

Children & Youth Advocate Manual

How to & Hindsight Project



Children & Youth Advocate Manual History

In 2011, the Children & Youth Coordinator at End Domestic Abuse Wisconsin (End Abuse), Ann Brickson, started the four challenges project, a project to inspire programs to address the major barriers to delivering the best quality domestic abuse services for children and youth. While highlighting the long-standing challenges faced by Wisconsin domestic abuse agencies to provide stable children and youth programming. The four challenges identified are very broad range of ages in a single support group, single support group facilitator, New Children & Youth Advocates often must reinvent the agency's children and youth program every time there is position turn over, and new Children & Youth Advocates need more orientation and training.

In 2012, Ann Brickson worked with the Children & Youth Committee to create a training manual for new children & youth advocates (CYA). To begin addressing the four challenges the '*Guide to Knowledge and Skills for Children and Youth Advocates in Wisconsin Domestic Violence Programs*' was created in response to comments by domestic abuse directors that they found it difficult to train new children and youth advocates.

In 2016, Cody Warner, End Abuse's LGBTQ & Youth Program Director, worked with the Children & Youth Committee to update and adapt the '*Guide to Knowledge and Skills for Children and Youth Advocates in Wisconsin Domestic Violence Programs*.' Which is now the Children & Youth Advocate Manual (CYAM), a foundational tool for CYA that provides necessary information and resources for their work.

In 2023, Cody Warner worked on creating better graphics and user accessibility throughout the entire CYAM.

The Children & Youth Committee is made up of Children & Youth Advocates across Wisconsin that meet quarterly. The role of the committee is to advocate for children and youth domestic abuse programming throughout Wisconsin with focused efforts, to advocate for children and youth as primary consumers of services, reinforce family-focus in all services provided, and [appreciate & understand cultures](#) on child rearing & family. Throughout the CYAM **protective caregiver** is used to identify the adult of the child receiving services. The Children & Youth Committee recognizes children may receive services outside of a mother or a father and this language best reflects that.

Children & Youth Advocate-Supervisor Relationship Building

The Children & Youth Advocate Manual is meant as an online tool for CYA **AND** their supervisors/trainers to discuss and revisit resources, trainings, and skill-building opportunities a CYA identifies as a need to support their programming. This guide may complement other orientation and training provided by individual agencies. Supervisors/trainers and CYA are strongly encouraged to check back with one another regarding their progress in understanding each area and what topics might need further training and professional growth. It is encouraged that the supervisor/trainer also go through the materials to look for training and networking opportunities for the CYA. [Example Training Plan](#).

One way to alleviate the challenge of creating a youth program from the ground up when a new youth advocate is hired, is by creating a [Youth Program Module](#) (will need to download to view document). In the youth program module link is a template to start documenting how the youth program runs.

Throughout the CYAM there are references to End Abuse's [New Advocate Manual](#), you will need your login information for [End Abuse's website](#) to access this resource. Follow these instructions to begin registering on End Abuse's website. Visit endabusewi.org and click on "login." Then click the "register" link, below the login credential prompt. You will need to click on the "I am an advocate and/or employee of an affiliated organization" to get the proper access. Once your registration is confirmed you will have access to the "For Members" resources.

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Use Linked Resources to Learn More

When a CYA needs more information on a given topic, they can use the '*Resource*' section and the links provided throughout the manual. The resources contain information that CYA can use to educate themselves further on each topic. Videos used in the resource sections have been checked to make sure subtitles are available and correct.

Connect with End Domestic Abuse Wisconsin

End Domestic Abuse Wisconsin (End Abuse) staff are always a resource that should be strongly considered when looking for additional information on many different topics whether by supervisors or CYAs. You can submit a question to our website [HERE](#). To contact Cody Warner the LGBTQ & Youth Program Director please email at codyw@endabusewi.org.

End Abuse staff can:

- Talk with supervisors about orienting new CYA.
- Talk with CYA about various aspects of children, youth, teen, and family advocacy.
- Inform supervisors and CYA about upcoming Children and Youth Conference Calls (CYCC), trainings, and events.
- Suggest ways CYA can connect with their peers who have experiences in different intersections of children & youth advocacy.
- Suggest additional resources and trainings.

End Abuse Program Areas

On the next page is a chart with a list of program areas that End Abuse focuses on with a brief description of what kind of work is focused on in each program and a link to find that area on the End Abuse website.

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Program Area	Description
Coordinated Community Response	CCR/community collaborations, systems advocacy, victim services.
Economic Empowerment	Victim services, trauma-informed care, program administration, capacity development, executive director support, and community collaboration.
Engaging Youth	Children, youth & family services, & teen dating violence.
Homicide Reports	Homicide response; reporting; and prevention, community collaborations, systems advocacy
Housing	Domestic Violence Housing First initiative
Human Trafficking Awareness	National Human Trafficking Hotline, Resources
Legal Services & Related Resources	Legal system and issues, restraining orders, family law, immigration, language access, public benefits law.
Outreach to Underserved Communities	Culturally specific services, anti-oppression, and youth work. Outreach to Tribal communities, trauma-informed care, services for elders and individuals with a disability.
Prevention	Primary prevention & anti-oppression. Prevention grant program, statewide prevention public awareness.
Public Policy Advocacy	General policy, legislative advocacy, and media relations. (i.e., housing, child welfare, human trafficking, and civic engagement).

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The following lists are topics that many experienced Children & Youth Advocates wished they would have learned earlier into their careers.

For You	With Community Partners
<ul style="list-style-type: none"> Find your support system within the agency and set appropriate boundaries within those supports. Understand the effects of secondary trauma that happens to all advocates and the importance of incorporating self-care into your daily life. Recognize your own triggers and how that will affect your ability to work with youth and families. Do not feel that you need to have an answer or solution to everything. Connect the relationship of trauma-informed care and resiliency to your work. 	<ul style="list-style-type: none"> <u>YOU</u> must take the time to maintain and build these relationships. Talk to your supervisor to provide information about different community partners. Partner with someone at your agency to meet other agencies. It helps to know the face and make a personal connection at an agency. Meet people through touring facilities, setting up lunches, create cross trainings between agencies. Put judgements about other agencies aside to build better relationships that are necessary to serve victims and survivors. Create spaces to ask honest questions about programming. Ask questions with humility, like “<i>help me understand [xyz].</i>” Understand that agencies may not be capable of providing the same services anymore. Connect with local committees and community coalitions.
Within the Agency	With the Family
<ul style="list-style-type: none"> Set up a training plan with supervisor/trainer. Search for competency trainings in listening skills and crisis management. View the protective caregiver’s as the experts in their family’s lives. Advocate for your program because your program is essential to providing quality services. Recognize the importance of setting up a balance between office time (i.e. grant reporting) and youth time (i.e. groups/1-on-1s). Utilize Low-Impact Debriefing between staff and co-workers. 	<ul style="list-style-type: none"> Safety plan with the whole family; meaning those that are receiving services. Use active listening skills and provide suggestions as appropriate. Understand Parenting in Public and how it affects the whole family. Set boundaries with program participants (youth) and maintain them. Advocate the needs of the family for both the child AND protective caregiver.
	With the Protective Caregiver
	<ul style="list-style-type: none"> Create a positive relationship with the protective caregiver. Provide consistent messaging that aligns with the protective caregiver’s wishes.

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Recognition

I want to thank all the advocates that have spent their time helping to create and update the Children & Youth Advocate Manual. Without all your insights, feedback, and resources the CYAM would not be anywhere near complete. Thank you to everyone that has helped as a part of the Children & Youth Committee from 2016 to 2023:

Ann Vang	Karla Romero	Sharon Lewandowski
Bobbi Jo Bentz	Lori Weinert	Taume Kohl
Deanna Bingham	Lue Yang	Taylor Lopez
Dori Richards	Mainou Xiong	Tracy Plamann
Jack Basten	Melissa Rivera	Vong Khang
Jodi Nuthals-Mikulsky	Milly Gonzales	Wanda Smith
Karen Larson	Olivia Osborne	Yer Yang

And a HUGE thank you to the advocates who went through and reviewed the entire manual in 2018! With the valuable feedback you offered, End Abuse will be able to provide much needed, relevant updates to the Children & Youth Advocate Manual!

Amanda Meixner

Cassie Reilly	Janelle Krueger	Marie Clark
Catina Cole	Jennifer Schunk	Natasha Keiser
Ellen Honsa	Kandi Krueger	Shelly Johnson
Heidi Lindsey	Kendra Taber	Sherry Kovalesski-Boock
Jack Basten	Lauren Baur	Taylor Lopez

Last, but NEVER least, thank you to all the staff at End Abuse and WCASA that have helped me along the way. From reviewing the document to providing resources to listening me explain what the document is over and over. This resource would not be as great without our collaboration.

Abby Swetz	Ian Henderson	Tegan Swanson
Adrienne Roach	Jenna Gormal	Tess Meuer
Angie Rehling	Kari Niesen-LaScala	
Ann Brickson	Kelsey Mullins	
C.J. Doxtater	Kathryn Chapman	
Chase Tarrier	Kwnwahta Smith	
Cia Siab Vang	Megan Sprecher	
Colleen Cox	Olivia Osborne	
Danny Ho	Sara Krall	
Diane Wolff	Sarah Curley	
Diara Parker	Simone Lewis-Turner	
Elise Buchbinder	Stephanie Ortiz	
Gricel Santiago-Rivera	Stephanie Vang	

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Section 1: Child & Youth Development



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Introduction & Importance

Knowledge of typical child development can aid advocates in helping each child at their life stage and recognizing potential needs they may have. This information can also support advocates when talking with protective caregivers about their children and planning activities that are age appropriate. The contents of this manual are meant to be informative and NOT meant to be used for any medical or diagnostic purposes.

Youth Development Charts

The following charts are to outline childhood development in six stages and five domains. Each domain is paired with signs of atypical development that may stem from impacts of abuse. Please note that not all impacts of abuse are the cause of that behavior (i.e. behaviors from illness, mental health, family dynamic changes, etc.). Developmental regression may be seen in any domain across each developmental stage. Impacts and effects from trauma may last into adulthood, especially if there are not appropriate and accessible supports for the family.

These charts are meant to give an idea of typical development and are **NOT** meant to be used for diagnostic purposes. The school-aged and teenage groups have a wide age range due to the amount of overlap within the domains of those ranges. All information in these charts was taken from the resources at the end of this section. We have created these charts as handouts for advocates to give to protective caregivers as needed.

[Conception to Birth](#)

[Toddlers \(1 to 3 Years Old\)](#)

[School-Aged \(5 to 11 Years Old\)](#)

[Infants \(Birth to 1 Year Old\)](#)

[Preschoolers \(3 to 5 Years Old\)](#)

[Teens \(11 to 18 Years Old\)](#)

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What Caregivers Can Do at Home

Protective caregivers may wonder if there is anything, they can do in their home to help mitigate the impacts of abuse. While every child is different, advocates can provide guidance for caregivers on some common themes.

Children dealing with impacts of abuse may respond well to stability, so caregivers may want to focus on creating stable routines and activities for the child. Encouraging caregivers to be aware of the child's triggers is another potential idea for advocates. Acknowledging that each family is different, and that each child will react and cope differently to trauma is crucial for working with caregivers to come up with actions they can try at home.

The [Child Welfare Information Gateway](#) has created a fact sheet with resources to help advocates and caregivers begin to understand the effects of trauma and what support might be beneficial.

We have adapted some of the information into two easy to follow [Coping Charts](#).

Recommended Sleep Times for Age Ranges

Sleep, especially REM or deep sleep, is very important for both mental and physical development. As children get older development slows, which in turn means they require less sleep. Infants and children in the early stages of life need the most sleep because their mental and physical development is happening at the highest rate.

We have put together a short two-page [Recommended Sleep Time Fact Sheet](#) with information from the [National Sleep Foundation](#). Within this fact sheet you can find:

- Sleep duration recommendations
- Tips for having sleep routine conversations with protective caregivers
- Example focused conversation for talking about sleep routines with protective caregivers

Concerns

If there is any concern with a child's development or behavior, talking to the protective caregiver is key. Working with them to understand what they have tried and what they are willing to try is important to build rapport. It also helps to find available resources that are relevant and helpful to the family seeking services.

Before referring a family to services, it is encouraged that advocates talk with the family to see if there are any barriers for seeking specific services. Those barriers could include lack of transportation, lack of health insurance, fear of going to the appointment, poor experiences in the past, etc. Working with the family to find different methods to overcome these barriers is vital to the family's healing journey.

Try reviewing the [Coping Charts](#) to aid in these conversations. This document contains ways for the protective caregiver to help their child cope AND ways the protective caregiver can cope with the secondary trauma they may be feeling by supporting their child.

The National Child Traumatic Stress Network and Futures Without Violence have created factsheets related to domestic violence. In factsheet #8—[Where to Turn if You Are Worried About Your Child](#) offers guidance for protective caregivers when they have concerns about their children's exposure to abuse.

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Resources

[BabyCenter](#) has more information on domestic violence during pregnancy including how common it is, the effects pregnancy can have on physically abusive partners, and other questions.

[Center for Disease Control](#) has free positive parenting tip sheets. These tip sheets are broken into age ranges from birth-17. Each tip sheet contains information regarding developmental milestones, positive parenting tips, child safety first, and healthy bodies.

Futures Without Violence created [Healthy Moms, Happy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed](#). The fourth module, Impacts of Domestic Violence on Perinatal Health Outcomes, focuses on making the connection between pregnancy and domestic violence with the goal of improving perinatal and birth outcomes.

[Helping My Child: A Guide to Supporting Children Exposed to Domestic Violence](#) (pg. 15-24) is a guide for protective caregivers who are targets of violence in a relationship. The goal of this resource is to support the protective caregiver so that they can support their children. Although there are some references to teens, the guide is directed, in particular, to children 12 years and younger.

[Little Eyes, Little Ears](#) (pg. 16-23) is a resource for anyone looking to understand how children experience violence towards their protective caregivers and how those experiences may shape them as they grow, from infancy to adolescence.

[Maltreatment and the Developing Child: How Early Childhood Experience Shapes Child and Culture](#) summarizes the impact of trauma on early brain development.

[National Society for the Prevention of Cruelty to Children](#) has resources regarding healthy sexual behavior and advice for parents and professionals on healthy and unhealthy sexual behavior in children and teenagers, including how to respond.

[National Childhood Traumatic Stress Network](#) has charts on common sexual behaviors in childhood and what to teach children about sexual behaviors at different stages of development.

Parenting Abused Children: Hope, Healing and Insight published an article titled [Domestic Violence: the Devastating Effects on Pregnant Women and Unborn Children](#), which includes research on the effects of domestic violence on pregnant women and their unborn children.

The Child Welfare Information Gateway through the U.S. Department of Health and Human Services published a bulletin in 2017, [Supporting Brain Development in Traumatized Children and Youth](#), which (AGES & STAGES) has information on normal child development, the developing brain, and causes for concern. The information is split into seven links that include understanding trauma and brain development, ages and stages, helping caregivers promote healthy brain development, and more.

*Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if **ANY** links are no longer working.*

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Introduction & Importance

Trauma is an extreme stress, such as a threat to one’s safety or emotional well-being, which overwhelms a person’s ability to cope. Children and youth are particularly vulnerable to trauma exposure because their brains are still developing. It is helpful to understand how children are exposed to domestic abuse; the externalized and internalized effects; the effects across all domains of a child’s life; and the dynamics of domestic abuse. There is no one normal or typical reaction for a child. An individual may exhibit some, all or none of the reactions which is why it is so important to comprehend this material **AND** be flexible with each child.

Common Misunderstandings

The following common misunderstandings are just some of the ways children & youth have viewed violence and gives a glimpse of why they might feel the way they do. As advocates we must recognize these misunderstandings and work with children and youth to help them heal from the traumas they have experienced.

“They were both hitting and yelling at each other, why isn’t [protective caregiver] getting in trouble?”

Children often see BOTH caregivers as equal parties in the violence

“If I would have/have not done [XYZ] they would not have started fighting.”

Children perceive the violence as their fault.

“If I try really hard to be good, they won’t fight again”

They may feel that they can control their caregivers’ behaviors.

“They were only yelling at each other...”

Children might believe that the protective caregiver is not hurt if there are no physical signs of injury.

“They only punched the wall, not even near them”

Children might not be aware of the underlying threats in the violence.

“They stopped crying right away can we go home now?”

Children might think that the protective caregiver is no longer upset or in danger if they are not crying.

“They’ve stopped fighting and are talking again!”

Children may believe that once the fighting stops, everything will go back to their perception of normal.

Short Term Effects

Below is a small list of short-term effects or immediate reactions from childhood domestic violence that children and youth may exhibit. Knowing these signs can aid in working with the caregiver to help with behavior modification techniques and with the child in a more trauma informed way.

Anxiety, depression, aggression

perhaps reenactment of the witnessed aggression

Avoidance

evade from activities to avoid reminders of trauma

Behavioral issues

fighting, oppositional behavior, tantrums, etc.

Feelings of guilt or self-blame

from the violence happening

Hyperarousal

reacting strongly to ANY stimuli

Physical complaints

stomachaches, headaches, etc.

Poor academic performance

Impaired concentration; difficulty completing homework; lower scores on language, motor, or social skills

Re-experiencing

Intrusive and repeated thoughts or body stimulation tied to trauma. Reaction reminders to sights, smells, tastes, sounds, words, things, places, emotions, and/or people

- Similar to PTSD
- Triggers within school
- Sudden 'tantrums' can be a reaction to a trauma reminder

Repetitive talk/play

revolving around the violence

Trouble sleeping

going to sleep, staying asleep, having frequent nightmares, difficulty waking up in the morning, or difficulty staying awake during the day

Withdrawal

cut off from 'usual' life and other people

Perfectionism/Overachievement

hyper focusing on being exactly like others or getting the best grades

Passiveness/Aggressiveness

being complacent, agreeing with everything, or not wanting to be seen; being forceful, easily angered over minor inconveniences

Worry about their caregivers and are afraid to be separated from them

Children may express their distress through physical symptoms, such as stomach aches or headaches

Long Term Effects

Long term effects are from repeated, chronic exposure to childhood domestic violence that affect different domains of a person across their lifespan. It is important to remember that any of these symptoms can also be associated with other stress, traumas, or developmental needs. The symptoms should be considered in the context of the child's AND family's functioning.

Chronic physical health problems – autoimmune disease, heart disease, liver disease

Behavior issues in adolescence – alcohol and substance use, impulsive acts, and criminal behavior

Poor to appropriate mental health services – depression, anxiety disorders, PTSD, suicidal behaviors, and low self-esteem

- Learn the latest statistics on suicide at [American Foundation for Suicide Prevention](https://www.afsp.org/)

Learned negative lessons on using violence and power – when violence is linked to expressions of intimacy and affection or victimization by an intimate partner.

Risk Factors Affecting Individual Response

The following questions may identify potential reasons for how children and youth may react to domestic violence and intimate partner violence. There are many other risk factors that may play into account that are not listed below, but this list may be a good place to start. Please note that **EVERY** child will perceive the violence they experienced differently no matter the frequency or severity of abuse.

How serious and how frequent is the violence or threat?

- Was the child physically hurt or put in danger?
- Was it life-threatening?
- Did the child witness the victim in terror?
- Was a weapon used or brandished?
- Was there a serious injury?

What is the child's perception of the violence?

- A child may perceive the violence as life-threatening even if adults do not. Children often have different perceptions of the violence that the protective caregiver believes or knows about.

What is the child's relationship with the victim and abuser?

- The relationship and emotional bond between the protective caregiver and abusive caregiver may make for some difficult and conflicting emotions.

