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# **Child Maltreatment: Making Sense Out of the Senseless**

## **Defining Child Maltreatment**

In Safe From Harm we prefer the term child maltreatment since it refers to related but very different behaviors: physical, emotional or sexual abuse, and neglect. Child maltreatment is any type of harm to a child by a caretaker. This includes acts of commission (assault) as well as acts of omission (failure to protect).

It makes little sense for corps or programs to focus on one type of danger, sexual abuse for example, without also considering injuries caused by unsafe drivers or drowning hazards on a poorly supervised canoe trip. Safe From Harm recommends that units of The Salvation Army treat safety planning as comprehensively as possible. As long as you are going to the trouble of preventing one type of problem, why not exert a little bit more energy to address other hazards?

## **How Child Maltreatment Happens**

Four key conditions must be met before anyone can abuse or mistreat a child in your corps or program:

1. An individual with a tendency to abuse or neglect has access to kids.
2. The individual must overcome his or her own inhibitions.
3. The individual must overcome external barriers in place to protect children.
4. The individual must overcome the child's resistance to being abused.

Effective prevention means combating these four conditions consistently!

## ***Safe From Harm* works against all four of these necessary conditions simultaneously:**

1. A careful selection system attempts to screen out people with identifiable tendencies to abuse or neglect kids. Access to children is limited to people who have completed a screening process.
2. Warnings, rules, and training help strengthen an adult's inhibitions against harming kids.
3. Strong supervision and wise operating guidelines provide significant barriers to child abuse.
4. Children (and their parents) are prepared in advance to recognize, resist, and report abuse.



## Recognizing Child Maltreatment

Everyone working with children and youth should know the warning signs of child maltreatment. Even if the maltreatment is occurring outside of Salvation Army activities, recognition and reporting are critical to victimized children.

Be aware that even children who are not in any way being mistreated may exhibit some of these symptoms as they develop. If several of these indicators are found, child and youth workers should promptly:

- Offer the child extra attention,
- Look for explanations for the indicators,
- Consult with knowledgeable advisors,
- Follow National Salvation Army policy and local legal reporting requirements.

### Nursery Through Elementary Age

#### Behavioral Indicators of Possible Abuse

- abrupt personality change
- confident child becomes clingy
- child shows need for “you’re okay” reassurance
- sudden groundless fears expressed
- abrupt changes in behavior, activity levels, or degree of shyness
- changes in toilet training habits
- child is reluctant to be with a particular person
- inappropriate sex play with peers or toys
- child discusses sex acts at a level above his/her age
- unnatural interest in own or others’ genitals
- drawings with genitals included

#### Physical Indicators of Possible Abuse

- irritation, itching, or injury to anal or genital area
- torn, stained, or bloody underwear
- cigarette burns
- any pattern of injury that cannot be readily explained— especially repetitive injuries
- difficulty in walking
- wearing excessive clothing, especially to bed
- bedwetting inconsistent with stage of development

## **Older Children and Adolescents**

### **Behavioral Indicators of Possible Abuse**

- acting out behaviors: fighting, excessive rebelliousness, alcohol or other drug usage
- excessively suggestive or seductive behavior
- running away from home or strong aversion to being at home
- strong preference or discomfort with particular person(s)
- sexual promiscuity
- eating disorders
- fear of being or becoming homosexual (for boys abused by a male)
- bedwetting (sometimes used by incest survivors to keep a family member out of their bed at night)

## **Family Behavior**

### **Maltreatment Indicators**

- family is under significant stress - unemployment, illness, death, divorce
- socially isolated
- parents treat child as “property,” exhibit excessive control or rigid discipline
- family has experienced abuse or domestic violence
- mother or father was abused as a child
- family member abuses alcohol or drugs
- single mom has multiple boyfriends
- child takes on the role of parent — cares for younger siblings, expected to do excessive housekeeping or expected to meet the emotional needs of parent and/or siblings.



## **Situational Versus Preferential Child Molesters**

Experts in child molestation have reviewed the motivations of those who molest children and identified two main types of molester: situational and preferential. Understanding these motivations may help Salvation Army leaders safeguard children. Child sexual abuse by either type of molester must be prevented, but the nature of the offense and the means of prevention are different.

Situational molesters do not actively plan or fantasize about sex with young people. They may prefer and experience sexual relationships with other adults. However, when an opportunity to molest is presented, this molester gives in to temptation and acts on impulse. Often the molestation would never occur without exceptional circumstances, or unless there was unusual stress in the molesters' personal lives. They are harder to screen out in advance, since the tendency may not even exist until the opportunity arises; but they are easier to deter by minimizing situations that permit this type of abuse.

Many incidents of abuse in church are caused by situational molesters. They are difficult to screen out because they usually do not have a prior criminal record. Training, strong supervision, and emphasis on guidelines can deter or identify situational molesters.

Preferential molesters are sexual predators. They are sexually aroused more easily by children than by adults. Preferential molesters typically abuse children repeatedly and will assail hundreds of children throughout their lifetimes. They may expend a lot of energy fantasizing about sex with children and working to gain access to vulnerable children. This does not mean that preferential molesters are recognizable as sex-obsessed fiends; many are adept at living this "hidden life." They may be difficult to identify unless they have a criminal record. Preferential molesters can be deterred when they perceive awareness and safeguards that make your corps, service or program a risky place to find and abuse victims.

