

ST. MATTHEW UNITED CHURCH OF CHRIST
1420 SOUTH GABLES BOULEVARD
WHEATON, ILLINOIS 60189

SAFE CHURCH POLICY
Policies, Procedures, and Prevention

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Rationale

Throughout history, the Church has been understood to be a 'sanctuary,' a place of safety for all who enter. As a community of Christian faith, St. Matthew UCC is committed to creating and maintaining programs, facilities, and a community in which members, friends, staff and volunteers can worship, learn, and work together in an atmosphere free from all forms of discrimination, harassment, exploitation, or intimidation. All persons associated with St. Matthew UCC should be aware that the church is strongly opposed to exploitation and harassment and that such behavior is prohibited by church policy. It is the intention of the church to take action in an attempt to prevent and correct behavior that is contrary to this policy and, if necessary, to discipline those persons who violate this policy.

Definitions

St. Matthew UCC will not tolerate the mistreatment or abuse of one youth or vulnerable adult by another youth or vulnerable adult. In addition, St. Matthew UCC will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior.

Child: Any person under 18 years old.

Child Abuse: Any non-accidental physical or mental injury or mistreatment caused by the acts or omissions of the child's parents or caretakers. Child abuse includes the following:

- **Physical Abuse:** Non-accidental physical injury to a child.
- **Neglect:** Failure on the part of the child's parents or caretakers to provide adequate food, clothing, medical attention, shelter, or supervision which leads to harm of a child.
- **Sexual Abuse:** Sexual exploitation of a child done for the sexual gratification of the offender or other person.
- **Emotional Maltreatment:** Belittling and/or rejecting the child- not providing a positive emotional atmosphere.

Bullying: Aggressive behavior that is intentional, repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

- **Physical bullying:** When one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
- **Verbal bullying:** When someone uses their words to hurt another, such as by belittling or calling another hurtful names.
- **Nonverbal or relational bullying:** When one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
- **Cyberbullying:** The intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs).
 - a. Cyberbullying can involve:
 - Sending mean, vulgar, or threatening messages or images.
 - Posting sensitive, private information about another person.
 - Pretending to be someone else in order to make that person look bad.
 - Intentionally excluding someone from an online group.

- **Hazing:** An activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.
- **Sexualized bullying:** When bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposure of private body parts, and verbal bullying involving sexualized language or innuendos.

Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all youth and vulnerable adults, Clergy, employees, and volunteers.

Any incidents of bullying should be reported to the parents and either the Children's Ministry or Youth Ministry Director.

Scripture

Avoid every kind of evil. (1 Thessalonians 5: 22)

But among you there must not be even a hint of sexual immorality... because these are improper for God's holy people. (Ephesians 5: 3)

But if anyone causes one of these little ones who believe in me to sin, it would be better for him to have a large millstone hung around his neck and to be drowned in the depths of the sea. (Matthew 18: 6)

Training

Every volunteer, employee, and church leader who will have contact with children shall:

1. Receive and review a copy of APPENDIX D, Child Protection Policy.
2. Sign and acknowledge that he or she has read and agrees to abide by the Policy interpreting the Church's Christian faith and doctrine.
3. Receive information to recognize and become aware of the signs and symptoms of neglect and of physical and sexual abuse prior to working with children.
4. Receive instructions regarding procedures to follow if an incident of suspected abuse, neglect, bullying, or misconduct occurs.

Policy

To reduce the risk of allegations and/or abuse, volunteers are asked to comply with the following standards of conduct:

1. Every church worker/volunteer shall have read this Safe Church Policy and have signed the Safe Church Volunteer disclosure form.
2. It is recommended that every group of children or youth have at least two volunteers present at all times.
3. Volunteer workers should be cautious when displaying physical affection to a young person. Discretion should be used regarding physical contact with children.
4. Children should have as much privacy as possible when using the restroom. Volunteers should only enter a restroom stall when absolutely necessary to assist a child.