What other stress is going on in the child's life?

- What other traumatic events has the child experienced?
- Was the child a victim of other forms of abuse?
- Has the child recently moved or changed schools where they would have had to leave behind their support systems?
- What mental health challenges is the family facing?

Protective Factors

Like risk factors these protective factors may identify potential reasons for how children and youth are able to be resilient when faced with trauma. There are many other protective factors that may play into account that are not listed below, but this list may be a good place to start.

Positive relationship with protective caregivers

Access to positive social supports.

- Clubs, sports, group activities, teachers, coaches, mentors, day care providers, etc.

Intellectual development with good attention and social skills.

- Encouraging hobbies that are challenging and enjoyable.

Activities that attracts the praise and admiration of adults and peers.

- To encourage a positive self-esteem and social supports.

High self-esteem and self-efficacy.

- The confidence to do something on their own without paralyzing fear and self-doubt.

Connecting to something bigger than themselves or religious and spiritual affiliations

- Groups that encourage connecting and supporting a community together
- Volunteering

Section 2: Childhood Domestic Violence, Sexual Assault, Safety Planning

Child Abuse and Neglect

Child abuse occurs when a caregiver, family member, or caretaker physically hurts a child or adolescent, makes that youth feel worthless, has sexual contact with him or her, or does not provide adequate food, care, or shelter. Child abuse can happen in all types of families, and in most cases, the abuser is related to the victim. Every state has laws against child abuse.

Most people agree acts which threaten a young person's life or causes serious injury are physical abuse. When punishment is very severe or leaves bruises or other injuries, then it's no longer discipline—it's child abuse, and it should stop. Emotional abuse can include swearing at, yelling at, or insulting a young person, usually repeatedly. It also can include denying a young person basic emotional needs, such as affection or security.

Neglect is when a caregiver does not provide care for a young person's safety and health—necessities like food, proper clothing, a place to live, or medical care. Leaving kids alone for long periods or kicking them out of the house also can be interpreted as neglect. Abuse and neglect affect the way young people view themselves and the rest of the world. Many people who were abused as children find it hard as adults to like themselves or to trust other people.

Statistics

It is the goal of End Abuse to update this manual every two years which will include updating any statistics. For even more data on child abuse and neglect by year visit the [Department of Children and Families > Annual Reports > Child Abuse and Neglect Report](#).

Child Abuse & Neglect Report 2021 Key Findings

Of the 74,280 referrals from reporters alleging maltreatment of children, CPS agencies screened in 31.5% of those referrals. The maltreatment type with the most substantiated findings was neglect (64.6%). Followed by sexual abuse (21.7%), physical abuse (12.7%), and emotional abuse (1%).

There were 4,248 known child victims of maltreatment, representing 3.4% of children in Wisconsin. Identified females more likely to be victims (55.3%) due to the higher rates of sexual abuse that occurs. 26 children died from substantiated maltreatment in 2021.

Identified males (51.9%) accounted for the majority of those causing harm through sexual and physical abuse. Identified females (42.5%) accounted for the majority of those causing harm through neglect. Primary caregivers accounted for 89.3% of the substantiated maltreatment.

14.2% of families received services from CPS agencies. 11.2% of families were referred through a community partner. 2,508 children were removed from their home and placed in out of home care to ensure child safety.

Referrals by reporters relationship to the alleged child victim top 5. Legal/law enforcement (22.9%), educational personnel (20.3%), social services professional (12.3%), Mental Health Professional (10.4%), Parent of Child Victim (8.5%).

Child Sexual Abuse

Sexual abuse occurs when someone forces, threatens, or induces a young person into any kind of sexual contact. It includes direct physical contact and non-touching sexual “contact,” such as when a young person is persuaded to view obscene materials.

Although 1 in 10 children will be sexually abused before they turn 18 years old; if you look at sexual abuse by gender (using gender binary data sets), 1 out of 3 girls and 1 out of 5 boys will be sexually abused before they reach age 18. 90% of child sexual abuse victims know the perpetrator in some way. 68% are abused by a family member.

Incest is a form of sexual abuse that is defined as any sexual contact or behavior between family members. The most common form of incest occurs between an older family member and a child or teenager. Incest, as well as all forms of abuse, can happen to children of any gender.

To learn more about Child Sexual Abuse view the information sheet series from the Wisconsin Coalition Against Sexual Assault

- [Sexual Violence Data + Resources](#)
- [Sexual Violence Prevention](#)
- [Teen Sexual Violence](#)

Safety Planning

Creating a safety plan with both the child and protective caregiver is necessary to provide a clear and cohesive plan that everyone can understand. Below are some example points that should be talked about with the family receiving services when going through safety plans. It can be helpful to have an idea of what to do in dangerous situations, but understand the child is not responsible to enact the safety plan exactly. Common reactions to trauma are typically fight, flight, freeze, or fawn.

Each safety plan will be unique and adaptable to meet the needs of the families. (Refer to the [New Advocate Manual: Crisis Counseling and Safety Planning](#)) You will need a login to get this information and scroll down to MEMBER-ONLY RESOURCES)

The following points should be talked about with the family receiving services when going through safety plans.

- Children should not try to get in the middle of a fight.
- Where are the safe places to go in & out of home?
- Who are the safe people to call or talk to during or after the "event"?
- When is it safe to call those people?
 - When it is safe for children to call 9-1-1?
 - When is it safe for others to call 9-1-1?
- What to do when there are siblings?

Example Safety Plans

- Safety Planning Handouts for Teens
 - [From the Women's Council for Domestic Violence & Family Violence](#)
 - [Safety Planning with Children and Youth: A Toolkit for Working with Children and Youth Exposed to Domestic Violence](#)
- Technology Safety Plans

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- [Tech Safety](#)
- [Technology Safety Quick Tips](#)
- [Technology Safety & Privacy: A Toolkit for Survivors](#)
- [iPhone Privacy & Security Guide](#)
- [Tips for Technology Safety Planning](#)

Child Abuse Prevention Month

Since 1983, National Child Abuse Prevention Month or Child Abuse Prevention Month (CAP month) is an annual observance in the United States dedicated to raising awareness and preventing child abuse. Communities should rededicate themselves to being supportive of families and play an active role in preventing child abuse and neglect as well as taking positive action to promote child and family well-being. To aid in promoting CAP month are resources that provide updated CAP month toolkits and promotional items.

[Prevent Child Abuse America](#) lays the groundwork to deliver the great childhoods that all children deserve. They are dedicated to promoting services that improve child well-being in all 50 states and developing programs that help to prevent all types of abuse and neglect.

[National Child Abuse Prevention Month](#) recognizes the importance of families and communities working together to prevent child abuse and neglect and promotes the social and emotional well-being of children and families. During the month of April and throughout the year, communities are encouraged to increase awareness and provide education and support to families through resources and strategies to prevent child abuse and neglect.

[Positive Promotions](#) provides materials you can pay for to promote awareness about the dangers of child abuse and steps that can be taken to prevent it in your community.

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Resources



[Prevent Child Abuse America](#) is a resources and research landing page for resources dedicated to the prevention of child sexual abuse with infographics, information on prevention legislation, published resources, position statements, and fact sheets.

[Child Welfare Information Gateway State Status Search](#) a resource to look for specific laws, statutes and policies by state and topic.

[Childhood Domestic Violence Association](#) Uses the leading research and best-known practices in the field, they develop and deploy scalable tools. Their tools and resources are used to educate, train, and empower.

[Children and Domestic Violence: Questions and Answers for Domestic Violence Project Advocates](#) is a fact sheet on the effects of DV exposure on children and youth with information on how advocates and parents can respond in ways that promote resiliency and healing.

[Darkness to Light \(D2L\)](#) a non-profit committed to empowering adults to prevent child sexual abuse. Their work is guided by the vision of a world free from child sexual abuse, where children can grow up happy, healthy and safe. They know that prevention is possible, and they believe that it is an adult responsibility to protect children.

[Futures without Violence](#) a national website with immense resources regarding children, youth & teens; engaging men; colleges & universities; global violence prevention; health; leadership & professional development; policy & advocacy; human trafficking; and workplace safety & equity.

[Honor Our Voices](#) is an online training program which presents children's personal experiences of living with violence in their homes through diary entries while providing key issues and promising practices in working with children exposed to domestic violence. The training revolves around the diaries of three children, composites of real life stories and events of children exposed to domestic violence.

[Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow](#) (pg. 8, 10-11) by Alison Cunningham & Linda Baker (2007). A resource for anyone looking to understand how children experience violence against their mothers and how those experiences may shape them as they grow, from infancy to adolescence.

[National Child Traumatic Stress Network - Domestic Violence & Children: Questions and Answers for DV Project Advocates](#) (Pg. 4) a factsheet designed for domestic violence project advocates. This factsheet includes helpful information how children react to domestic violence, short and long-term responses to domestic violence, possible reactions to domestic violence, factors that can help children recover and working with parents and their children through domestic violence situations.

[National Child Traumatic Stress Network - How Does Domestic Violence Affect Children Fact Sheet](#) The NCTSN Domestic Violence Collaborative Group's series of fact sheets created for protective caregivers whose children have been affected by domestic violence. The set of 10 fact sheets gets to the heart of the experiences and needs of these children and families, and offers education in support of their resilience and recovery.

[National Child Traumatic Stress Network - Questions and Answers About Domestic Violence](#) (pg. 1-4) Betsy McAlister Groves, MSW, a member of the NCTSN and founder of the Child Witness to Violence Project, answers commonly asked questions about the impact of domestic violence on children.

Needs of Children in Domestic Violence Shelters has information in [Chapter 1: The Impact of Trauma on Children Pages 8-14](#). This is a toolkit to assist Domestic Violence agencies and other service providers to identify and respond to children exposed to domestic abuse.

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Section 2: Childhood Domestic Violence, Sexual Assault, Safety Planning

[Rape, Abuse & Incest National Network \(RAINN\)](#) the nation's largest anti-sexual violence organization. They have carried out programs to prevent sexual violence, help victims, and ensure that perpetrators are brought to justice.

[Social Workers Toolbox on safety planning with children & youth: domestic abuse](#). This resource offers templates for older & younger children, guidance, other resources, and print out appendix.

[Wisconsin Coalition Against Sexual Assault \(WCASA\)](#) is the membership agency which supports 56 certified sexual assault service provider (SASP) agencies working to end sexual violence in Wisconsin and offer support, advocacy and information to its victims of sexual assault and their families. WCASA works to ensure that every victim in Wisconsin gets the support and care they need. WCASA also works to create the social change necessary to ensure a future where no child, woman or man is ever sexually violated again.

[Veto Violence - Preventing Child Abuse & Neglect](#) this website contains resources on risk factors, protective factors, and consequences and much more for learning about child abuse and neglect.

*Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if **ANY** links are no longer working.*

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Section 3: Teen Dating Violence



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Introduction & Importance

As youth grow into their teen years their want for autonomy increases and begin to explore dating & intimate relationships. It is extremely essential that children & youth advocates understand that Teen Dating Violence (TDV) & Intimate Partner Violence (IPV) is JUST AS SERIOUS AS domestic abuse and should be treated as such. IPV is a term that can be used as to include more intimate relationships outside of exclusive dating (i.e. hookups, polyamorous relationships, etc.). Knowledge on increased access to technology and social media are vital components to working with teens.

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Recognition

The Teen Dating Violence section of the Children & Youth Advocate Manual could not have been completed without the help from teens and teen mentors from across the state. Their valuable insights and feedback are what helped shape the type of content and information for this section. I am truly inspired by their dedication and passion in this work.

- Community Health Promoters – Diverse & Resilient – Milwaukee
- Fighting Against Abusive Relationships – Safe Haven – Shawano
- Teens Against Abusive Relationships – Stepping Stones – Medford
- Resilient By Design – Racine
- Southeast Asian Youth Anti-Violence Project – Milwaukee
- Sisterhood – CAP Services – Stevens Point
- Forging Youth Relationship Education – Sturgeon Bay

Understanding Teen Dating Violence

Prevalence and Statistics

The reality is that:

- **1 in 5** teens experience dating violence in Wisconsin.
- **1 in 4** teens in a relationship say they have been called names, harassed or put down by their partner through mobile devices.
- **2 in 3** teens who were in an abusive relationship never told anyone about it.
- Lesbian, gay, and bisexual youth **are more likely to experience** physical and psychological abuse; sexual coercion; and cyber dating abuse than their heterosexual peers.
- More than half of women and men who have been physically or sexually abused, or stalked by a dating partner, **first experience abuse between 11-24 years old.**

To find more information on Wisconsin specific TDV and IPV data go to the [Youth Risk Behavior Surveillance System \(YRBSS\)](#). The YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults including behaviors that contribute to unintentional injuries and violence, sexual behaviors related to unintended pregnancy and sexually transmitted diseases, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity.

A place to start looking on this website is the [Youth Online Data Analysis Tool](#). Here you can click on Wisconsin. The questions that might be most helpful to you (forced sexual intercourse, physical dating violence, and sexual dating violence) can be found under 'CHOOSE TABLE CONTENT' then clicking 'Unintentional Injuries and Violence'. You can then put the data into subgroups by choosing sex, race, grade, or sexual orientation under the 'VIEW DATA BY SUBGROUP'.

Types of Violence

The most dangerous time for a victim is when they try to leave a violent or unhealthy relationship. The chance for a domestic violence homicide is significantly increased during this time. The same is true for teens, if a teen is wanting to leave a violent or unhealthy relationship they should be just as careful and cautious during that time.

The [Teen Dating Violence Charts](#) give six types of abuse, an explanation of that abuse, and examples of what the abuse may look like. Teens may use different language than what is provided in these charts, so it is good practice to ask what that means to them instead of assuming. Love is Respect offers an [a power and control wheel](#).

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Section 3: Teen Dating Violence

Advocacy Skills

Skills to Highlight

These skills were provided by teens when answering the questions:

- What seems most critical for a new advocate to understand about teen dating violence?
- What seems unimportant for a new advocate to understand about teen dating violence?
- What other things do we need to consider when we're talking about training new advocates?

ALWAYS Begin by building rapport

- Have a conversation rather than intake process or counseling session
- Take interest in what they are interested in
- Take interest in their lives
- Have advocate be their true self
- Relate to teens through appropriate personal experience
- It is ok for advocates to not have all the answers
- It is ok for advocates to feel lost
- Be there for support
- It is ok to let teens just talk
- Let them know that if you don't have an answer you will try your best to get one for them

Let teens know if you are a mandated reporter

- Inform teens of agency's mandatory reporting policy so that they understand it!
- Repetition is good, allows youth to know when you make a report it's for their safety.

Allow teens to make their own decisions

- Support and validate their decision-making process
- Offer advice when appropriate
- Give teen opportunity to accept or reject advice
- Watch your face expression

Discuss positive and negative outcomes with the teen's decisions

- Many more factors involved than just ending a relationship
- Not easy to leave a relationship
- Not easy to come stay at the shelter

Listen and ask clarifying questions

- Actively reflect what the advocate is hearing
- Ask what the teen means with the words they are using
- Take notes on important things when appropriate
- Be a good listener & active listener

Understand that every teen's situation is unique

- Keep an open mind with every teen because they are all different
- Not one size fits all in working with teens
- Put yourself in their shoes

Meet the teen where they are at

- Have a lot of patience and understanding
- It probably took a lot for the teen to come talk to an advocate
- Be aware of the teen's comfort level, if the advocate does not know ask!
- Be ok with awkwardness and silence

Let teens know they are not alone

- Give teens a sense of solidarity

Acknowledge that the teen is in the room if they are being talked about instead of talked with

Very important to be more empathetic

- Validate their feelings
- Try to care by showing emotion to help the person heal
- Restate, briefly, from previous session
- Ask teen to add anything before moving on
- Treat the teen like a person
- Treat the teen like their problems matter

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Behaviors to Avoid

The behaviors to avoid on the following pages are paired with tips to help aid advocates in working with teens. These types of behaviors will have teens shutting down and stop seeking services from children & youth programs.

Shame or blame the teens about their experiences

- Do not be judgmental
- Do not shame around sex
- Avoid victim blaming language like; how could you have avoided this? Why are you in this relationship? I told you, you should have listened...
- Watch your tone of voice

Be a parent or friend figure

- Advocates should be adult mentors with appropriate and healthy boundaries.

Scold them

- Advocates are meant to support the people that they work with by offering resources and advice when appropriate
- Do not come off as a cold authority figure

Assume gender of their partner

- With an increase in gender and sexual identities an advocate should avoid heteronormative language
- The [Trans Student Educational Resources' \(TSER\) Gender Unicorn](#) may be used as a starting point to learn that language
- Adopt gender neutral language (like they/them/their for pronouns and partner) as default language to use

Talk poorly about their partner; unless they've given permission

- Ask the teen if it is ok to use the language, they are using about their partner
- Ask the teen if it is ok to offer a negative criticism about their partner

Act like the advocate is all knowing

- Do not assume that the teen does not know what's best for them
- They are the experts in their own life and know what resources and solutions will work for them
- Not preaching to the teen

Continuously remind teens of their experiences

- Do not constantly reflect on what happened to them.
- Do not re-bruise what is healing
- Instead offer a brief description of the last time you met
- Ask about any progress toward goals, if any set
- Ask the teen what they would like to work on next

Tell the teen how to feel or what to do

- As an advocate it is not your job to try and fix the teen or their situation.
- Do not tell the teens that they HAVE to forgive their abuser
- Do not tell the teens that you know how they feel

Not really listening to the teens and not hearing or understanding what the teens are saying

- Turn of the sound off of electric devices or other devices that will make noises (computers, cell phones, office phones, etc.)
- It is helpful to rephrase or summarize what they have said and ask the teens if that is correct
- If the teen feels it is not correct ask them to clarify what they meant so you are understanding correctly

Jump into the problem right away

- Building a trusting relationship is key with teens before diving into their experiences
- Be careful of how you react to what the teen is telling you
- Shift the focus from the action to more on how they feel and what they would now like to do about it

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Make promises advocates cannot keep

- It can feel great to tell a teen that there is a definitive solution to their experiences
- The reality is that we CANNOT guarantee that our solutions will produce the exact outcomes
- Like everything is going to be ok, you are going to get this restraining order in place, they are going to go to jail for what they did to you, etc.
- It is better to explain the processes, create safety plans with the teens
- Then let the teens know that even though they are going through the process or creating safety plans it

does not mean that outside circumstances will not happen

- Ask the teen what clarifications they need

Minimize and trivialize the teen's problems

- Avoid ageism language to teens like 'wait until you are an adult if you think you have big problems now' or 'you shouldn't be dating now anyways really you should be focusing on school'.
- Minimizing language is dangerous when working with teens in TDV or IPV relationships because it dismisses the actual danger the teens are in
- Do not treating teens like a child

Teen Engagement

Teen engagement in the groups and activities within their community can look different in many ways. Some teens will want to be very involved in decision making processes, while others may want to attend and use the services without being involved at an administrative level.

The [Ladder of Youth Engagement](#) illustrates different degrees of involvement that youth can have within an organization. This can range from situations in which youth are forced to be involved (manipulation) to youth initiating groups and activities and sharing decision making power with the adults involved. When starting a new group or organization for teens in your community, it is important to think critically about which form of engagement fits what your community needs, ideally having a goal of being in one of the degrees of participation.

If groups exist already, have the youth evaluate how well they feel their current level of involvement is fulfilling their needs. A good next step could be talking to the adults who are involved in existing groups to see if they think they are meeting the youth's goals. Effective youth groups and youth serving organizations have developed the level of engagement that fits the goals and mission of the group.