## **Watch Out for Grooming Behavior**

Grooming is a pattern of behavior by a child molester that makes a child more vulnerable to molestation or prevents a child from reporting molestation. After considerable contact with a child, a molester can evaluate and systematically break down the resistance of the victim. For example: a child molester involves a teen in breaking "minor" rules, lying about their whereabouts, and exposing the youth to alcohol and adult movies as an introduction to sexual activity. Later the molester threatens the child by saying, "Don't tell anyone what happened or you'll be in more trouble than me for what you have done."

## **Common Forms of Grooming Include the Following:**

- Providing excessive gifts, expensive trips, or money (the staff guidelines in the Safe From Harm Model Guideline Manual have specific rules regarding appropriate gift giving). Kids from poverty backgrounds are especially vulnerable to this type of grooming.
- Encouragement to take part in any form of prohibited behavior. This involves getting a young person to break a “little taboo” before suggesting breaking a “big taboo.” As stated above, children can later be blackmailed for taking part in forbidden activities.
- Excessive attention provided to selected children. This may include inviting kids home, playing favorites, or monopolizing a child’s time.
- Fostering excessive emotional attachment or reliance, especially if this is done quickly after meeting.
- Lack of clear boundaries on the part of the adult. (For a description of the term boundaries, please see the Glossary of Terms at the beginning of this handbook) Even dedicated ministry workers place limits on the degree of involvement they have with the children and youth they serve. Healthy ministry workers seek to support kids but not to make them dependent. Ministry workers should encourage kids to clearly define their own boundaries and respect those boundaries. Of course, kids with poor boundaries are especially vulnerable, so watch carefully for any signs that an adult is grooming those young people.
- The “guru syndrome”—meaning a ministry focused on the personality of the ministry worker. This pattern tends to make kids overly dependent on the specific youth worker. Of course many successful ministry workers have used a sparkling personality to attract kids and keep their interest. But beware the youth leader who seems overly focused on charming certain kids rather than empowering them for mature relationships.
- Secret activities that may be disguised as initiation to an inner circle of the program. The Safe From Harm Model Guideline Manual makes it clear that there are no secret activities or meetings closed to parents. Even younger children can be taught the difference between secrets that make people happy when they discover them (surprise birthday parties or wrapped presents) and secrets that make someone sad when they learn about them.
- Grooming "upward" -- Preferential molesters are skilled at winning the favor and trust of other adults and kids close to their victims. This creates a complex web of individuals who may believe the perpetrator instead of the child if the victim tries to ask for help.



## **Participants (and Their Parents)**

The age and vulnerability of the young people participating in youth activities are important factors in the level of risk. These determine which precautions must be used and how stringent the safeguards must be. Participants and their parents should be trained to recognize, resist, and report maltreatment. (The concept of “recognize, resist, and report” was originated by the Boy Scouts of America, a leader in the field of child protection efforts.)

## **Some Children are More Vulnerable than Others**

These categories of children require extra protection. Units must make precautions an even higher priority for activities involving these kids. Careful screening, extra supervision, higher ratios of workers to kids, and other strategies may be warranted.

### **Infants**

- Infants cannot do anything to keep themselves safe from maltreatment or safety hazards. They are totally dependent on others for safety.

### **Children with Disabilities**

- Children with physical or mental disabilities are particularly vulnerable. This is especially true for children who have difficulty in communicating since they may not be able to effectively say “no” to abusers, or to report maltreatment.
- Children with emotional or mental conditions that make them very naive or trusting of others are naturally vulnerable.
- Young people whose mental levels are below their physical/sexual development levels are vulnerable because their judgment skills may not be as mature as their sexuality.

### **Children who Require Extra Attention From Caregivers**

- Toddlers who have difficulty with toilet training or children who misbehave are more likely than their peers to suffer physical abuse. They may “push the buttons” that cause caregivers to lose control of their tempers or to unconsciously punish them for causing extra trouble for the caregiver.

### **At-risk, Delinquent, or Alienated Children and Youth**

- Young people who are alienated from parents and other adult mentors, distrustful of adults, or in conflict with adults in authority are vulnerable. Such young people are more easily manipulated by the threats of child molesters. They are less likely to “trust the system” to help them. Thus they are less likely to report sexual abuse, or believe their reports will be taken seriously.



## Children and Youth with Poorly Defined Boundaries

- Personal boundaries are the invisible fences that adults and kids place between themselves and others (see the glossary at the beginning of this Handbook). Many of the kids listed above as “more vulnerable” have poor boundaries; i.e., they have a hard time determining what is appropriate in physical contact or in relationships. Any child with weak boundaries is more vulnerable to sexual molestation.

## Keep Parents Informed

Parents like to be kept informed about any problem their children experience when away from their care. A good tool to help you do this is the Report to Parents form found in the Safe From Harm Model Guideline Manual (Sample Form #11). It is always better for a parent to get a good explanation from a caregiver about problems than to wonder what happened or hear a garbled (and possibly exaggerated) report from a young child. The form is designed to be filled in by hand at the end of a nursery, preschool, Sunday school, or similar activity. The comments can be very brief if that is all that is required. Try to be specific as possible with facts about what happened.