5. It is recommended visitors and/or 'new volunteers' are permitted to help in the children's ministry or youth ministry only with the approval of the director of Children's Ministry.
6. Parents are welcome to observe their child in his or her class. However, it is recommended that a worker should not allow a child to be alone with a visiting adult other than their parent.
7. Drivers must have a valid driver's license in order to drive any youth or child on a church-sponsored event. In addition, volunteers must have liability insurance on their vehicle in amount equal to or greater than those specified in Appendix E. Whenever possible, drivers should be adults over the age of 21. However, it is understood that drivers under the age of 21, but no younger than 18, may be used from time to time, especially if the event is a day trip within a reasonable short distance of the church. Drivers should have a clean driving record and a vehicle in good repair.
8. Only drivers with safe driving records will be allowed to drive at church sponsored activities.
9. Persons knowing of another worker/volunteer's previous history of child abuse should report that knowledge to the pastor.
10. By definition, our workshop rotation model includes a teacher and a shepherd which minimizes one-on-one time with a child.

Procedure for Reporting Child Abuse

1. Inappropriate physical, emotional, or sexual behavior on the part of an adult toward a child should be immediately confronted by the other adult in attendance. This is for the well being of the child and the protection of both of the adults.
2. The inappropriate behavior of child abuse witnessed by the adult in attendance should be reported to the pastor or appropriate staff person within 24 hours of the occurrence. (See Appendix C)
3. The appropriate staff person will report the incident to the pastor. The pastor and the appropriate staff person or persons, by virtue of their employment, are required to report to the Department of Child and Family Services any situation in which they have reasonable cause to believe that a child known to them in their professional capacity has been neglected or abused. (DCFS Hotline 1-800-252-2873)
4. If parents suspect any inappropriate situation between their child and a church volunteer, they are encouraged to bring their concerns to the pastor or an appropriate staff person as quickly as possible.
5. If church volunteers suspect possible abuse of a child within the church or in another setting, they are encouraged to bring their concerns to the pastor or an appropriate staff person as quickly as possible.

Child Abuse Response Plan

1. The care and safety of the victim is the first priority. The pastor or appropriate staff person will assess the situation and take necessary steps to provide for the safety and well being of the child.
2. The pastor or appropriate staff person will notify the pastor of the child abuse incident immediately after the safety and well being of the child has been handled and the situation stabilized.
3. The reporting party or appropriate staff person will take necessary and appropriate actions. This may include, but is not limited to, contacting the police, contacting the Department of Child and Family Services, contacting the church's legal counsel.

4. The pastor will meet, as soon as possible, with the adult cited in the incident.
5. The pastor will contact the parents of the child.
6. The pastor or appropriate staff person will document the incident by filling out a Report of Suspected Child Abuse form within 24 hours of the occurrence. (See Appendix C)
7. All actions taken by the church to handle the incident will be documented.
8. The pastor will take necessary and appropriate action that may include, but is not limited to, suspension of the church worker, notifying the police, responding to inquiries from the media and press and contacting DCFS.

APPENDIX A

Recognizing the Signs and Symptoms of Child Sexual Abuse

This listing is for the purpose of equipping all church members to be alert for situations which they may encounter in the church and in the larger community. Children who have experienced and are currently experiencing sexual abuse may exhibit any combination of these signs and symptoms.

NOTE: No one of these symptoms means that molestation has taken place. The key issue is whether there is a cluster of these symptoms at a given point in time and when they cannot be explained by other factors (moving, new baby, death of a pet, etc.).

