may suffer convulsions, permanent brain damage, and death. A young child who survives a severe shaking episode may be blind, deaf, or otherwise disabled as a result. Even less violent shaking of older children may cause neurological deficits, as well as learning and behavioral disorders.

## **Behavioral indicators of physical abuse**

In cases where there is little definite physical evidence of physical abuse, behavioral indicators may help tell the story. The child may frequently complain of pain without obvious injury or, alternatively, show an abnormal lack of reaction to pain. The child may display aggressive, disruptive, and destructive behavior; or at the other extreme, s/he may seem markedly passive, withdrawn, and emotionless. These vague and somewhat contradictory indicators may or may not be significant; however, when a child exhibits these characteristics to a noticeable degree, abuse is a possibility. People who come into contact with the child should be alert for other, more direct indicators, such as fear of going home or seeing parents, frequent absences from school or physical education class, and, of course, all the physical indicators described above.

## **B. Emotional Injury of a Child**

The law recognizes the existence of both physical and emotional injury. Physical abuse is almost invariably accompanied by emotional injury to some degree; it is difficult to imagine that a child could suffer “substantial harm” as the result of a deliberate assault by a caregiver and not also be psychologically harmed. Moreover, angry parents who physically assault their children are likely to assault them verbally, too.

Although many physically abused children suffer emotional injury, actual emotional abuse as defined law has occurred only if the child’s “growth, development, or psychological functioning” shows “observable and material impairment.” Emotional injury is more subtle than physical injury, and the fact of emotional abuse is not as readily established. Emotional abuse, when it is not accompanied by some other form of abuse, is not often the basis for an investigation or legal action. Yet it can be devastating. It is psychological and emotional injury that link child abuse to some of its costliest long-term effects: substance abuse, crime, suicide, and the perpetuation of violence within families.

## **Forms of verbal assault**

Emotional injury is inflicted on children by verbal assaults that may take the form of belittling, name-calling, screaming, threatening, blaming, and sarcasm. Other damaging verbal habits are referring to a child only as “it” or repeatedly telling the child that s/he is “worthless” or “bad.” The mere fact that a caregiver verbally assaults a child (e.g., calls the child names, screams at the child) on a particular occasion is not sufficient to establish emotional abuse; the assaults must be frequent, excessive and, above all, clearly and substantially damaging to the child. Because the effects of verbal assaults are subtle and their exact cause is difficult to pinpoint, substantiating emotional abuse as part of a case requires detailed observation and testimony about the abuser’s words and actions toward the child over a period of time.

## **Unpredictable responses, unreasonable demands**

A child may suffer emotional harm when subjected to extremely unpredictable or inconsistent responses from caregivers. Unreasonable expectations and demands can also be harmful. A child may suffer from being continually surrounded by negative moods and family discord. In some situations a child may be forced to make painful choices, perhaps between quarreling family members. Divorcing parents sometimes use their children as pawns in their own marital conflicts, and this can be damaging to the children. A child may suffer serious psychological harm from being rejected, terrorized, ignored, or isolated emotionally.

## **Signs of emotional injury**

Signs of emotional injury include many general symptoms that could result from causes other than emotional abuse. They include withdrawal, depression or apathy; behavior problems or “acting out;” or a child who is overly rigid in conforming to instructions from teachers, doctors, and other adults. A child’s behavior problems may be a fulfillment of the negative labels the abuser has applied to the child: a child is “no good” or “a slut” because that is what s/he has always been told about him/herself. An emotionally abused child may refuse verbal or physical communication with others, or express feelings of being bad or worthless. Symptoms such as these can be produced by emotional abuse, but because they may arise from other causes, they must always be considered in context.

## **Emotional deprivation**

Emotional deprivation occurs when a child’s parent or guardian withholds or withdraws affection and approval. The child may receive no attention at all, or may receive attention only when s/he does something “bad” (and then the attention is negative). In either case, the child feels unloved and unworthy. Emotional deprivation may occur when a child’s caregiver abuses alcohol or other substances.

However, it cannot be presumed that a child is abused just on the grounds that his or her parent(s) have alcohol or substance abuse problems; it must also be clear that the child is suffering substantial harm.

## **Indicators of emotional deprivation**

A child suffering from emotional deprivation may refuse to eat adequate amounts of food and fail to thrive.

S/he may be unable to perform normal learned functions for a given age (e.g., walking, talking). A child who receives only negative attention may become passive and withdrawn in order to avoid abuse, or s/he may deliberately misbehave, preferring negative attention to being completely ignored. As a result, s/he may be observed to be abnormally unresponsive, sad or withdrawn, or antisocial and obviously delinquent. Another sign of emotional deprivation is constant seeking of attention and affection from other adults such as teachers and neighbors. An emotionally deprived child may also display exaggerated fears and clinging behavior. Like other indicators of emotional abuse, the symptoms of emotional deprivation must always be taken in context.

## **C. The Sexually Abused Child**

Sexual abuse is defined in the Family Code as any sexual conduct harmful to a child's mental, emotional, or physical welfare as well as failure to make a reasonable effort to prevent sexual conduct with a child. A person who compels or encourages a child to engage in sexual conduct commits abuse, and it is against the law to make or possess child pornography or to display such material to a child.

Sexual abuse may consist of a single incident or many acts over a long period of time. Boys and girls of any age can be victims of sexual abuse. The molester can be just about anyone, but most often, it is someone known to the child. The abuse may escalate over time, particularly if the abuser is a member of the child's own family. The child's non-abusing caregiver(s) may be unaware of the abuse or may be in a state of denial.

Child sexual abuse includes fondling, lewd or lascivious exposure or behavior, intercourse, sodomy, oral copulation, penetration of a genital or anal opening by a foreign object, child pornography, child prostitution, and any other "sexual conduct harmful to a child's mental, emotional, or physical welfare." These acts may be forced upon the child or the child may be coaxed, seduced, and persuaded to cooperate. The absence of force or coercion does not diminish the abusive nature of the conduct, but, sadly, it may cause the child to feel responsible for what has occurred.

It is extremely difficult for a child to report sexual abuse. A very young child may not understand that what has happened is not normal or accepted. More importantly, the abuser almost always discourages the child from telling anyone about the abuse. The strategies for silencing a sexual abuse victim are as ruthless as they are varied. The abuser may be someone whom the child depends upon and trusts; s/he may use the child's dependency and affection to extort a promise of secrecy. A more brutal perpetrator may threaten to harm and even kill the child or other family members or pets. Or the abuser may tell the child that the family will be broken up, the child blamed, or the child taken away from home if the secret becomes known. These are not altogether unrealistic fears for the child, unfortunately.

For many people, an allegation or disclosure of sexual abuse is indeed hard to accept. This is particularly true when the perpetrator is a family member or an otherwise law-abiding, respectable, and seemingly "nice," "normal" person. Many adults have a tendency to overlook, discount, minimize, explain away, or simply disbelieve allegations of sexual abuse. Yet children rarely lie or invent stories on their own about being sexually abused. The fact that children can sometimes be manipulated or coached should not dissuade anyone from reporting a child's revelation of sexual abuse. All responsible adults, but particularly those who work with children, should be aware that sexual abuse occurs and should be alert for the opportunity to aid a child who attempts to disclose abuse. The child's need for support and protection must come first.

## **Recognizing disclosure of sexual abuse**

Physical and psychological effects of sexual abuse are sometimes observable, but often they are not.

Physical signs may be altogether lacking and psychological symptoms may be too vague to suggest their actual cause. Very often, the only way sexual abuse is revealed is by the child's own reporting. This may be offered so obliquely and tentatively that it is simply overlooked. Adults who frequently talk to children should be alert and aware that these disclosures are often indirect ("I have a friend who.." or "What if...?"). It is also important to recognize that disclosure tends to be a process rather than an event; a child who offers a tentative hint on one occasion may need a series of conversations over time to develop the trust and confidence s/he needs to fully reveal what has happened. A full disclosure that occurs over an extended period of time should be handled by a trained professional for a number of reasons: to best attend to the child's

psychological and emotional needs, to avoid tainting the child's testimony, and to adequately document the case for possible legal action.

## **Sexual assault by a stranger versus a family member**

Sexual assault of a child is a violation of the Penal Code, regardless of whether the perpetrator is a stranger or family member. Assault by a stranger and assault by a family member may involve similar criminal charges. In addition, an assault by a family member, especially one who lives in the household with the child, may be the basis for a civil action such as removal of the child from the home. In fact, assaults by strangers are much less common than assaults by persons known to the child. Perhaps the most common scenario for child sexual assault involves the male partner of a young girl's mother (the girl is assaulted by her father, stepfather, or her mother's boyfriend).

## **Physical indicators of sexual abuse**

Sexual abuse may result in physical injury (though most often it does not). A child who is physically injured as a result of sexual abuse may display difficulty in sitting or walking, report pain when urinating or defecating, or complain of stomachaches. S/he may report pain or itching in the genital area or a discharge. Injuries to a child's genitalia may or may not leave lasting marks; other physical evidence, such as semen, is certainly ephemeral. A child, therefore, needs to be examined as soon as possible if there is reason to suspect sexual abuse. The physical examination of a possible victim of child sexual abuse should be performed only by a qualified medical professional who is specifically trained to examine children who have been sexually assaulted. Other persons should not attempt any kind of physical examination; they should immediately report the abuse, using procedures outlined later in this handbook.