The form protects caregivers by documenting what the problem was, and showing that the caregiver made a reasonable response. It also demonstrates that The Salvation Army is not covering up any injuries or problems that occurred in an Army activity. In situations like discipline problems or upset children the form encourages parents to join with caregivers in addressing the problem.

Suggestions: After a problem arises, give a copy to the parent and save another on file. Keep blank forms handy in areas where children are cared for, in vehicles, etc.

Salvation Army camps will often have a customized incident report form on hand to document any serious issues encountered in children during a camping program. The report to parents form does not take the place of your camp’s incident report form, but can be used in addition as directed by your Divisional Youth Secretary or Camp Caretaker.



## Summary: The Six P's of Prevention

### Personnel

- Screening workers who serve children and youth is both smart and responsible.
- Announcing your screening requirements very publicly might scare abusers away before the application process even begins.
- Screening procedures, such as signed guidelines and job descriptions, protect your unit from possible litigation.
- Children are precious; they deserve our best efforts and highest standards.

### Participants

- The characteristics and vulnerabilities of the children participating in your programs should determine which precautions and safeguards are in place.
- Outcry training is essential to teaching kids and parents how to respond effectively to abuse.

### Program

- In most cases, three main factors contribute to serious mistakes: understaffing, lack of planning or foresight, and a casual attitude toward safety.
- All activities involving children should be assessed for potential risk and safety solutions before they take place.
- In our litigation-happy society, churches and not-for-profits must understand what insurance coverage is needed and obtain the appropriate amount to protect themselves.

### Place

- The facilities where you conduct activities for kids should be reviewed for risk factors and safety solutions.
- Local safety experts often offer inspections, recommendations, and materials free of charge.

### Privacy

- Confidentiality is crucial when dealing with people. Failure to safeguard information can hurt Army members and leave your ministry open to lawsuits.
- Maintaining secure files on participants, activities, and policies is an important part of a safe environment, providing documents if needed for legal review or if disagreements arise.

### Procedures for Responding and Reporting

- Responding appropriately to an incident can significantly reduce the damage done to a child or your unit.
- Response guidelines should be in place before an incident occurs.
- Salvation Army policy and state law must be followed to avoid legal liability.
- Don't downplay the aftermath of a tragedy; get help for your kids and workers to cope with shock and grief.



# **The Salvation Army USA National Policy Statement of Sexual Abuse of Children**

The ministry of The Salvation Army is motivated by the love of God. Its mission is to preach the Gospel of Jesus Christ and to meet human needs in His name. Since The Salvation Army is a movement so motivated by love and committed to alleviating human suffering, no greater harm to the Army and those served by it can be imagined than that resulting from the sexual abuse of children, whether perpetrated by its members, volunteers, employees, local officers, auxiliary officer personnel or its commissioned and ordained officers.

Sexual abuse of children is most often the result of a pathological condition known as pedophilia. It is generally felt there is no guaranteed cure of pedophilia, even though the perpetrator may have claimed to have experienced a spiritual rebirth and have undergone extensive treatment. The Salvation Army believes that no human person is so diseased or depraved that when touched by the grace and power of Christ, he or she is beyond the possibility of redemption and healing.

“If anyone is in Christ, he is a new creation.”

Nonetheless, the Army recognizes the intractable nature of pedophilia and the dire threat that perpetrators represents to the children in our care, not to mention the impact their actions may have on the reputation of the Army itself or the extent to which these behaviors may rend the organization or single.

The Salvation Army understands that the sexual abuse of children, directed at the most vulnerable members of our community is not limited to any one group, or any gender or sexual orientation, married or single.

It is, therefore, the considered policy of The Salvation Army in the United States of America that is will not knowingly expose children in any of its programs to any individual where there in any reasonable suspicion of pedophilia in his or her past.

Salvation Army administration will respond promptly to all charges of sexual abuse of children by the following process:

- Thoroughly investigate all charges of sexual abuse of children
- Where there is reasonable suspicion of sexual abuse of children, remove the individual charged from his duties
- Comply with all law regarding the reporting of such charges
- Reach out to the children and their families, with compassion for their spiritual and emotional well-being and
- With due regard for the privacy of the individuals, deal as openly as possible with members of the community about the charges



## **Reporting Sexual Abuse of Children**

Wherever, after investigation of a charge of sexual abuse of children, such has been admitted by the individual charged or has been confirmed by a credible witness, in any even when required by the law of the particular State or municipality or by any regulation of a regulatory agency having jurisdiction, with notification of Divisional Headquarters, the charge will be reported to the law enforcement agency and, if required, the appropriate social service agency.

## **Prevention Education**

Each of the territories will strengthen educational programs relating to the sexual abuse of children, with seminars to be attended by individuals responsible for supervising programs for children, the education programs to include detailed explanations of the policies set forth in this policy statement.

## **Treatment of Victims of Sexual Abuse**

Although children who are the victims of child abuse while in the care of The Salvation Army will frequently require professional counseling not available within The Salvation Army. The Salvation Army will make every effort to extend to the victims and their families its compassion and its commitment to their spiritual and emotional well-being. However, there have been cases in which, after thorough investigation, there is serious doubt that any child abuse occurred. In such instances, even if there are no criminal proceedings, there might be civil actions brought against The Salvation Army that The Salvation Army will be prepared to defend.