For more information on how to create groups or materials for children and youth, see the [Age Appropriate Support Groups](#) and [Age Appropriate Presentations](#), [wiskidsdv listserv](#) (connect with other children & youth advocates).

Using Social Media

Often advocates who are working with teens think about how to incorporate social media to offer more inclusive services. There are many different forms of social media platforms to use from work profiles, pages, groups, etc. If this is something advocates are interested in AND have the capacity to maintain the social media(s) then please consider the following. The [Using Social Media](#) document goes through:

- Important considerations – Confidentiality & Mandatory reporting
- Social media audit & marketing plan – Social media audit: 6 steps & Social media marketing plan.
- Social Media resources for adult mentors - Futures Without Violence resources & That's Not Cool resources.

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Teen Events and Groups

To continue engaging teens providing events and groups directly geared for them is key. Below are different types of events and groups that are meant for just that.

Dare 2 Know

[Dare 2 Know](#) Dare2Know (D2K) is a challenge and a movement for teens in Wisconsin to rally around healthy relationships to end teen dating violence in Wisconsin. Through D2k teens can sign up to be involved with the Teen Ambassador Program (TAP) where they will be educated on the campaign and engage in a 6-month challenge activity that will encourage them to value their voice, persuade their peers, and connect with their community. D2k offers community programs and adult mentors to take part in being a media partner to continue to spread the word about teen dating violence in Wisconsin. **Follow on [Facebook](#) & [Instagram](#) @Dare2KnowWI**

Teen Summit

This annual, statewide Teen Summit brings together a diverse group of teens and adults to learn how to prevent teen dating and sexual violence and promote healthy relationships. The Teen Summit is meant for teens working on or interested in learning more about teen dating and sexual violence. Adult mentors working with or supporting teens, including: parents and caregivers; sexual assault programs; domestic violence programs; runaway programs; school personnel; law enforcement; youth development organizations; tribal youth programs; Child Protective Services; Independent Living Programs; health care and family planning providers. All minor teens **MUST** be accompanied by an adult.

This event is continuing to grow with over 650 people in attendance at the 2023 Teen Summit. The event starts on a Sunday to avoid taking youth out of school three days in a row. End Abuse offers an excused absence form every year that students can provide their schools without fear of being tardy or having unexcused absences. Limited scholarships are offered to teens.

The Summit includes:

- Workshops for teens and adults
 - In past years over half of all workshops had teen facilitators
- Roundtable Discussions
 - Safe spaces for teens and adults to discuss issues important to them
- Teen performances
- Dynamic Keynotes
 - Alora Young, Aisha Fukushima, Kwnwahta Smith, Prenicia Clifton, Melissa (Melly) Denizard, Linda Sarsour, Nalo Zidan, Kyle (Guante) Tran Myhre, Samantha Collier, Violet Kilmurray, Dr. Bettina Love, Ajani Carr, Lah Tere, Rosa Clemente, Beverly Gooden, Janaya Khan, and Kat Blaque.

You can find more information about the Teen Summit on [End Abuse's website](#) and on [Facebook](#).

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Teen Dating Violence Awareness Month

February is Teen Dating Violence Awareness Month (TDVAM)! It has also been called Teen Dating Violence Month (TDVM), Teen DV Month, Teen Dating Violence Awareness and Prevention Month (TDVAPM), etc. Regardless of the name this month is a national effort to raise awareness about abuse in teen relationships and promote programs that prevent it. The following resources provide an updated Teen Dating Violence Awareness Month toolkit every year with different ideas, media, and activities. [Love Is Respect](#), [Break the Cycle](#), [National Resource Center on Domestic Violence \(NRCDV\)](#).

Assisting Teens Transitioning into Adulthood

While there are many helpful resources for teens and youth, it is important to know that these resources may not have the capacity to continue to provide service to youth as they transition into adulthood. As teens who have been receiving services age, they may want resources about finding services for after they turn 18 and are no longer eligible for some teen and youth-based services. Finding those services can be overwhelming for an individual, so advocates can help both protective caregivers and youth themselves prepare a plan for how to find the services they need.

A helpful first step could be to contact the agency the youth has been receiving services from and ask about what services they may have for adults that the youth could have access to.

To find individual social service agencies, the first step can be to look on the [Wisconsin Department of Health Services](#) website. They have a list of community programs, social service, and human service agencies as well as contact information for the agencies. If that does not provide what the youth is looking for, looking on an individual county website can also provide links to services or providers in the youth's specific county. If neither of those steps identifies what the youth wants, the [End Abuse website](#) also has a list of programs and resources in Wisconsin by region.

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Resources

[Break the Cycle](#) a website dedicated breaking the cycle of violence because everyone deserves a healthy relationship through youth leadership & education, capacity building, legal services, and policy & advocacy.

[Children's Safety Network Teen Dating Abuse: 2018 Resource Guide](#) This resource guide provides links to organizations, programs, publications, and resources focused on preventing teen dating abuse. It is divided into six sections: (1) national organizations; (2) prevention programs and interventions; (3) data, fact sheets, infographics, and toolkits; (4) policy and legislation; (5) special populations; and (6) research.

[Dare 2 Know](#) Dare2Know (D2K) is a challenge and a movement for teens in Wisconsin to rally around healthy relationships. Engaging both teens and adults to end Teen Dating Violence in Wisconsin.

[Love Is Respect's](#) this resource offers a lot of current and up-to-date resources. Love is Respect provides a Teen Dating Violence Month toolkit, as well as, the national dating abuse hotline 1-866-331-9474

[National Center for Injury Prevention and Control – Dating Matter: Strategies to Promote Healthy Teen Relationships](#) a comprehensive teen dating violence prevention model developed by CDC to stop teen dating violence before it starts.

[One Love](#) offers many resources for teen dating violence. A notable resource from this website is its [#ThatsNotLove](#) campaign a series of short and shareable digital content in five unique chapters that works to shine a spotlight on unhealthy or emotionally abusive relationship behaviors – or the gray area between love and control.

*Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if **ANY** links are no longer working.*

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Section 4: Abuse Effects on Protective Caregiver’s Parenting



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Introduction & Importance

Perpetrators of abuse may use children and harm the relationship between the child and protective caregiver in order to control their partner and the entire household. The protective caregiver’s parenting is often compromised as safety concerns force them to prioritize the demands of the abuser. Knowledge of these dynamics will help advocates better understand the families they serve. It is also very important to remember that the abuser may be someone that the child loves. Make sure that you are not giving your opinion of the abuser to the child. Remember to refer to the abuser by their name or by the relation to the child.

Effects on Caregiver's Parenting

Power and control tactics used by abusers may cause the following experiences for caregivers:

The protective caregiver believes they are an inadequate caregiver.

- Protective caregiver portrayed as unfit by the abuser because of children's deficits.
- Fears having children taken away from them.
- Frustrated in attempts to create structure or be consistent.
- Children's problems reflect their belief that they are a bad caregiver.

The protective caregiver may lose the respect of some or all their children.

- Some children see the caregiver as the target of abuse.
- Children disregard the caregiver's parental authority - don't follow the protective caregiver's rules.
- Children may grow to devalue or be ashamed of caregiver.

The protective caregiver may believe the abuser's excuses for their abusive behavior.

- Caregiver believes abuse is their fault and tries to modify their own behavior.
- Feels guilty about the abuse effects on children.
- Believes abuse is caused by alcohol or stress.
- Believes abuse is culturally or religiously appropriate.
- Believes men and boys should have more privileges and power in the family.

The protective caregiver may change their parenting style in response to the abuser.

- Too permissive or authoritarian.
- Permissive, in response to authoritarian parenting of abuser.
- Authoritarian, to try and keep children from annoying abuser.
- Makes age-inappropriate or unreasonable demands on children to calm abuser.
- Afraid to use discipline because the children have been through so much.
- Left to do all the demanding parts of parenting while abuser engages in fun parts.

The protective caregiver's capacity to manage and cope from the abuse is prevented or overwhelmed.

- Compromised caregiver's capacity to care for children and provide for their daily needs.
- Depression, anxiety, poor sleeping, etc. may compromise ability to provide for their daily needs.
- Denied right to use of birth control may result in many children born close together.
- Denied financial support may prevent from meeting children's basic needs for food etc.
- Reactive rather than proactive parenting, i.e., responding to crises rather than preventing problems.

The protective caregiver may use survival strategies with negative effects.

- May use alcohol or use other substances.
- May maltreat children physically or verbally.
- May neglect children by leaving them with inadequate caretakers to get a break.
- May avoid being at home or work double shifts.

Section 4: Abuse Effects on Protective Caregiver's Parenting

The bond between the child and protective caregiver may be compromised.

- Children may be angry at caregiver for failing to protect them or evict abuser.
- Caregiver prevented by abuser from comforting distressed child.
- A child assumes parental role for caregiver.
- Children anticipating their own OR their caregiver's deportation or leaving may make the child anxious or may cause emotional disengagement to protect themselves from impending loss.

The protective caregiver may become trapped in competition for children's loyalties.

- Abuser may force children into choosing sides.
- Abuser may prevent communication between children and protective caregiver.
- Abuser shapes child's view of abuser as good, while portraying caregiver as bad.
- Abuser may be seen as the fun caregiver who has no rules.
- After separation, abuser may entice children to support the abuser's bid for custody with promises of a great life at their house.
- Abuser may have more money to offer more material goods and a nicer home.

Suggested Child-Related Needs

Start by reviewing and filling in the [Potential Needs Chart](#) with the information of the agency and the contacts of specific people for each box. Then when you are working with the family, and they identify a need you will have information ready and available for them.

This chart is purposefully not completed and may need to be adapted based on the people you are working with.

The Potential Needs Chart can also be a way to do a warm referral if the person you are working with is uncomfortable calling the service provider on the phone or going to that agency. This resource can also help advocates start to look for and know which resources are available within their communities. (Refer to the [New Advocate Manual: Know Your Community](#). You will need a login for this information and scroll down the page for MEMBER-ONLY Resources)

Positive Messages for Caregivers

Parenting is all too often compromised within abusive relationships. These effects on parenting result in a low capacity to provide care the way the protective caregiver sees fit, often leading to judgment and criticism from the outside world. As advocates it is our job to maintain the respect of the protective caregiver's wishes. Below are positive parenting messages to remind caregivers of their capacity to provide care for their children.

There are no perfect caregivers.

- Everyone has their strengths and weaknesses as a caregiver. Sometimes we need a break.

Caregivers can change the lives of their children for the better.

- Although there may be times where everything seems hopeless, I am here for you and your family as a resource and as support.

Single caregivers can be good caregivers too.

- Children growing up in single caregiver households grow up to be healthy adults when they have love, support, and structure in their lives.

Protective Caregivers can be good role models for their children.

- Your children look to you for how to act in their environment. Showing them that you can change different behaviors can give them hope that they can, too.

Learning effective parenting ways is a life-long process.

- As your child grows through different developmental stages you will also have to grow your parenting in this ever-changing world.

There are people to help if you need it.

- Asking for help can be hard, but we will support you in your decisions to help your family as capably as we can.

You can model and teach non-violent behaviors.

- The best way to challenge the cycle of abuse is to continue to teach these methods of non-violent behavior and communication.

REMEMBER: Try to stay out of a this is “**my framework**” mentality meaning I’ll accept you based on my own value system. There is no ONE right way to provide care to a child. Advocates are here to provide support, not judgment.

[Five for Families](#) has identified why strength matters for families in five areas:

1. Helping kids understand feelings
2. Parenting as children grow
3. Connecting with others
4. Building inner strength
5. Knowing how to find help

Working with Protective Caregivers in Crisis

Working with protective caregivers and their families can be challenging given the various dynamics and temperaments within each family. Caregivers may have biases regarding their children, be defensive about their style of caregiving, and have opportunities to be better caregivers. We all know how it feels to be misunderstood, to have difficulty admitting our shortcomings, to have engaged in behaviors that we knew we should have changed, and to have been a difficult person at some time. As advocates, it is crucial to keep the following in mind. (Refer to the [New Advocate Manual Crisis Counseling and Safety Planning](#). You will need a login to get this information)

In the [Enhancing the Protective Caregiver-Child Bond](#) document you will find possible strategies for enhancing the family bond paired with their intended purpose or outcome. It is most important to be mindful of how you deliver your message when talking with caregivers. Spend time building a connection and relationship with the family instead of focusing on getting through the programmatic work. Families know when advocates are trying to check a box off their to do list rather than trying to get to know them. Understand that even when we are advocating our best, sometimes it just does not work for the family.

Protective Caregivers

- Are trauma survivors.
- Love their children.
- Can be stressed and overburdened by too many responsibilities and too few resources.
- Are behaving in ways that helped them survive their experiences.
- May be forced to defer their children's needs out of necessity.
- Have had their sense of competence and self-worth eroded by their abusers.
- Have had their caregiving compromised by the abuser.
- Have had their relationship with their children damaged by the abuser.
- May be resistant or defensive to services because of their experiences.
- May have coped with domestic violence by avoiding recognition of the impact of the abuse on their children.
- May be afraid or uncomfortable talking to their children about the abuse.
- May feel guilty about exposing their children to domestic violence.
- May feel conflicted about the abuser's role in their children's lives.
- May have experienced poor caregiving or abuse themselves as a child.
- Will not always give care the way they do when they are in crisis.
- Need time to cope with their experiences and to learn and relearn techniques.

What Protective Caregivers May Need

1. Restoration of the respect for their caregiving that the batterer has denied.
2. Recognition of their efforts to support and protect their children.
3. Opportunities to heal from their own trauma.
4. Opportunities to feel good about their relationship with their children.
5. Support for challenging the values that their children have learned from the abuser.

Section 4: Abuse Effects on Protective Caregiver's Parenting

How Advocates Can Connect with and Support Protective Caregivers

- Ask the protective caregiver to help you understand their family dynamics.
- Ask the protective caregiver what resources they may need to support their children.
- Find out about their previous experiences with professionals regarding their children by asking about what worked, what didn't, and what they'd like you to do differently.
- Ask questions about their style of parenting or caregiving.
- Find at least one thing about the protective caregiver that you respect and use that to build your relationship with them.
- Find out what's important to them as a caregiver.
- Connect with the protective caregiver around their own concerns about their children.
- Share information about effects of domestic violence that may help them feel less guilty and alone as a caregiver.
- Identify and reinforce their strengths and successes as a caregiver.
- Support their authority as a caregiver.
- Help protective caregivers talk with their children about their experiences and feelings.
 - Conversations should be age-appropriate with no negative talk about the other caregiver.
- Be a role model for positive interactions with children by modeling active & reflective listening and practice calm and compassionate problem solving.
- Talk with protective caregivers and their children together from the very beginning.
- Offer alternative parenting/caregiving techniques.
- Build safety planning for the whole family into your first conversations with them.
- Give choices, praise success and failures.
- Approach each protective caregiver with an open mind and heart and help them do the same with their children.

Section 4: Abuse Effects on Protective Caregiver's Parenting

Self-care and Mindfulness Techniques for Protective Caregivers

Taking care of children can be stressful and emotionally draining for protective caregivers. When protective caregivers do not take care of themselves, it can have physical and emotional effects on their bodies, which can have effects on the children and youth. It can be helpful for advocates to provide protective caregivers with tips on how to be mindful and aware of self-care techniques.

The first step for advocates may be to define what good self-care looks like, and how protective caregivers can bring that into their daily lives. One way to do this is to have protective caregivers think about how much they do for their children each day and compare that to how much they do for themselves every day. It can be very easy for parents to dismiss their own basic needs in favor of spending time on their children, so a good place to start on self-care with protective caregivers could be setting aside time each day to choose something they enjoy doing.

Once a protective caregiver is ready to start being more mindful about their self-care, it may be important for advocates to remind them that it is okay to give themselves permission to need something and/or ask for help in order to make time for their self-care. It could also be helpful for the advocate to give the protective caregiver ideas on some self-care techniques such as eating healthy meals, getting exercise or enough sleep, time away from electronics, spending time with family and expressing their emotions.

The National Traumatic Child Stress Network and Futures Without Violence have created a [Parent's Self-Care and Self-Reflection](#) fact sheet that can be filled out and completed with the protective caregiver or on their own.

The North American Council on Adoptable Children have a post about [Self-Care: Barriers and Basics for Foster/Adoptive Parents](#). included in the post is a section on the *Road to Good Self-Care*, which may offer options for the protective caregiver's own self-care.

Lessons for Advocates

There are many good ways to care for children. How protective caregivers love their children differently does not mean they love them less. Remember, there is no one right way to be a caregiver.

Understand that

- Protective caregivers are the best experts on their own families.
- We cannot expect more of protective caregivers than they are capable of at the present time.
- We cannot help a protective caregiver if we cannot find a way to respect them.
- If you want a protective caregiver to nurture their children, look for ways to nurture the protective caregiver.
- Positive change can mean different things for each family.
- There are cultural differences in parenting and find the positives within their parenting style.
- Protective caregivers have many different educational backgrounds.

Remember

- Protective caregivers come to domestic violence and sexual assault programs for safety and support regarding battering, not to get caregiving advice.
- Feeling unable to change is not the same as not caring.
- When a protective caregiver is in crisis, it can be difficult to be the best caregiver they can be.
- Protective caregivers may have good reasons for doing what they do, reasons that we may not be able to understand.
- Things change, especially for families in crisis. The change you want to see now may happen over time. Plant the seeds and be patient.
- Avoid creating toxic interactions and oversharing with other staff.

Resources

[A Parent's Self-Care and Self-Reflection](#) is tip sheet number 10 in the National Child Traumatic Stress Network's tip sheet series. This one focusing on the importance of the caregiver taking care of themselves.

[Child Abuse and Neglect Prevention Board](#) mobilizes research and practices to prevent child abuse and neglect in Wisconsin and uses the [Strengthening Families™ Protective Factors Framework](#) to guide its own work and the efforts it supports. The Protective Factors Framework helps to identify and build upon the strengths, assets, and needs of families to simultaneously enhance the well-being of children while reducing the risk of child maltreatment. It is an approach and not a program and is designed to be incorporated into the everyday actions of those who work with families.

[Don't Forget the Families: The Missing Piece in America's Effort to Help All Children Succeed](#) is a research report that outlines the importance of family relationships in developing resilience.

[Five for Families](#) is a statewide public awareness campaign developed as a universal prevention strategy. The primary goal of the campaign is to increase knowledge of the Protective Factors Framework, an evidence-informed, strengths-based approach to child maltreatment prevention and family well-being promotion created by the Center for the Study of Social Policy.

[Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers](#) (pg. 26-29) was written for service providers assisting protective caregivers who have survived abuse. Material addresses the needs of abused protective caregivers, how abusers parent, how abusers affect family dynamics, effects of power and control tactics on protective caregivers, impact of abuse on children of different ages, guidance on parenting children exposed to violence, and strategies used by young people to cope with violence in their homes.

[Helping My Child: A Guide to Supporting Children Exposed to Domestic Violence](#) (pg. 12-14) is a guide for protective caregivers who are targets of violence in a relationship. The goal of this resource is to support the protective caregiver so that they can support their children. Although there are some references to teens, the guide is directed to children 12 years and younger.

Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if ANY links are no longer working.

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Introduction & Importance

Understanding the dynamics of child abuse, neglect, and sexual abuse is critical for advocates working with children from violent homes. 40% to 60% of abusers also abuse their children. One in ten children will be sexually abused before their eighteenth birthday. Caregivers that HAVE experienced abuse are more likely to abuse their children than protective caregivers that have NOT experienced abuse. Child abuse can be used as a method of holding power and control over the protective caregiver receiving the abuse.