## **Sexually transmitted disease and pregnancy**

Other physical indicators of sexual abuse include symptoms of sexually transmitted disease (STD) as well as pregnancy. STD and pregnancy are by themselves indicators that a child is sexually active; they do not by themselves establish abuse or assault. In a preteen child, abuse is strongly indicated by STD (except that infants may contract some STDs from their mothers at birth). In a teenager, further information is needed about the circumstances and the child's sexual partner, who might have been another minor about the same age, an older minor, or an adult. The sexual contact may have been assaultive or may otherwise qualify as "sexual conduct harmful to a child." Reasonable suspicions of this nature must be reported and may be investigated, depending on circumstances.

## **Specific behavioral indicators of sexual abuse**

Children who have been sexually abused may be identified by their frequent expressions (verbal references, pictures, pretend games) of sexual activity between adults and children or by knowledge about sexual relations beyond what is probable for their age. They may masturbate inappropriately or compulsively. Their behavior may be sexually suggestive, inappropriate, or promiscuous; or, conversely, they may show infantile behavior or extreme fear of being alone with adults of a particular sex. A very strong indication that a child has been abused is that child's sexual victimization of other children.

## **Symptoms of emotional injury**

More generalized psychological impacts of sexual abuse include withdrawal, depression, sleeping and eating disorders, self-mutilation, phobias, and psychosomatic symptoms such as stomachaches and headaches. The child may develop school problems such as frequent absence or a sudden drop in grades. The child may exhibit either poor hygiene or excessive bathing. Older children may abuse alcohol or drugs, run away, or adopt other self-destructive behaviors including suicide threats or attempts. Any or all of these behaviors can arise from causes other than sexual abuse; however, in context, any one of them could be taken as a warning that some form of harmful sexual conduct has occurred or is still occurring.

## **D. What is Neglect?**

A child's parent, guardian, or conservator is responsible for either directly providing safe and adequate food, clothing, shelter, protection, medical care, and supervision for the child, or arranging to have someone else provide these needs. Neglect, as defined by the Family Code, Chapter 261 on child abuse and neglect, is the failure to meet this responsibility. Neglect, like other forms of abuse, must involve "observable and material impairment" or "substantial risk" to the child, in order for the civil statute to apply. In addition, the Penal Code provides criminal sanctions against anyone who knowingly abandons or endangers a child.

### **Failing to arrange for the care of a child**

The caregiver must arrange for necessary care and supervision during any period of time when the caregiver is absent and does not intend to return. Neglect includes placing the child in or failing to remove a child from a situation where the child is exposed to "substantial risk" of harm. Neglect also includes placing a child in or failing to remove a child from a situation requiring judgment beyond the child's years or capabilities. Here again, to qualify as neglect, the acts or omissions must result in harm or substantial risk of harm to the child.

### **How long can a child be left unattended?**

The law provides few guidelines as to how long a child may be left unattended. The law does specify that a caregiver cannot leave a child under age five unattended in a car for more than five minutes, unless a person aged 14 or older is watching over the child. However, there is no set length of time a "latchkey" child of school age may be left unattended. The child's maturity, the proximity of helpful adults, and a number of other circumstances must be taken into account. As always, the ultimate guideline for determining whether a child is being left unattended too long is whether the child suffers actual harm, or is at substantial risk of being harmed, due to lack of supervision.

### **Failing to provide a child with food, clothing, or shelter**

Failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child may be considered neglect as long as the failure is not primarily caused by financial need.

Caregivers who are impoverished are not neglectful unless the child is harmed or substantially at risk of harm and relief services have been offered and refused. Lack of heating or plumbing in the home does not mean that the children in the home are neglected. On the other hand, failure to prepare meals, spoiled food in the refrigerator or cupboards, and severe infestations of insects and rodents are possible indicators of neglect. However, the totality of circumstances must be taken into account. Neglect generally involves conditions that are extreme, persistent, and substantially damaging to the child.

### **Failing to seek, obtain, or follow through with medical care**

A parent, guardian, or conservator who fails to seek, obtain, or follow through with medical care for a child may be guilty of neglect. The need for medical care must entail a substantial risk of death, disfigurement, injury, or impairment. Caregivers who refuse medical care for religious reasons are not considered to be neglectful, but may still need to be reported. In extreme cases the court may order treatment for the child over the parents' wishes. Caregivers who cannot afford medical treatment are also not considered to be neglectful unless they have been informed of and have refused free or affordable treatment. Some parents who commit physical and sexual abuse are guilty of medical neglect because of their wish to keep the abuse secret.

## **Failure to permit the child to return home**

The law requires the person responsible for a child to permit the child to return home, or else to arrange for the necessary care for the child, after the child has been absent from the home. The fact that the child has run away or been in residential placement does not in any way diminish the responsibility of the parent, guardian, or conservator to care for the child, either by taking the child back into the home or by making other arrangements.

## **Indicators of neglect**

Physical signs of neglect include obvious malnourishment, lack of personal cleanliness, torn and/or dirty clothes, insufficient clothing for warmth and protection, or need for glasses, dental care, or other medical attention. Behavioral indicators of neglect include stealing, hoarding, or begging for food and frequent absence or tardiness at school. A child that is always hungry, tired, and listless may be neglected. For the situation to indicate neglect under the law, the child's condition must not result solely from the caregiver's lack of financial resources (unless aid has been offered and refused), and the child's condition must be severe, chronic, and threatening to the child's health. The child may say that no one cares for him or her, or may describe being alone, caring for younger children, or doing dangerous things (a very young child bathing an infant, for example, or being allowed or instructed to use power tools).

## **E. Who are the Child Abusers?**

Child abuse can occur in any social, cultural, or economic class. Women are somewhat more likely to be the abuser than men; women are more likely to be caregivers. Most often when a child is injured, the perpetrator is someone known to the child. Most often it is the child's parent, guardian, or conservator; some other household or family member; or another person with regular access to the child. This is true of both physical and sexual abuse; strangers account for only about one in five harmful acts toward children.

Abusive parents may have been abused themselves as children. They may have very limited parenting skills, believing strongly in and relying almost solely upon corporal punishment for discipline. These are likely to be parents who experience great frustration in their efforts to make their children behave as they wish. Parents with a tendency to abuse their children are even more likely to do so under the stress that accompanies divorce, unemployment, or other family crises.

## **A special child**

In some families, one child will be singled out for abuse. The parents may describe the child as being bad or a liar, or even "evil," a "witch," or a "monster." This child often has a special disadvantage such as attention deficit disorder, hyperactivity, deformity, or handicap; the child may have been unplanned or unwanted; or the child may simply be considered disappointing by

the parent or caregiver for some reason. Other children in the family may escape mistreatment. If the targeted child is removed from the family, another child may be selected for abuse instead.

## **Parents who hide a child's injuries**

Parents who abuse their children may show little concern for their children's injuries, and will often go to great lengths to protect themselves (or their abusive spouses) from blame. Abusive families may become isolated to prevent the chance of anyone's observing the abuse. They may move frequently, disappearing whenever anyone shows concern or suspicion. The child's injuries may go untreated as long as possible, and when medical attention is unavoidable, the abusive parent usually will avoid going to a doctor who has attended the child for injuries in the past. The parent's account of how the child was injured is likely to be inconsistent or improbable. Depending on the child's injuries, abuse may be suspected when a parent takes a child to a hospital that is unnecessarily far from home, bypassing closer, equally well-equipped medical facilities.

## **Child molesters**

The child molester is sexually attracted to children (usually children of a certain age) and assaults them to obtain sexual gratification. While anyone of any age, race, or gender can be a child molester, this person is typically an adult heterosexual male. Most often, molestation is not a "stranger" assault, and may not involve force. Many child molesters relate quite well to children and seek out professions, jobs, or volunteer positions that give them access to children. They often make or collect child pornography.

Their methods of seduction may include bribes and the use of pornography depicting sex between adults and children the age of the intended victim. The relationship with the child may develop over a period of weeks or months, becoming increasingly coercive and invasive. Child molesters repeatedly offend and may molest or attempt to molest literally hundreds of children before being caught. The victims, while frequently befriended by the child molester, are generally not related by blood or marriage.

## **Spouse abusers, violent families**

In many families where spousal abuse occurs, the children are also abused. In most such families, it is the male partner who is violent toward other family members. In 2003, according to the Texas Department of Safety, 78 percent of all family violence offenders were male. Even if they are not abused, the children in these families are harmed by witnessing the violent assaults on their mothers. In addition, they may be injured during an incident of parental violence or traumatized by fear. They may blame themselves for not preventing the violence, or think that they have caused it. They may be neglected.

