

Reducing the Risk of Abuse

Suggestions for Adults Who Work with Youth and Children

It is important for the protection of youth and children and those of us who work with them to keep the highest standards possible in regard to our relationships with each other. Children and youth rely on adults to protect them, and above all, to do no harm. These suggestions can help us maintain high standards.

1. Never meet alone with a youth or child without his/her parent's permission or without another adult present.
2. If an impromptu meeting of an adult with an individual youth or child should occur, precautions should be taken to safeguard the individuals involved. Meet in an open area, and be sure that all doors are open (e.g., the fellowship hall or an open hallway would be more appropriate than a classroom).
3. If it is necessary to ride or drive alone with a child or teen, special care should be taken:
 - ◆ Obtain permission from the child's parent.
 - ◆ Avoid physical contact.
 - ◆ Avoid stopping the car to talk.
 - ◆ If you must stop, turn on the inside light of the car.
 - ◆ Be aware of and write down the time when you depart and arrive.
4. Discretion must be used in dealing with all youth and children, especially regarding physical contact. Innocent behavior can be misinterpreted. In particular, stroking, massaging, kissing or other contact of a sexual nature is strictly prohibited. Any display of affection should be made in a public setting in front of others.
5. Some children and youth may be uncomfortable with any kind of physical contact. Volunteers and staff should avoid any physical contact with youth and children that might be unwelcome. If a child or youth expresses any discomfort regarding physical contact, volunteers and staff should immediately discontinue such contact and not repeat it.
6. Sexual gestures or overtures to a volunteer or staff person by a youth or child should be reported to a member of the pastoral or program staff, and, if appropriate, the child's parent, so that discussion can be held with the student.
7. Any verbal or nonverbal sexual behavior with any youth or child is inappropriate. It is inappropriate for an adult leader to date a young person at any time.
8. Avoid any situation that puts you or the youth/child in a risky position. Think before acting. Ask a member of the pastoral or program staff or a fellow youth worker their opinion about any activity you are planning with a youth or child before you do it.
9. Be aware of your own history. Those who have abused others are more likely to have been victims of abuse themselves, especially if they have not received help along the way. Individuals who have been abused as children are encouraged to discuss their stories with professional therapists or clinicians. Gloria Dei's pastoral or program staff can discuss this confidentially with you and refer you to appropriate places for care if you request.
10. For more information on reducing the risk of abuse, or reporting suspected cases of it, contact a staff member of Gloria Dei. You may also contact Children's Services, Minnesota Department of Human Services, 444 Lafayette Rd N, Saint Paul MN 55155-3839, or visit their web-site at http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000152

Symptoms of Child Sexual Abuse

Be familiar with signs and symptoms of sexual abuse, but use caution when identifying them. Other trauma in a child's life may cause similar symptoms. Not any one indicator would confirm sexual abuse, but identification of several should cause concern. Allow each indicator to raise a "red flag" in your mind.

Child sexual abuse is: *any sexual activity with a child, whether in the home, a day care situation, or any other setting.*

The abuser may be an adult, an adolescent or another child, known or unknown to the victim.

Child sexual abuse can be violent or nonviolent. All child sexual abuse is an exploitation of a child's vulnerability and powerlessness in which the abuser is fully responsible for the actions.

Child sexual abuse is CRIMINAL BEHAVIOR that involves children in sexual behaviors for which they are not personally, socially and developmentally ready.

Child sexual abuse includes behaviors that include touching and non-touching aspects:

Touching

fondling
oral, genital and anal penetration
intercourse
forcible rape

Non-touching

verbal comments
pornographic videos/pictures
obscene phone calls
exhibitionism
allowing children to witness sexual acts

Young children may exhibit these signs:

- ◆ nightmares and other sleeping disturbances
- ◆ bed-wetting
- ◆ fecal soiling
- ◆ excessive masturbation
- ◆ clinging/whining
- ◆ regression to more infantile behavior
- ◆ explicit sexual knowledge, behavior or language unusual for the child's age
- ◆ withdrawal
- ◆ frequent genital infections
- ◆ unexplained gagging
- ◆ agitation, hyperactivity, irritability, aggressiveness
- ◆ loss of appetite

Older children may react in these ways:

- ◆ depression
- ◆ withdrawal
- ◆ poor self-image
- ◆ chemical abuse
- ◆ running away or aversion toward going home
- ◆ recurrent physical complaints such as infections, cramping or abdominal pains, muscle aches, dizziness, gagging and severe headaches
- ◆ self-mutilations such as cutting, burning, tattooing
- ◆ suicide attempts
- ◆ truancy
- ◆ change in school performance
- ◆ overtly seductive behavior, promiscuity, prostitution
- ◆ eating disorders such as anorexia, obesity, sudden weight gain and sudden weight loss
- ◆ limited social life
- ◆ attention-getting or delinquent behavior

Symptoms of Teen Depression

What happens prior to the tragedy of a teenager who puts a gun to his head or a razor blade to her wrist? Usually, this child has been enveloped by feelings of despair -- a sense of being helpless and hopeless, a belief that no way out exists other than death.