The Salvation Army is determined to protect the children in its care, in all of its many programs. Our officers are required to take all reasonable steps to avoid the sexual abuse of children and to institute such preventative measures, in addition to the procedures outlined in this policy statement, to protect the children in their care. By taking such steps, the officers will help alleviate these ills of mankind and will extend the Kingdom of God.

Policy Amended by the February 2002 Commissioner's Conference. This version has been edited to contain portions applicable to camp staff.



# The Salvation Army Harassment Policy

The Salvation Army will not tolerate harassment in any form, whether managers, employees, or non-employees commit it.

All managers and supervisors will be responsible for preventing and eliminating harassment, including sexual harassment.

The Salvation Army will promptly investigate any allegation of harassment and, if it is determined that harassment has occurred, The Salvation Army will take appropriate disciplinary action, up to and including termination.

Harassment is verbal or physical conduct that denigrates or shows hostility toward an individual and creates an intimidating, hostile or offensive working environment for an individual because of his/her sex, race, color, religion, national origin, age or disability. Harassment may include, but is not necessarily limited to, epithets, slurs, jokes, or other verbal or physical conduct relating to an individual's sex, race, color, religion, national origin, age, or disability.

Sexual Harassment consists of unwelcome physical contact, sexual advances, requests for sexual favors or other inappropriate communications or verbal or physical conduct of a sexual nature that creates an offensive or hostile work atmosphere. Sexual harassment includes, but is not limited to:

- Unwanted or unwelcome physical contact or conduct of any kind, including patting, pinching, brushing up against, hugging, cornering, kissing, fondling, or any other similar physical contact;
- Verbal abuse of sexual nature, including sexual flirtations, advances, propositions, sexual innuendoes, sexually suggestive, insulting or graphic comments, or sound;
- Sexually explicit gestures, suggestions or offensive jokes;
- Demeaning, insulting, intimidating, or sexually suggestive comments about an individual's dress, body, appearance, or personal life;
- The display of distribution in the workplace of demeaning, insulting, intimidating, or sexually suggestive objects or pictures, including nude photographs, drawings, or magazine pictures; and
- Demeaning, insulting, intimidating, or sexually suggestive written, recorded or electronically transmitted messages

Any employee who believes that he or she is being or has been harassed or discriminated against in violation of this policy should promptly go to his/her immediate supervisor and, orally or in writing, state the specific details of the sexually harassing, discriminatory, or other type of harassing behavior. If it is difficult or uncomfortable for the employee to discuss such a matter with his/her supervisor (or if the harassment involves the supervisor), the employee should report it to the Camp Director.



The policy of The Salvation Army is to listen to all complaints, investigate with due regard for confidentiality, and quickly apply appropriate sanctions that will end any offensive behavior. Employees are required to cooperate fully with any investigation of harassment or discrimination. Sanctions for engaging in discrimination, sexual harassment, or other forms of harassment will depend upon the facts and circumstances of the incident.

The Salvation Army will not retaliate against any employee because of reports of alleged harassment or discrimination or because of cooperation with any investigation. Any employee who believes retaliation has resulted from either reporting a complaint of harassment or discrimination or from participation in an investigation of such allegations should immediately report this to his/her supervisor or Camp Director.



## How to React to a Child's Disclosure of Sexual Abuse

How adults react when a child tells them they have been sexually abused will either help or be harmful to the child. In fact, **the way the disclosure is handled** is one of the key indicators of an abused child's future emotional, spiritual and even physical health. Without question, the adult's response to the disclosure will influence the amount of subsequent stress and trauma a child victim experiences.

There are two ways that disclosure can take place: purposefully or accidentally (e.g. a nursery worker notices genital bruising). The time lapse between the incident of abuse and the disclosure may be immediate or delayed, or the disclosure may never take place. But whether the child reveals the abuse on purpose or by accident, and whether the interim between the incident and the disclosure is brief or very long, adult reaction plays a critical role in how the victim copes with what happened to them.

There is often a mistaken belief that children who purposefully disclose can handle the trauma better than those children whose abuse is discovered accidentally. Studies have proven otherwise, and it is important that anyone receiving disclosure information from a child remain calm, rational, and have concern for the child foremost in their minds.

### Guidelines for Dealing with Disclosure:

The following guidelines are useful for any in the "hearing community" – mandatory reporters, corps officers, social service personnel, camp nursing aides, and all employed and volunteer staff.

1. Believe the child.
2. Stay calm.
3. Provide a safe place to talk.
4. Don't make promises you can't keep.
5. Don't judge the offender or the offense.
6. Report immediately.
7. Tell the child what is going to happen next.
8. Leave the investigation to the professionals.
9. Get support for yourself.

## 1. Believe the Child

- Be aware that the child has fears about disclosing
- Know that the child will feel even more hopeless and trapped if they disclose abuse and are not believed. (Although prevention programs teach children to keep telling until they find someone to believe them, it is unclear how many children are able to disclose their abuse more than once if they are not believed the first time.)
- Don't judge what the child is saying or evaluate the child's statements.
- Don't question the child about the abuse.