Studies have shown that adjustment difficulties evident in children who witness spousal violence are similar to problems found in children who are abused. Any intervention involving spousal violence should include attention to the needs of any children in the family. Legislation passed in 1995 requires TDFPS to direct its employees to document indications of domestic violence and to make available information about community services for adult victims of domestic violence. New laws also provide that when a child has a protective parent remaining in the home, the child should not be removed from the home; rather, TDFPS should seek a protective order against the abuser.

## **Abused children who become abusers**

Some abusers are themselves children. Children can become aggressive toward other children for a number of reasons. They may be copying adults who are role models for them (parents, for

example). Or they simply may not have learned how to play with smaller children. When an older child victimizes younger children or animals, the older child has frequently been abused, too. If the children are anywhere near the same age and size, the incident, however one-sided, is unlikely to qualify as abuse or assault, but this depends on the context. If the aggression is severe or sexual in nature, it may be regarded as abusive and/or assaultive. It may, in fact, be a turning point for the older child; that child may be at the point of discovering that he prefers to play the role of the more powerful aggressor in a scene that is all too familiar to him.

## **Part Two: What Can We Do About Child Abuse?**

The definitions and indicators provided in the first part of this handbook can help you to recognize abuse when you see it. When you do become aware of child abuse, what can you do about it? Better yet, how can child abuse be prevented from occurring in the first place? This part of the handbook will focus on what we can do about child abuse, starting with how to act when you recognize abuse, what you must do to inform authorities about abuse you suspect, how our law enforcement and child protective agencies intervene to protect children who have been abused, and what we can do, individually and collectively, to prevent abuse before it happens.

### **A. Responding to an Abused Child**

Professionals who may come into contact with abused children include law enforcement officers, medical professionals, child care workers, teachers, and other school staff. Others who may know abused children are neighbors, relatives, and parents of the child's friends. Child abuse cuts across all walks of life: a child of any race, social background, or economic class -- even your own child -- may be abused.

Regardless of your relationship to the abused child, your responses, attitudes, and actions can be critical to his or her overall experience and eventual healing. Without attempting to investigate or intervene inappropriately, you can help. Your first responsibility when you recognize abuse of any kind is to report your suspicions. But your words and actions at the time of discovery or disclosure can be the first step toward opening the channels of communication and healing.

#### **A child who has or may have physical injuries**

Ask the child's permission before looking at a bruise or other mark, especially if s/he attempts to hide it.

However, the child may complain about the injuries or about pain in hopes that you will see or guess what is happening. That way, the child will not have to betray a trust or reveal a secret. It is a good idea to look at injuries in the presence of another responsible adult. Teachers and child care workers should have another staff person present when looking at a child's injuries. Never attempt to examine a child's private body areas. And reserve judgment: a number of innocent circumstances can produce marks that appear to be results of abuse but are not. Reasonable suspicions should be reported for possible investigation by appropriate authorities.

#### **Ask about what happened**

It is appropriate to ask the child a few questions to see if there is a simple explanation for suspicious-looking marks or injuries. Your role is not to interview the child but to listen and report to the appropriate authorities, who will then investigate. Try to use open-ended questions like "How did that happen?" rather than leading questions like "Did someone hit you?" or "Did Mommy

[Daddy] burn you?" Questions should be age-appropriate in both vocabulary and meaning. Young children are easily misled or confused; they may not understand the implications of what you or they themselves say about abuse.

Repeat what the child says, in the child's own words, to make sure you have understood. Don't pressure the child to talk. Avoid prompting for answers. If the child does not answer the question "When?" don't prompt with "Was it last week?" If the child does not answer the question "Who?" don't prompt with "Did your mom do it?"

The actual investigation of an allegation of child abuse, and any in-depth interviews, should be performed by qualified professionals. Other concerned persons, including the first person the child approaches, should carefully avoid putting words in the child's mouth. The confiding child should be encouraged with open-ended, rather than leading, questions.

## **Documenting what you see and hear**

It is a good idea to make notes on your observations of possible abuse or neglect. Write down the date, time, place, and events that caused you to become suspicious. If you do not know who the child is, note the license plate and make of the parent's car, if possible, or any other information to help investigators find the child. If your report is based on a conversation with a child, write down what you asked or said to the child, in your words as you remember them. Write down anything the child said (his or her words) or comments by family members or other persons who are directly involved. Your notes should be a record of the facts and, as far as possible, should not contain judgments or conclusions.

Your purpose should not be to investigate or build a case, but to simply record what you saw and heard. Then immediately report what you have observed to the appropriate authorities. You should keep your notes secure and confidential. Any notes you take may be subpoenaed by a judge in a subsequent legal proceeding.

## **The "outcry witness" in a child abuse proceeding**

The first adult (18 years or older) a child (12 years or younger) discloses to is called the "outcry witness" and may have an especially important role to play in subsequent legal proceedings. (The law defines an adult as 18 years or older and a child as 12 years or younger). If you are an "outcry witness," what you say the child told you is not excludable as hearsay, but is admissible evidence in a trial involving an offense against a child. This exception applies only to the first person the child approaches. If you immediately pass the child on to another person such as a counselor or clergyman, important testimony could be lost. It is, therefore, important not to cut a child's disclosure short and to pay close attention to the child's exact words.

## **Respect the child's trust**

Be careful not to communicate skepticism about what the child is saying. It is difficult for children to tell about any kind of abuse, and they are usually afraid of being disbelieved. They may even have been told they will be disbelieved. Do not express shock or blame, but also do not minimize or try to excuse the abuser's behavior. If the child does not wish to answer a particular question or be questioned further, respect the child's wishes. Let the child know you are available to talk and listen at any time. Do not promise the child that you will keep a secret about abuse. Tell the child that some things cannot be secrets because "we have to get help." Tell the child what you plan to do next, while reassuring him or her that telling was the right thing to do. While it may be a good idea to reassure the child, depending on the circumstances, you should not promise protection that you cannot deliver. If the child needs immediate protection, make sure this concern is communicated promptly to the investigating authorities.

## **Respect the child's privacy**

Do not talk about what you have seen and heard with people who do not need to know. Do report your reasonable suspicions. If someone else (especially another child) has alerted you to an injury, do not mention this to the injured child; s/he may be self-conscious over being talked about. A child who is abused is likely to be extremely sensitive about what other people think about the situation. This is especially true for the child who discloses sexual abuse. Reassure the child that s/he is not changed, visibly different, "dirty," or "weird" as a result of the abuse. You can help by your support and understanding.

## **Respect the child's feelings**

Although you may tell a child that the abuse was wrong, do not say that the person responsible for the abuse is bad. The abuser is often someone to whom the child is strongly attached. The child may actually want to protect the abuser as much as s/he wants to cry out for help. Older children may feel guilty or responsible, or that they deserved the abuse. Many situations that appear to involve neglect are due to financial need, homelessness, or other related problems; take care not to embarrass a child or a family with your offers of clothing or food. Do not blame the child for tardiness, sleepiness in class, or other mishaps that may be the result of neglect that is beyond the child's control. And do not permit other children to humiliate a child because of his or her clothes, hygiene, lack of food or money, or other condition that indicates neglect or poverty.

## **Disclosure of sexual abuse**

Disclosures of sexual abuse may be even more indirect and vague than disclosures of physical abuse. A concerned adult should choose a quiet and private moment to invite further confidence. A person who has been approached should remain calm and reassure the child that s/he is believed, has done the right thing in telling, and is not in any way to blame. Don't say: "Why didn't you...?" "Why did you...?" "Are you sure...?" or "I'm sure he didn't mean..." Do say "It's not your fault." Remember that an older child, understanding all too well the implications of the disclosure, may be evasive when pressed. Children of all ages are likely to be concerned about being blamed, about retaliation by the abuser, or about the harm they may do to the abuser by disclosing.

### **Is your own child abused?**

If your child discloses abuse to you, the cautions and recommendations provided above apply to you with even greater urgency. If you are the child's parent, your reaction will be extremely important to the child's psychological well-being. Because the abuser may be someone in your own family, even a spouse, you may be tempted to minimize the abuse or deny its existence. You must focus on the high potential for damage to the child and the fact that this damage can be avoided and repaired if the abuse is stopped and the child receives appropriate treatment. The child is not likely to be lying, and the child is never the cause of the abuse. If you must deal with a family that has just learned about the abuse of a child, be aware of how threatening this disclosure may be, and remember that the child's welfare must be the first priority at all times.

## **B. The Responsibility to Report Child Abuse**

Anyone "having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect" must report the case immediately to a law enforcement agency or to the Texas Department of Protective and Regulatory Services, under Chapter 261 of the Texas Family Code. Failure to report suspected child abuse or neglect is a class B misdemeanor punishable by imprisonment for up to 180 days and/or a fine of up to \$2000.

Indicators listed in Part One of this handbook are examples of adequate cause to believe a child is at risk.

The law does not require the person reporting to be certain that a child is being abused or neglected before reporting, only to have reason for believing it. It is a good idea to talk to the child to see if there is a simple or plausible explanation for the appearance of injury or neglect. But a concerned adult should stop well short of trying to investigate or intervene in the suspected abuse. Reasonable suspicions of abuse must be reported to the appropriate authorities. And any time a child discloses abuse to an adult, the adult has reason to make a report. This is true even if the adult feels skeptical about what the child has said; the disclosure should be reported so that appropriate authorities can judge the need for investigation.