For some this attitude develops gradually over an extended period of time. For others, especially those with an impulsive personality or those involved in alcohol and/or drug abuse, the decision can be made more rapidly.

By being alert to the warning signals exhibited by distressed adolescents, parents, teachers and friends can act quickly and knowledgeably to avert the suicidal action.

The warning signals are disguised cries for help made by confused and desperate teens. If someone is considering suicide, you may be able to identify several of the following behaviors:

- ◆ severe depression that seems to be continuing and that may have been caused by or related to a serious loss of some sort (loss of a parent or friend, breakup of a romance, academic or social failure, etc.)
- ◆ suddenly backing off from people and formerly enjoyable activities -- becoming increasingly isolated and unwilling to participate or talk things over
- ◆ disposal or dispersal of prized possessions
- ◆ sudden decline in school performance or effort
- ◆ written or verbal statements that suggest a wish to die, or to escape, or that suggest a final departure ("I wish I were dead" . . . "Who needs this world" . . . "Soon it'll all be over" . . . "I can't take any more of this" . . . "You won't have to worry about me much longer")
- ◆ unusual hostility or aggression, increased physical fighting, and uncharacteristic defiance of those in authority
- ◆ threatened or attempted suicide or past experience with attempted suicide
- ◆ acting in strange manners, behaving illogically and seeming out of touch with reality
- ◆ sudden happiness after a prolonged episode of depression and despair (Sometimes the reason the depression has lifted is the person has decided to go ahead with the suicide attempt.)
- ◆ deterioration in personal appearance and grooming
- ◆ changes in eating and sleeping habits
- ◆ abrupt mood swings or problems with concentration
- ◆ substance abuse (alcohol and/or drug)
- ◆ exhibits hopelessness or impulsiveness, or has an obsession with death -- wishing death, or drawing up a will

Crisis Hotline Numbers

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| United Way's 211 (First Call for Help) | 651-224-1133 |
| Alcoholics Anonymous | 651-227-5502 |
| Al-Anon/Alateen Information Center | 651-771-2208 |
| Alcohol-Drug Treatment Referral (24 hours) | 800-996-DRUG |
| Bridge for Runaway Youth | 612-377-8800 |
| Children's Crisis Hotline (24 hours) | 651-774-7000 |
| Children's Home Crisis Nurseries | 651-641-1300 |
| Children's Mental Health Crisis Line | |
| Ramsey County | 651-774-7000 |
| Dakota County | 952-891-7177 |
| Washington County | 651-777-5222 |
| Citizens' Council Victim Services | 612-340-5400 |
| Crisis Connection (24 hour counseling) | 612-379-6363 |
| Dakota County Social Services Child Protection | 952-891-7480 |
| Emergency Social Services for | |
| Ramsey & Washington Counties | 651-291-6795 |
| Family Violence Network Help Line | 651-770-0777 |
| Hennepin County Children and Family Services Info Line | 612-348-3000 |
| Lifeline (Pregnancy & Abortion Counseling) | 800-238-4269 |
| Lutheran Social Services | |
| Counseling and Family Resources | 888-881-8261 |
| Merrick Community Center | 651-771-9339 |
| Midwest Children's Resource Center | |
| of Children's Hospital | 651-220-6750 |
| Minnesota Family and Children's Services | 651-431-4690 |
| National Child Abuse and Safety Switchboard | 800-4-A-CHILD |
| National Runaway Switchboard | 800-RUN-AWAY |
| Planned Parenthood | |
| Minnesota | 800-230-7526 |
| St. Paul (Ford Parkway) | 651-698-2406 |
| Ramsey County Child Protection | 651-266-4500 |
| Safe House-St. Paul | 651-644-3446 |
| Ramsey County Sexual Offenses Services | 651-643-3006 |
| St. Paul Youth Service Bureaus | 651-771-1301 |
| Sexual Violence Center | |
| (Hennepin, Carver & Scott Counties) | 612-871-5111 |
| STD Hotline (sexually transmitted disease) | 800-227-8922 |
| Wilder Child Guidance Clinic | 651-642-4001 |
| Wingspan GLBT ministries | 651-224-3371 |
| Youth Crisis Hotline | 800-442-4673 |