## 2. Stay Calm

- Children may be reluctant to disclose abuse because of feelings of shame, fear of getting into trouble, fear of causing trouble, or the belief that they are responsible for the abuse. Shame can be a very powerful motive for not disclosing abuse and can be diminished if adults keep in mind that:
- Children will often disclose a small portion of what happened to them to test how the listener will react. Facial features or emotional outbursts that reveal shock, disgust or upset may inhibit the child from continuing or cause him to retract what he has said.
- Children may misread an adult's natural anger at the offender if displayed at the time of disclosure. The child may think the anger is directed at him, or the anger may play into the perpetrator's strategy. It is up to the adult to contain that anger and let it out later, when the child is not present.
- If it *does* happen that a burst of natural anger is expressed before the adult controls it, it is important that the adult let the child know that any anger expressed is directed toward the person who molested them, not toward the child.
- Children need to feel as comfortable as possible when disclosing sexual abuse to an adult. It is important for the child to know that the adult is glad the child told them, that the offender did something wrong – not the child – and that the adult will take steps to protect the child from further abuse. Don't place blame on the child.

## 3. Provide a Safe Place to Talk

- Make sure any talking takes place in a private place. Confidentiality is necessary not only for the child's sake but also to avoid alerting an offender.
- The adult's role is *not* to interview the child. Often first disclosures are vital to prosecution. The adult should not ask too many questions or assume the role of investigator.
- If the child wishes or needs to disclose a lot of information, the adult should not abruptly stop them. The child should be allowed to tell their story *without the adult's trying to get more information*.



- The adult should let the child know that other people will be talking with them to try to make sure that the child will be safe, and that these people will help the child handle the situation in the best way possible.
- A child may want the adult to keep the secret. In that case the adult needs to explain to the child that telling the proper authority about the incident will help keep the child safe. At the same time it is important that the adult not make promises to the child that cannot be kept.

#### **4. Don't Make Promises You Can't Keep**

- An adult should never unequivocally ensure the child's safety. It is important for the child to have a trusted supporter, but guarantees of future safety are out of the hands of Army personnel.
- Ultimately, whether the child is safe or not, it is important for the child to know that there is at least one trustworthy adult to whom they can go and who will tell them the truth. Maltreated children who have a positive relationship with an adult outside the family tend to do best, even when they come from dysfunctional families with significant problems.
- When promises are made that can't be kept, the child learns that his confidante is just one more adult who cannot be trusted. The child may not be able to understand that the adult he told is not responsible for a promise being broken – that someone else had that responsibility.
- A promise that *can* be kept goes something like: *"I'll do everything I can to help you."* Keeping the door open may facilitate the child's telling his supporter about future abuse, and that abuse may be more easily proven.

#### **5. Don't Judge the Offender or the Offense**

- Especially in cases where the child knows the perpetrator, which is most often the case, the child may experience confused feelings toward the perpetrator. The child victim may like or love the person but not feel comfortable with what happened. If the adult the child is telling shows repulsion or hostility toward the offender, the child may begin to defend the person. Once a child starts to defend the offender, they will often recant or minimize the original disclosure. In such a case the child may not give any additional information or not tell if the abuse happens again.
- If the adult hearing the child's story does briefly lose control and shows anger toward the offender, it is important to put the comment in context for the child, for example: *"I get angry thinking anyone would hurt you like that."*

#### **6. Report Immediately**

- All 50 states have laws mandating that certain individuals **must** immediately report a suspicion or incident of child abuse. Salvation Army personnel who are not legally mandated to report have a moral, ethical, and organizational responsibility to report suspected abuse and neglect.



- Adults working with child should be prepared to report *before* any disclosures take place. All adults working with children should know reporting procedures for their community and be familiar with the length of time a response will likely take. If the child is in immediate danger, most local communities have a system for immediate intervention, e.g. a protective social worker or law enforcement.
- It is essential that the adult let the child know that someone else is going to have to learn about what the child has told him. The child may feel betrayed or defensive if not informed by the first person they tell that another person who can help the child will need to hear his story. An example would be, *“There is a man I know named Mike, and Mike’s job is to try to help boys and girls who have problems like this. I need to tell Mike about what you told me so that he can try to help you, and then Mike will need to talk with you.”* The child should be told that “Mike” is a helper, like a social worker or a law enforcement officer. It may be helpful to include something like, *“It’s possible there will be another person with Mike, and that person is also there to help you.”*
- Sometimes even mandated reporters question whether they should make a report. They may feel that the response to their report will be inadequate and that by making a report they are giving up their ability to work with a child. *This is an illegal and dangerous decision.* All cases of suspected child abuse and neglect should be reported to the appropriate authorities.

## **7. Tell the Child what is Going to Happen Next**

- Adults should give the disclosing child as much information as they can, at the very least, telling the child another adult will need to be told for the child’s safety.
- Many children will have questions about whether they have to go to a shelter or foster care or whether their offender will go to jail. The adult should always be honest – it is preferable to tell the child *“I don’t know”* than to guess at the probable next steps. For example, the adult might say to the child, *“When Mike gets here, that’s a good question to ask him; he’ll be able to tell you more about what will happen next.”*
- The child may have fears based on threats made by the perpetrator or stories they have heard. The child should be reassured by the adult only when the adult is certain about what he is telling the child. For example, the adult might say to the child, *“What happened to you was not your fault, and you aren’t going to jail. That was just a trick to keep you from telling the secret.”*
- An offender may have warned the child that certain things will happen if they tell about the abuse. If those threats or warnings become true, the child will be more convinced than ever of the offender’s power and may recant out of fear. It is important that service providers be mindful about the possibility of their accidentally strengthening the offender’s power in the child’s mind.