## **How to report child abuse**

A person wishing to report suspected child abuse or neglect can call any state or local law enforcement agency or Child Protective Services (CPS), a department of the Texas Department of Protective and Regulatory Services (TDFPS). TDFPS has a toll-free 24-hour Abuse Hotline: 1-800-252-5400. When a child appears to be in immediate danger of serious harm, it is best to call 911 (where that service is available) or the nearest police or sheriff's department, to ensure the fastest possible response time to protect the child.

The person reporting should provide, whenever possible, the child's name, description, age, address, license plates, make of car, or other information that might help authorities locate the child. It is critical that the report be made as soon as possible. The more time that elapses between the incident and the report, the more difficult it is to investigate.

## **Professionals who work with children**

Current law requires that professionals such as teachers, doctors, nurses, and child daycare workers make a report within 48 hours. Prior to September 1, 1995, professionals were also required to submit written reports. As of September 1, 1995, written reports are no longer required. Professionals whose personal communications may otherwise be privileged or confidential are required, without exception, to report suspected abuse. Such professionals include attorneys, clergy, social workers, counselors, medical practitioners, and mental health professionals. A teacher who reports suspected child abuse to his or her principal, school counselor, or superintendent does not thereby satisfy his or her legal obligation under the Texas Family Code. Local school district policy cannot conflict with or supersede the state law requiring a teacher to report child abuse to a law enforcement agency or TDFPS.

## **The person reporting is protected under law**

The person reporting should be prepared to identify him or herself. An anonymous report is better than nothing, but may result in an abbreviated investigation because the Texas Family Code requires corroboration of an anonymously reported case prior to completing a full investigation. Someone in a position to observe the abuse is likely to be drawn into the investigation in any case. And the law does offer protection; the identity of the person making a report of child abuse or neglect to CPS is confidential and may be disclosed only upon order of the court or to a law enforcement officer conducting a criminal investigation of the report. In addition, the person reporting is immune from civil or criminal liability as long as the report is made in "good faith." "Good faith" means the person making the report took reasonable steps to learn facts that were readily available and at hand. The person reporting is also protected from liability if s/he testifies or participates in judicial proceedings that result from the report.

## **Exceptions: reports made in bad faith**

A person cannot escape prosecution by reporting his or her own abuse of a child; the law does not offer immunity from civil or criminal liability in this case. A person who acts in bad faith or with malicious purpose in reporting alleged abuse or neglect is also not immune from civil or criminal liability. In addition, a bad faith or malicious report by a spouse or parent may be used as evidence in a suit affecting the parent-child relationship.

## **Protecting and reporting about one's own child**

A child's parent or guardian has a legal obligation to protect the child. Anyone who permits his or her child to be in a situation where s/he may be harmed may be prosecuted for child abuse. The fact that the abuser is your husband, wife, or other family member does not affect your obligation to report the abuse, nor does it shield you from being involved in legal proceedings resulting from the abuse. This is also true when parents discover that one of their older children is abusing a younger one (an indication that the older one may also have been abused at an earlier time). In that case, both children need help. If an abuser in your family is violent and you are frightened for your own safety as well as that of your children, call 911, a local battered women's shelter, 1-800-252-5400 (TDFPS), or your local law enforcement agency.

## **Will there be an investigation?**

When a verbal report of suspected abuse is made to Child Protective Services, TDFPS records are checked and law enforcement personnel are notified. Whether or not the case will be investigated is then determined. Not every report gives rise to an investigation. The report may describe a situation that does not qualify as abuse; for example, corporal punishment and poverty, both frequently reported as abuse, are not likely to be investigated unless there is reason to believe that a child has actually been harmed.

Nor will an investigation occur if there is insufficient information to locate the child. Concerned persons often report truancy, running away, excessive discipline that does not leave physical injury, an older child being made to stay home and baby sit younger children, and situations that are potentially but not actually abusive. CPS has no authority to investigate these cases. If the report suggests that a child has been abused or neglected or is at substantial risk of being abused, and the child can be located, an investigation is initiated.

## **Who investigates**

Child Protective Services (CPS) in TDFPS performs the civil investigation into whether child abuse, as defined by Chapter 261 of the Texas Family Code, has occurred and assesses the risk of further abuse occurring. Law enforcement agencies conduct criminal investigations if it appears that a person should be charged with assault, sexual assault, or any other criminal misconduct against a child. CPS is responsible for determining what civil action should be taken on behalf of the child, if any. For example, the child may be removed from the home and placed in protective custody, and parental rights may ultimately be terminated. The investigating law enforcement agency is responsible for referring cases for criminal prosecution when appropriate. The Licensing Division of TDFPS investigates child day care or residential facilities licensed by the agency.

## **Finding out what happened**

CPS may inform a person who reports child abuse about the status of the resulting investigation, if any.

If the person reporting receives no information on the status of the case, s/he may call Child Protective Services and request the information. The information made available to the reporter will be limited, however. Do not try to question a child about his or her conversation with

investigators, but you may want to reassure the child that it's okay to talk to the caseworker if the opportunity and the need arise. If the child is in your care at any time, you need to know if there is anyone who should not have contact with the child.

## **What if nothing happens?**

When the outcome of a report is "allegations unfounded," it does not mean that the abuse did not happen; it means that there was insufficient evidence to support charges or child protective services. The CPS case may remain open while services are provided. Other persons or other reports may still be under investigation by law enforcement. A person who reports abuse should remember that even if the report does not bring decisive action, such as removing the child, it may help establish a pattern that will eventually be clear enough to help the child. Often, an accumulation of evidence over time makes the difference. Continue to document new incidents or injuries or other additional evidence of abuse and make a second report if you have reason to suspect continuing abuse.

## **What if an alleged abuser confronts a person who reports?**

A person whose own child is the subject of reported abuse or neglect may request access to confidential information contained in the report, but CPS edits the information to protect the identity of the informant. A person who makes a report of suspected child abuse is under no obligation to admit having done so. The report is confidential by law. An appropriate response for a person who is confronted by an alleged abuser would be, "It isn't important who made the report. The important thing is that the child is safe, and that children who do need help get help." Confronting or warning the suspected abuser is never advisable, and may actually jeopardize the child's safety. It is best to remain calm and acknowledge the accuser's anger in an un-provocative manner. An irate parent or guardian's actions may be reported to the CPS caseworker, if appropriate, or to law enforcement. In extreme cases, anyone who is threatened can call 911 or the local police or sheriff's department.

## **C. Investigation and Prosecution**

The investigation is performed by CPS and/or law enforcement, depending on the circumstances of the case. CPS assesses the risk of maltreatment and determines what civil action, if any, should be taken regarding the custody of the child while law enforcement agencies investigate whether criminal charges should be brought. Investigators interview the child, the family, and any other possible witnesses. The child may need a physical examination. Witnesses may include medical professionals, and both medical records and physical evidence may also be entered into the case when relevant. Legal action may include removing the child from the home, either temporarily or permanently, or the filing of criminal charges, or both. The law prohibits anyone from interfering with an investigation of child abuse or neglect.

### **Interviewing the child**

It is important that the entire investigative process be conducted in a manner that does not re-victimize the child. The initial interview of the child may take place at a Child Advocacy Center, the offices of a law enforcement agency, or CPS. It may include videotaping of the child's statement. The interviewer should consider the child's age and ability to describe the incident and should be sensitive to the child's point of view. In some cases involving allegations of sexual abuse of a very young child, anatomical dolls (preferably, ethnically appropriate) may be used, but only when necessary for eliciting a young child's disclosure. If possible, repeated interviews should be avoided, and the child should be interviewed only by persons specifically trained to interview children about abuse. Correctly conducted, the interview can be the beginning of the healing process for the child.

## **CACs: Child Advocacy Centers**

Child Advocacy Centers were created as a way to better protect and treat victims of child abuse. In the past, these child victims were subjected to numerous interviews in institutional settings such as police stations, social workers' offices, and prosecutors' offices. Child victims were shuffled from agency to agency, having to recount their trauma to each new stranger. The various agencies did not always communicate effectively. A Child Advocacy Center provides a non-threatening, homelike setting where victims of abuse can be interviewed, and where professionals from the prosecutor's office, Child Protective Services, and law enforcement can meet to review child physical and sexual abuse cases. These professionals, plus medical and mental health professionals, make up the Multidisciplinary Team. This team meets regularly in a spirit of cooperation to share vital information and proceed in the child's best interest. Obtaining medical care or an examination CPS can cause an examination to be conducted as part of an abuse investigation even if the child's parent or guardian does not consent to it. In that case, CPS petitions the court to order the examination.

A licensed physician, dentist, or psychologist who has reason to suspect abuse or neglect can examine a child with or without consent. A peace officer who has taken lawful custody of a child and who has reasonable grounds for believing that the child needs immediate medical care can consent to the medical care. This does not extend to requesting or consenting to an examination for abuse or neglect, but the doctor providing the immediate medical care is empowered to expand the care into an examination for abuse. Teachers and school staff members can authorize or provide medical care only with written parental consent obtained in advance, and only to the extent granted by the written consent. CPS or the police can take emergency possession of the child if circumstances warrant.