Explaining Mandatory Reporting

Our society has a stake in protecting children from abuse and neglect because the consequences of failing to do so are serious – for the children and for society. Specific governmental authorities have been given the legal responsibility to intervene when there is reasonable cause to suspect maltreatment, and government and community services are available to help the child and family if needed.

First the children in need of protection must be identified and brought to the attention of the designated authorities. That is the role of reporters: to refer children who may need protection.

Certain persons are required to report because their job functions bring them into contact with children, or they otherwise obtain information about child abuse or threats of the same. Mandated reporters are in a unique position to connect endangered children and their families to necessary protections and services. In some instances, a report can mean the difference between life and death for a child. For additional information checkout this fact sheet: [Mandatory Reporters of Child Abuse and Neglect](#).

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Mandatory Reporting

Due to the nature of domestic violence, intimate partner violence, and sexual assault, it is important for all advocates to understand what mandatory reporting is and how it has the potential to help you, as well as frustrate you. **LEGALLY, IN WISCONSIN, DOMESTIC VIOLENCE AND SEXUAL ASSAULT ADVOCATES ARE NOT MANDATORY REPORTERS.** However, funders may have agencies address child abuse reporting. For example, the Department of Children and Families (DCF) requires programs, who receive their children's program funding, to have a Child Abuse and Neglect (CAN) process and policy. Check with your director as to what you are required to do for CAN. Please **ALWAYS** follow your agencies policies and **NEVER** make the decision to report child abuse or neglect alone.

All states in the United States and most nations around the world have legally mandated reporter laws that require certain adults to promptly report abuse to the proper authorities. Wis. Stat. 48.981(2) provides a list of mandated reporters. WI law states a **LEGALLY** mandated reporter must report **IF** they have reasonable cause to **SUSPECT** or **BELIEVE** a child seen in the course of **THEIR PROFESSIONAL DUTIES** has been threatened with or has been abused or neglected. If you are not a legally mandated reporter of child abuse and neglect, please review your agency policies and follow as instructed. When working with schools or other agencies, ask about their mandated reporting policies or statutes that may apply.

If you are a legally mandated reporter, reports of alleged child abuse or neglect should be made to the county where the child or the child's family resides. Contact the county department of social and/or human services or law enforcement, where appropriate.

It is important to immediately tell the family that you are a mandated reporter to build and maintain their trust. Explain to the family the types of information you would need to report by giving examples. If the youth requests to talk to someone who is not a mandated reporter, be prepared to provide appropriate resources.

Document created: [Benefits and Risks Reporting with Parent + Information needed in making a report.](#)

***NOTE:** Before an incident occurs, it is strongly recommended that advocates reach out to their local CPS agencies to understand responses and actions that will happen in hypothetical situations. That way advocates will have accurate information to give to clients if a situation does arise.*

Mandatory Reporting in Bordering States

Please review the [Bordering States Mandatory Reporting Laws](#) document if you would like to understand how the states that border Wisconsin differ in reporting requirements. Make sure that you contact the state's social service agencies to confirm, because laws and policies change. Since we are state-based, the attorneys and lawyers that reviewed this section are unfamiliar with the mandatory reporting policies in the bordering states. You can also check the Child Information Gateway [State Statute Search](#) to help you identify and understand any of the United States statutes based on child abuse and neglect, child welfare, and adoption.

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Confidentiality with Mandatory Reporting

ALWAYS MAKE SURE THAT YOU ARE FOLLOWING YOUR AGENCIES' CHILD ABUSE & NEGLECT REPORTING AND CONFIDENTIALITY POLICIES.

According to Wisconsin State Statute 48.981(7) Confidentiality: all reports made under this section and records maintained by an agency and other persons, officials, and institutions shall be confidential.

- Reports and records may be disclosed only to the persons listed under 48.981(7) 1-17.
 - However, in some instances, the record or report may not disclose any information that would identify the reporter.

Information to share in your report

- Information from child's records may be shared for the purposes of making a report.
- Information may be shared to protect someone's health or safety.
- For more information about this topic go to: wicourts.gov/courts/programs/docs/ccipwcpconfiguide.pdf

Mandatory Reporting Sample Language

"We are going to be talking about experiences with Teen Dating Violence and Sexual Assault. There are different laws meant to protect children and teens from being abused and neglected. Because I care about all of you, I want to make sure that you are all aware of what mandatory reporting is. Has anyone heard of mandatory reporting?"

(Lead discussion and brief Q&A) Does anyone have any questions about this? If so, feel free to stop me at any time during this group, or find me during one of the breaks, and I'd be happy to clear up any questions you have."

"I am more than willing to listen to anything you would like to share. Your confidentiality is important to me. I will try to make sure that anything you tell me is not shared without your permission; however, there are some exceptions. I may be required to report child abuse or neglect. Also, if I'm very concerned about your safety, I may need to tell another adult or someone who can better help you. Before I tell someone, I will make every effort to talk to you first to let you know that I am going to tell someone. If at any point you have questions, you can always ask me. What questions do you have about mandatory reporting?"

If you are a legally mandatory reporter outside of your role at the agency discuss with your director or supervisor about how you should provide services to clients. Below is some sample language to have that conversation.

"I am a mandated reporter under state law. This state law is set up to help families, not punish them. I know you care about your family and do not want to have any problems with your child. You are trying hard, and you could use some support. I am required by law to make a report to child protective services in [insert situation]. We can use the CPS professional as a resource because they want to help you get the services you need."

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Questions and Responses About Mandatory Reporting

The following responses are from Wisconsin statutes and laws for other states refer to the links in the resource section at the end of this section.

1. What is Mandatory Reporting?
 - a. Calling child protective services or law enforcement to report abuse or neglect of a child.
2. What kinds of things does a mandatory reporter have to report?
 - a. Child abuse and neglect or threats of child abuse and/or neglect that the reporter believes will result in abuse or neglect.
3. To whom does the mandatory reporter make the report?
 - a. Contact Child Protective Services, known as CPS, or law enforcement. In appropriate cases, you may call Indian Child Welfare.
4. Under what time frame are mandatory reporters required to report under the law?
 - a. You are required to report child abuse and neglect immediately.
5. Are Mandatory reporters required to report if someone else already reported?
 - a. No, if you believe other professionals have already made the report. Only one legally mandated reporter within an agency is required to report the same incident of abuse.
6. Who is considered a child under the law?
 - a. Anyone under the age of 18 is considered a child.
7. How would a teen know if someone is a mandated reporter?
 - a. Ask that person if they are LEGALLY mandated to report under Wisconsin laws
 - i. If the person says yes that person will report suspected child abuse or neglect, or a credible threat of child abuse or neglect.
 - b. Ask that person if they consider themselves a permissive/voluntary reporter.
 - i. If the person says yes, ask about what circumstances would cause the person to make a report
8. If someone is NOT a LEGALLY mandated reporter can they still, make a report?
 - a. Yes, even if someone is not a LEGALLY mandated reporter, they MAY still choose to report suspected child abuse or neglect as a permissive reporter.
9. What is a voluntary reporter?
 - a. Any person, not specified under [Wis Stat. 48.981](#) par. (2) (a); (b); or (bm), who has reason to suspect that a child has been abused or neglected or who has reason to believe that a child has been threatened with abuse or neglect and that abuse or neglect of the child will occur may report to appropriate authorities.
10. Can I report anonymously?
 - a. Yes. Anyone can, but there are a few things to consider:
 - i. You won't be able to get updates about the report you made.
 - ii. The CPS or law enforcement agency will be unable to contact you for more information they may need.
11. Am I liable if I make a report and it is not substantiated?
 - a. No. Those who make a report in good faith are protected from liability.
12. What are the penalties for MANDATED reporters who do not make a report?
 - a. A person who is required to report child abuse and who fails to do so has committed a crime; it is also possible that their professional license or certification could be affected.
 - b. In Wisconsin, that person may be fined up to \$1,000 or imprisoned for up to 6 months or both (s. 48.981).

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13. If I believe that other professionals involved with a family may have already reported, do I still need to make a report if I suspect maltreatment?
 - a. It is not a good idea to assume that someone else has made a report.
 - i. Consider the possible tragic consequences for a maltreated child if all potential reporters assume that someone else has reported.
 - ii. Even if someone has, you could have information that the other person did not know and did not report.
 - b. A mandated reporter has an individual responsibility to report if they suspect maltreatment.
 - c. That doesn't prevent you from making a joint report with someone else in your agency, if you both suspect maltreatment of a specific child or children.
14. What if I suspect that a child has been maltreated but has a good relationship with the family and believe I can give them the help they need without reporting? Can't I try to help them first, and then report only if they don't respond to my help?
 - a. If you are a MANDATED reporter and you suspect maltreatment, you must immediately report. There are no exceptions, other than those specified in the law.
15. What if I think I don't have enough information to make a report?
 - a. It is always best to err on the side of protecting the child.
 - b. The agency you are reporting to will help determine if there is enough information to proceed.
 - i. If there is not, the report remains on file.
 - ii. If you receive additional information, you can always call back and add it to the report.
 - c. If additional reports are made for that same child, then sometimes, multiple reports can lead to an investigation.

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Protective Parents Reporting to Child Protective Services (CPS)

Here is some sample language to use with protective caregivers to help them understand what is being asked of them by CPS.

If a CPS social worker is contacting you, it means that they have received a report that your child may have been abused or neglected – or is at risk of abuse or neglect. It is their duty to investigate all reports of suspected child abuse or neglect.

The social worker will talk to you (as the protective caregiver), your children, and others living in your home. The social worker may also contact people who know you and your children, such as doctors, teachers, babysitters, relatives, and neighbors. Although this process can be frustrating or scary, the best way to protect your child is by cooperating with their investigation. Even if you do not cooperate, they must still investigate the report.

CPS' ultimate goal is to keep families together whenever possible. The social worker may be able to help you get services so your children can stay with you. However, CPS has the legal responsibility to protect children from abuse and neglect. Sometimes, when CPS makes the decision that a home is not safe, then they will remove children to places CPS consider safe.

Usually, CPS workers will gather information within 30 days from the date they received a report. The social worker will gather information and prepare a written document with their findings. CPS will send you a letter explaining what they found. If they find the child was not abused or neglected, CPS will usually not stay involved with your family unless you ask for their help.

Your rights when CPS gets involved with your family

- Be treated with respect and courtesy.
- Privacy: under the law, CPS cannot give information about your family or your case to the public.
- Know what's going on and to get clear, honest answers to your questions.
- Have an attorney with you at any time.
- Receive information about other ways to get the help you need if CPS cannot help your family.
- Refuse to take part in their investigation.
 - However, CPS may seek help from the police or court.

Responsibilities you have when CPS gets involved with your family

- Tell the truth to the best of your ability.
- Ask questions.
 - About the process (who to contact, where to send information, deadlines, etc.).
 - About services for you or your children.
 - About services to keep the children with you.
 - About next steps.
- Cooperate as best as possible with the social worker.
- Follow your case plan and take part in required services as best as you are able.
 - If there are barriers to completing your case plan or attending required services, talk with the social worker about modifying the case plan or attending alternative services that will help you be successful.
- Attend meetings about your case, including court hearings when the court is involved.

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Parenting Undermined

Often abusers threaten to call CPS on the protective caregiver. Domestic abuse programs may inadvertently perpetuate this perceived problem by calling CPS on the protective caregiver. In some ways calling CPS validates the fears a protective caregiver had all along about CPS. That fear is real and legitimate for the protective caregiver even if a youth advocate never calls CPS. Making a report to CPS will always run the risk of potentially increasing the violence.

It is understandable for protective caregivers feel upset when they have been falsely accused of child abuse or neglect. The reason CPS reaches out to families because some caregivers are not falsely accused and often use intimidation or coaching as a means of power and control over their children. Just because a protective caregiver is being reported does not mean they are guilty. CPS Investigators do not assume the protective caregiver perpetrated the abuse or neglect when they receive the report.

There are systems in place to keep protective caregivers from being harassed by a reporter or by CPS. For example, let's say a protective caregiver has been reported for physical abuse of their child and the protective caregiver completed an investigation. If the same reporter calls in with the same allegations a week later, with no new incident to report, the investigation may be closed without the protective caregiver even knowing it was reported.

If there are new allegations, the case may be investigated again. If this occurs, say, four times, and no evidence is found, the CPS investigators can start to close these reports without investigations. However, it is important to know that it does not always happen this way, and the protective caregiver may be investigated for the same type of allegation from the same report many times.

CPS is required to investigate any and all claims that are made. Even if the child, parents, witnesses, and other unrelated persons insist that something did not occur, the case must still be completed. The CPS investigator sets out to find the truth about what happened. Tell the CPS investigator why you think someone reported and what their motivation might have been. Investigators do consider this and want to hear it. False reporting is not addressed in Wisconsin statutes.

Resources

Child Welfare Information Gateway [Mandatory Reporters of Child Abuse and Neglect](#) a factsheet that explains the ins and outs of mandatory reporting.

Child Information Gateway [State Statute Search](#) will help you identify and understand Wisconsin's statutes based on child abuse and neglect, child welfare, and adoption.

[Wisconsin Department of Children and Families Mandated Child Abuse and Neglect Reporters](#) a resource that has more information about mandatory reporting from what is required to be reported, who is required to report, and how to report.

Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if ANY links are no longer working.

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Introduction & Importance

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on associations between childhood trauma and later-life health and well-being. ACEs have been correlated to major risk factors for poor physical and mental health, social problems and early death. ACEs seldom occur alone, and as the number of ACEs increases, the number of health risks increases. One of the limitations of the ACE training is that it does not address cultural differences or historical trauma.

The information contained within these studies are NOT an explanation for a family that may be struggling in different areas; rather it is one way that advocates can be more trauma-informed when working with families who have experienced trauma. The following pages will explain more about ACEs to help you understand the complexities of trauma. Before using ACE information, you should go through these resources and understand them fully. Using the ACE information incorrectly can be **EXTREMELY** detrimental to helping a family heal.

When advocates talk with clients about Adverse Childhood Experiences, they should **ALSO** talk about their client's resilience! See the section all about [Resilience](#)!

ACEs Explanation

The researchers focused on whether a respondent to the study experienced abuse, neglect, or household changes within their first 18 years of life. If a respondent answered yes to any of the following definitions, they would receive a 1, regardless of the severity or frequency of abuse. Below are the original ACE definitions the researchers used to identify whether people received an ACE score. The official questionnaire was limited to ten questions and does not take into consideration positive role models, close relationships, strong ties to the community, etc. Further information can be found at [ACEs Too High](#). Please do not use this information with clients until you have further training on and comprehension of ACEs.

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Abuse

Emotional abuse

- A parent, caregiver, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.

Physical abuse

- A parent, caregiver, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.

Sexual abuse

- An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

Neglect

Emotional neglect

- No one in your family was a source of strength and support and helped you: feel important or special, feel loved, look out for each other and feel close to each other.

Physical neglect

- There was no one to take care of you, protect you, and take you to the doctor if you needed it. You didn't have enough to eat, your caregivers were too drunk or too high to take care of you, and you had to wear dirty clothes.

Household Challenges

Caregiver treated violently

- Your parent, caregiver, or stepparent was: pushed; grabbed; slapped; had something thrown at them; kicked; bitten; hit with a fist; hit with something hard; repeatedly hit for over at least a few minutes; or ever threatened or hurt by a knife or gun by another parent, caregiver, stepparent, or a caregiver's partner.

Household substance abuse

- A household member was a problem drinker or alcoholic or a household member used street drugs.

Mental illness in household

- A household member was depressed or mentally ill or a household member attempted suicide.

Parental separation or divorce

- Your parents were ever separated or divorced.

Incarcerated household member

- A household member went to prison.

ACEs Major Findings

- Almost 2/3 of original study participants reported at least one ACE and more than 1/5 reported three or more.
- Study findings repeatedly reveal that the higher number of ACEs, the more likely an individual will experience negative outcomes such as health risks.

With collaborative efforts from multiple states over multiple years we now know that study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course. **A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.** Dose-response describes the change in an outcome (e.g.,

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alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). **The higher the number of ACEs, the more likely an individual will experience negative outcomes**

As the number of ACEs increases so do other health risks:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease & liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners & sexually transmitted diseases
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking and sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

ACE Statistics

These are the statistics for someone who has 4 or more ACEs and the percentage of poor health outcomes for folks who have 4+ ACEs.

Smoking and Lung disease

- 13% chance of becoming a regular cigarette smoker by the age of 12.
- 17% chance of being a continued smoker into adulthood.
- 9% chance of developing Chronic Obstructive Pulmonary Disease (COPD).

HIV Risks

- 4% chance of ever injecting drugs.
- 6% chance of having 50+ intercourse partners.
- 17% chance of ever having an STI or STD.

Alcoholism & Liver Disease

- 17% chance of being addicted to alcohol.
- 33% chance of marrying a person addicted to alcohol.
- 11% chance of developing liver disease.

Depression and Suicidality

- Women with 4+ ACEs were 60% likely to suffer from depression.
- Men with 4+ ACEs were 39% likely to suffer from depression.
- People with 4+ ACEs has a 17% risk of suicide attempts.

ACE Considerations

While the ACE studies are some of the most consequential population health studies of our time, it is important to take into consideration the parameters of the study and to accurately interpret the findings

1. ACE research is designed to be population based and the findings are relevant to many general adult populations. However, ACE scores are not necessarily deterministic of any specific individual's life course.

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2. Trauma and toxic stress are characterized by the mental and physiological reactions of an individual in response to a single or ongoing threat to life and safety. Whether exposure to an adverse experience results in trauma or toxic stress depends on a variety of individual level factors not addressed in the ACE survey including:
 - a. An individual's temperament and adaptability.
 - b. The level of intensity or duration of exposure to adverse experience.
 - c. The co-existence of multiple types of adverse experiences or contextual stressors.
 - d. The number and types of supports and protective factors an individual may have in place.
3. Proxies for maltreatment risk do not necessarily equate to or validate legal definitions of child maltreatment. The purpose of study is to understand the relationship between indicators of risk in childhood and poor outcomes in adulthood rather than to validate legal definitions of maltreatment.
4. The ACE studies are retrospectively completed by adults reporting on past experiences from childhood. As a result, the studies are subject to recall bias where participants may inaccurately under- or over-report on the occurrence of childhood events and circumstances.