## 8. Leave the Investigation to the Professionals

- Once the adult has enough information to request an investigation by making a report, he should not ask the child additional questions or request that the child elaborate or clarify. Asking additional questions may create problems for the investigation or prosecution later on.
- The initial interview is extremely important. The child may reveal many details during the initial interview which are not revealed again. At this point the child has not yet faced any pressures to change his story, so a great deal of information may be available at that time which is not available again. **Adults must let the people who are trained in investigative interviewing techniques perform that all important initial interview.**
- If the child goes on and tells the whole story, the listening adult should not stop him but look for an opportunity to take a break and do so. If enough information to make a report has been disclosed it should be done at that time.
- The adult may need to ask some questions to clarify exactly what the child is saying, for example children may say something like *"My step dad is mean to me."* A helpful response in this situation might be, *"I don't understand – how is he mean to you? What does he do that's mean?"* Once the adult has enough information to suspect that the child is telling him about potential abuse, he should make the report.

## 9. Get Support for Yourself

- A disclosure of child sexual abuse is emotionally draining. The child may disclose details that seem horrible, unbelievable, sad, or bring up memories of past abuse. An emotional reaction is to be expected, but at the same time the child must be protected, so the disclosure must be kept extremely confidential.
- It is important that the adult deal with his feelings about the disclosure. In order to help the child, and any other children, the adult must take care of himself by getting needed support. Talking with an appropriate counselor, pastor or confidential advisor can be very helpful.
- A disclosure of child sexual abuse sets in motion a chain of events which is out of the adult listener's control. At times "the system" may seem to fail to protect the child. In addition to feelings about the disclosure itself, the adult may have to deal with feelings of helplessness or anger at the system. These feelings are best handled with the help of a confidential advisor.
- At the same time, it is important that adults keep faith that cases will be handled in a manner that ultimately protects the child. Even (and especially) when "the system" lets a child down, the person who receives the disclosure can make a huge difference in the life of the child who is being abused.

Written by Constance Heyer, Territorial Social Services Department



## Protecting Yourself from Abuse Accusations

It's best to take a few preventative measures to help protect yourself from any suspicion or accusations of child abuse. Following these best practices will help to protect you, your campers, and the camp.

- Always stay in view of others when working with or talking to campers
- Always let the child be the one who initiates appropriate physical contact. If the child initiates a hug, that's okay.
- Always practice "Two Adult Rule". Have everyone go as a group when children go to the restroom. Always be in the presence of others while with campers in a bathroom or changing area. Never watch a child undress, shower, or use the bathroom. With children who have difficulty getting dressed or changing, have them do as much as possible themselves while you give verbal direction and demonstrate. Again, always be in the presence of others. Males should be with males and females with females.
- Refrain from potentially embarrassing comments about a child's body
- Only go into dorms and restrooms of members of the same sex
- Keep all conversations and language "child safe" and maintain a professional attitude at all times. All personal and private conversations must be kept between staff. Think of yourself as a professional child care worker and your actions will likely follow.

### **Avoid the following actions and situations:**

- Avoid engaging in power struggles with your campers
- Avoid allowing yourself to get caught in regressive pull
- Avoid losing your temper (remember that you are the adult)
- Avoid NOT admitting that you are over tired
- Avoid playing favorites with campers (you may have them, but all need and deserve the same attention)
- Avoid sharing private and personal aspects of your life (i.e. Your "love life" or others aspects of your life irrelevant to the ministry or program of the camp)



## **Absolutely PROHIBITED by The Salvation Army Policy & Law:**

- It is prohibited to strike, bite, kick, push, shove, physically abuse or neglect or to use any form of corporal punishment.
- It is prohibited to use any form of verbal abuse by name-calling, humiliation, insults or any other form
- It is prohibited to deprive campers of scheduled meal times, water, medication or sleep
- It is prohibited to allow campers to run away, leave campgrounds, or go unsupervised without prior and appropriate consent and in accordance with camp policies and procedures
- It is prohibited to get campers on your side to gang up on a camper or staff member
- It is prohibited for any staff member to have intimate relations with any camper while employed as staff.

Violations of the prohibited items listed may result in immediate termination of employment and further legal action could follow.

## **Brainstorm and Discuss**

- Think of situations where one of the above best practices would be challenging to follow. Would there be any exceptions? Why or Why not?
- What is meant by “Child Safe” conversations and language? Give some examples of appropriate and inappropriate subject matter and situations?
- How would thinking of yourself as a professional child care worker help you to act appropriately?
- Discuss and demonstrate appropriate physical contact with a child or teen. Is this different if it is male to female?
- Bring up any other concerns or questions you may have and discuss them.



## Minor First Aid Treatment & Health of Campers

As camp staff you have varying degrees of contact with campers. Camp counselors have the most constant contact with campers, but we are all responsible for the safety and welfare of campers.

Throughout the day you are encouraged to identify potential health and safety problems and prevent them as outlined in this manual and as instructed by the camp nurse and your camp director.