### **Physical examination of a sexual abuse victim**

When there is reason to believe the child has been recently assaulted, the physical examination should be performed as soon as possible after sexual abuse has been reported. The examining physician or team should be informed that the child may have been sexually abused so that recommended procedures may be followed to ensure the least chance of further trauma to the child and the greatest chance that evidence of the assault will be fully and effectively documented. Preferably, the examiner should be trained in the collection of evidence and crisis intervention, as well as normal and abnormal pediatric anatomy. For nurses, Sexual Assault Nurse Examiner (SANE) training or its equivalent is recommended.

It should be noted that most sexually abused children do not have injuries that can be observed during an examination, especially if the examination occurs weeks or months after the abuse. And rarely does an examination produce physical evidence. Absence of injury or evidence does not at all disprove the allegation of abuse. The child's parent, guardian, or conservator may be present for the examination, provided that s/he is supportive and is not implicated in the abuse.

### **Assessment of risk to the child**

CPS estimates the severity and the immediacy of the risk to the child at the time the report is received. The risk (when it is determined that protective services are in fact needed) is rated as Priority One or Priority Two. A Priority One case is one in which the child is in immediate and serious danger. These are cases where a child has died and there are other children in the family, a child has a serious injury, a child has been sexually abused and is in immediate danger of further abuse, or a child is otherwise in extreme distress or danger. CPS must act on a Priority One case within 24 hours. Priority Two reports, to which CPS must respond within 10 days, involve physical punishment that is excessive but not life-threatening, a child who has been

sexually abused but who is temporarily protected, neglect that is impairing development, or a lack of supervision that is detrimental to the child.

## **Civil actions by CPS**

If it is determined that the child can safely remain in the home despite a risk of maltreatment, CPS offers services to preserve the family while reducing the risk of maltreatment or neglect. If the child cannot safely remain in the home, the family may voluntarily place the child with a relative, or else the child may be placed in substitute care with a foster family. During this period, CPS works toward reunification of the family or a permanent placement outside the home. If permanent placement is needed, CPS may seek termination of parental rights and work toward adoption or long-term substitute care for the child.

## **CASA: the court appointed special advocate**

The judge may appoint a specially trained volunteer to act as the child's advocate when the child has been removed from his or her home because of abuse or neglect. The "CASA," who usually has only one case at a time, follows the case through every stage while getting to know the child, the family, and the circumstances of the alleged abuse or neglect. The court also appoints an attorney to represent the child's legal interests, but these "attorneys ad item" may carry heavy caseloads and may not be specifically trained in the dynamics of child abuse. The CASA's goal is to advocate for the best interests of the child and to find a safe, permanent home as quickly as possible. The CASA's recommendation to the court on behalf of the child usually carries substantial weight in determining the final disposition of the case.

## **Deciding whether to press charges**

Once a criminal investigation is complete, including collection and analysis of all physical evidence, the case is presented by the investigating law enforcement agency to the prosecutor's office. It is up to the District Attorney, Criminal District Attorney, or County Attorney to determine whether there is enough evidence to prosecute and what the charges will be. If there is sufficient evidence to support a felony charge, the case is presented to a Grand Jury of 12 citizens for possible indictment. If an indictment is returned, the case goes to the district clerk, who assigns the case to a district court.

Misdemeanor suspects are charged when a complaint and information are filed in county court.

## **Preparation for trial**

Two things must occur before the case is ready to go to trial: the defendant must have an attorney who will represent him or her throughout the process, and the defense attorney must be given time to prepare the defendant's case. This process of gathering information can take several months. Someone reporting suspected abuse may be contacted by the defense attorney and does have the right to speak to the defense attorney. However, s/he is not required to do so. When the defense attorney and prosecutor are ready to go to trial, the case is put on the court docket. A case can be settled without going to trial based on a plea agreement recommended by the prosecutor, agreed to by the defense and accepted by the judge.

## **If the case goes to trial**

If the case goes to trial, witnesses are contacted by the prosecutor's office and defense council and the trial procedures are explained. The prosecutor will usually sit down with the victim and/or family before trial to go over the case with them, explain what they may expect, and possibly even show them the courtroom. A Victim Witness Coordinator from the prosecutor's office will sometimes accompany victim witnesses to the trial to ensure their rights. Some prosecutors also offer a Court School to help children and their families learn about the court process. Testimony is given by the child, and in some instances the parent, and anyone else who might have information pertinent to the case.

## **If you are a witness in a legal proceeding**

In some cases it may be advisable for a witness to seek legal advice for him/herself. Be sure the person you consult has the relevant expertise. If you are a witness, you may also refer to the prosecutor for advice and counsel. If you have kept notes about what you have seen and heard, you should review them before you testify, and show them to the prosecutor before the trial. You should be prepared for some unexpected or unusual interpretations of your statements. If you do not know the answer to a question, say so. Take your time before answering a question. If you do not understand a question, ask that the question be restated so that you do understand it. Try to stick to facts; do not offer your opinion unless you are specifically asked to do so. Always be completely truthful.

## **Crime Victims' Compensation**

Passed by the Texas Legislature in 1979, the Texas Crime Victims' Compensation Act creates a fund and establishes statutory eligibility guidelines for providing certain benefits to victims of crime. The money in the fund comes from criminals who break the law and pay fines and court costs. An innocent victim who suffers physical and/or emotional harm as a result of a violent crime may qualify for an award to help pay for medical expenses and counseling. Children who are abused and neglected are victims of crime and, therefore, may be eligible for compensation.

The Crime Victims' Compensation Fund is administered by the Office of the Attorney General. Staff work with victims and claimants to make sure all available resources, including the fund, work in the best interests of victims. Victims are entitled to information about the fund and to referral, upon their request, to available social service agencies that may provide additional help.

The fund is authorized to award cash payments to or on behalf of a claimant or victim for monetary losses incurred as a result of a violent criminal action, such as child abuse. It may also refer a claimant or victim to a state agency for vocational or other rehabilitative services or provide counseling services for a claimant or victim or contract with a private entity to provide counseling services.

The fund may not award more than \$50,000 for each victim and crime unless the personal injury is catastrophic and results in a total and permanent disability to the victim. An additional \$75,000 may be awarded under these conditions. Specifically, the fund may reimburse expenses for medical and counseling needs, lost wages and support, child care, crime scene clean-up, replacement costs for seized property for criminal investigations, and funeral and burial expenses.

Every law enforcement agency in the State of Texas is required to provide crime victims with information about the Crime Victims' Compensation program and an application. Applications are also available from prosecutors' offices. Hospitals and medical centers may also have the application forms, or you may obtain them directly from the Office of the Attorney General by calling 1-800-983-9933. Please see the appendix for a review of the application process and for a copy of the statute that enables the fund.

## **What are the rights of the victims?**

Child abuse and neglect are crimes that victimize our youngest citizens. As victims of crime, children have rights they can exercise at every stage of the criminal justice process. Notice of these rights should be provided to parents or guardians of child abuse and neglect victims by law enforcement when the initial report is made and by the prosecutor's office after the indictment or information is filed. At the pre-trial stage, victims and their guardians have the right to:

1. be protected from further harm or threats for cooperating with prosecution efforts
2. have the victim's safety considered in the setting of bail
3. information about relevant court proceedings
4. information about a defendant's right to bail and the procedures in a criminal investigation and the criminal justice system
5. provide pertinent information on the impact of the offense prior to the defendant's sentencing
6. information about the Crime Victims' Compensation Program
7. information on parole procedures and to be notified upon the release of the defendant
8. be provided with a separate and secure waiting area for witnesses at a trial
9. a prompt return of property held as evidence when it is no longer required
10. have employer notified if testimony requires absence from work
11. have counseling regarding acquired immune deficiency syndrome if the offense creates the need
12. be present at all court proceedings related to the offense, subject to judge's approval
13. be informed of all of these rights and to have them explained.

Failure to provide these rights does not create a liability on the part of those responsible for them.

## **Victim impact statements**

The victim may submit a victim impact statement. This written statement documents the emotional, physical, and financial impact the crime has had on the victim and his or her family. After a conviction, during the sentencing phase of the trial, the victim presents the victim impact statement, which can be taken into account in determining the offender's sentence. For cases where the defendant is sentenced to the Texas Department of Criminal Justice or the Texas Youth Commission, victims have the right to participate in the parole or release process and be notified prior to any release of the defendant, if they request it. More information about rights of victims may be obtained from your law enforcement agency, prosecutor, or by calling the Crime Victims' Compensation Division in the Office of the Attorney General at 1-800-983-9933.

## **Texas child fatality review teams**

Child Fatality Review teams are multi-disciplinary, multi-agency panels that review child deaths on the local level from a public health perspective. Team members include law enforcement officers, prosecutors, medical examiners, physicians, justices of the peace, public and mental health professionals, EMS, child protective services staff, child advocates, and educators. These teams are uniquely qualified to understand what no single agency or group working alone can: how and why children are dying in their community.

