

Grove Park Baptist Safe Church Policy

Rationale

A central tenet of the Christian faith is the inherent value and worth of all children, youth, and adults. Children, youth, and other vulnerable people are least able to protect themselves in our society and are particularly vulnerable to abuse and neglect. Grove Park Baptist Church is eager to keep all and explicitly the youth, children, and other vulnerable people who participate in the life of this congregation safe.

We believe implementing a policy and adopting procedures to protect our children, youth, and other vulnerable people recognizes that:

Our Christian faith calls us to offer both hospitality and protection to our children, youth, and other vulnerable people. We believe that all persons are individuals of sacred worth, created in the image of God and must be protected from economic, physical, and sexual exploitation or abuse.

Throughout history, the Church has been understood to be a 'sanctuary,' a place of safety for all who enter. Tragically, churches have not always been safe places for children, youth, and other vulnerable people. Neglect, sexual abuse, and exploitation occur in churches, both large and small, urban, and rural. The problem cuts across all economic, cultural, racial, and ethnic lines. God calls us to make our churches safe places.

Abuse prevention and ministry protection policies and procedures are essential for congregations, not only for the protection and safety of our children, youth, and other vulnerable persons, but also for our volunteers and staff working with them. The Gospel calls us to be engaged in ministry with children, youth, and other vulnerable persons.

Jesus taught, "Whoever welcomes one such child in my name welcomes me" (Mark 9:37 ESV) and "If any of you put a stumbling block before one of these little ones...it would be better for you if a great millstone were fastened around your neck and you were drowned in the depth of the sea" (Matthew 18:6 ESV)

We should not allow the possibility of risks to undermine or stop our ministry. Rather, we must:

- Acknowledge the risks and develop a practical plan to address these issues.
- Take steps to prevent harm to our children, youth, and other vulnerable persons.
- Continue to answer the Gospel's imperative to be in ministry with children, youth, and other vulnerable persons, thus making a difference in their lives.

Definitions

Grove Park Baptist Church will not tolerate mistreatment or abuse by anyone. In addition, Grove Park Baptist Church will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, will take steps needed to eliminate such behavior.

Child/Youth: Any person under 18 years old.

Child Abuse: Any non-accidental physical or emotional injury or mistreatment caused by the acts or omissions of the child's parents, caretakers, peers, or others. Child abuse includes but is not limited to 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 Mistreatment:** Belittling and/or rejecting the child- not providing a positive emotional atmosphere.

Bullying: Aggressive behavior that is intentional, repeated over time, or involves an imbalance of power or strength. Bullying can take on various forms, including but is not limited to:

- **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 name.
- **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). Cyberbullying can involve:
 - Sending mean, vulgar, or threatening messages or images.
 - Posting sensitive, confidential 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, volunteers, and to all sponsored activities on our property.

Any incidents of bullying must be reported to the parents and a member of the pastoral staff.

Volunteer/Staff Policies

All volunteer and paid staff at Grove Park Baptist Church will:

- Be at least 21 years old. Exceptions apply for youth helpers approved by the senior pastor.
- Be at least five years older than the oldest child/youth they will be supervising.
- Be a regular attendee at Grove Park Baptist Church for at least six months.
Exceptions may be made in consultation with the pastor in charge for special situations.
- Complete and sign all applicable documentation and the related waivers giving permission to check references and background information.
- Undergo a criminal background check if they will have leadership responsibility for children/youth/other vulnerable people. Individuals who have been convicted of physical or sexual abuse or neglect may not work in any church-sponsored activity or program for preschoolers, children, youth, or other vulnerable people. Similarly, those who have been convicted of financial crimes are prohibited from working with church finances.
- Be interviewed for suitability for the work they desire to do. Interviews will be conducted by the leader of the program or their designee with which the person will work. Church policy and guidelines should be discussed during the interview.
- 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.
- Receive and follow instructions in GPBC safe church policy 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 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 strongly recommended that every group of children or youth have at least two volunteers always present.
3. Volunteer workers must be cautious when displaying physical affection to a young person. Discretion must be used regarding physical contact with children.
4. Children will have as much privacy as possible when using the restroom. Volunteers will only enter a restroom stall when absolutely necessary to assist a child.
5. Parents are welcome to observe their child in his or her class. However, a worker must not allow a child to be alone with a visiting adult other than their parent.
6. Children, youth, and other vulnerable people will be checked into and out of a church-sponsored activity by their parent or legal guardian or people authorized by the parent/legal guardian.

7. Participants will have access to a telephone or cell phone when groups are at or away from the church facility.
8. One-on-one interactions with children and youth will be with an open door and visible to all. The pastor, parent or guardian, or another screened adult should be aware of any such interactions.
9. All classroom and office doors will have a window or be visible from the hallway, or doors should remain open while the room is occupied. Windows will be kept free from adornment.
10. For overnight events at the church and church-sponsored off-premises activities, two or more screened adults must be present. This arrangement must include at least one male and one female if the group is mixed gender.
11. Drivers must have a valid driver's license 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 C. 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. A clean driving record is defined as having no points assigned for 3 years, no accidents that were your fault in 3 years, no traffic tickets or moving violations in 3 years, and over 10 years with no DWIs or hit-and-runs.

