



Big Brothers Big Sisters Of The Flint Hills, Inc.

PO Box 684 ♦ 702 Commercial, Ste. B1 ♦ Emporia KS 66801

(620) 342-5645 ♦ 888-625-4845 ♦ www.bbbsfh.org

Congratulations on taking the first step in becoming a Big Brother or Big Sister! We truly look forward to working with you! We hope this informational page can guide you through this application effortlessly. If you have any questions, please don't hesitate to call our office at 620-342-5645.

The application:

- Please be sure to completely fill out and sign all pages.
- References are extremely important to the enrollment process. We cannot accept you into the program until we've heard from your references. Please list people who will respond promptly. We suggest you make them aware ahead of time that we will be calling.

Background Checks

- This packet contains two of the three required background checks, the third will be filled out in our office. During the interview, we will ask you about your criminal and social services history. Falsifying information or omitting information is grounds for non-acceptance.

EMPOWER

- EMPOWER is a self-guided reading on the basics of child sexual abuse.
- Please review this information carefully and take the quiz at the end.
- If you have any questions regarding the information covered, please do not hesitate to ask.
- You are obligated to report abuse issues to the BBBS staff immediately.

Please bring this packet, along with your driver's license and car insurance card (if applicable) with you to the interview.

BIG BROTHERS BIG SISTERS OF THE FLINT HILLS, INC.

VOLUNTEER APPLICATION FORM

Please Print

Name: _____ Date: _____

Present address: _____ City State Zip: _____

Permanent Address: _____ City State Zip: _____

Present Phone: _____ Permanent Phone: _____

E-mail Address: _____

How long have you lived in Chase/Coffey/Lyon/Morris County? _____

How long do you plan to remain? _____ Will you be here during the summer? yes no

Place of employment: _____ Job title: _____

Working Days & Hours: _____ # of Hours per week: _____

Work Phone: _____ May we call you at work? yes no

Highest level of education completed:

High school or GED Trade School Some College 4-year Degree Master's Degree Other

Are you presently a student? _____ School: _____

Major: _____

Classification: _____ Expected Date of Graduation: _____

Have you ever served in the military? yes no

Branch _____ Date and type of discharge: _____

Do you anticipate any job or family changes in the next year? yes no

If yes, please explain. _____

Have you ever been arrested for any crime? yes no

If yes, please explain. _____

Have you ever been convicted of any crime? yes no

If yes, please explain. _____

Have you ever applied to be a Big Brother/ Big Sister before? yes no

If yes, give the name of agency: _____

Were you matched? yes no When? _____ For how long? _____

Are you able to meet the requirements of this program with or without accommodation? yes no

Comments:

Please list the names and addresses of three persons who know you well and whom we may contact for a personal reference. These references should be from people you have known for at least one year. **One reference should be from a family member, one from a supervisor, professor, or other professional contact, and the other can be from a friend or co-worker.** Please give complete mailing addresses, phone numbers, emails, and print legibly. The references are an extremely important part of the screening process. **Please choose people who will respond promptly.**

Dr. Mr. Ms. _____ Phone _____
Address _____ City State Zip _____
E-mail address _____
Relationship to you _____ How long? _____

Dr. Mr. Ms. _____ Phone _____
Address _____ City State Zip _____
E-mail Address _____
Relationship to you _____ How long? _____

Dr. Mr. Ms. _____ Phone _____
Address _____ City state Zip _____
E-mail Address _____
Relationship to you _____ How long? _____

Please list all youth serving organizations you are currently involved with or have been involved with in the last three years. List a contact person who knows you well enough to comment on your involvement with the organization. If additional space is needed, please use a separate sheet.

Dr. Mr. Ms. _____ Phone: _____
Organization _____
Address _____ City State Zip _____
Type/Length of involvement _____

Dr. Mr. Ms. _____ Phone _____
Organization _____
Address _____ City State Zip _____
Type/ Length of involvement _____

By signing this application, you acknowledge and agree that 1) you are not obligated, if called upon, to perform the volunteer services herein applied for and that Big Brothers Big Sisters of the Flint Hills is not obligated to assign, or actively seek to assign, you a Little Brother/Sister and 2) as a part of the agency's matching process, additional personal information will be elicited from the applicant by professional agency personnel.