Wisconsin Findings

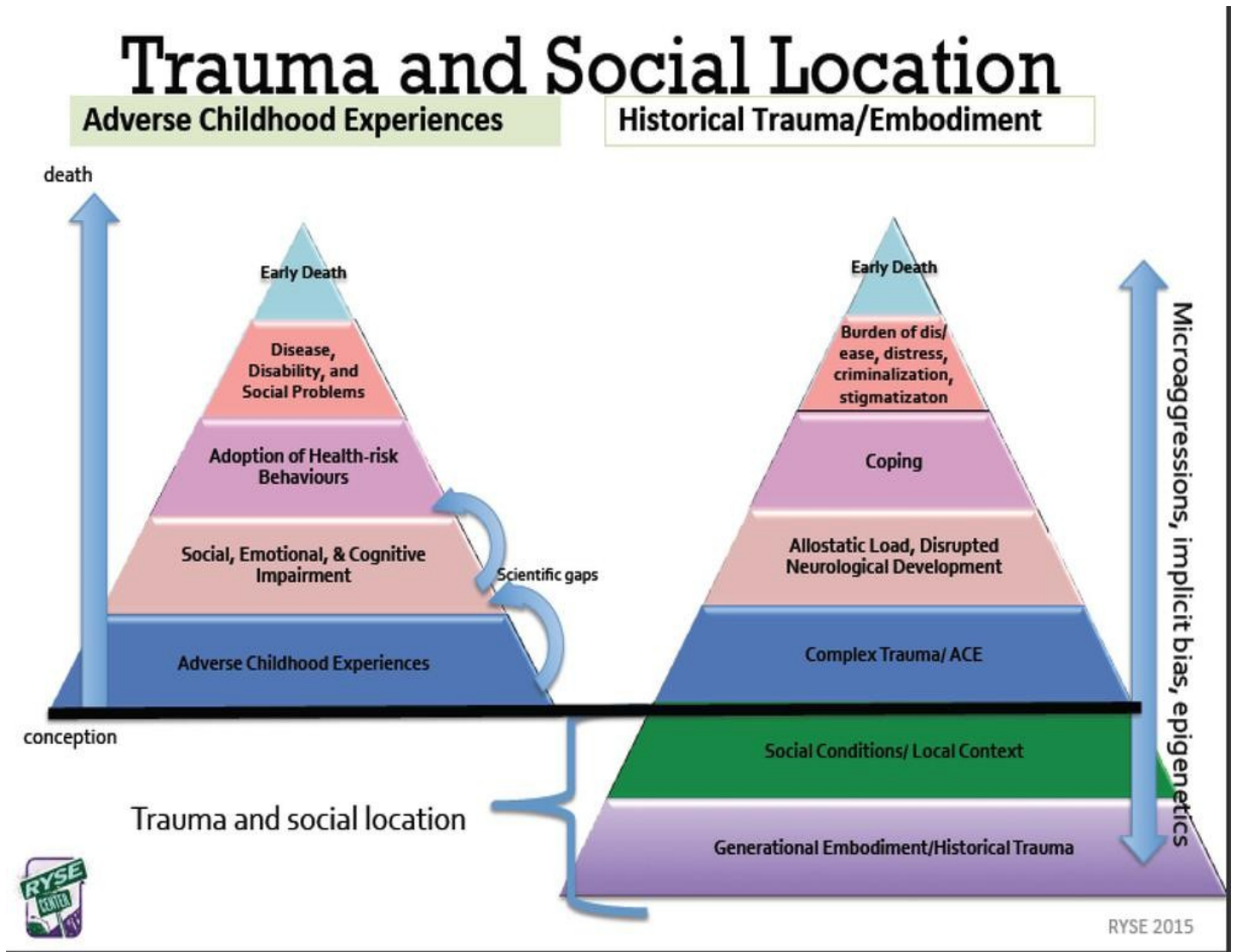
Not all states participated in the ACE study and not all states continued with the ACE study like Wisconsin. Several years ago the Wisconsin [Child Abuse & Neglect Prevention Board](#) led efforts to incorporate ACE questions into Wisconsin's annual Behavioral Risk Factor Survey. Between 2011 and 2013 a total of 14,551 Wisconsinites responded to the ACE questions. In 2014 the total rose to 20,544 but the results for Wisconsin presented here are for the period 2011-2013. The Wisconsin ACE study found the following:

- Domestic Violence and incarceration of a household member were most strongly correlated with having 4 or more ACEs (63%)
- Approximately 3 out of every 5 Wisconsin adults have reported experiencing one or more ACEs.
- Of the Wisconsin adults who experienced one or more ACEs, almost 25% of that same group reported experiencing a total of four or more ACEs.
- Individuals with higher ACE scores were found to have:
 - Higher incidence of engaging in health risk behavior such as smoking or lack of exercise.
 - Poorer general health such as obesity, frequent minor illness and daily aches and chronic health conditions.
 - Increased likelihood of suffering from major health conditions such as cancer, arthritis, diabetes and asthma.
- The higher the ACE score, the greater the incidence of depression, stress and difficulty with emotional regulation.

NOTE: Before using ACE information you should go through the resources and understand them fully. Using the ACEs information incorrectly can be **EXTREMELY** detrimental to helping a family heal. When advocates talk with clients about Adverse Childhood Experiences, they should **ALSO** talk about their client's resilience! See the section all about [Resilience](#)!

ACE Pyramid

The left pyramid is a visual representation that when you have an ACE score of ONE it can compound, often leading to an early death. The right pyramid identifies how people who are part of communities that have experienced historical trauma are affected by it. Note that ACE scores are a part, but not all of how trauma in childhood presents itself in these communities, specifically communities of color, queer communities, Transgender communities, and non-binary communities.



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Resources

[ACEs Too High](#) is a news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. They also cover how people, organizations, agencies and communities are implementing practices based on the research. This includes developments in education, juvenile justice, criminal justice, public health, medicine, mental health, social services, in cities, counties and states.

[Center for Disease Control and Prevention ACEs](#) Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

[Child Abuse & Neglect Prevention Board](#) had been collecting the ACE data in Wisconsin and compiling the reports. This link will take you to their work on ACEs.

[Dr. Nadine Burke Harris: How Childhood Trauma Affects Health Across a Lifetime](#) Childhood trauma isn't something you just get over as you grow up. Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. This unfolds across a lifetime, to the point where those who've experienced high levels of trauma are at triple the risk for heart disease and lung cancer. An impassioned plea for pediatric medicine to confront the prevention and treatment of trauma, head-on.

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Introduction & Importance

Resilience is the human capacity to face, overcome and be strengthened by adversity. Resilience is critical to healthy child development and overcoming trauma, including the trauma of exposure to domestic violence. Advocates need to actively incorporate the promotion of children, youth, and family resilience as a part of standard practice to advocacy. Programming for children and youth is strengthened when it is based on knowledge of how to aid youth and families on their resilience journey.

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Resiliency Definitions

The [Resiliency Workgroup](#) (RWG) through the [Office of Children's Mental Health](#) has come up with their definition of resiliency that states, *Resiliency is the ability to use current skills and resources to survive and have access to learn new ones to overcome adversity and thrive*. With their definition they support other established resiliency definitions. The definition of what resiliency can change depending on the domains: children & youth, families, communities, agencies & institutions, systems, and culture. The graphic below is the representation of how the Resiliency Workgroup supports resilience.

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10 Children & Youth Resiliency Assets

The following characteristics can support resiliency. Domestic violence (DV) agencies should consider these ten resiliency assets when designing services for children and youth. Childhood exposure to domestic violence can have serious long-term, negative consequences. Many children and youth who grow up with domestic violence survive and thrive.

1. Nurturing, Predictable Environments

- a. Create predictable environments so children and youth feel secure and know what to expect.

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- b. Form guidelines that are minimal, flexible and trauma informed.
- c. Incorporate age-appropriate space for playing and learning that accommodates the needs of children and youth and protective caregivers.
- d. Establish consistent routines and clear expectations for children and youth with the protective caregiver.
- e. ***Co-create a transition plan with the protective caregiver for when they leave shelter or services, separate from the abuser, or continue living with an abuser; that continues to reinforce the protective caregivers' values and views on safety.***

2. Relevant Relationships

- a. Provide opportunities for families to strengthen and rebuild their relationship.
 - i. Build respect between child and protective caregiver relationship.
 - ii. Protective caregivers can help their children feel safe and secure.
- b. Facilitate conversations between children and protective caregivers to foster healing from abuse.
- c. Offer community resources of interest to the children, youth, and protective caregiver.
- d. Offer spaces that will connect the family with formal and informal supports.

3. Support Protective Caregivers

- a. Provide caregivers with information on the effects of exposure to domestic violence on children, youth, and families.
- b. Offer opportunities to learn about child development.
- c. Support protective caregivers during times of stress and difficulty of [parenting in public](#).
- d. Verbalize when the protective caregivers use their positive parenting skills.
- e. Model healthy communication, respectful problem solving, and understanding children's needs.
- f. Model and teach positive parenting practices, when appropriate.
- g. Practice strategies that protective caregivers can use for relaxation and stress management.
- h. Offer protective caregivers' ways to help their children cope with trauma behavioral responses and reactions.
 - i. Protective caregivers who feel connected to the children's support group can discuss their own experiences with their family and support what their children have felt and learned.

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4. Individual and Group Education

- a. Children and youth should understand:
 - i. They are not alone in coping with trauma they have experienced.
 - ii. The trauma they experienced in their family is not their fault.
 - iii. The trauma their family experienced is also not their protective caregiver's fault.
 - iv. Their feelings and perceptions of the trauma they have experienced that occurred are valid.
- b. Cope with the complex feelings they have for their caregivers.
- c. Provide opportunities to practice equitable, nonviolent problem solving.
- d. Teach age-appropriate critical thinking skills.
- e. Protective caregivers should be involved with individual education
- f. Protective caregivers should be provided information about the content of groups.
- g. Protective caregivers receive support for talking with their children about what they learned or experienced in group.

5. Individual and Family Safety Planning

- a. Coordinate safety planning for protective caregivers and children to avoid the unintended consequences of separate safety plans for the same family.
- b. Children and protective caregivers devise age-, culturally-, and language-appropriate plans for their family's safety.

6. Coping with Trauma Behavioral Responses

- a. Offer opportunities for children and youth to talk, be listened to, and feel supported in different aspects of their lives.
- b. Provide children and youth with opportunities to express themselves and process their experiences through words, art, and play.
- c. Practice expressing their feelings with different methods and in different environments.

7. Internal Strength Recognition

- a. Practice respectful conflict resolution, good communication and healthy social skills.
- b. Incorporate techniques for relaxation, self-soothing, stress management, anger management, and behavior regulation.
- c. Verbally recognize the unique strengths and abilities of each child, and foster recognition of the good within themselves.
- d. Offer children and youth meaningful participation in their family, school, domestic violence program, and community.

8. Health and Well-Being Promotion

- a. Identify each child's needs in these areas:
 - i. Physical and mental health
 - ii. Developmental growth
 - iii. Behavior
 - iv. School
 - v. Home life
 - vi. Social relations
 - vii. Consequences of exposure to abuse

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- b. Collaborate with the child and the protective caregiver to develop a plan to address these needs.
- c. Develop cooperative relationships with community organizations that serve children.

9. Foster a Sense of Connection and Belonging

- a. Refer families to resources that will offer them access to health care, education, housing, employment, and social services.
- b. Provide opportunities where protective caregivers can build social support for themselves and their families among extended family, friends, religious organizations, community groups, etc.
- c. Offer volunteer opportunities for youth and their families who have been with the agency for a bit.

10. Cultural Traditions and Awareness

- a. Adapt and provide services that are consistent with each family's cultural values and beliefs.
- b. Refer families to events and groups where children and families can build strong cultural identity and pride.
- c. Develop ways of supporting the food, languages, holidays and customs of all families.

Agency Resiliency Characteristics

In addition to addressing resiliency in children & youth programming, Domestic Violence agencies can best assist families exposed to Domestic Violence by adopting sustainable, program-wide strategies that support both children and protective caregivers. Below are suggestions to consider incorporating into the whole agency. To accomplish this, programs can:

1. Train all staff to interact with children and youth and to support Domestic Violence survivors as protective caregivers (i.e. consistent cross training amongst all staff).
2. Require all staff, regardless of their positions, to understand how each of their job responsibilities affect children, youth and parenting.
 - a. For example, assisting protective caregivers with protection orders, locating housing, or coping with their own trauma responses may have repercussions for children that should be discussed with the protective caregivers. Protective caregivers may also want help with explaining these changes to children.
3. Increase the number of adults available to positively interact with children and youth.
4. Increase adult-to-child ratio in children and youth support groups with staff, volunteers, and interns.
5. Offer or refer to respite care for protective caregivers, if available in your area.
6. Encourage informal interactions with children and youth such as play, individual conversations and help with homework.
7. Assist protective caregiver and children in managing trauma responses without blame or shame.
8. Fully integrate services for adults, children, and teens to create formal connections between family members.
9. Implement comprehensive, interactive, and sustainable training for new CYA to prepare them for the many aspects of their position.
 - a. Training for new children and youth advocates should be as thorough and participatory as training for all other new staff positions.
10. Establish sustainable methods of children and youth services during staff transitions.
 - a. Doing so prevents a lag in services when new CYA feels they need to reinvent the agency's children's programming during staff turnover.

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11. Create and maintain youth friendly spaces throughout the facility space. For younger children, this may include stuffed animals, books and other toys to play with. For older children and youth, this may include books, magazines and other age-appropriate activities.

Support Group Practices that Promote Resiliency

Group Suggestions

Develop a group culture that all children and adults' practice mutually respectful behavior.

Create a predictable, structured environment and a routine group schedule so children know what to expect.

- Plan a variety of activities for the entire meeting and alternate periods of movement and quieter activities.
- **ALWAYS have a back-up plan for inclement weather or same day changes in group dynamics.**
- Incorporate flexibility within groups to allow for adaptations to meet the needs of the children and youth in group.
 - Don't be afraid to change plans spontaneously if group dynamics demand it.

Make group a good experience for everyone with activities, playfulness, humor, and snacks.

- Include activities that incorporate different learning styles; i.e. visual, audio, tactile.
- Reinforce group themes through art, play, games and music.
- Acknowledge and incorporate others' cultural experiences.

Many groups include an opening and closing activity, such as circle time.

- Opening activities can incorporate positive affirmations and expressing feelings.
- Closing activities can involve relaxation and visualization.

Reinforce group topics by repeating important themes in reoccurring group meetings and incorporate them into routine interactions with children.

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Facilitator Suggestions

There should always be at least two adult facilitators.

- Groups tend to run more efficiently with at least two adults.
- One adult will be available to give individual attention to children who need it while the other runs the group.
- Utilizing a minimum of two facilitators is especially important when there is a wide age range in group.

If you establish group guidelines with the children, make them positive, everyone in group understands the guidelines, and apply them consistently. Common guidelines for children's domestic violence support groups are:

- No physical or verbal abuse or threats.
- Respect each other's opinions, feelings and personal space.
- **Confidentiality:** What's said in group stays in group. This guideline is intended to protect the privacy of group members. It should not prevent kids from talking to their protective caregiver about their experience in group. Discuss this guideline with the group and generate suggestions for sharing their experience with their protective caregivers without using names or disclosing personal information about other group members.

Arrange a method of communicating with protective caregivers of the children in your group.

When children are experiencing trauma response behaviors during group give them opportunities to calm down and rejoin the group.

- Be calm, respectful and supportive.
- Avoid shaming and reprimands.

When a child is experiencing trauma response behaviors

- Verbally recognize what you are witnessing.
- Offer 2-3 options when asking questions.
- If the child needs to leave the group
 - Have identified spaces where they would like to have a break.
 - Ask if they would like to talk when they are done with their break.
- If the child continues the trauma response behaviors talk with the protective caregiver about strategies while being in group.
- Have self-care activities for children to use during their break.
- Have self-care activities or items for children to use during group.

***NOTE:** For more suggestions on activities and practices see the third item in the resources at the end of this section.*

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Resources

Center for the Study of Social Policy: [Protective & Promotive Factors Action Sheets](#) includes the research brief about each protective factor as well as an “action sheet” for service providers about their role in supporting families to build each protective factor. The action sheets include what to look for, questions to ask and activities to do with parents related to each protective factor.

Children of Domestic Violence: [The Change A Life Program](#) free, evidence-based online program. This program teaches you how to become The ONE for a child growing up with domestic violence – a caring adult who steps in and offers simple support and messages of hope that can foster a child’s resiliency and help change their life.

[Five for Families](#) is a statewide public awareness campaign developed as a universal prevention strategy. The primary goal of the campaign is to increase knowledge of the Protective Factors Framework, an evidence-informed, strengths-based approach to child maltreatment prevention and family well-being promotion created by the Center for the Study of Social Policy.

Here are some links to websites that offer different activities to help youth to calm down. [Relaxation games](#) and [Create Your Own Anti-Anxiety Kit for Children](#).

[Kelly McGonigal: How to Make Stress Your Friend](#) new research suggests that stress may only be bad for you if you believe that to be the case. Psychologist Kelly McGonigal urges us to see stress as a positive and introduces us to an unsung mechanism for stress reduction: reaching out to others.

Pretty Good Design has created [Your Kids Aren’t Too Young to Talk About Race: Resource Roundup](#). This resource contains links to podcasts, articles, books, toys, studies, and more to help adults talk about race to youth.

[Promising Futures: Promoting Resiliency](#) provides protective factors that promote resiliency among children and youth experiencing domestic violence.

Wisconsin Office of Children's Mental Health: Collective Impact: [Resiliency Workgroup](#) this workgroup focuses on how to promote resiliency to children and families with mental health challenges. On the left panel you can see the current resources under ‘What We’re Reading,’ ‘What We’re Playing,’ and ‘Other Resilience Resources.’ Under ‘Looking for Resilience Resources’ this group identified the top resources they would recommend on resiliency for children and youth, families, communities, agencies/institutions, systems, and building a resilient culture.

Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if ANY links are no longer working.

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Introduction & Importance

Knowledge of useful parenting techniques and child behavior management is critical to preparing new children and youth advocates. Understanding that the caregiver is the expert in their family's lives and using methods of encouraging different parenting styles is key for working successfully with families. There are many good sources of information, and most advocates are always developing their proficiency in this area. Children & Youth Advocates working with families should take into account the cultural influences on parenting styles and child behavior management (Refer to the [New Advocate Manual: Specific Communities](#). You need a login to access this information and scroll down to the MEMBERS-ONLY Resources).

Tip Sheets for Supporting Protective Caregivers

Below are links to charts of behaviors that may be observed by protective caregiver's children and how you may support the protective caregiver at three different developmental stages; Infant to Toddlers, School-Aged Children, and Teens.

Tip Sheet: Supporting Protective Caregivers with Infants to Toddlers

Here are various behaviors that infants and toddlers may exhibit, along with suggestions on how to assist protective caregivers. Encouraging youth to express their emotions through discussion, play, or art can be an effective means of supporting them. It's vital to comprehend child development to best assist families in need.



Being upset at giving or avoiding reminders.

- Help protective caregiver communicate in developmentally appropriate ways.

Sleep or feeding disturbances.

- Model routines for the whole family.
- Offer 2-3 options to choose from.
- If they have a home visitor from public health contact them.

Loss of recently acquired developmental skills.

- Read a book with them designed for their age level.
- Spend time in face-to-face interactions, lots of baby talk and giggles.
- Some protective caregivers may benefit from a parenting course or parenting books.

Posttraumatic Play: Repeatedly thinking and talking or acting out the traumatic event.

- Help the protective caregiver seek out friends, family or professionals for emotional support.
- Allow space for child to talk with the advocate so the parent does not burn out or become triggered.

Feelings of helplessness & passivity. Generalized fearfulness. Specific new fears. Easily startled. Continually expecting danger.

- Help the child name their feelings.
- Help child anticipate what will happen.
- Understand that children cannot understand the concepts involved in family violence and marital separation.
- Provide reassurance when the child needs it.

Increased separation anxiety.

- Understand that children cannot understand the concepts involved in family violence and marital separation.
- Spend time in face-to-face interactions, lots of baby talk and giggles.
- Help them prepare for school.
- Help find people the caregiver trusts to babysit.
- Consider using childcare even if the caregiver is not working.

Aggressiveness.

- Teach that hands are not for hitting, hands are for non-violence.
- Your actions will speak louder than words.
- Have clear rules and consequences so they know what to expect.
- Be consistent with messaging.

Inhibited play or exploration.

- Give choices.
- Provide reassurance when the child needs it.
- Expect to need to do these repeatedly. It is normal for children to need continual reassurance.

Tip Sheet: Supporting Protective Caregivers with School-Aged Children

Here are various behaviors that school-aged children may exhibit, along with suggestions on how to assist protective caregivers. Encouraging youth to express their emotions through discussion, play, or art can be an effective means of supporting them. It's vital to comprehend child development to best assist families in need.