It is not your responsibility to provide campers with all their health needs (that's the job of the camp nurse), but here are some things you can do to make sure campers stay safe, healthy, and happy.

### **In general you will want to ensure the following:**

- Make sure your campers are making new friends, getting along with their bunkmates and involved in camp activities.
- Make sure your campers are taking care of their personal hygiene.
- Keep a daily watch for soiled bedclothes. \*
- Make sure that campers who take medication get them when they are supposed to.
- Keep an eye on how your campers are getting along and if they are eating well, sleeping enough and feeling okay.
- Watch to make sure that your campers are not getting sunburned, dehydrated, fatigued, and those things as ticks, poison ivy, insect bites/stings, sunburns and rashes are treated appropriately as instructed.

You'll be notified if any of your campers have a problem with bed-wetting. If a camper does wet the bed, it is important that you do not broadcast the event. Be discreet and sensitive collecting any soiled linens and clothes. Wipe down the soiled area with a disinfectant and supplies from the nurse. Consult with the nurse on each case of bed-wetting



## **The following is a list of basic first aid procedures that you can perform that does not require a nurse:**

- Minor scratches and cuts
- Minor insect bites
- Minor Poison Ivy, etc.
- Blister due to friction such as a blister on your foot

## **The following are examples where the nurse should be consulted and/or the camper should be taken to the health care center:**

- |   |  |
|---|--|
| <input type="checkbox"/> Abdominal pain                                     | <input type="checkbox"/> Earache             |
| <input type="checkbox"/> Animal bites                                       | <input type="checkbox"/> Fever               |
| <input type="checkbox"/> Allergic reactions                                 | <input type="checkbox"/> Headache            |
| <input type="checkbox"/> Bleeding (other than minor surface cuts & scrapes) | <input type="checkbox"/> Infections          |
| <input type="checkbox"/> Major insect stings/bites, and poison ivy/sumac    | <input type="checkbox"/> Sore throat         |
| <input type="checkbox"/> Burns  | <input type="checkbox"/> Sprains/fractures   |
| <input type="checkbox"/> Constipation                                       | <input type="checkbox"/> Sunburns/sunstroke  |
| <input type="checkbox"/> Diarrhea   | <input type="checkbox"/> Toothache           |
|   | <input type="checkbox"/> Foreign body in eye |
|   | <input type="checkbox"/> Vomiting            |

## **Vomiting**

- In the event a camper feels like they are going to vomit, get something they can throw up in.
- Comfort the camper and give them space.
- Depending on where you are, either take them to the nurse or have them clean themselves up before going to the nurse.
- Ensure that you are wearing gloves and put everything that has come in contact with the vomit in a plastic bag to be cleaned (clothes, towels, etc.) or thrown away.
- Wipe down the soiled area (floor, bed, chair, table, etc.) with a disinfectant and supplies from the nurse.

In the case of performing minor first aid on campers, procedures must be followed as dictated by a nationally recognized first aid provider such as the Red Cross, and as instructed by the camp nurse and director. Health record logs must be kept on all campers and treatment must be recorded per the American Camp Association Standards and according to the policies of your camp.



# General Emergency Procedures for Campers

## Your Emergency Response System

In case of an emergency, always contact the nurse first either by radio or sending someone to get him/her. If possible, a brief explanation of the injury should be given so the nurse can determine if 911 needs to be dispatched. A staff member present who has been trained in first aid and CPR will perform the appropriate treatment until relieved by emergency personnel, the camp director, the nurse, other more qualified staff, or until treatment is no longer required.

## What is your camp's emergency response procedure?

(Outline them here or indicate where this information can be found)

## Emergency numbers and/or radio channels

Camp Director: \_\_\_\_\_

Camp Nurse: \_\_\_\_\_

EMS: \_\_\_\_\_

Other emergency personnel: \_\_\_\_\_

In case of an emergency where a first responder is not present to perform the initial response, as a camp staff member it is your job to take action until a certified staff member or emergency personnel arrives.



## The following is a list of situations and how you should respond:

- Hemorrhage:** Apply direct pressure over the bleeding point with a clean cloth or gauze. Maintain pressure steadily for a full five minutes. Gently ease up pressure to see if bleeding has stopped. Repeat if necessary. Watch for victim going into shock. **DO NOT** apply tourniquet.
- Nosebleeds:** Have victim sit quietly and tilt head forward. Press nostrils together for five minutes.
- Wounds & Bites:** Cover area with a sterile gauze and take victim to nurse immediately.
- Physical injury to back, neck and head:** Keep victim's head and body motionless with the head tilted back in the midline, and do not rotate from side to side. Get nurse ASAP. **DO NOT MOVE** the victim as this could further the damage and possibly paralyze the victim.
- Physical injury such as fractures, sprains/strains and dislocations:** Keep victim quiet and comfortable while waiting for medical/emergency personnel. Do not move the area that is fractured, dislocated or sprained. Watch for possible shock.
- Shock:** The victim will become pale, cold and clammy. Pulse will increase and breathing will be shallow and fast. Place victim in a flat position with their feet slightly elevated (with head and chest injuries, raise head 10 degrees). Cover victim with available clothes to keep them warm and conserve body heat. Gently massage arms and legs to help speed circulation. Before moving the victim, check to see if there is no back, neck or head injuries.
- Convulsions:** If onset of convulsion is observed, clear the area around the victim so he/she can't hurt themselves on object around them. **DO NOT RESTRAIN THE VICTIM.** Turn their head to the side in case they aspirate (vomit or spit-up). Wait for the nurse or emergency personnel.
- Fainting:** Place victim on their back and loosen tight clothing. Bend their knees and raise the feet. Make sure breathing is not obstructed. Bathe face gently with cool water if available. **NEVER** give any liquids. Wait for the nurse or emergency personnel.
- Eye Injury:** Cover eye with a sterile gauze and take to nurse immediately.