By sharing information, team members discover the circumstances surrounding children's deaths. They identify gaps and breakdowns in agency services designed to protect children and work to revise procedures and professional investigation protocols. Because of the team's efforts, child fatalities are more accurately recorded, and needed prevention initiatives can be developed. The

ultimate result of a child death review system is an improved response to child fatalities and a reduction in the number of preventable deaths.

## **D. Preventing Child Abuse and Neglect**

The United States spends hundreds of millions of dollars identifying abused children and providing them with medical and protective services in hopes that the abuse will not be repeated. The effort is worth every penny it cost, but how much better it would be if child abuse and neglect could be prevented. A truly comprehensive and effective policy on child abuse would, whenever possible, prevent injury before it occurs. It would strengthen families before protective intervention became an issue.

The substance of this handbook so far -- recognizing children who have been abused, reporting the abuse, and initiating child protective services -- amounts to tertiary child abuse prevention. That is to say, these processes may prevent an abused child from being harmed further. No part of the system described so far can fully address the causes that produce harm in the first place. And yet, there is much that can and should be done.

Primary child abuse prevention is preparing communities and parents for the job of non-abusive child rearing. Parents with adequate knowledge and parenting skills who live in supportive communities can provide children with the kind of safe and nurturing environment they need to grow into healthy, self-sufficient adults. For high-risk families in great need of information and assistance, secondary prevention (outreach and early intervention) is necessary before the family reaches the point of abuse, damage, and disintegration. Finally, tertiary prevention helps to rebuild the lives of families in which abuse and neglect occur.

### **Educating parents**

Most people learn parenting skills from their own parents. They treat their children the way they remember their own parents treating them. In families where adults have limited parenting skills, abusive behavior can be passed on from one generation to the next. Some parents may have no idea how to shape their children's behavior other than by yelling at them and hitting them. They may have no idea of the damage that they can inflict on a child -- by shaking, for example. They may be unprepared for the amount of work and stress involved in caring for a small child.

All of these factors contribute to child abuse, and all can be reduced by helping parents learn about the job and the realities of parenting. They can learn new ways to try to make a baby stop crying -- and new ways to relieve their own feelings of helplessness and rage when a baby won't stop crying. Parents can be taught how to structure a child's environment or schedule to make good behaviors easier and more natural for the child. They can learn how to reinforce positive behavior with praise and rewards. And parents need to learn about effective forms of discipline other than yelling and hitting.

### **Reasonable expectations**

Parents may become frustrated when they try to demand behavior that the child is too young to achieve.

The children most likely to be abused are infants and toddlers -- children under two years of age who are naturally both helpless and demanding. The parent may tell the child to stop crying, not to wet or soil its diapers, or to sit still for long periods of time -- none of which is possible for the child's level of development.

The parent may then conclude that the child is "bad," and try to "teach him a lesson." Also at risk are children who are mentally retarded, hyperactive, or have other physical and behavioral problems requiring extra patience and skill. Abuse can sometimes be prevented if parents are taught what to expect for their children's ages and levels of development.

## **Is spanking okay?**

Texas law allows the use of force, but not deadly force, against a child by the child's parent, guardian, or other person who is acting in loco parentis. Most parents do, in fact, use corporal punishment (in the form of spanking) at least occasionally, and most do not, in fact, consider it abusive. Experts disagree about the advisability of ever spanking a child. Some say that, combined with other methods of discipline, mild spanking of a small child is harmless and effective. Others claim that other methods of discipline work as well as spanking or better, and that spanking is not necessary. Many child advocates and experts in child development contend that all forms of corporal punishment, including spanking, are harmful. Most believe that spanking an infant is always inappropriate. The law does not attempt to arbitrate between the different views on the best method of disciplining a child. What we do know is that severe corporal punishment can be extremely damaging and dangerous, and this is what the law prohibits as abuse.

## **When is discipline abusive?**

Some parents who become abusive believe that what they are doing is in the best interest of the child and are confused about when an attempt at discipline crosses the line and becomes abuse. Whether an action is abusive really depends on the circumstances of the individual case. However, the following guidelines may help:

- \* Striking a child above the waist is more likely to be considered abusive; disciplinary spanking is usually confined to the buttocks.
- \* Spanking with the bare, open hand is least likely to be abusive; the use of an instrument is cause for concern. Belts and hair brushes are accepted by many as legitimate disciplinary "tools," and their use is not likely to be considered abusive, as long as injury does not occur. Electrical or phone cords, boards, yardsticks, ropes, shoes, and wires are likely to be considered instruments of abuse.
- \* It is best not to hit a child in anger. Abusive punishment is most likely to occur when the parent is out of control.
- \* Finally, and most important, punishment is abusive if it causes injury. A blow that causes a red mark that fades in an hour is not likely to be judged abusive. On the other hand, a blow that leaves a bruise, welt, or swelling, or requires medical attention, probably would be judged abusive.

Another abusive form of discipline that does not involve hitting is severe isolation or confinement of a child. Many parents use "time out," loss of privilege, or confinement to a special area as a punishment or as a time for the child to reconsider his or her choices. But when the child is tied up, gagged, locked in a closet, shut out, starved, or otherwise seriously deprived, the punishment is excessive and may constitute abuse.

## **Helping families**

Sometimes, abusive parents know that what they are doing is violent and dangerous, but they just have trouble stopping the behavior. Caring for a small child is hard work, especially if the child is

colicky, sickly, prone to cry a lot, or hyperactive. The decline of the "extended" family has contributed to child abuse. When there are no relatives available to help in times of need, the parents lack an important part of the natural family support system. The extended family can help in so many ways: babysitting, advice on child rearing, housework, and general moral support. Any time the community or even a concerned individual can help out in these ways, it's easier for parents to cope instead of lashing out. Professionals who work with children can help by referring parents to "Mother's Day Out" and latchkey programs, parenting classes, and parent support groups. Parents Anonymous is a national organization that exists specifically to aid parents who may become abusive. If you are uneasy about your own behavior toward your child, you can call the Parents Anonymous toll-free hotline at 1-909-621-6184.

## **Services for at-risk youth and parents of adolescents**

When adolescents begin to test limits and challenge parental authority, conflicts can result in abuse. The Department of Family and Protective Services funds programs around the state to help families deal with the special challenges involved in parenting adolescents. The Services to At-Risk youth (STAR) program contracts with local agencies to provide counseling, parent training, and (in some instances) emergency shelter.

## **Preventing child sexual abuse**

Children should be taught at an early age that there are certain places on their bodies that no one should touch. Children need to learn to trust their own instincts and to assert their rights regarding their own bodies when a touch doesn't seem right. They should learn that certain parts of their bodies are private.

They should not be punished or shamed for the natural curiosity that occurs between the ages of two and five. However, by age five, children may have begun to develop a sense of modesty. Adults should be aware that molestation can occur at the hands of older children; play areas and rest rooms should be supervised. A child who plays aggressively or displays overtly sexual behavior may have learned it from television or video, but these behaviors are also indicators of sexual abuse. Children should know that when anyone touches them in a way they do not like, they have a right to actively resist and should tell someone they trust. It is not uncommon for a program on appropriate touch to trigger a disclosure from an abused child.

## **Protecting children from child molesters**

Parents and professionals who work with children should recognize that child molesters characteristically seek out contact with children and may obtain access to them through jobs, churches and volunteer programs.

Child molesters are not casually identifiable by their appearance or behavior. Administrators, churches, supervisors, and other organizers should be careful to check references thoroughly both when hiring and when accepting offers of volunteer help with children's activities. Precautions should apply to all persons with access to children, including parents who volunteer to help. Organizations can adopt rules to protect the children under their care. Isolated, out-of-sight, one-on-one contact between an adult and a child should be strictly limited, for example. The child's sleeping, bathing, and dressing arrangements should insure privacy for the child. Guidelines are needed for appropriate discipline of children.

## **State Laws help protect against child abusers**

In recent years, the Texas Legislature has greatly strengthened parole, supervision, and notification requirements for child abusers and sex offenders. In particular:

- \* sex offenders are to required register with local law enforcement agencies; specific information, including name, address, eye color and shoe size, is considered public information
- \* the state Department of Public Safety maintains a searchable database of registered sex offenders, found at: <https://records.txdps.state.tx.us>; more than 43,706 sex offenders were registered in Texas as of July 2004.
- \* the law allows courts to remove suspected child abusers from the home for up to 10 days while an investigation takes place.
- \* child sex offenders have tightened parole standards and are required to undergo mandatory counseling.
- \* sex offenders are not permitted in "child safety zones," including near schools, play grounds and other areas.
- \* registered sex offenders are required to submit DNA samples to the Combined DNA Index System (CODIS) for use in future criminal investigations.

In addition, the Legislature has broadened community and victim notification requirements. The new laws mandate notification of the community when a convicted sex offender is living there and require notification of the victim when a perpetrator is set for release on bail or parole, when a prisoner escapes, or when an offender is released to community supervision. Victims are now also allowed to speak at the offender's parole hearing.