Impaired concentration or difficulty learning.	Physical symptoms routinely showing up.	Feeling guilty or responsible for the traumatic event(s).	Aggressive behavior or fantasies of revenge.
<ul style="list-style-type: none"> • Give 2-3 choices. • Reflect on the developmental stage the child may be in and share information with protective caregiver • The child's brain may be overwhelmed by a trigger and need accommodations to help them calm back down to learn better. 	<ul style="list-style-type: none"> • Give 2-3 choices. • Reflect on the developmental stage the child may be in and share information with protective caregiver 	<ul style="list-style-type: none"> • Explain the violence in terms of rules • Children may need assistance that non-protective caregiver's violence using external factors like substance use, financial stressors, etc. are not excuses for the harm they caused. 	<ul style="list-style-type: none"> • Give 2-3 choices. • Reflect on the developmental stage the child may be in and share information with protective caregiver
Regressing in developmental behaviors.	Withdrawn behavior. Concerns about their own safety and the safety of others. Fear of being overwhelmed by their emotions.	Posttraumatic Play: Repeatedly thinking and talking or acting out the traumatic event.	Specific fears from trauma and avoidance of trauma reminders.
<ul style="list-style-type: none"> • Support the caregiver in letting the child stay close. • Help the child anticipate what will happen next. • Help identify any trauma triggers. 	<ul style="list-style-type: none"> • Today is far more important to the child than what happened in the past • Help the child anticipate what will happen next • Listen and validate the child's concerns. • Support the caregiver in letting the child stay close 	<ul style="list-style-type: none"> • Offer reassurance that you and the caregiver are working together to keep the family safe. • Allow space for child to talk with the advocate so the parent does not burn out or become triggered. 	<ul style="list-style-type: none"> • Answer questions truthfully, developmentally. • Listen to the child's concerns. • Offer reassurance that you and the caregiver are working together. • Be careful to not blame the non-protective caregiver. • Help the child anticipate what will happen next.

Tip Sheet: Supporting Protective Caregivers with Teenagers

Here various behaviors that school-aged children may exhibit, along with suggestions on how to assist protective caregivers. Encouraging children to express their emotions through discussion, play, or art can be an effective means of supporting them. It's vital to comprehend child development to best assist families in need.



Sensation seeking behaviors. <ul style="list-style-type: none"> • Help them learn to meet their wants and needs. • Help them connect with something bigger than themselves (i.e. volunteering, project specific help, etc.). • Identify appropriate self-soothing behaviors. 	Self-consciousness about their fears and feelings. <ul style="list-style-type: none"> • Let the family know they all have an advocate to talk to when they are ready. • Provide an environment in which the teen can talk about concerns. • Answer questions honestly for their development. • Validate fears. 	Abrupt shifts in relationships or self-identity. <ul style="list-style-type: none"> • Seek out positive informal and formal supports. • Help them learn to meet their wants and needs. • Find activities they can connect with peers. 	Triggered by trauma or avoiding trauma triggers. <ul style="list-style-type: none"> • Allow time and space for the child to feel what they are going through. • Let them know it's okay to talk about the caregiver that caused harm in positive ways and negative ways . • Answer questions truthful, developmental ways. • Hear the valid concerns from the teen. • Offer reassurance that you and the family will collaborate together. • Be careful to not blame the non-protective caregiver. • Help the child anticipate what will happen next. •
Premature entrance into adulthood. <ul style="list-style-type: none"> • Identifying age appropriate activities for children. • Explain youth development for teen years. • Answer questions honestly. 	Detachment, shame, and guilt. <ul style="list-style-type: none"> • Help teens find ways to express their strong feelings. • Help teens anticipate what will happen next. 	Regressive behaviors. <ul style="list-style-type: none"> • Assess what the protective caregivers concerns are with them. • Set expectations with teen and protective caregiver. • Connect them with a healing professional that best fits their family (i.e. therapists, healers, shamans, psychiatrists, etc.) 	

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Behavior Management & Discipline

Understanding the behaviors in the context of trauma is critical to working with children and families. Children who have been traumatized may feel threatened or be reminded of the traumatic event in a situation that looks harmless to someone else, even their caregiver; don't take it personally. When a child is reminded of their trauma by something in the environment, their bodies respond with fight, flight or freeze for protection as if they are back in the dangerous moment. Hormones and chemicals are fired in the brain. They are having a physical and emotional reaction to the trauma trigger and cannot sort the conflicting feelings and thoughts.

Creating Norms for the Household and Shelter

Having a list of norms or guidelines that everyone agrees on can help a family better manage their expectations. See creating norms in the [Age-Appropriate Support Groups](#) section of the Children & Youth Advocate Manual.

Using Praise, Reward, & Attention

Tips to Using Praise, Reward, and Attention

Praise needs to be:

Given without 'buts'

Specific

Immediate

Given without
backhanded
comments

Consistent - given EVERY time the
desired behavior is demonstrated

Rewards needs to be:

Refocusing on the
positive behavior

Motivating

Creative

Immediate

Small

Attention needs to be:

Reflecting on the positive
more than the negative.

Focusing on the
present situation.

Helping the child learn in
an age-appropriate way.



How to Define Rewards for your Child

Defining rewards can differ from child to child. Some children will respond to something as small as stickers, and others may do better with something like a special activity for them. These rewards will also differ for age group. Another tip for caregivers is to try working with your child or teen to come up with their rewards. Using their input will likely lead to incentives and rewards that they will value and work to earn. See the resources section for more information on rewards for children and teens. Below are some examples of healthy rewards for children & teens.

Children	
Tangible Rewards	Keep a box with small items from a dollar store or something similar and let your child choose something when they have earned it.
Special Activities	Doing something your child likes can be an incentive, for example, playing a board game or having an extra bedtime story.
Coupons	Using coupons that give the child the option to choose their favorite meal or not having to do a chore.
Token System	providing your child with tokens or stars when they have done good, which can be redeemed for rewards like going to the park.
Teens	
Extended Curfew	Allowing teens to hang out with their friends for a little longer can be a good reward.
Favorite Meal	Giving your teen the opportunity to choose their favorite meal or dessert for the family dinner.
Car Privileges	Like extended curfew, this allows the teen a little more freedom and the feeling that they have earned more of your trust.

Differential Attention & Ignoring

- What behaviors can you ignore and what behaviors can't you ignore?
 - Do they feel impossible to control or too dangerous to ignore?
- What happens when you give in after a period of ignoring?
 - CONSISTENT REINFORCEMENT IS THE MOST POWERFUL WAY TO KEEP A BEHAVIOR.
 - Children may learn that they can outlast their caregivers if they simply continue the bad behavior long enough.
- Model the opposite of the behavior you are ignoring or want to go away.
 - Example: if you want the child to stop whining or back-talking then respond in a more age-appropriate voice, with respectful language, or give the child space to reregulate themselves.

Natural & Logical Consequences

A consequence should be as directly related to inappropriate behavior as possible.

- A Natural Consequence is the natural result of your behavior.
 - Example: I asked you to wash your uniform before the game today and you didn't. We don't have time to wash it and we don't have another you can wear so you're going to have to use a dirty uniform today.
 - I almost stepped on and broke your toy yesterday. I know you like your things and I want to keep them safe too so if I request that you put your toys away if you want them to continue to stay safe.
- A Logical Consequence is still related to the behavior but used when a natural consequence is not safe or practical.
 - Example: You went down the street when I told you to stay in front of the house. This was scary to not know that you were. So I know you are safe and can trust that what you are telling me is what you will be doing you must play inside.
 - Or you threw your toy so now you can't play with it until after we eat lunch.

How to Develop and Give Effective Commands

Tips: How to Develop and Give Effective Commands with Children

Use statements vs questions

Use a warm, calm voice
as possible

Give one command
at a time

Each command should
be phrased positively

Responses to the choices given
should all be acceptable

Offer positive feedback for
each completion of a task.

Encourage children during tasks
by praising them for their effort.

Commands should
be simply stated

Describe in advance the positive
consequences of following
through with the action

Offer meaningful choices



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Preventing Aggression and How to De-Escalate

Youth Needs to Avoid Aggression

Do NOT wait until children complain or are aggressive before changing activities or play opportunities. If you are picking up on signs that a youth is being triggered that would be the opportunity to transition to something else that is not as emotionally activating or take a break.

- Youth will feel the need to protect themselves when they feel there is a perception of a threat.
- Previous traumatic events can influence a child's perception of being threatened in current nonthreatening situations.
- Youth need an environment that has different spaces to move around and do different activities.
- Shelter rules dictate that caregivers must always be with their children, giving neither of them space from each other if needed.
- Frustrations over long wait times occur and can generate competition if youth don't have enough resources.
- Being underwhelmed or boredom from limiting activities.

What can we do about it?

Given your knowledge of child development, parenting skills, and children's responses to trauma, please consider the following practical options:

- What can we change about the shelter environment?
 - Add toys, structure activities, directly ask the children and caregivers about improvements.
- What can we change about the shelter rules?
 - Monitoring of children, support of caregivers, cross train all staff to have a basic of understanding of work with families, meet families where they are at.

Child Behavior Management Activities

The following two activities are meant to both help the protective caregiver and their children. Advocates are strongly encouraged to practice the activities with the protective caregiver, so they have some experience with it before trying on their own with their children.

[Clean Up Activity](#) for younger children: This is a common request in many homes, and a commonly ignored request. Try this exercise to see if these seven steps get results.

[Negotiation Activity](#) for teens: Negotiation is an important skill when you have teenagers. It is the basis for problem solving and setting rules or limits with teens.

[Age-Appropriate Chores for Children](#): This handy FREE printable is a good start on thinking about age appropriate chores for children from *The Spruce*.

Keep in mind that all children are different, and age is not the only factor when determining the right chore. Note that for the older age groups, you can select chores from the younger aged categories to build an appropriate list. Set your child up for success and choose an appropriate and doable number of chores and timeline in which to complete them.

In addition; to age, think about maturity level, physical ability, and level of interest for each child when selecting chores. The Spruce also has [12 Chore Chart Tips For Success](#).

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Resources

[Center for Suicide Awareness: Hopeline](#) is a text-based service in Wisconsin that is free and available 24/7. Trained volunteers text back within seconds of receiving a message.

[The Childhelp National Child Abuse Hotline](#) is staffed 24 hours a day, 7 days a week with professional crisis counselors who—through interpreters—aid in over 170 languages. The hotline offers crisis intervention, information, and referrals to thousands of emergency, social service, and support resources. All calls are confidential.

Education and Behavior has an article called [25 Privileges You Can Let Your Child Earn for Good Behavior](#) which has some good ideas for rewards for children.

[Helping Children Exposed to Violence at Home: An Essentials Guide](#) This resource is an updated and revised version of the 2004 publication titled “Helping children thrive: Supporting woman abuse survivors as mothers”, the 2007 publication titled “Little eyes, little ears: How violence against a mother shapes children as they grow” and the 2008 publication titled “Helping an Abused Woman: 101 Things to Know, Say, and Do”.

[Managing Challenging Behavior of Children Living with Domestic Violence](#) this factsheet is to help you understand how children may react to domestic violence, and how you can best help them feel safe and valued and develop personal strength. The other factsheets that may be of interest include:

- [The Importance of Playing with Your Children](#)
- [Keeping Your Children Safe and Responding to Their Fears](#)
- [Helping Your Child Navigate a Relationship with the Abusive Parent](#)

Trauma-Informed Care for Children Exposed to Violence: Tip Sheets these tip sheets from Safe Start and the Office of Juvenile Justice and Delinquency Prevention walk through tips for people working with children who have been exposed to domestic violence.

- [Tips for Parents and Other Caregivers](#)
- [Tips for Child Welfare Staff](#)
- [Tips for Early Childhood Providers](#)
- [Tips for Engaging Men and Fathers](#)
- [Tips for Agencies Working with Immigrant Families](#)
- [Tips for Parent Education Programs](#)
- [Tips for Pregnancy Prevention Programs](#)
- [Tips for Domestic Violence and Homeless Shelters](#)
- [Tips for Teachers](#)
- [Tips for Agencies and Staff Working with Youth](#)

Very Well Family published an article on [How to Reward Your Teen for Good Behavior](#). It has some good information on ways to use a reward system with their teen. (For Teens)

Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if ANY links are no longer working.

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Section 9: Facilitating Conversations With Protective Caregivers



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Introduction & Importance

Advocates can play an important role to repair the harm done by abusers to relationships between protective caregivers and their children. It is imperative that you build rapport with both protective caregiver and their children before diving into deeper issues or programming. Family members may be concerned about having these conversations, and this is where advocates can help. Many advocates are concerned that they may not have the skills to facilitate these discussions, or that talking about abuse will open feelings and problems that advocates and families are not prepared to handle. It is important for advocates to understand they may be the last person a protective caregiver wants to speak with, while acknowledging that the protective caregiver may be feeling pulled in many different directions while in crisis. Here are some goals and strategies that advocates can consider before starting these conversations.

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Suggestions for Facilitating Conversations

Advocate Readiness for Difficult Conversations

Advocates may worry about crossing the therapy line or may fear taking on a family's conflict, sadness and pain. This can be particularly true when children are involved. It is important for advocates to be aware of their own fears and to acknowledge the boundaries of the work. *We want the families to take the lead on their path to healing from the trauma they experienced.* Remember that most protective caregivers access services to protect their children. It can be harmful to force families into these conversations before they are ready.

Advocates can be especially concerned about exposing children to these conversations. Facilitating these conversations is not damaging to children. Allowing the families to tell their stories and talk openly about their experiences can be validating for families. Research on resilience in children exposed to domestic abuse confirms that children benefit from a nurturing relationship with their protective caregiver and from support for the expression of feelings.

Domestic abuse staff should become comfortable being present with protective caregivers, children, and the families. Consulting with other staff and supporting one another is critical. Trauma-informed practice, active listening, and family safety planning are important tools for these conversations. (Refer to [New Advocate Manual: Trauma Informed Practices](#). You will need a login to access the information and scroll down to MEMBER-ONLY Resources)

Non-Violent Communication

Here is a document how to craft [non-violent communication](#) between people that includes a worksheet people can fill out beforehand. This activity can be practiced in groups or in their home settings.

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Goals for Protective Caregiver-Child Conversations



Goals with Protective Caregivers

Able to identify their
strengths as a caregiver.

Feel supported to
reclaim their parenting.

Listen and respond with empathy in
a developmentally appropriate way.

Acknowledge what their child has
experienced and how they feel.

Be ready to talk about their
traumas with their child.

Goals with Children

Be able to express their
feelings and perspectives.

Communicate their story
without being corrected.

Have their feelings and
perspectives validated.

NOT be placed in a listening role
for their protective caregiver.

Goals for Both Protective Caregiver and Children

Not feel blamed for
their experiences.

Know their trauma
experience is not their fault.

Discuss their experience
without blaming others.

Be able to distinguish the
behavior from the person.

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Considerations BEFORE Having a Conversation with Protective Caregivers

Start slowly, begin with the protective caregiver's concerns. If a protective caregiver is reluctant or defensive, then it may be too soon for these conversations. Some protective caregivers in crisis are not open to talking about or receiving help for their relationships with their children. They can be overwhelmed by survival concerns and may feel too vulnerable about their parenting, especially if this is not the original intent for them seeking services.

Do not force these conversations. It is important to have these conversations with the protective caregiver ahead of time to help them understand the impacts of trauma on their children. This understanding should take place before protective caregivers have conversations around the impact of trauma on their family.

Many protective caregivers believe that their children have been shielded from the abuse and do not want to consider that this thinking might not be true. Often, these conversations will be the first time a protective caregiver has allowed themselves to think about the impact of domestic abuse exposure on their children.

Always Start Conversations with Protective Caregivers

It's important to begin by talking one-on-one with protective caregivers once protective caregivers have trust for staff and have moved beyond the crisis. Acknowledge that parenting in public can be difficult and assure the protective caregiver that you are not judging them as a caregiver. When a protective caregiver is willing, introduce the idea of talking with their children about the abuse at home.

QUESTIONS TO INITIATE CONVERSATIONS WITH PROTECTIVE CAREGIVERS ABOUT THEIR CHILDREN

What are things you are proud of your child?

What are some practices you and your child have created to cope in the past?

What resources are you interested in exploring?

What conversations has your family had about receiving services?

What concerns are you having about your child's behaviors?

Another method to introduce these conversations is to talk about what is known about the effects of domestic abuse on children. Ask if they have noticed any of the affects you mention, and ease into a discussion of their family.

TIP: Assist the protective caregiver in identifying what they have done to protect their children.

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Section 9: Facilitating Conversations

With Protective Caregivers

Make a list together. Pay attention to decisions that may look like survival parenting and make sure that they know that you understand the difficult choices they must make.

It may also be useful to help a protective caregiver create a list of topics that could arise in protective caregiver-child conversations. As you are discussing the topics identify them as OK to talk about, worried to talk about, not OK to talk about. If you are preparing for a conversation with children, protective caregivers can choose to talk about OK topics, one or two worried topics, and agree to stay away from topics that are too difficult.

Conversations with Protective Caregivers and Children

These conversations should always be opportunities for protective caregivers to feel like good caregivers and for children to feel listened to and cared for by their protective caregivers. Any conversation that creates this opportunity is important, even if domestic abuse is never mentioned. The protective caregiver and advocate(s) should go over questions that may be asked, potential responses from their children, and when the protective caregiver would want the advocate to intervene. Many advocates agree that acknowledging both what children have seen or heard, and how witnessing abuse affected them, matters to children.

When first meeting with the family, it is more important that everyone is connecting with one another.

FAMILY 1:1 SUGGESTED QUESTIONS

**What activities do you
do as a family?**

**What is a happy moment
you have with your family?**

**What celebrations do you like
having with your family?**

**What do you wish your
family did more?**

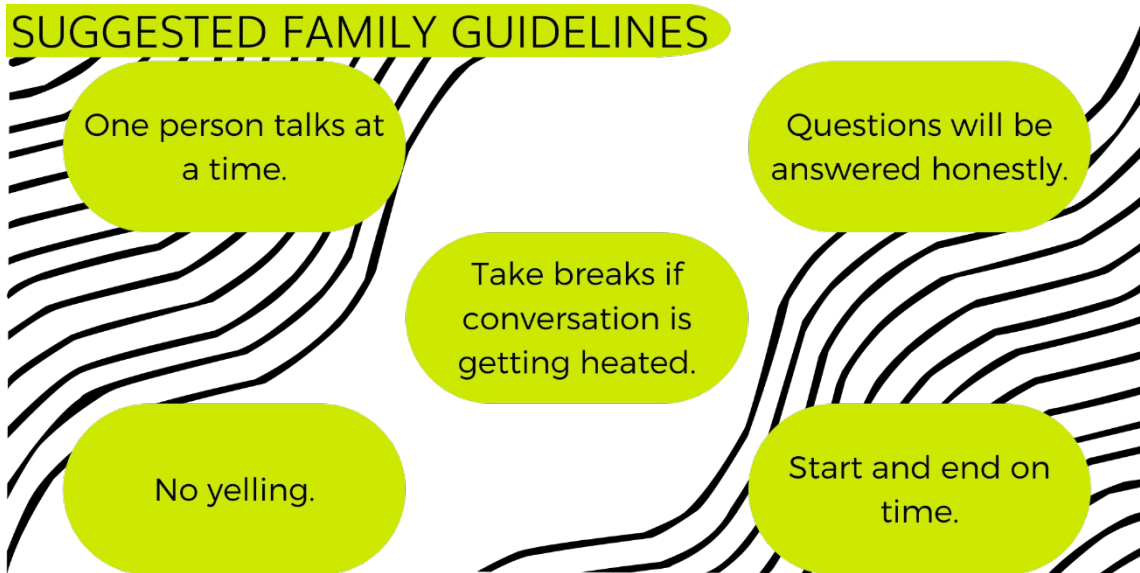
**What is something you
appreciate about your family?**

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Section 9: Facilitating Conversations

With Protective Caregivers

Try starting the first meeting with creating family discussion guidelines that everyone understands and can agree to. That way everyone knows the expectations of one another before starting harder conversations. Guidelines may be useful to incorporate when family members are talking over each other or continually speaking for others in the family. If a family member is dominating the conversation, ask others what they think about what has been said.