Volunteer Policy and Profile: Big Brothers Big Sisters of the Flint Hills is a non-profit organization, the purpose of which is to cultivate relationships that will contribute to positive youth development and will facilitate children's growth into confident, competent, and caring individuals. While the program is multifaith and multiracial, the preferences of the child's parent or guardian are respected in the selection of an appropriate volunteer for each child.

In determining whether an applicant may be considered for a match, and what information shall be communicated to each party involved in any prospective match, due consideration must be given to those past and present factors in the personality, behavior, and other characteristics of each individual and/or family constellation which professional agency personnel deem may have a significant effect upon the relationship, and which, if revealed at a later date, might affect it adversely. Relevant information will be provided to each party and any party has the right to refuse to enter into the match based upon the information so communicated.

Interviews are designed to establish a profile of you and your interests. This profile will be used by the agency to best match you with a Little Brother/Sister who is actively being considered for a match with you. All elements of your profile will be kept in the strictest confidence. Prior to any assignment to a Little Brother or Sister a similar profile of him or her and his/her family will be discussed with you to ensure that your desires will be respected.

By signing this application you acknowledge and agree that you will not have access to the personal profile data collected and that, should your application be denied, the agency is not required to provide a reason for non-acceptance. You further acknowledge that all volunteers, parents, and children in the Big Brothers Big Sisters program are required to complete the EMPOWER child sexual abuse education and prevention program requirements and agree to do so.

I hereby attest that all information provided on this application is true and complete to the best of my knowledge. I have read and agree to the conditions set forth in this application agreement.

I hereby give do not give my permission to Big Brothers Big Sisters of the Flint Hills to use the above information for promotional purposes by the agency. I understand that no personal history information regarding or identifying me will be used.

Signature

Date

I understand the contents of a pre-match interview, once the agency has a match in mind for me, will be shared with the parent/guardian of the client(s) that the agency has selected as a potential Little Brother/Sister for me. This will include, information regarding my personality, background checks, and reference checks, as well as other pertinent information. I understand that similar information will be shared with me about such potential Little Brother/Sister and agree to keep all information provided to me during the Pre-Match process confidential.

Signature

Date

**BIG BROTHERS BIG SISTERS OF FLINT HILLS, INC.
VOLUNTEER PREFERENCES**

PROGRAMS

Please indicate to which program you are willing and able to commit.

6-Month Program Year Program No Preference

(Check all that apply)

One-to-One Match Buzz Club (ESU Men only)
 School- Based Match Couple Match (Married couples only)

AGE

Indicate your 1st, 2nd, 3rd, and 4th preferences with respect to the age of the child with whom you would like to be matched. If you have no age preference, score all areas (1). Mark a (0) next to any age group of a child with whom you would prefer not to be matched.

5-7 _____ 8-10 _____ 11-13 _____ 14-17 _____

ETHNIC GROUP

You will relate as a close companion to your Little Brother/Sister. Mark your 1st, 2nd, 3rd, 4th, and 5th preferences as to the ethnic group(s) with which you would feel comfortable relating closely. If you have no preference, score all areas (1). Mark a (0) next to any ethnic group of a child with whom you would prefer not to be matched.

_____ African American _____ Asian _____ Biracial
_____ Hispanic _____ White _____ Other (specify)

VOLUNTEER PERSONAL AUTO VERIFICATION

All volunteers must carry auto insurance in the amount required by the state. This is necessary in order for the BBBS agency to be able to provide excess auto liability protection for volunteers while in the course of BBBS agency work or activities.

Name: _____

License Tag Number: _____

Insurance agency/Company: _____

Policy Number: _____

Driver's License Number _____

Has your driver's license ever been revoked, restricted, or suspended? _____

If yes, please explain _____

I attest that the above information is accurate and complete, to the best of my knowledge. I agree to notify big Brothers Big Sisters of the Flint Hills of any changes in my auto insurance coverage.