CHILDREN 2 - 8 YEARS OLD

- Sleeplessness, night terrors, fear of going to bed
- Fear of animals, insects, ghosts hiding within child's room
- Complaints of pain in the genital area; pain upon using the toilet; redness or itching in genital area
- A loss or regression from toilet training, especially night wetting
- Knowledge of words or sexual concepts beyond age-appropriate levels of sophistication
- Sex play involving dolls or stuffed animals (one doll atop another, etc.), especially if repetitive
- Oblique complaints about people touching their clothes or pulling at their clothes
- Hiding of underclothes, losing articles of clothing
- Sexual acting out (or language) to another child (often children work out their diffuse feelings of victimization on another, younger child or sibling)
- Unexplained change in school adjustment (may often help to talk with child's teacher)
- Regressive behavior (return to thumb sucking habit, for example)
- Fear of adults previously comfortable with, or increased frequency of mention of an adult not previously mentioned so often

OLDER CHILDREN AND TEENAGERS

- Memory loss- forgetfulness

- History of accidents, accident-prone
- Eating disorders, weight gains and losses (especially rapid gains and losses)
- Body memories and physical regressions (hyperventilation, unexplained pains, for example)
- Particular family roles: surrogate spouse, scapegoat, and parental protector
- Sleep disorders, startle responses, sleeping with parents
- Suicidal feelings, attempts or threats
- Pseudo maturity, sexually precocious
- Adolescent prostitution or promiscuity, or use of pornographic materials
- Changes in school behavior and grades; truancy
- Depression or anxiety, including withdrawal and isolation
- Alcohol and/or drug use
- Excess fears (for example, of males, going home, blood, pain, being alone)
- Unexpected sexual vocabulary (especially beyond the vocabulary of age-mates)
- Cystitis, abdominal pains, adolescent pregnancy, VD, vaginal or urethra discharge
- Repeated hospitalizations or chronic illness/physical complaints
- Frightening fantasies and dreams, especially if frequent
- Compulsive/obsessive sexual behavior, including compulsive masturbation
- Sexual avoidance, fears, phobias or obsessions
- Sadomasochistic/masochistic behaviors
- Inability to work or concentrate on schoolwork
- Cannot take care of self or organize life activities in an age-appropriate way
- Triangulated or unhealthy relationships
- Cannot sustain intimacy- distrustful/panicky about authority figures
- Cannot feel feelings
- Pretend not to care
- Manipulation and games
- Shame, defiance, denial
- Muscle tremors
- Parents, uncles, aunts, grandparents who have been sexual offenders
- Dissociation/feeling of unreality/feeling crazy

APPENDIX B

Profile of a Sex Offender

Children are often understandably reluctant to reveal that they have been or are being sexually abused because that abuse often happens with a relationship which is important to the child.

Studies show that 60-90% of all child sexual abuse happens between a child and an adult who is KNOWN, TRUSTED, and VALUED by the child (a teacher, coach, scout leader, neighbor, youth leader, mentor, choir director, camp counselor, tutor, baby-sitter, family member, etc.).

Extra-familial sexual abuse (that in which the abusing person is NOT a family member) usually has specific dynamics:

1. The offender is trusted by the child/youth; therefore the offender has a special kind of access to the child/youth.
2. The offender knows the child's vulnerabilities (broken family, neglect, poor self-esteem, frequent relocations, school adjustment problems, etc.).
3. The offender has often been 'grooming' the child/youth- giving gifts, money, favors, affirmation, trips or outings, telling secrets, writing letters, offering overnight stays, or in many other ways seeking opportunities to become more important to the young person.
4. Extra-familial abusers often are very lonely themselves. They appear to have no other social outlet other than being with children or youth. They may seem uncomfortable with adults or peers.
5. Extra-familial abusers may seem to have an exceptional amount of dedication to young people- they may show signs (or express aloud) that their work with young people is what makes their life worth living.
6. Extra-familial abusers often resist any kind of adult accountability- they react with hostility to anyone who invades their 'turf' with children/youth or ask questions about their ministry with this group.
7. Extra-familial abusers are drawn to situations where they have contact with trusting children- therefore they may seem overeager about opportunities to be in positions of authority with young people.
8. At the same time, extra-familial abusers often romanticize young people and seem to enjoy being seen as a 'hero' for their exceptional concern for children/youth.
9. Extra-familial abusers may set themselves up as a 'second family' for children/youth, inviting them to spend the night, remembering birthdays, going to school events, accompanying to doctor appointments, or even leading a child/youth to believe that their biological family is unable or unwilling to care for them.