Suggestions for Facilitating Family Conversations

INTERACTING WITH THE FAMILY



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BENEFICIAL ADVOCACY SKILLS

Create a family events calendar.

Identify family activities on community websites.

Utilize creative outlets to bring families together.

Lean in with curiosity instead of judgement.

Use active listening.

Provide acknowledgement when informal good conversations occur.

Stay impartial while the family is discussing their experiences.

Maintain your role as a facilitator.

Learning Strengths and Challenges

Assessments within advocacy are meant to be an informal process that should be thought of more as learning tool about the family and building a relationship for supporting them. Advocates should remember to focus on the strengths of the youth and family. It can be easy to get caught up in talking about the negatives and setbacks the family has faced, so redirecting to focus on positives is key when working with the family.

Questions to Connect with Protective Caregivers may be useful:

- Aid advocates in working with protective caregivers and children to talk about their family's strengths and difficulties when entering programs.
- Designed to get to know each child, teen, and family while determining the program might help.
- Sample questions are intended to guide a conversation by being a starting point for establishing a supportive relationship with a child, teen, or protective caregiver.
- These questions should be used as a guide to build rapport with protective caregivers and youth to build rapport.
- Questions cover seven areas important to the well-being of children and youth's physical health, developmental growth, behavior, emotional health, home life, school, and school development.

What this Guide and Children and Youth Assessment Questions does not do:

- Specifically assess for child abuse or include questions about risky behavior, such as substance use, that may be important to evaluating the well-being of older youth and teens.
- Specifically assess the impact of domestic abuse, although it will be important to talk about the youth's exposure to domestic abuse to understand them better.
- Questions are not intended to be developmentally appropriate and should be modified or skipped as is fitting for each child, teen, or protective caregiver.

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With Protective Caregivers



Strengths and challenges conversations are only a beginning and should be supplemented by observation and relationship-building. There are no child development questions for children and youth included in this guide, as it isn't reasonable to ask protective caregivers and children to assess their own developmental progress.

Advocates should make sure that youth know what information will be shared with their protective caregivers and explain the youth intake procedure to the protective caregivers in advance. Many programs collect information on youth by facilitating joint conversations with protective caregivers and children. This encourages them to talk together about their experiences and reinforces the importance of the caregiver-child relationship. Programs that do joint intakes should talk with the protective caregiver in advance to learn if there are specific things that they do or do not want to talk about in the presence of their children. Both protective caregivers and children may be uneasy when advocates meet with youth alone. Protective caregivers may be concerned about what information their children will be asked to reveal, and children and teens may worry about their protective caregiver's reaction to what they share with an advocate.

Remember: Use great care when recording notes from conversations, as case files can be subpoenaed and used in court. If a child discloses information that causes concern to report, it is always important to begin by following your agency's guidelines regarding your obligation to report child abuse or contact primary caregivers regarding safety concerns.

Questions to Connect with Protective Caregivers

The [Questions to Connect with Protective Caregivers](#) link will take you to a document that has been adapted from multiple sources to help advocates identify their familial needs while receiving services. Having the [Potential Needs Chart](#) from section Abuse Effects on Protective Caregiver's Parenting may help move along different conversations.

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Resources

[Before You Talk to Your Children: How Your Feelings Matter](#) This factsheet is to help caregivers explain to how to take time to reflect on your own thoughts, feelings, and reactions to stressful events BEFORE talking to children.

[Listening and Talking to Your Child About Domestic Violence](#) This factsheet is to help you understand how children may react to domestic violence, and how you can best help them feel safe and valued and develop personal strength. Within the factsheet are tips for how to talk to your children and what to listen for.

Pretty Good Design has created [Your Kids Aren't Too Young to Talk About Race: Resource Roundup](#). This resource contains links to podcasts, articles, books, toys, studies, and more to help adults talk about race to youth.

[Talking About Traumatic Events: Helping Children Cope](#) This PDF goes through steps on how to work with youth who have been through traumatic events.

[Wheel of Choice](#) A primary theme of Positive Discipline is to focus on solutions. The wheel of choice provides an excellent way to focus on solutions, especially when youth are involved in creating the Wheel of Choice.

*Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if **ANY** links are no longer working.*

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Section 10: Facilitating 1:1 Conversations with Children & Youth



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Introduction & Importance

Adults sometimes feel uncomfortable talking with children and youth about domestic abuse in their families. We can be unsure about what to say, or fearful that we might do something that will make things worse. But when children do not have opportunities to talk about their experiences with abuse, they can be left feeling isolated, confused, frightened and ignored. Children may view the experiences of abuse in their families differently than their protective caregiver. Talking with children about their experiences demonstrates to them that they are cared for and respected; and is vital to helping them cope with the impact of living with domestic abuse. Meeting with the youth 1:1 should happen if the protective caregiver or youth request individual meetings AND the protective caregiver has given permission.

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Youth 1:1 Requested & Informed Consent

It is important that the protective caregiver (PC) and child want a youth only 1:1. The youth advocate should explain what a youth only 1:1 is and then give the family some time to think if they truly want this service. The PC should know that you will be talking with their child, understands your intentions, and has a general idea of what you might discuss. Make sure you talk with your supervisor about your agencies **INFORMED CONSENT POLICIES** and how to follow them. Reach out to Cody Warner if you have questions about or would like to further discuss informed consent policies. It is very important to make sure that you receive informed consent from both the protective caregiver and child. Informed consent should provide clients with:

Elements of Informed Consent

These elements of informed consent should be included with services.

NATURE & DESCRIPTION OF SERVICES

- An explanation of services.
- Expected duration of participation.
- Description of procedures the agency follows.

BENEFITS

Description of what the families will gain from participating.

RISKS & DISCOMFORTS

Description of any reasonably foreseeable harm to the family.

REASONABLE ALTERNATIVES

A disclosure of appropriate alternative services that may be helpful to the family.

VOLUNTARY PARTICIPATION

A statement that participation is voluntary, that refusal or discontinuing to participate will involve NO penalty or loss of services to which the family is entitled.

CONTACTS

Explanation of whom to contact for answers that relate to questions about services and rights to services.

CONFIDENTIALITY

A statement describing the extent confidentiality of records identifying the family will be maintained.

ASSESS UNDERSTANDING

Make sure the family is knowledgeable around the elements within the informed consent.

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Additional Elements of Informed Consent

These elements of informed consent can be included with services, as needed.

UNFORSEEABLE RISKS

A statement that the services may involve risks to the family which are unforeseeable by the program.

ADDITIONAL COSTS

Any additional costs at the families expense from participation in services

NUMBER OF PEOPLE

The approximate number of other people also receiving specific services

INVOLUNTARY TERMINATION OF SERVICES

Anticipated circumstances where family's participation may be ended by the agency.

CONSEQUENCES OF WITHDRAWING FROM SERVICES

The positive and negative steps a family will take for orderly termination of participation by the family.

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Tips for Crafting an Informed Consent Form (ICF)

Here is an example of an [Informed Consent Form](#) End Abuse used with the Statewide Teen Council.

Written in language that most can understand

For adults the ICF should be written at an 8th grade level.

Use use at least 12-point fonts with clear readability

Write in the 2nd person (you) and avoid first person (me).

Omit victim blaming language.

Label each consent form clearly in the footer if using multiple consent forms.

Tips for including the Protective Caregiver in Youth 1:1s

Some children and teens will talk more freely with an advocate if their protective caregiver is not in the room. Explain to the PC and the child that you will discuss any concerns about the safety or well-being of their child with the PC. It may be helpful to incorporate a debriefing time with the child and protective caregiver at the end of the session. During this time the child can tell their PC what they talked about and anything else they feel is important. This provides an opportunity for the youth to feel in control of their healing process and keeps the protective caregiver informed.

Mandatory Reporting

Due to the nature of domestic abuse, intimate partner violence, and sexual assault it is important for all advocates to understand what mandatory reporting is and how it has the potential to help you, as well as, frustrate you. **LEGALLY, IN WISCONSIN, DOMESTIC VIOLENCE AND SEXUAL ASSAULT ADVOCATES ARE NOT MANDATORY REPORTERS.** However, funders may have agencies address child abuse reporting. For example; the Department of Children and Families (DCF) requires programs, who receive their children's program funding, to have a Child Abuse and Neglect (CAN) process and policy. Check with your director as to what you are required to do for CAN. Please **ALWAYS** follow your agencies policies and **NEVER** make the decision to report child abuse or neglect alone.

It is important to immediately let the family know that you are a mandated reporter in order to build and maintain their trust. Explain to the family the types of information you would need to report by giving examples. If the youth requests someone to talk to who is not a mandated reporter; be prepared to provide appropriate resources. (Refer to [Mandatory Reporting](#)) Also see '[Moving Toward Deeper Issues](#)' below for an example of how to talk about your agencies CAN mandatory reporting policy.

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Section 10: Facilitating 1:1 Conversations with Children & Youth



Begin to Understand the Culture of the Family

It is the children and youth advocates' responsibility to understand cultural routines and practices. It is NOT the children and youth advocate's responsibility to make assumptions about what culture(s) the family identifies with. It is essential for advocates to understand what traditions the family celebrates, the role of culture within the family, and their culture's perspective about domestic abuse. The protective caregiver and youth may inform you of their cultural beliefs or practices that are important to their family that they would like followed while receiving services from you. Tell the family that you appreciate anything they share with you.

Example question: *"Are there any cultural considerations I should know about when working with your family? Like types of games to play with a group of mixed gender children, genres of books that can/cannot be read, or foods that can/cannot be eaten."*

Tell them that you would like to incorporate those considerations into programming and provide examples of how you would incorporate them into your programming. Ask the family if they feel that the incorporated consideration is appropriate, if they would provide any clarifications. (Refer to the [New Advocate Manual: Specific Communities](#). You will need a login to access this information and scroll to MEMBER-ONLY Resources)

Another resource to look into is the [Diversity, Multiculturalism & Anti-Oppression: A manual for Domestic Abuse Programs in Wisconsin](#). This manual is meant to help explore ways in which an anti-oppression framework can be applied to our work daily to end domestic violence.

*Please note that it is **NOT** the responsibility of that family to explain every aspect of their culture OR how to incorporate those cultural considerations into your programming. If you would like to further educate yourself about different cultures please reach out to [End Abuse](#) and we will work with you on finding [appropriate resources](#).*

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Space and Supply Considerations

Meet with children and teens in a location that is appealing to them. Offer games, books, toys or art supplies to use when they are meeting with you. Have paper, markers and fidget toys readily available. Ideally, children and youth will think of meeting with you as a chance to relax and have fun, as well as, a time to talk about their experiences. Some games are better than others for different youth and the content that you are discussing. Remember you can always try other games if the ones you are using are not working as effectively as you like.

***TIP:** If you create a game with a youth make sure to document the rules to play again next time!*

When meeting outside of the agency advocates should always talk with the protective caregiver AND youth about how their confidentiality may be compromised. Example: *“There may be times where we meet outside of the agency. I want you to know that I am involved with many different things in the community. People know who I am and what I do for work. We cannot always control what people think when they see me [the advocate] with you. Is it still okay if we meet outside of the agency? [If yes] If people ask what we are doing or how we know each other, what would you like me to tell them?”*

Due to the nature of our work there may be times where there are abuse allegations from clients about the advocate they are working with. Here are some considerations to think about when working with youth individually. For further discussion contact Cody Warner

Have more than 1 person in the room.

Have more than 1 person attend any out of office fieldtrips.

Use spaces that have windows, with the comfortability of the youth.

Leave doors unlocked.

Know your agencies grievance procedure for these types of allegations.

Go in teams if working with someone who has experienced sexual assault.

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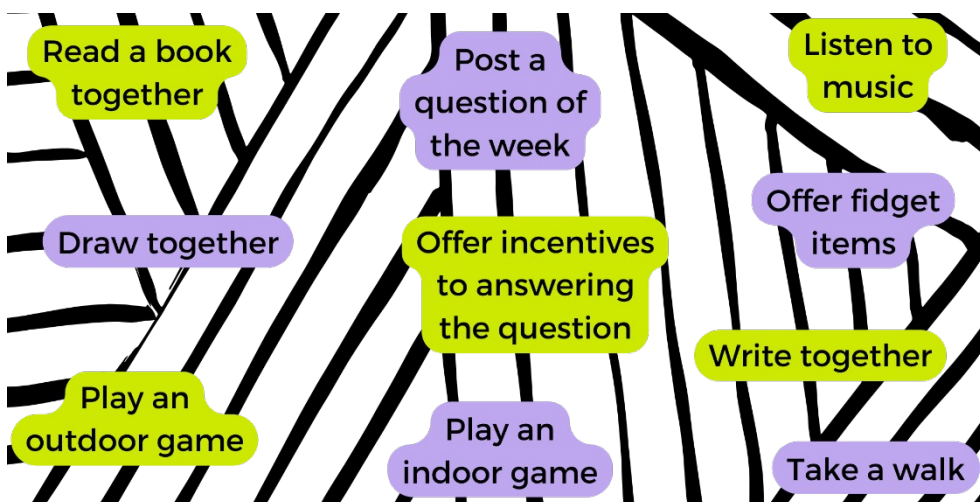
Beginning Conversations: Icebreakers and Conversation Starters

Always begin by establishing a connection with the child, taking as long as necessary for them to feel comfortable with you. The first few meetings may consist entirely of getting to know each other and building trust which is perfectly normal. It is important as an advocate to observe the youth, listen carefully and follow their lead. Make sure to have multiple interactive activities so it doesn't feel like they are coming to something that feels like their school day.

One way to establish a connection is asking the youth what they are hoping to get out of meeting with you. That way you have one measure to show progress. Talk about anything that they enjoy discussing and that makes them feel at ease. For example:



Ask the youth what activities they would like to do as a part of their time with you. Offering different activities to choose from may give them a sense of ownership. Be creative when working with youth, not all sessions need to be in the same space and not all activities need to be followed the same way. Make sure to find a balance between fun activities and support. This is something that you will have to find and define with each child. If the youth are reluctant to talk, offer alternative activities and let them choose what they want to do.



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*Reach out to advocates on the Children & Youth listserv ([wiskidsdv](#)) or connect with other youth advocates on the **MONTHLY** Children & Youth Conference Calls. Contact the LGBTQ & Youth Program Director, [Cody Warner](#), for more information!*

Moving Towards Deeper Issues

Before discussing deeper issues, advocates should go over their agencies Child Abuse and Neglect (CAN) Reporting Policy with the youth and make sure that they are able to understand what everything means. Do not just read the policy and assume the youth knows everything that was read. Create a way that is comfortable to you and fully explains the policy in a developmentally appropriate way. The following steps and questions may help you explain your agencies CAN reporting policy. You may need to work with your agency to come up with a developmentally and age appropriate approach to explaining the CAN policy to younger children.

1. Read policy with youth.
 - a. Provide a copy or share a screen that they can follow along with.
2. Ask the following questions. (Allow them time to think about the question before moving)
 - a. What is something that stands out to you from this policy?
 - i. It can be anything.
 - b. What parts of this policy are clear?
 - c. What parts of this policy are confusing?
 - d. What questions did this raise for you?
 - e. What ideas are beginning to emerge?
 - f. How would you explain this policy to someone who has not read it?

When you believe the youth understands the policy then ease into conversations about their trauma experiences. Tell them that they can talk about whatever they want and remind them about your agencies CAN reporting policy. If the child is hesitant or becomes upset about a topic, do not pressure them to continue to talk. Use active listening, listen without judging, and do not act shocked at what they have to say. You may want to start by asking:

- What do you know about this agency?
- What do you know about this position or program?
- What are some reasons you think we are meeting?

Speak at their developmental level using words they can understand. Ask the youth if they need clarification on anything you are saying, when appropriate. Acknowledge that talking about trauma experiences is difficult and praise their courage for trying. Restate what you hear from the youth and asking for clarification is another way to build a relationship with the youth by showing you are listening and trying to understand their experience.

- Example: “It sounds like you are feeling [EMOTION] about [PERSON] is that correct?”
- Versus: “Yeah, that [PERSON] is [NEGATIVE ADJECTIVE].”

It is important to acknowledge the youth’s complex feelings of their experiences. Help them understand and accept that they can feel strong negative emotions AND positive emotions toward someone. It may be beneficial to role play the ways the youth can show or tell their caregiver how they are feeling. Providing opportunities to talk about any potential risks or benefits of telling or showing their caregiver.

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For example: “I hear that you [POSITIVE EMOTION] and you feel [NEGATIVE EMOTION] towards your [CAREGIVER]. Which is completely normal and can be hard to sort through. What are some other things that might make you feel [NEGATIVE EMOTION]? What are some other things that might make you feel [POSITIVE EMOTION]? What are some ways you can show or tell your [CAREGIVER] what you are feeling?”

Topics & Questions

Encourage children to talk about their feelings and to think of people who they can trust to talk to about their life no matter how big or how small. Validate their emotions, especially about the adults in their lives.

Distinguish the difference between who the person is and what behaviors the person uses. You may want to use ‘sometimes questions’ to normalize their feelings. For example: *“Sometimes kids feel angry at the adults in their home. When was a time that felt that way?”* It may help to offer statements that do not require a response for example: *“You seem quieter than you did the last time we spoke.”*

Answer the children and youth’s questions honestly in a way that is developmentally appropriate (Refer to [Child & Youth Development](#)) and in a way that explains the situation. Validate their wishes and be realistic about what you can offer. Do not make commitments to children and teens that you cannot keep. **Make sure you are not making ANY false promises to the youth, see examples below.**

- Your caregivers are working to fix their issues.
- You are completely safe.
- You will be granted that restraining order.

Avoid using ‘why’ questions. Some youth may think ‘why’ questions imply that they have done something wrong. Avoid using ‘good or bad’ with questions, as it may suggest to the child that what happened to them is bad. Which they may internalize as they are bad because of the ‘bad’ experience that happened to them. Incorporate the basic messages that are so important to children and youth who have witnessed domestic abuse.

- People should not use abuse towards anyone.
- The abuse is not your fault.
- It is not your responsibility to stop the abuse.

Here are some resources for tougher topics that may present themselves in talking with youth.

- [Coming Out](#)
- [Death](#)
- [Drug Use](#)
- [Racism](#)
- [Runaway](#)
- [Suicide Risk Factors & Warning Signs](#)

Wrapping up a Conversation

Have a clock, watch, or timer so you can let them know when there are about 10-15 minutes left. Identify what information they would like to share with their caregiver about their time with you before the caregiver comes in the space. Ask the youth if there is anything the youth wants you to share or not share with the caregiver.

Let them know how and when you are available and consider offering a specific time that you can set aside to meet with them again. Tell them that you know that this can be a rough transition and that they will not always feel the way they do now. Try to end the session on a positive note by giving them a genuine reason to feel good about themselves or hopeful about some aspect of their life. Example: *“What is something you are looking forward to within the next week?”*

As always, there are many ways to end conversations; try to find approaches and tactics that feel comfortable to you and the family.