## In dealing with any kind of emergency situation there are a few things to remember:

- First, slow down, relax and give careful thought to the problem at hand.**
- Examine victim where they are, in the position in which they are found, until you can determine the nature and severity of the injury and that the area is safe for you to enter into.**
- Be conservative in your decision. It is better to take too many precautions than to take unnecessary risks.**
- If injury is severe, contact the nurse and/or emergency personnel right away and assist victim as you have been trained and instructed to do so.**



## Heat Stroke and Heat Exhaustion

On very hot, humid days it is important to keep watch for anyone suffering from heat stroke or exhaustion. *HEATSTROKE* is when someone is exposed to the sun so long that his or her body cannot regulate its temperature. The best thing to do is sit down, rest and drink cold fluids (like water). *HEAT EXHAUSTION* is when someone is too active in the heat and they sweat so much they lose too much body fluids and salt. Keep the victim quiet with head lowered and watch for shock. Get them to drink water. In either situation, the nurse needs to be alerted.

## Insulin Shock and Diabetic Coma

Some campers and staff may have a medical condition called DIABETES or HYPOGLYCEMIA. Both have to do with the way the body processes sugar. When someone goes into insulin shock they start to sweat nervously, the tongue is moist, the pulse increases and breathing is shallow. When someone goes into a diabetic coma their skin becomes flushed and dry, their tongue is dry, they are drowsy. The best way to aid the victim is to have them lie down, maintain their body temperature and call the nurse. If there are any campers or staff with this condition, the appropriate staff will be made aware of this.

## First Aid Kits & Personal Protective Equipment

### First Aid Kits

First aid kits are located in all cabins, the pool and waterfront, the ropes course, the kitchen and the office. If a trip is taken off camp the trip bag will also have a first aid kit. At a minimum, each first aid kit will contain the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Cotton balls    | <input type="checkbox"/> After bite towelettes         |
| <input type="checkbox"/> Blister Pads    | <input type="checkbox"/> First Aid instructions        |
| <input type="checkbox"/> Q tips          | <input type="checkbox"/> Cold compresses Latex gloves  |
| <input type="checkbox"/> Sterile gauze   | <input type="checkbox"/> Plastic bags                  |
| <input type="checkbox"/> Band aids       | <input type="checkbox"/> Waterless hand sanitizer      |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> First Aid bandage             |
| <input type="checkbox"/> Neosporin       | <input type="checkbox"/> First Aid tape                |
| <input type="checkbox"/> CRP Microshield | <input type="checkbox"/> Emergency contact information |
| <input type="checkbox"/> Bactine         |  |

\* Specialized activity areas like the pool will have the appropriate FirstAid and emergency equipment specific to that activity on site.

It is the responsibility of every staff member to ensure that when supplies are used up, that they are replaced. The nurse will be responsible for verifying that all FirstAid kits on the camp contain the appropriate items throughout the camp program.



## **Exposure Control Plan**

Diseases (pathogens) can be spread through contact with blood (blood-borne pathogens), through the air (air-borne pathogens) and through contact with body fluids. Some examples of blood-borne pathogens are hepatitis and HIV. Examples of air-borne pathogens are the common cold and TB. Body fluids are urine, saliva or vomit. Since your role as a health care provider is minimal, your chances of exposure are minimal; however you should still be aware of the ways you can help prevent possible exposure to yourself and others.

1. If trained in CPR, always use the CPR masks that are supplied in the first-aid kits.
2. Always use gloves when dealing with body fluids. Gloves should be changed after contact with each person. Hands and other skin surfaces should be washed with soap and water immediately and thoroughly. Disposable gloves are available in each first-aid kit.

## **Personal Medications**

ALL seasonal staff members (whether they reside with campers or not) ARE NOT allowed to keep any medications (prescription or non-prescription) in their rooms or with them. All prescription medications must be kept with the nurse and the nurse must dispense all non-prescription medications. The ONLY possible exception may be personal inhalers and epinephrine pens. This is at the discretion of the camp nurse and under no circumstances are these items to be shared.



## **Child Abuse Reporting Numbers**

Alabama: 334-242-9500

Arkansas: 800-482-5964

Florida: 800-962-2873

Georgia: 800-422-4453

Kentucky: 800-752-6200

Louisiana: 800-422-4453

Maryland: 800-422-4453

Mississippi: 800-222-8000/601-359-4991

North Carolina: 800-422-4453

Oklahoma: 800-522-3511

South Carolina: 803-898-7318

Tennessee: 877-237-0004

Texas: 800-252-5400

Virginia: 800-552-7096/804-786-8536

West Virginia: 800-352-6513