Signature

Date

BIG BROTHERS BIG SISTERS OF THE FLINT HILLS, INC.
VOLUNTEER MATCH COMPATIBILITY INFORMATION

Please Print

Big Brothers Big Sisters of the Flint Hills, Inc. does not determine on the basis of age, race, sex, disability, national origin, or sexual orientation. The information provided on this form will be used solely for the purpose of determining a compatible match, based on the preference of the volunteer, child, and parent. The information provided on this form will be used only in the event that a volunteer is accepted into the program and will not be used to determine eligibility for program participation.

Name: _____ Date: _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Race/Ethnicity: _____

Emergency Contact: _____ Phone: _____

Sexual Orientation: Heterosexual Homosexual Bisexual Other

Family Status: Never Married Married Divorced Widowed Separated

Engaged Living with unmarried partner Other

Do you have children? _____ What are their ages? _____

Religious affiliation: _____

How important is your religious belief to you? Very important Important Not important

Are there any factors which would present obstacles to your participation in the program?

Yes No If yes, please explain. _____

Have you ever been physically or sexually abused?

Yes No If yes, please explain. _____

Have you participated in psychological counseling or treatment during the past two years?

Yes No If yes, please explain. _____

May we contact your counselor? _____

List any clubs or organizations to which you belong: _____

List any previous volunteer experience: _____

List any previous experience with children: _____

BIG BROTHERS BIG SISTERS OF THE FLINT HILLS, INC.
CONFIDENTIALITY POLICY TO BE READ AND SIGNED BY PROGRAM PARTICIPANTS

In order for BBBS of the Flint Hills to provide a responsible and professional program for families, it is necessary for volunteers, children, and parents or guardians of children to be asked to divulge extensive personal information about themselves and their families. In consideration of the best interest of the children participating in the program, routinely assessed along with information obtained from the participants themselves. All records are considered the property of the agency and are not available for review. Program participants will be provided with a copy of this statement at the time of application.

The agency respects the confidentiality of family and volunteer records and, with the exception of situations listed below, shares information about families and volunteers only among the professional staff. The right to confidentiality applies to written records, video, film, pictures, and use of the participant's name in agency publications. Information about program participants is subject to the following limits of confidentiality:

1. Information about program participants will be released to other individuals or organizations only upon presentation of an authorized consent to release information form appropriately signed by the parent/guardian or volunteer. Information will only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
2. Identifying information regarding children and volunteers may be used in agency publications or promotional materials if the parent/guardian of the child or volunteer has given permission. In potential match situations, information about the volunteer may be shared with the family and information about the family may be shared with the volunteer only when the appropriate party has given written permission to do so.
3. For purpose of program evaluation or accreditation, and with prior approval of the Boar of Directors, certain outside bodies such as Big Brothers Big Sisters of America may have access to certain child and volunteer records. These outside organizations will be required to respect the agency policy on confidentiality. Known violations of the agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate action will be requested. The parties that have access to the files, and the purpose of that access, are documented in the long-term goals established by the Program Committee of the agency.
4. Authorized Directors on the Program Committee will have access to files to assess and evaluate the work performance of the agency as listed in the casework manual.
5. State law mandates that suspected child or elder abuse be reported to the appropriate authorities. All professional staff members are responsible for staying abreast of reporting requirements of the respective jurisdiction and will comply with mandated procedures. If the agency receives information that a program participant may be dangerous to himself or herself, or to others, the agency may intervene in order to protect the appropriate party.
6. Information will be provided to the agency's legal counsel in the event of litigation or potential litigation involving the agency.

I have read and understand the above document which states the agency policy with respect to confidentiality of the client and volunteer records. I agree to program participation under the conditions set forth.

Parent/Guardian OR Volunteer Signature

Date



Big Brothers Big Sisters Of The Flint Hills, Inc.
 PO Box 684 ♦ 702 Commercial St. Ste. B1 ♦ Emporia KS 66801
 (620) 342-5645 ♦ 888-625-4845

IDENTIFYING CODE #902KS3089

Authorization of Release of Information

I hereby request and authorize the Kansas Bureau of Investigation to furnish the above names company with criminal history information as described in the K.S.A. 1985 Supp. 22-4701 (b). This includes all information defined with K.A.R. 10-1-1 (b), (c), and (d).