APPENDIX C

Report of Suspected Child Abuse Form

Today's date: _____

Your name: _____

Child's name: _____

Suspected offender's name: _____

Describe the situation observed:

When did this occur? _____

Did anyone else observe this: If so, who? _____

To whom did you first report this?

When did you first report this?

It is the desire and intent of the St. Matthew leadership to maintain confidentiality in cases of suspected child abuse. However, this cannot be guaranteed. It may become necessary for you to confront the suspected offender and/or testify about what you have observed. Please be assured that the church leadership is acting in good faith and in a spiritually correct manner. They will extend strong support toward you and the individual so that inappropriate action is halted.

Signature: _____ Date: _____

This form is confidential for the witness, appropriate staff person, and the Senior Pastor.

APPENDIX D

Safe Church Volunteer Disclosure Form

_____ Read Safe Church Policy
(Date)

Name: _____

Address: _____

Phone Number: _____ Email: _____

1. I have never been found guilty, or pled guilty or no contest, to a criminal charge related to sexual discriminations, sexual harassment, sexual assault, sexual abuse, physical abuse, or child abuse.

_____ True _____ Not True

2. No civil lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual assault, sexual abuse, physical abuse, or child abuse has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations had expired.

_____ True _____ Not True

If not true, please give explanation on a separate sheet indicating date, nature, place of incident.

3. My employment, professional credentials, or service in a volunteer position were never terminated due to allegations of actual or attempted sexual discrimination, sexual harassment, sexual assault, sexual abuse, physical abuse, or child abuse.

_____ True _____ Not True

If not true, please give explanation on a separate sheet.

4. I am available to drive as part of my ministry at the church. If not, please skip to #7. (Youth Volunteers only)

Driver's License Number: _____

State of Issue: _____ Expiration Date: _____

5. I have not had my driver's license suspended or revoked within the last 5 years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance. (Youth Volunteers only)

If not true, please give explanation on a separate sheet.

6. My vehicle insurance coverage is up-to-date. (Please attach a copy of your current insurance card and driver’s license.) (Youth Volunteers only)
7. There are no facts or circumstances involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying.

If not true, please give explanation on a separate sheet.

Signature of volunteer: _____ Date: _____

Signature of parent (if volunteer is 18 years of age or under)

I have read the Safe Church Policy for Ministry and am familiar with its content. I agree to give my best effort to the ministry and to adhere to the guidelines established by the Safe Church Policy.

Signature of volunteer: _____ Date: _____

Annual Reaffirmation of Information

I affirm that none of the above information has changed. I have reviewed the Safe Church Policy again.

Signature of volunteer: _____ Date: _____

APPENDIX E

Volunteer Driver Qualification Form and Agreement for Use of Personally Owned Vehicles

Name: _____ Birth Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Years of Driving Experience: _____

Driver's License Number and State: _____ Expiration Date: _____

Insurance Carrier: _____ Expiration Date: _____

Liability Policy Limit - Bodily Injury: _____ Property Damage: _____

Or Combined Single Limit: _____

1. Are all licensed vehicles you own covered by insurance as required by law? Yes No
2. Have you ever been denied a driver's license or had one suspended or revoked?
Yes No
3. Have you had any moving traffic violations or accidents in the past three years?
Yes No

If the answer to questions 2 or 3 is YES, please explain. Give dates and details of violations and accidents on the back of this form.

I AGREE to the following as a condition of being permitted to act as a Volunteer Driver:

1. The vehicle owner's insurance is the primary liability insurance coverage in the event of an accident.
2. The owner of the vehicle which I am driving is responsible for keeping the vehicle in safe working order.
3. The owner of the vehicle which is responsible for all damage to the owned vehicle however caused.
4. The owner of the vehicle shall maintain liability insurance in the amount of at least:
 - Bodily Injury- \$50,000 per person and \$100,000 per accident or \$200,000 combined single limit
 - Property Damage- \$25,000 per accident
5. The church's insurance shall apply in excess of the vehicle owner's liability insurance limits in the event the primary limits are exhausted, and only to the extent the church is legally obligated to pay damages.
6. **I will not receive or initiate phone calls while operating a vehicle for church activities, to include receiving or initiating text messages.**
7. I will indemnify and hold the church harmless from liabilities and damage resulting from my operation of a motor vehicle not owned by the church. The church will indemnify and hold harmless the volunteer driver for liabilities and damages resulting from acts or negligence of the church.