## **The need for therapeutic intervention**

Once child abuse or neglect has occurred, therapeutic intervention is frequently required for the victimized child, the abusers, and others who may have been affected by the abuse. Therapeutic intervention may serve to prevent serious, lasting emotional and behavioral problems for the victim and family. Without this intervention, the likelihood of abused children becoming adult perpetrators is increased. Therapy can help children acquire a sense of control over their lives and help them avoid being victimized and feeling helpless. Without therapy, abusers are likely to continue assaulting their own children, their grandchildren, or other children. Spouses of abusers may never gain the tools to protect their children from further abuse without therapeutic intervention. Therapy may take many forms, but it is a necessary element for the prevention of child abuse and neglect.

## **What can we do about child abuse?**

Parents account for most cases of child abuse, and the precipitating causes are often stress and poor parenting skills. Any concerned adult can help out on an individual basis by supporting the parents and families they know -- lending a sympathetic ear, recommending parenting classes, or babysitting from time to time.

Professionals have many opportunities to educate parents through posters, conferences, and individual contacts. Schools, clinics, and day-care centers can offer support groups and classes or circulate newsletters or other educational materials. Organizations can also adopt precautionary procedures regarding all adults who have access to the children in their care. Sound supervisory guidelines can help prevent child-on-child abuse. Children can be taught at school, at home, at church, and in day care centers to resist and disclose abuse. When all else fails and abuse occurs, intervention and counseling can help break the cycle of violence and protect the children of the future.

## **E. Why Does It Matter?**

Child abuse prevention is a fundamental first step in crime prevention and violence reduction. Most abused and neglected children grow up to be peaceful and productive citizens. Within the

criminal justice system, however, mistreated children are significantly overrepresented. The National Institute of Justice found that child abuse victims are 40 percent more likely than non-abused children to become delinquents and adult criminals.

Abused and neglected children are 53 percent more likely to be arrested as juveniles and 38 percent more likely to be arrested as adults. Physically abused children are more likely to be aggressive toward their peers and adults, and are more likely to have poor impulse control than non-abused children. The more frequent and serious the abuse, the greater the risk that the child will grow up to be troubled in these ways if no one intervenes.

The cost of child maltreatment is self-perpetuating; one study found that 90 percent of maltreating mothers were themselves abused as children. Child abuse victims are six times as likely as non-victims to become abusive parents. But this cycle of violence can be broken. Child abuse and neglect can be prevented. The damage to an abused child can be repaired. The Texas Crime Victims' Compensation Fund, administered by the Office of the Attorney General, provides benefits to innocent crime victims who lack means to pay for counseling, medical care, and other forms of relief.

Abused and neglected children are victims of crime. They and their families must deal with the emotional, physical, and financial aftermath of violence and maltreatment. We can help them, and help break the cycle of violence, if we can learn to recognize, report, and prevent child abuse. As teachers, medical practitioners, and other professionals who work with children, but also as parents and concerned citizens, we have daily opportunities to fulfill a fundamental human and societal responsibility: to protect our children.

## Report Your Suspicions of Child Abuse

**Physical Abuse:** "Physical injury that results in substantial harm to the child." The law excludes physical punishment that does not result in injury.

**Emotional Abuse:** "Emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning."

**Sexual Abuse:** "Sexual conduct harmful to a child's mental, emotional, or physical welfare."

**Neglect:** "Leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child." The law excludes failure to provide due to financial need, unless relief has been offered and refused.

Call the Texas Department of Protective and Regulatory Services 24-hour Texas Child Abuse Hotline at 1-800-252-5400 or a state or local law enforcement agency.

You must provide enough information to locate the child. Your report may include name, address, license plate number, make of car.

Is a child in immediate danger of serious bodily harm? Call 911 or local law enforcement immediately.

## How to Recognize Abuse:

The following indications don't by themselves necessarily indicate abuse. You might talk to the child a little to see if there is a simple or innocent explanation for what you have observed.

## Suspect Physical Abuse When You See...

- Frequent injuries such as bruises, cuts, black eyes or burns, especially when the child cannot adequately explain their causes
- Burns or bruises in an unusual pattern that may indicate the use of an instrument or a human bite; cigarette burns on any part of the body
- Frequent complaints of pain without obvious injury
- Aggressive, disruptive and destructive behavior
- Lack of reaction to pain
- Passive, withdrawn, emotionless behavior
- Fear of going home or seeing parents
- Injuries that appear after the child has not been seen for several days
- Unseasonable clothes that may hide injuries to arms or legs

## Suspect Neglect When you see...

- Obvious malnourishment
- Lack of personal cleanliness
- Torn and/or dirty clothes
- Obvious fatigue and listlessness
- A child unattended for long periods of time
- Need for glasses, dental care or other medical attention
- Stealing or begging for food
- Frequent absence or tardiness from school

## Suspect Sexual Abuse When You See...

- Physical signs of sexually-transmitted diseases
- Evidence of injury to the genital area
- Difficulty in sitting or walking
- Frequent expressions of sexual activity between adults and children
- Pregnancy in a young girl
- Extreme fear of being alone with adults, especially if of a particular gender
- Sexually suggestive, inappropriate or promiscuous behavior
- Knowledge about sexual relations beyond what is appropriate for the child's age
- Sexual victimization of other children

**A disclosure.** If you are the first person the child tells about sexual abuse, your testimony as "outcry witness" may be especially important in future legal proceedings. What you say the child told you is not considered hearsay but is admissible evidence in a trial involving a sexual offense against a child. This exception applies only to the first person the child approaches.

**You are legally responsible for the safety of your own child.** If you permit your child to be in a situation where he or she may be injured, then you yourself may be prosecuted for child abuse. The fact that the abuser is a parent or other family member does not remove your obligation to protect the child.

If you are frightened for your own safety or that of your child, call 911 or 1-800-252-5400.

If you are uneasy about your own behavior toward your child, you can call the Parents Anonymous toll-free hotline at: 1-800-554-2323.

You are legally responsible for the care of your child. You must provide your child with safe and adequate food, clothing, shelter, protection, medical care and supervision, or else you must arrange for someone else to provide these things. Failure to do so may be considered neglect.

# Dallas Dist. Children Ministries Policy & Procedures

## **VOLUNTEER WORKER AND PAID EMPLOYEES SCREENING PROCEDUES**

1. Prior to consideration for a position, any candidate who may be working with preschoolers, children, youth, or the disabled will complete and return the initial ministry application.
2. A ministry leader, or designee, will carefully review the ministry application to make certain the worker will be appropriate for the ministry position, based on the information provided.
3. If the person appears to be appropriate for the ministry work all references will be checked to confirm information provided on the ministry application.
4. Any information indicating a candidate poses a threat to others or has had prior convictions of physical or sexual abuse directed against another person, will result in immediate removal of the individual candidate from consideration for a ministry position within this organization. Accusations of abuse by an individual applying for a position will be investigated before that candidate is going a ministry position.
5. Whether disclosed voluntarily or by result of the criminal background check, charges for crimes and/or convictions will be reviewed by trained members of the Dallas District Children's Ministries Council for interpretation of the criminal history record transcript. Only qualified persons (as stated above) may view information obtained on the criminal history record transcript.

A criminal background check may be performed through a state law enforcement agency or accredited agency with respect to all candidates seeking to work with preschoolers, children, youth or the disabled.

At the applicants' request, this organization shall allow the applicant to review his/her criminal history record and transcript, in no event shall the applicant be allowed to retain and/ or copy his/her transcript. Proper notification shall be made to ministry directors if an internal grievance (applicant disputes) is filed by an applicant because of incorrect information or other reasons related to criminal histories provided by the agency. The ministry director shall submit, in a reasonable time period, the Criminal History Record Resolution Request or a similar document to the agency.

## **SPECIFIC ACTS AND OMISSIONS IN VIOLATION OF THE POLICY**

The following acts or omissions are violations of this policy and will not be tolerated or accepted during church activities or programs, and are to be immediately reported to the designated program staff, after the safety of the preschooler, child, children, youth or minor involved has been assured. In addition, the following are to be considered abuse as defined by Texas Attorney General. All federal, state and local regulations should be followed concerning the reporting of suspected abuse.

- All direct observations or evidence of sexual activity in association with a minor;
- Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor;
- Sexual advances or sexual activity of any kind between any person and a minor .
- Infliction of emotionally or physically abusive behavior including bodily injury to a minor;
- Pornographic or obscene material that is made available to a minor;

Being under the influence of illegal or illicit drugs or alcohol while providing supervision of minors during an activity or function of the Dallas District Children's Ministries.

Any committing of these acts will result in penalties up to, and including, criminal prosecution to the fullest extent of the **law**.

While not necessarily considered abuse, the following acts or omissions are violations of this policy and will not be tolerated or accepted during church activities or programs, and are to be immediately reported to the designated program staff after the safety of the preschooler, child, children, youth or minor involved has been assured:

- All direct observation of sexual activity;
- The presence or possession of pornographic materials at functions of Dallas District Children's Ministries events;
- The presence of , or being under the influence of illegal or illicit drugs or alcohol while leading or participating in a function for minors of Dallas District Children's Ministries events;
- Any other violations considered to be morally irresponsible as clarified in the moral clause agreement found on the children's workers applications.