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

Full name: _____

Any others names used: _____

Social Security number: _____

Current address: _____

Street

City

KS

Zip

Date of birth: _____ Sex: _____ Race: _____

Additional Information: _____

Signature

Date

KBI Response:



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Big Brothers Big Sisters of the Flint Hills, Inc. is a youth-serving organization based on a one-to-one friendship between an adult volunteer and a child who needs special, extra attention. It is paramount that these children not be placed in a negative or dangerous environment. The following named person has requested to become a big Brother or Big Sister:

Name: _____ **Date of birth:** _____

Address: _____

Sex _____ **Race or ethnicity:** _____

It is requested that you furnish us with any conviction information in your files concerning this person. Your reply will be held in strict confidence.

Jessica Hopkins
Executive Director

AUTHORIZATION

I hereby authorize the addressed law enforcement agency to furnish Big Brothers Big Sisters of the Flint Hills, Inc. any information concerning convictions that they may have, on record or otherwise, and do hereby release the addressed organization and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Signature

Date

Witness

Date

POLICE ENDORSEMENT

The records of the department contain the following information pertaining to a person of the same name as the above shown applicant.

Signature

Title

Date



ADULT EMPOWER CHILD SEXUAL ABUSE EDUCATION AND PREVENTION

OVERVIEW OF CHILD SEXUAL ABUSE

- One in four girls will be sexually abused before she turns 18.
- Up to one in six males will be sexually abused by the age of 18. The exact number of abused youth is unknown because an estimated 60% do not tell anyone about their abuse. The largest groups of abused youth are those ages eight through eleven, although thousands of babies to teenagers are victimized everyday.
- Many victims of abuse are molested by more than one person. The sexual abuse can last for years in some cases. This is especially true in cases of incest.
- 15% of all sexual assault and rape victims are under age 12.
- 29% are ages 12-17.

WHAT IS CHILD SEXUAL ABUSE?

- For the purpose of **EMPOWER**, the definition of **CHILD SEXUAL ABUSE** is:
The exploitation of a minor by an adult and or older youth for the sexual gratification of the abusive individual which involves a range of sexual activities from touching to non-touching offenses. These activities are done without regard for the child's consent, development, or emotional attachment.
- **DEFINITIONS**
 - Incest: Related members of the same family outside of the husband and wife engaging in a range of sexual activities; generally involving an adult or older youth and a minor child and usually over an extended period of time.
 - Child Sexual Assault: Unrelated persons engaging in a range of sexual activities involving a minor child victim and an adult or older youth who are the abusers. Child sexual assault may range from a single incident to ongoing abuse that may last several years.
 - Perpetrator: An adult or youth responsible for manipulating, bribing, deceiving, coercing, threatening, or otherwise co-opting a child or teen victim to engage in a range of sexual activities.

CHILD SEXUAL ABUSE (NON-TOUCHING TO TOUCHING OFFENSES)

Non-Touching Offenses

- Talking to a victim in sexually explicit ways with intention to arouse or stimulate.
- Encouraging or forcing a victim to watch sexually explicit acts between persons.
- Voyeurism-example: watching a child through a window as they prepare for bed each night.
- Showing a victim pornographic materials.
- Photographing a victim in various stages of undress.
- Exposure of genitalia to a victim and or victim's exposure of their genitalia.

Touching Offenses

Serious Touching or Assault

- Either vaginal or anal penetration accomplished with penis or object.
- Digital penetration (with fingers).
- Fellatio- penis in victim's mouth or victim's penis in offender's mouth.
- Cunnilingus- offender orally stimulates victim's vagina and or victim orally stimulating offender's vagina.

Moderate Touching or Assault

- Individual or simultaneous masturbation by hand.
- Sexual fondling.
- Offender rubbing penis, vagina, or breasts on victim and or victim rubbing penis, vagina, or breasts on offender.

Myths and Realities of Child Sexual Abuse

Common Stereotypes About Sexual Victimization

- Sex abusers are dirty old men.
- Strangers are responsible for most of the sexual abuse.
- Most sex abusers suffer from some form of mental illness or psychosis.
- Most sex abusers are homosexual.
- Most sex abusers are step-fathers or live-ins.
- Incest is a rare occurrence in the US.
- Children usually lie about being sexually abused.