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Resources

[Diversity, Multiculturalism & Anti-Oppression: A manual for Domestic Abuse Programs in Wisconsin](#) Created by the Access Committee of the Governor's Council to help explore ways in which an anti-oppression framework can be applied to our work daily to end domestic violence.

[Futures Without Violence](#) offers many resources for Children & Youth Advocacy. The link will take you to their resource center where you can click on the topics on the left to refine the resources. Clicking children, youth & teens will give all their resources from webinars to digital tools to videos to manuals.

[National Child Abuse Hotline](#) Offers resources for prevention, intervention, and treatment programs. At Childhelp, our goal is to meet the physical, emotional, educational, and spiritual needs of abused, neglected and at-risk children. We focus our efforts on prevention, intervention, treatment, and community outreach. Childhelp programs and services help children from any situation and let them experience the life they deserve one filled with love. The principle theme across all of our programs is to provide children we serve with an environment of compassion and kindness.

[The National Domestic Violence Hotline](#) has a blog post on Talking to Your Children About Domestic Violence that offers what you can do with additional resources.

Pretty Good Design has created [Your Kids Aren't Too Young to Talk About Race: Resource Roundup](#). This resource contains links to podcasts, articles, books, toys, studies, and more to help adults talk about race to youth.

*Please notify the LGBTQ & Youth Program Director, [Cody Warner](#), if **ANY** links are no longer working.*

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Section 11: Age-Appropriate Support Groups



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Introduction & Importance

Informal support groups are a well-established way to support resilience in children and youth who have experienced abuse. Group facilitation skills that are helpful to children and youth advocates are; choose support group topics that promote resilience, choose activities that support the wellbeing of the youth while achieving outcomes of the program, give all group members an opportunity to use their voice, make group spaces where members feel comfortable to share, manage negative behaviors in group settings, to name a few.

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How to Start a Support Group

Group Ratios

Before starting a group, advocates should consider how many adults will be working or volunteering. [ChildCare.gov](https://www.childcare.gov) states, Low child-to-adult ratios and small group sizes help ensure that the children get enough one-on-one attention from an adult who is available to take care of each child's unique needs. This responsive caregiving is extremely important to the children's social and emotional development, physical well-being, and overall learning.

This one-on-one attention helps children feel safe and secure and reduces feelings of being overwhelmed—for both children and adults. A smaller group size with enough trained adults present is easier to manage. Because adults are better able to watch and respond to a smaller group, children will be less likely to get injured or sick.

Below is a chart adapted from ChildCare.gov that provides some general recommendations from early childhood experts on ratios for adults to children in group settings. ChildCare.gov is operated by the U.S. Department of Health and Human services, Administration for Children and Families, and Office of Child Care.

Chart Terms

Adult-to-Child Ratio: The number of adults who are present to teach and care for your child and the other children who are playing, eating, and sleeping together in a group is known as the child-to-adult ratio.

Group Size: The maximum number of children in a group is called the group size.

Adult-to-Child Ratio Chart

AGES	ADULT-TO-CHILD RATIOS	MAX GROUP SIZES
Infant Birth to 11 months	1 adult to 4 infants	8 infants maximum
Young Toddler 1 to 2 years old	1 adult to 6 younger toddlers	12 young toddlers
Older Toddler 2 to 3 years old	1 adult to 6 older toddlers	12 older toddlers
Preschooler 3 to 5 years old	1 adult to 10 preschoolers	20 preschoolers
School Aged 5 years old and up	1 adult to 12 school aged children	24 school aged children

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Forming the Group

When starting a support group, it is important to consider what the purpose of the group will be. There are many different reasons to start a support group, so choosing one mission or purpose can be beneficial. Examples of group purposes are peer-to-peer mentoring, resiliency, tutoring, life skills, advocacy, support or social. Many of these may be combined, for example, a group that fosters resiliency through activities would also promote social interaction for youth.

If groups are created out of a specific need from the youth in the community, it is important to consult with the youth to design the activities or programming the group offers. Once a purpose is chosen, a next step could be to decide what kind of activities the group will participate in each meeting. These can vary, including social events, skill-building, social connections or training.

Recruiting Participants

Finding youth to engage in your group can be challenging, but here are some places you can start. Advertising your group in areas where youth are likely to see it, including at counseling services, local schools, or other local organizations working with youth is a good first step. Passing out materials where youth typically congregate like libraries, skate parks, coffee shops, malls, shopping centers. If appropriate, reaching out to any of these groups may provide some information on potentially interested youth:

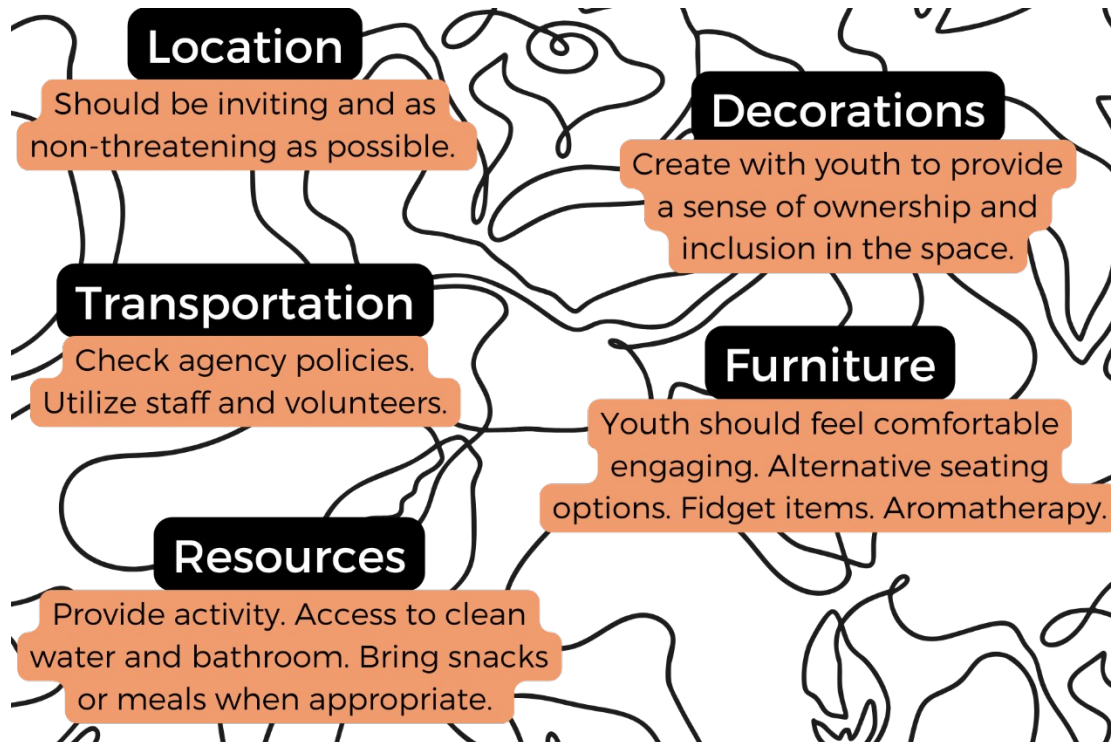
- Service providers working with youth
- Youth and young adults you know in the community
- Facebook groups that promote your group's goals or mission
- Youth and parent support groups in your community

Use the [Overview of Groups - Template](#) to help create relevant materials for your programming or groups.

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Group Space Considerations



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Establish Group Norms, Guidelines, Activity

Establishing group norms or guidelines in the beginning helps group participants understand, recognize, and take ownership of how everyone is expected to be in the group space. Below is an example activity of how to set up group norms. Make sure to adapt the language to better suit the youth you are working with and that it is developmentally appropriate.

Materials Needed

- Flipchart or large sheet of paper
- Markers

Preparation

- Before activity write NORMS on the top of the flipchart paper.

Instructions

Introductions

- Facilitator asks the whole group to answer the following, one at a time:
 - Their name, school, grade, and something else about themselves (it can be anything)

Beginning Discussion

- Facilitator has anyone answer (being mindful to not have any one person dominate the conversation):
 - What comes to mind when you think of support group?
 - What challenges might we face as a newly formed support group (meaning we have newcomers)?
 - What are some things we should learn about each other so we can work together well?
- Facilitator: We want to get to know each other and set norms that can help us work together well as a group!

Creating Norms for the Year

Facilitator explains, “We want to make sure that this space is a safe and brave environment for each of us to try new things, make mistakes, and grow because of them.”

- Facilitator asks the whole group to answer, one at a time:
 - Where is a place you feel like yourself?
- Facilitator has anyone answer (being mindful to not have any one person dominate the conversation):
 - What makes that place feel safe? What do you like about being there?
 - How do you act when you’re feeling like you can be yourself?
 - What's it like to hang out in a place that's the opposite of that?
 - How do you act differently when you're uncomfortable?
 - What kinds of things do people do to make a place feel uncomfortable or awkward?
 - How would you like someone here to address those behaviors?
 - How can we behave to make this a safe and brave place where we can be ourselves?
 - Begin writing these responses on the NORMS paper
 - Ask them to clarify by asking “What does that look, sound, feel like?”

Closing

- Have all the participants sign the norms list if they agree to the norms or guidelines
- Review them at the beginning of the meeting
- Have new people review and add to norms or guidelines (if applicable) then sign them if they agree with them

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New Members to Existing Youth Group

Start with the New Member

Before the members attend a group, advocates should try their best to meet with the protective caregiver and youth to explain the logistics of group (see example logistics below). It may be helpful if you are able to show the protective caregiver and youth the group space. If appropriate, you could offer the protective caregiver and youth to observe how group works before confirming that they wish to attend. Some advocates have had current or “alumni” youth from group talk with the advocate and interested youth about the group as well, when appropriate.

NOTE: ALWAYS ask the protective caregiver and youth what they would like to do and follow their lead in the ways they would like to heal.

Example Logistics

- When and where meetings are held
- Group norms
- Purpose of the group
- Mission, values, etc. (if applicable)
- Types of topics discussed
- Types of activities to participate in
- How many people are a part of the group

Youth Group Norms Addition

In creating the norms ask the youth questions about how we should welcome new members and how we expect to act to members that join the group. To provide standards of how the group can be inclusive and welcoming to those who may want to utilize the programs services.

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Example Activities by Age Group

When thinking of activities for groups the number one piece of advice is be **FLEXIBLE**. Having back up activities in case the group dynamic changes or the youth are not willing to participate in or do not understand the activity. Checking the developmental charts (see [Child & Youth Development](#)) might help create activities for your groups. Remember the attention spans of youth when you are creating an activity that will fit their needs.

Having a game or free time at the end of group can be helpful for the younger ages. Utilizing technology is great too; many advocates have suggested using website's like [Pinterest](#) to find support group ideas!

All activities listed in this section of the Children & Youth Advocate Manual are for you to use and edit to best fit the groups you facilitate.

Infant (Birth-1) & Toddlers (1-3)

For this age group make sure that you have plenty of volunteers/staff to help take care of the many needs of the infants. Make sure that you are PRESENT and making positive connections with the youth as a positive role model. Be sure to be engaged with the youth by talking with them and truly listening to what they say. Model the behavior you want the youth to display. Having a space that is closed off is also helpful for this age group as they are learning to crawl and walk.

Providing toys with no small pieces that they would be able to choke on is essential. The focus for this age group should be on promoting development (see [Child & Youth Development](#)) and resiliency (see [Children & Youth Resiliency](#)). A suggested activity is to provide story time with topics you want the youth exposed to. Giving the youth language to not be aggressive or passive. Another activity is to work with protective caregiver and toddler and how they interact with one another. Above all make sure the room is [child proofed](#) for safety.

[Preschooler Activity \(3-5\)](#): An emotion body mapping activity to aid children in understanding how their body reacts to emotions.

[School-Aged Activity \(5-11\)](#): (pg. 36) helping a group think quickly about what their attitudes are towards domestic abuse, gender equality, fairness, and all other topics that relate to the topic and youth.

- [Resolving an Argument with Someone You Know Well \(pg 89\)](#)

[Middle School Activity \(11-14\)](#): Help youth to understand the importance of non-verbal communication.

- [What do I want in relationship with others? What Do I have to offer \(pg 93\)](#)

[High School Activity \(14-18\)](#): Have the youth think about qualities they want to have in their relationships whether it be with friends and family or with dating partners.

[Mixed Age Activity](#): Critically thinking about the people in our lives that we trust to talk to about a wide variety of topics.

[Family Activity](#): A timeline activity to show the historical journey a family has taken together.

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Resources

[A Window Between Worlds \(AWBW\)](#) (all ages): This is a scholarship program that you would need to apply for before utilizing their resources. Through Windows Programs participants are able to express feelings in a different way, empowering them to reclaim self-worth and make meaning of their journeys. As they make art — by drawing, sculpting, painting, collaging, writing and more — participant's voices are heard and future potential is seen, often for the first time.

[Break the Cycle: Activity Guides](#) (middle school and high school): This resource offers 10 different activities to facilitate with high school aged students around domestic violence and intimate partner violence.

End Domestic Abuse Wisconsin's New Advocate Manual: [Support Group Facilitation](#) offers further information for support groups like open or closed groups, needs assessment, screening, confidentiality, facilitation, structure, and evaluation. This resource also provides different support group manuals and other educational components. *You will need a log-in to view this resource and scroll down to MEMBER-ONLY Resources.*

[North American Council on Adoptable Children](#) has compiled information on how to start a youth network as an advocate. Including the [Ladder of Youth Engagement](#) illustrates the varying degrees of youth involvement in groups. Checkout End Domestic Abuse Wisconsin's adaptation as to how this can be used in domestic violence advocacy work: [EA Ladder of Youth Engagement](#).

Wisconsin Department of Health Services' [Youth Engagement Toolkit](#) is designed to help adult facilitators engage young people, allowing youth to serve as true leaders for programs that affect them.

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Section 12: Age-Appropriate Presentations



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Introduction & Importance

Many children and youth advocates frequently facilitate educational presentations for schools and communities. These various presentations often cover a wide variety of subjects like bullying, healthy relationships, teen dating violence, etc. Children and youth advocates should learn interactive training skills, be comfortable speaking in front of groups, know how to engage an audience, create interactive presentations and exercises, and develop content that is age appropriate. These same skills are needed to facilitate support groups and with practice will become second nature.

The “Big Secret” to Presenting in Schools and Community Agencies

The key characteristics of advocates who are successful at presenting in schools and community agencies are:

- Being persistent in contacting the schools or community agencies.
- Showing up in person to talk to key staff.
- building and maintaining professional relationships.

MORE INITIATIVE NEEDS TO BE TAKEN BY THE ADVOCATE OUTSIDE OF MAILING FLYERS AND SENDING EMAILS.

Other helpful hints for successful advocates are to:

- Go with a seasoned advocate to tour and meet some of the school staff or other collaborating partners.
 - That way the other organization knows who they will be talking with later when the newer advocates setup their presentations.
- Check-in with your contact from time to time.
- Find other ways to collaborate beyond doing presentations.
- Coordinate cross training with each other’s staff so you can build relationships with others in the school or agency.
- Create a presentation letter for parents that the schools can send out
 - See an example [HERE](#)! (will need to download resource before viewing)

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Example Topics for Presentations by Age Group

These [Presentation Charts](#) provide example topics, tips and suggestions that advocates have used for various presentations. These are split up by presentation type and are meant as suggestions for presentations you may be asked to do. The presentation types are all presentations, elementary, middle school, high school, protective caregiver, and community.

Remember, you do not have to go at this alone. Teaming up with your agency staff or with collaborating partners to co-facilitate a presentation may enhance the presentations through additional knowledge, insights, and experiences. Incorporate a variety of activities for different types of learning. Here is an [example letter to send or bring to schools](#). (Will need to download resource before viewing).

School Specific Presentation Considerations

For school presentations - tie in [the social-emotional learning \(SEL\) competencies for each grade](#).

All schools have a process on how they bring in presenters to the classroom. It may be helpful to ask the school contact what that process is and how you can help along the way. For example, some schools may send a flyer home with students to let caregivers know you are coming to present to their children and what topics you will be presenting on. It may be beneficial to ask schools if they would like you to create the flyer or if they will create it. You can use Microsoft to create the flyer or [CANVA](#), a free online design website with hundreds of premade templates. *You can also contact CANVA about their pro version rates for nonprofits.*

Some schools may ask you to have a meeting with key staff to explain the material and information you will be presenting to the students. These meetings are useful to adapt the information in the presentation to best suit the needs of the school. Some schools may ask that you host an information night for parents to address the information you are presenting and their concerns. It is advised to have more than one advocate at these meetings to help field questions and concerns. Be prepared to address the concerns about the presentations. For example;

Caregiver: *“Why are you coming into the MIDDLE SCHOOL to teach healthy relationships? They aren’t dating yet!”*

Advocate: *“We believe that it is important to teach children about ALL healthy relationships; like family, friends, classmates, and neighbors because those relationships begin the foundation of what children will look for when they do start intimate relationships. It is crucial that we teach children what healthy relationships look like outside of intimate relationships so they can start forming a healthy concept of intimate relationships when they do start dating.”*

If you come across school staff who have a similar mentality like the above caregiver example, it is best to pause and try to meet them where they are at. Sometimes that might mean figuring if you are willing to swallow your pride to present beneficial information to youth. Asking questions like:

- If I were to facilitate a presentation for the students, what are your expectations of me?
- Let’s talk about the different content areas I can facilitate on; which ones are you comfortable with?
 - Which ones are you uneasy/not comfortable with?
- What are somethings that students have said about these issues?

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- How have you addressed these issues in the past?

Resources

[Children's Safety Network](#) offers a wide variety of information on topics on injury prevention from motor vehicle, substance abuse, and violence.

[Collaborative for Academic, Social, and Emotional Learning \(CASEL\)](#) is a website that explains social-emotional learning and provides a wealth of resources; like explaining the [Core Social-Emotional Learning \(SEL\) Competencies](#), [Approaches of SEL](#), [Assessing SEL Toolkit](#), and [SEL Frequently Asked Questions](#).

[Consent Is... A Toolkit](#) consent is looked at more broadly, recognizing that preventing sexual violence starts with teaching youth active communication skills, empathy, and how to set and respect boundaries. No matter the activity, only yes means yes.

[Futures Without Violence: Promoting Resiliency Infographic](#) has a lot of useful resources. The infographic in that link may be useful for presentations. Their [Children, Youth, and Teen](#) work offers guidelines, programs, and tools that can be incorporated into presentations.

[Love Is Respect](#) (teens) has a lot of resources for teens and teen dating violence.

[One Love](#) (teens) changing the statistics around relationship abuse one conversation at a time. This website has a lot of resources around relationships. It also includes information on a variety of programs that your agency may wish to use as community engagement and education.

Pretty Good Design has created [Your Kids Aren't Too Young to Talk About Race: Resource Roundup](#). This resource contains links to podcasts, articles, books, toys, studies, and more to help adults talk about race to youth.

[Talking About Traumatic Events: Helping Children Cope](#) this PDF goes through steps on how to work with youth who have been through traumatic events.

Wisconsin Department of Public Instruction (DPI): [Social-Emotional Learning](#) the DPI website has a specific section on Social-Emotional Learning (SEL). This part of their website hosts more resources on SEL, as well as, conferences and trainings specific to SEL. DPI's [Social Emotional Learning Competencies](#) guide is designed to provide educators and out-of-school-time youth service professionals with the essentials for implementing a comprehensive approach to SEL.

[Women's and Children's Health Network](#) (all ages) Is a website that has vast number of topics that children & youth want to talk about. When you click on a specific topic you will be taken to a page designated to that topic and it will give you further resources, information, and activities.

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