I hereby AFFIRM that the information I have given is stated truthfully and that I shall abide by the terms of the church's Vehicle Use Policy.

Attach a copy of Driver's License and current Insurance ID Card.

Driver's Signature: _____ Date: _____

APPROVED: _____ Date: _____ Expiration: _____

APPENDIX F

Activity Waiver, Medical Information and Release

Dear Parent,

This Activity Waiver, Medical Release, and Medical Information must be filled out and signed by you before your child can be permitted to participate in any St. Matthew UCC youth fellowship activities. Your children, who are 18 or older, must also sign this form. Please return the signed form to the youth director.

Activity Waiver

My child/children

_____, may participate in (a) various St. Matthew UCC youth group activities and programs, including transportation, as well as (b) youth organized 'unofficial' activities such as gathering for refreshments or socializing before, after, or in place of a SMUCC sponsored program, including transportation. I take full responsibility for my child/children's participation in these activities. I, for myself and my child/children, my spouse, heirs, successors and assigns, hereby release and discharge SMUCC and all of its officers, employees, agents and volunteers from any and all claims, demands, and causes of action of whatsoever nature which I or my child/children, my spouse, heirs, successors and assigns, whether official or unofficial, including transportation, and hereby waive any and all such claims, demands and causes of action.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Phone _____

Signature of Youth if age 18 or older _____ Date _____

Medical Release

As parent or guardian of _____, I authorize treatment of my child/children by a qualified physician or nurse if medical treatment is needed. I understand that, should a serious or life-threatening emergency arise, initial treatment may be rendered by one of the adult youth group leaders or volunteers, if in the opinion of that individual, delay might endanger his/her life, cause disfigurement or undue discomfort. I have listed all allergies, ongoing medical treatment or medical problems under 'Medical Information' which might influence treatment for my child. I will be responsible for all charges incurred for my child's/children's treatment. This permission is granted with the understanding that, except in a serious medical emergency, a reasonable effort will be made to contact me prior to treatment.

Signature of Parent/Guardian _____ Date _____

MEDICAL INFORMATION

Family Information

Parent/Guardian's Names _____

Parent/Guardian's Address _____

Home Phone _____ Mobile Phones _____

Parent/Guardian's Email Addresses _____

Names of Emergency/Alternative Contacts _____

Emergency Contacts Home Phone _____ Mobile Phone _____

Medical Insurance Yes _____ No _____ Name of Insurance _____

Individual Child/Youth Information

Child/Youth 1 Name _____ DOB _____

Date of Last Tetanus Shot _____

Is your child under a physician's care for ongoing treatment? Yes _____ No _____

Medical Condition _____

Treatment and/or Medication _____

Does your child have a serious or life-threatening allergy? _____

If so, what is the emergency treatment procedure? _____

Child/Youth 2 Name _____ DOB _____

Date of Last Tetanus Shot _____

Is your child under a physician's care for ongoing treatment? Yes _____ No _____

Medical Condition _____

Treatment and/or Medication _____

Does your child have a serious or life-threatening allergy? _____

If so, what is the emergency treatment procedure? _____

MEDICAL INFORMATION (CONTINUED)

Child/Youth 3 Name _____ **DOB** _____

Date of Last Tetanus Shot _____

Is your child under a physician's care for ongoing treatment? Yes _____ No _____

Medical Condition _____

Treatment and/or Medication _____

Does your child have a serious or life-threatening allergy? _____

If so, what is the emergency treatment procedure? _____