Facts About Child Sexual Abuse

- The sex abuser's average age is 32, however, any individual can be a sex abuser. Sex abusers cut across socioeconomic status, race, and educational level.
- 93% of juvenile victims know their attacker.
- About 10% of sex abusers suffer from some form of serious mental illness or psychosis. From all outward appearances, sexual abusers appear to be normal and are living normal lives.
- Most sex abusers are heterosexual. Most have loving, available partners.
- Incest is more common than most people dare to believe. Clinicians and researchers estimate there are one million or more children under the age of 18 currently involved in incestuous relationships.
- Natural fathers account for the largest percentage of incest cases against female youth. Mother-son relationships are the least frequent.

Other Common Elements About Child Exploitation

- It is believed that the incidence of sibling incest is higher than father-daughter incest. This is distinguished from normal sexual experimentation among youngsters.
- Most sexual abuse occurs in the victim's home. This is tied into the fact that most victimizers are familiar to the victim.
- Sexual abuse has a strong intergenerational influence; there is a greater likelihood that the child of an adult victim may also be sexually abused.
- About 30% of all child sexual abuse involves alcohol abuse.
- Children who have been sexually abused generally carry around a tremendous amount of guilt, because often they believe the abuse was their fault.
- Regardless of the situation, victims are never responsible for causing their own abuse.

Indicators of Child Sexual Abuse

There are many indicators of child sexual abuse. Some indicators are behavioral, others are physical, and some are even reflected in family relationships. Child sexual abuse is not easily detectable, mostly because individuals are unaware of the changes in abuse victims. Quite often other causes attributed to observed behaviors, less often is attention drawn to subtle changes in abuse victims' behavior or relationships with others. Identification of sexual abuse victims is critical in secondary prevention.

Any one of the following does not necessarily reflect an abusive situation, however any one of the indicators can point to an abusive situation.

Behavioral Indicators – Some differ across age and gender

- | | |
|--|---|
| • Isolation from others, becoming withdrawn | • Feeling dirty, excessive bathing |
| • Avoiding coming home | • Evidence of bodily shame |
| • Avoiding specific persons or wanting to be alone with specific persons | • Teen males may be likely to set fire |
| • Poor peer relationships | • Self-mutilation |
| • Poor self-image, puts self down, problems with cleanliness and dress | • Running away from home |
| • Low self-esteem, difficulty accepting compliments | • Teen females may marry early to get out of an abusive home or situation |
| • Either poor or increased school performance | • Seductive behavior (strong indicator) |
| • Truancy | • Clinically significant depression |
| • Teen engages in drinking or using other chemical substances | • Older children may be likely to abuse younger siblings or non-related children sexually (strong indicator) |
| • Over-compliance, lack of self-assertion | • Suicidal ideation or attempts |
| • Increased hostility and anger | • Feelings of dissociation |
| • Aggressiveness, fighting with peers and siblings | |
| • Excessive anxiety, nervousness, tension, distractibility | • Teen males more likely to experience feelings of homophobia |
| | • Lack of trust, isolation from peers |

Behavioral Indicators – Some differ across age and gender

Indicators in younger children:

- Loss of appetite or increased eating
- Sleeplessness or increased sleeping
- Recurrent nightmares
- Crying or whining for no apparent reason
- Withdrawal from and fear of adults
- Increased shyness
- Dependency behavior with parents or non-abusing significant others
- Regressive behavior
- Sexually acting out with children or toys
- Talking in sexually explicit language in a manner beyond child's age (**strong indicator**)
- Changes in school work
- Not getting along with peers
- Increased aggressiveness or hostility
- Exhibiting fear of one person or wanting to spend an inordinate amount of time with one person
- Disinterest in his/her own environment
- Fear of the dark
- Often sleepy during school
- Facial tics

Physical and Medical Indicators

Often physical as well as other indicators are attributed to other causes.