Social Media Policy

The use of electronics or media communications may be useful tools in supporting ministries with children, youth, and other vulnerable people. However, in such circumstances, the following requirements shall be met:

1. The volunteer or staff person shall never initiate a connection (friending, following, etc.) on social media. If a student initiates a connection, the child, youth, or vulnerable person's parent or guardian as well as the pastor in charge shall be notified.
2. If an adult leader receives a private text from a child, youth, or vulnerable person that seems to be questionable, the adult leader will immediately end the conversation in the virtual space and offer opportunities to have the conversation in person and in compliance with the earlier guidelines for one-on-one conversations. The ministry supervisor and/or parent/guardian will be made aware of the incident immediately.
Note: If an in-person meeting is not possible, those involved will determine the most reasonable alternative in compliance with the earlier guidelines for one-on-one conversations.
3. All in-person protection policies apply to online platform meetings like Zoom, Skype, Messenger, and so on.
4. An official church account will be established and used for online activities, not a personal account. Communication about online meetings will be shared with parents/guardians as well as with children, youth, and other vulnerable people. Adult leaders and participants will use their real names as usernames. Attendance of online meetings will be documented.

Procedure for Reporting Child Abuse

1. Inappropriate physical, emotional, or sexual behavior on the part of an adult toward a child must be immediately confronted by the other adult in attendance. This is for the wellbeing of the child and the protection of both adults.
2. The inappropriate behavior of child abuse witnessed by the adult in attendance must be reported to the pastor or appropriate staff person within 24 hours of the occurrence. (See Appendix A). All volunteers must likewise be aware of their responsibility to report abuse to the Department of Social Services, Alamance County Sheriff's Department, or other relevant authorities.
3. The appropriate staff person must 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 Social Services (DSS) 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. (Alamance County DSS Number 336-570-6777).
4. If parents suspect any inappropriate situation between their child and a church volunteer, they are strongly 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 will 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 wellbeing of the child.
2. The pastor or appropriate staff person will notify the senior pastor of the child abuse incident immediately after the safety and wellbeing of the child has been handled and the situation stabilized.
3. The volunteer 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 Social Services, contacting the church's legal counsel.
4. The pastor will meet, as soon as possible, with the party cited in the incident.
5. The pastor will contact the parents/guardians of the child/vulnerable adult.
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 A)
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 DSS.

APPENDIX A

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 Grove Park Baptist Church 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 B

Safe Church Volunteer Disclosure Form

_____ Read GPBC 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

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

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 an 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.

Driver's License Number: _____

State of Issue: _____ Expiration Date: _____

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Appendix B Continued

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.

_____ True _____ Not True

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.)

_____ True _____ Not True

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

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.

_____ True _____ Not True

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 Grove Park Baptist Church Safe Church Policy 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: _____

Triennial 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: _____

Note: This document will be securely maintained for a period of seven years and may be accessed only by appropriate church representatives or as required by a North Carolina review body.

APPENDIX C

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 a separate sheet.

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 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 D

Volunteer Disclosure Form For Background Check

DISCLOSURE:

Grove Park Baptist Church (GPBC), as a church body, requires background checks performed for the following duties, responsibilities, and circumstances included below but not limited to committee or other church position interaction with the church's vulnerable population, and the church financial aspects or other data/records of a sensitive nature. Additionally, GPBC determined background checks shall be performed on candidates and others outside the church membership as deemed necessary by the church's committee selected to perform the background checks. Your background check may contain the following:

- Criminal records Civil records Driver's license status Credit reports
- Other (specify) _____

AUTHORIZATION:

I understand that I am required to furnish the attached information for Grove Park Baptist Church's use in determining my qualifications for a position, which has been classified as an interaction with the church's vulnerable population, the church financial aspects or other data/records of a sensitive nature by Grove Park Baptist Church. I authorize those pertinent organizations (any government, any law enforcement agency, etc.) to release to Grove Park Baptist Church any information about me for which said agency may have in its possession. Unless already prohibited by law, this includes but is not limited to any data or materials involving matters that are currently sealed. I agree that a photocopy of this Authorization may be accepted by any law enforcement agency or by my current or former employer in the same manner as the original. I hereby expressly waive any requirement that I be provided prior or contemporaneous notice (either oral or written) of the agency's release of information or documents about me to Grove Park Baptist Church. I further understand that to the extent Grove Park Baptist Church is prohibited by law from sharing confidential reports about me that it receives from either a law enforcement agency or other agencies; I am entitled to receive summaries of the contents of the reports upon request.

RELEASE:

I hereby release, discharge, and exonerate any person, agency or entity supplying information and documents about me to Grove Park Baptist Church pursuant to the above Authorization from any and all liability of every nature and kind arising out of the furnishing of such information and documents. I understand that Grove Park Baptist Church has sole authority to designate which positions or responsibilities require background checks.

CERTIFICATION:

I hereby certify that all statements on the attached background check form are true and correct to the best of my knowledge and belief. I understand that Grove Park Baptist Church solicits this information and may solicit additional information so as to be informed of my previous record and character. I further understand and agree that any misrepresentation, falsification, or omission of facts by me may constitute good cause for corrective action, up to and including my disqualification from Grove Park Baptist Church for which the background check is being performed. I also understand and agree that my status with Grove Park Baptist Church is conditioned upon Grove Park Baptist Church determination that the results of this background check are satisfactory. I further agree and understand that future criminal behavior by me may be considered in a review and disqualification by Grove Park Baptist Church for service which the background check is required.

Print name: _____

Signature

Date

Witness Signature

Date

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APPENDIX E

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 Grove Park Baptist Church 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 Grove Park Baptist Church 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 GPBC 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 GPBC 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 _____

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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 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 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 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 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 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?

APPENDIX F

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 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.
- Sadoomasochistic/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 G

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.