## **WORKER SUPERVISION**

At least two unrelated adults should be present at every function, and in every classroom, vehicle or enclosed area, during every preschool, child, youth or ministry program for the disabled. A reasonable ratio of adult workers must be maintained in each situation involving the supervision of children.

Program directors will supervise and make unannounced visits to classes and program sites periodically. Supervisors should maintain a log indicating rooms and activities visited including the time and date of such visits.

An identification system shall be adopted so adults who drop off a child are the same adults who pick up the child. Permission slips will be available for adults to sign, authorizing the release of the child(ren) to other adults.

Lists of workers, who meet the organizations approval, shall be posted for public viewing in an area where minors are located.

Parental permission shall be obtained in advance for involvement in church sponsored programs, activities or whenever an adult might be spending time alone with a child in an unsupervised situation. (As in a counseling situation.)

- A door without a window must remain open at all times.
- Use a "check-in/check-out" procedure for all kindergarten-aged children and younger.
- Educate all volunteers and paid workers with minors regarding the policies and procedures adopted concerning the matter of child abuse.

## **WORK RESTRICTIONS**

1. For children over the age of five, at least one adult female should take girls to the restroom, and one adult male should take boys to the restroom. The adult should check to make sure the facility is safe, and then wait outside the restroom until the child comes out.
2. Children five years of age or younger should be assisted as needed in the restroom by a female worker, whenever possible.

3. Never touch a person's private areas except when necessary, as in the case of changing a diaper.
4. Workers should avoid the appearance of impropriety, such as sitting older children on their lap, kissing or excessive physical contact, etc.

## **DISCIPLINE**

According to Texas Handbook on Child Abuse the following practices are prohibited:

- Cursing;
- Screaming;
- Name- Calling;
- Threatening of physical harm;
- Intimidation;
- Humiliation;
- Denial of food or sleep;
- Corporal physical punishment;
- Hitting;
- Unnecessary rough handling;

Any other unusual treatment that may be considered physical punishment  
Furthermore, no child shall directly discipline another child.

Disciplinary problems should be reported to the worker's coordinator, supervisor or to the child's parents or guardians.

## **INJURIES OR ILLNESS**

1. Persons who are ill (with a fever, or having a communicable disease which can be transmitted by cough or by touch) will not be permitted to participate in ministry activities.
2. A suitable substitute, (approved through the above screening process) must replace workers who are ill.
3. Participants should be returned to their parent or guardian as soon as illness is discovered. If this is not possible, then the person who is ill should be isolated in a manner that will allow supervision to continue until the person can be returned to their parent or guardian.
4. Reasonable steps should be taken to prevent exposure to body fluids of any kind.
5. Any coordinator/ supervisor who becomes aware of an injury to a worker or participant will take steps to ensure proper medical attention is given to the injured person.
6. Persons who have received an injury, which is obviously minor, should be given first aid as needed at the time of injury. The person's parent or guardian should be notified of the minor injury when they pickup the injured person.
7. Any injury, which may require medical treatment beyond simple first aid, should be given immediate attention. The parent or guardian of the injured person should be promptly notified, along with the worker's coordinator/ supervisor. An ambulance should also be called if warranted by the injury.

## **RECORD- KEEPING**

An attendance list should be kept for ministry's functions involving preschoolers, children, youth and the disabled. The date of the function, along with the names of all participants and coordinators/ supervisors should be recorded.

A written "Incident/ Notice of Injury Report," should be prepared when an injury occurs during a ministry function. The incident report should be completed and immediately forwarded to the ministry director or leader of the program.

All reports claiming abuse, illness, injury, misconduct of staff, or complaints related to any Dallas District Children's Ministries program, shall be properly kept by the District Children's Ministries Director. The District Children's Ministries Council will review the reports annually.

## **NOTICE OF INJURY, ABUSE, OR MOLESTATION**

Workers who become aware of an injury, abuse, or molestation connected with any ministry event, whether that incident has been disclosed by the preschooler, child, youth or disabled person as having happened at home or at any other location prior to his/ her attendance at the given event, will immediately inform their coordinator/ supervisor or ministry leader of such injury, abuse or molestation.

Any coordinator/ supervisor who becomes aware of an injury, abuse or molestation connected with any district ministry event will immediately inform the District Children's Ministry Director of such injury, abuse or molestation and will complete an "Incident/ Notice of Injury Report."

Do not treat the suspicion as frivolous.

The ministry director or leader receiving the initial report will be responsible for confirming the facts reported and the condition of the child, on the same day on which the first report is made

Data concerning the child's name, address, and other pertinent information will be obtained through discussions with the initial reporter and other staff members. The name and the address of the person responsible for the care of the child, needs to be obtained.

In instances where child abuse by a worker is alleged, the worker will be immediately suspended from their position.

Maintain confidentiality of the investigation as much as possible.

All information regarding an individual under investigation will not be given out unless that individual is contacted and notified of its need for usage. We will keep the congregation informed of the investigation with respect to matters that are not confidential, so the congregation will hear about the investigation from within the church rather than from the news media.

## **Who to Report an Abuse or Possible Abuse to:**

- (1) Any person who knows or has reasonable cause to believe that a child is neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Texas State Police; the CPS or its designated representative; the District attorney or the county attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected neglect or abuse shall promptly make a report to the proper authorities for investigation. If the CPS receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian or person exercising custodial control or

supervision, the CPS shall refer the matter to the district attorney or the county attorney and the local law enforcement agency or the Texas State Police. Nothing in this section shall relieve individuals of their obligations to report.

- (2) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is neglected or abused, regardless of whether the person believed to have caused the neglect or abuse is a parent, guardian, person exercising custodial control or supervision of another person, or who has attended such child as a part of his professional duties shall, if requested, in addition to the report required in subsection (1) of this section, file with the local law enforcement agency or the Dallas State Police or the district or county attorney, the CPS or its designated representative within forty-eight (48) hours of the original report a written report containing:
  - (a) The names and addresses of the child and his parents or other persons exercising custodial control or supervision;
  - (b) The child's age;
  - (c) The nature and extent of the child's alleged neglect or abuse (including any previous charges of neglect or abuse) to this child or his siblings;
  - (d) The name and address of the person allegedly responsible for the abuse or neglect; and
  - (e) Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.
- (3) The CPS upon request shall receive from any agency of the state or any other agency, institution or facility providing services to the child or his family, such cooperation, assistance and information as will enable the CPS to fulfill its responsibilities.
  1. any individual who suspects that abuse or molestation of a participant has occurred will ensure that the authorities are notified immediately.
  2. Upon written notice of abuse or molestation, the district's insurance carrier must be promptly notified, as well as the District Superintendent and the appropriate department chair.
  3. Respond to the media through only a designated spokesperson. It is imperative that the Ministry emphasizes its position on child abuse and concern for the victim. Focus should be placed on the extensive steps being taken to address the present occurrence and eliminate future risks, in order to provide a safe environment for children.

Every allegation of abuse or molestation should be investigated promptly and thoroughly by officials and reported as stipulated. If an allegation is factual, the relationship with the Worker should be terminated immediately.

It is unlikely the problem will ever be resolved by relying on promises of the employee or volunteer to reform.

## **VIOLATION OF POLICY OR PROCEDURES**

1. Workers must promptly notify their director, coordinator/ supervisor of activity undertaken on their own behalf or by others who violate this policy or procedures.
2. Directors, coordinators/ supervisors or ministry leaders aware of a violation of the policy or procedures will take all necessary steps to ensure compliance with the policy and procedures by workers; and will remove workers from their position if such a removal is warranted, or if the worker poses a threat to others.

## **REVISION OF POLICY / PROCEDURES**

This policy will be regularly reviewed with legal counsel and can be modified in accordance with the bylaws of the organization. Any such modification should be promptly conveyed to all persons affected by the modification.

## **CONCLUSION**

Churches need to be prepared. This is the legal reason for creating safety policies, but there's a deeper, more significant reason-to protect children. Policies are printed expressions of the value placed on children. If the only reason for safety policies is to protect the organization, the church has missed Jesus' passion for children.

Some people may think that our church is too small to worry about these safety problems or that our church "knows" everyone. Remember it's much easier to make plans and develop safety policies as a means of prevention, rather than wait until they are needed as a reaction to an abuse case.

Some churches tend to take the biblical concept of trusting God to an extreme. They think nothing bad can happen to Christians. Although Jesus does promise many things about His care and provision for us, we must not be unwise regarding the safety of our children. When Jesus sent his disciples out on their first missionary venture, He sent them out in pairs and told them they were like sheep among wolves. He also told them bad things would happen to them, but that He would be with them (Matthew 10:16-19).

There is no automatic protection from evil for Christians. We're to watch and be ready. Accidents will happen. There will always be unforeseen circumstances that need to be handled. Therefore, the church should build sturdy safety policy fire blocks into the walls of its ministry to protect children.

Dallas District Children's Ministries desires to protect children through the implementation of the above policy. Adoption of these provisions will enable Our Church to provide a safe and secure environment for each individual of our church family and its guests.