Specific Indicators:

- Recurrent urinary tract infections
- Sexually transmitted diseases (discharge, warts, blisters)
- Syphilis and gonorrhea
- Unexplained stained or torn underclothes
- Bleeding around the mouth, anus and or vagina (**strong indicator**)
- Crack and tear around the mouth, anus, and or vagina (**strong indicator**)
- General increase in somatic complaints (stomachaches, headaches, other physical complaints)
- Difficulty in walking or sitting
- Gagging or vomiting food
- Regression in speech patterns
- Pain in genital area
- Enuresis (bedwetting)
- Encopresis (soiling)
- Anorexia (self-starvation)
- Bulimia (bingeing-purging)
- Unusual genital itching
- Foul or unusual odor from genital area
- Foreign objects in urethra, rectum, or vagina
- Early pregnancy in a child 9-11 years old (**strong indicator**)

Familial and Relational Indicators

Families where abuse is present often display distinctive characteristics.

Specific Factors:

- Major familial disruptions, role changes
- Long-term illness of mother
- Substance abuse among family members
- Jealousy, extreme protection of child
- Isolation from outside world, few or no visitors to home, no involvement with those outside family
- Restrictive control by father, dominating household members
- Frequent absences from school by victim which are justified by male caretaker or other parent
- Over-dependence by mother on husband or mate
- Excessive parental concern over medical complaints of the child
- Assumption of heavy child care and other household responsibilities by the child or teen victim
- Frequent absences from home by one of the parents, particularly the mother
- "Daddy's Girl" Syndrome

STEPS FOR PREVENTION

Preventing abuse is imperative. What can you do to prevent abuse?

PERSONAL SAFETY

Personal safety is just as important as other safety rules we learn about. When discussing safety you may find it helpful to find out what a child knows about safety in general. What do you do in case of a fire, or how do you cross the street. Let them know that personal body safety is just as important.

Establish Good Rapport and a Trusting Relationship

- A child must feel comfortable discussing sexual abuse and needs to be comfortable communicating with a parent.
- A child should feel secure in a parent's love and a volunteer's concern for them.
- Keep in mind that there is a strong possibility that an abuser is threatening a child not to talk. Use open and clear communication.
- Reassure the child that anything can be talked about, good or bad.
- Children are trained in their EMPOWER session that they should tell a trusting adult when anything bad or confusing happens to them.
- The parent and volunteer should always believe the child. There are too many times that children are not believed and given the support they need.
- Remember through EMPOWER we are teaching the children to express themselves.
- Watch body language and non-verbal communication.
- A child may ask about abuse or ask questions after attending EMPOWER.

Personal Safety and Family Rules

- Personal safety is helping to take care of oneself through responsible behavior.
- Help a child develop a set of safety rules to live by.
- Identify family rules.
- Stress the importance of open and clear communication.
- Promote respectful behavior.

Talking About Touching

- The subject of touching is a personal one, and care should be taken not to frighten, confuse, or offend children and teens. Present the information in a natural way.
- Discuss PERSONAL BOUNDARIES, what is comfortable for a child in terms of personal space around his or her own body.
- What is comfortable for a parent in terms of personal space?
- Identify personal boundaries for your child.
- Stress how important it is for teens to identify personal space in dating relationships.

IF A YOUTH DISCLOSES ABUSE

If a youth picks you to disclose to, you should always take the time to listen. Never brush a child off or stop them from disclosing. If for some reason you feel you are unable to help the child, ask for assistance. The response to the disclosure of sexual abuse is critical to the child’s ability to resolve the trauma. It is often difficult to know how to respond. Below are some guidelines to help you and the child through the crisis period.

