



After Service Care Team Follow Up Questions

Will the church offer a disclaimer before the invitation that what is shared in conversation with the after-service care team may require reporting to social services or legal authorities?

This disclosure will not be given during the invitation portion of the service. It will be provided for any minors who come forward to disclose abuse.

It is part of the code of ethics for licensed professionals to inform someone when their disclosure may result in mandated reporting. This is meant to prevent the secondary trauma of information being used in a way that feels out of control to the abuse individual and, thereby, violating trust.

The church is not under this obligation, but wants to honor the wise intent of this requirement. We will do this at the point of conversation between individuals rather than from the pastor to the whole congregation at the close of the sermon.

If you are talking to a minor, be sure to make to say something like, “The things we talk about may require me to report them to Child Protective Services for your protection or the protection of other children,” before asking questions about their abuse history.

In the case of an abuser, the church is not responsible to have “Mirandized” those who come forward – giving them the right to remain silent realizing what they say can be used against them in a court of law. If they come forward to confess the sin / crime of sexually abusing a child, we will allow them to do so and then let them know of the obligation to report that places us under.

Is it okay or wise for a care team member to exchange numbers with those who come forward?

Our main goal in the after service care time is to be a safe place to confide a long-held secret. This sense of safety involves both our listening well and the individual being able to decide when/if he/she wants to speak of these matters again.

One of the overlooked effects of abuse is the loss of voice; survivors begin to believe they do not have a choice in important decisions. This is why we are not keeping a record of those who respond to the message. Instead, we are giving them a list of resources they can follow up with as they are ready.

For this reason the deciding factor in the exchange of contact information for follow up by the care team member should be done at the request of the individual disclosing the abuse. This protects the individuals “voice” in when, how, and with whom to seek him.

The second factor to consider would be the care team member’s role in a continued relationship. The most immediate opportunity would be to attend the “Hope & Restoration After Sexual Abuse” seminar so that the individual would not have to attend alone.

If the individual does not have a small group, it would be appropriate to invite them to yours. However, if they seem uncomfortable with this because of the level of disclosure, offer to help them get connected with another group. If this occurs, do not perceive it as a form of rejection.

If a question like, “Will you counsel me through this?” is asked, then your answer would be either: (a) “I would be happy to attend the seminar with you and study Diane Langberg’s book together,” or (b) “I would be glad to be your friend and support you as you seek counsel with someone who has a better understanding of the effects of abuse and how God brings restoration to those effects.”



If someone comes forward with a friend or parent, how should the care team member respond?

Unless there is reason to believe the friend's or parent's presence is unwanted or stifling an individual's willingness to share, their presence should be welcomed. Many friends or parents may see their loved one's distress and offer to come with them for moral support.

As long as the individual wants the parent or friend to be present there are no confidentiality concerns. Confidentiality belongs to the individual and he/she can invite or allow anyone into the conversation he/she wishes.

If a minor appears to be inhibited in their speech by the presence of the parent (i.e., frequently making nervous eye contact to verify they haven't over spoken), then you would say something like this, "It appears your son/daughter is understandably having a hard time talking about this subject. We have someone here more experienced talking with minors about this subject." Then take the parent and child to see the LCSW on site.

The LCSW could then assess whether the parent's presence was inhibiting the disclosure of important information