- Assess the child’s safety needs.
- ALWAYS be calm. Your reaction makes a difference, so do not panic or overreact to the information.
- Assure the child that they are not to blame, there is a lot of guilt. Tell the child you care and are still a friend.
- Believe what you are hearing. Too often, children lack credibility. Listen to the child in a non-judgmental way.
- Let the child know they have a right to be safe.
- Validate the child’s feelings.
- Make NO PROMISES! (Don’t promise not to tell)
- Reassure the child. “You did the right thing by telling and I believe you.”
- Do not avoid embarrassing subjects. Let the child know everything can be talked about.
- Deal with explicit language. A child may use explicit terms to discuss their experience. Be prepared. Try to use this language too.
- Be careful to remember details and exactly what the child is telling you.
- Do not ask questions. Simply report what the child has told you. Asking questions can be detrimental to a criminal investigation.
- Let the child know that they may need to tell the story to someone else.
- It is common for a child NOT to disclose ALL the information the first time.
- Give the child an opportunity to tell you what happened first. The more they talk And the less you talk, the better it is.
- Minimization is a form of denial, keep that in perspective. Let the child know what action you will take.
- Don’t try and do an investigation. Believe what the child tells you and pass it on.
- Do not ask “why” something happened. “Why” questions are very detrimental to the situation.

OVERALL MESSAGES THAT SHOULD BE CONVEYED

- **Belief**
- **Gently reassure child with support and care**
- **Victim correct in disclosing**
- **Never punish a child for telling**

ALL CASES OF SUSPECTED CHILD SEXUAL ABUSE SHOULD BE REPORTED

There is usually a child abuse “hot line” number listed in every telephone directory; and if not a directory assistance operator can provide the appropriate number. Suspected abuse should also be reported to the police. Generally, a suspicion of abuse is all that is needed to make a report, you do not need proof. The burden of proof is up to the authorities. Reporting abuse may be scary for all involved, particularly if a family member is involved. Even so, it is the only way to obtain the necessary help to stop a child’s victimization. Adults can take care of themselves, children have to depend on their parents and other adults. When children are betrayed by those they love and trust, they are left feeling they alone are to blame for what happened. Failing to report an abuser allows the abuse to continue and places other children at risk.

LOCAL NUMBERS TO CALL AND RESOURCES

Emporia Police 911 or 342-1766	Emporia Sheriff Dept. 342-5545	Emporia SRS 342-2505
Child Abuse Hotline 8009225330	Coffey Cty. Police 620-364-8757	Chase Cty. Police 911 or
Morris Cty. Sheriff 620-767-6310		620-273-6313

BIG BROTHERS BIG SISTERS

ADULT EMPOWER

QUESTIONNAIRE

The following questions were designed to assess your knowledge about child sexual abuse in general. Please put a check next to the correct answer.

1. Most child abuse happens because most abusers are able to trick, threaten, or manipulate their victims. True False
2. Most children eventually tell someone when they have been sexually abused. True False
3. Children are most often abused by someone they know and trust. True False
4. Children often make false accusation about being sexually abused. True False
5. Most of the sexual abuse that happens takes place in a child's own home. True False
6. A person reporting a suspected case of child sexual abuse can do so without giving his or her name. True False
7. 1 in 4 girls will be sexually abused before she turns 18. True False
8. Every case of child sexual abuse should be reported to either children's protective services or the police. True False
9. Some children are actually responsible for causing their own sexual abuse. True False
10. Incest is when an adult and child who are not related have sex together. True False
11. Child victims of abuse usually blame themselves for letting the abuse continue. True False
12. Child sexual abusers unusually physically force their victims to participate. True False

Which of the following behaviors **might be shown** by children or teens that have been sexually abused? Please put a check next to the correct answer.

- 13. Acting like a much younger child. True False
- 14. Being bulimic (overeating then making self vomit) or anorexic (starving self). True False
- 15. Talking about sexual things in the way an adult normally would. True False
- 16. Thinking about or attempting suicide. True False
- 17. Crying for little or no apparent reason. True False
- 18. Running away from home. True False
- 19. Clinging and not wanting to let go of a parent or other primary caregiver. True False
- 20. Starting fires. True False
- 21. Having sex at a very early age. True False
- 22. Getting higher grades on school work. True False
- 23. Acting and dressing in a way that might be considered sexy or provocative. True False
- 24. Being more aggressive than usual. True False
- 25. Acting withdrawn from people in general. True False
- 26. Wetting or soiling their pants. True False
- 27. Having low self-esteem. True False
- 28. Gagging on food. True False
- 29. Acting depressed. True False
- 30. Spending more time away from home than usual. True False

Signature: _____ Date: _____

Staff Signature: _____