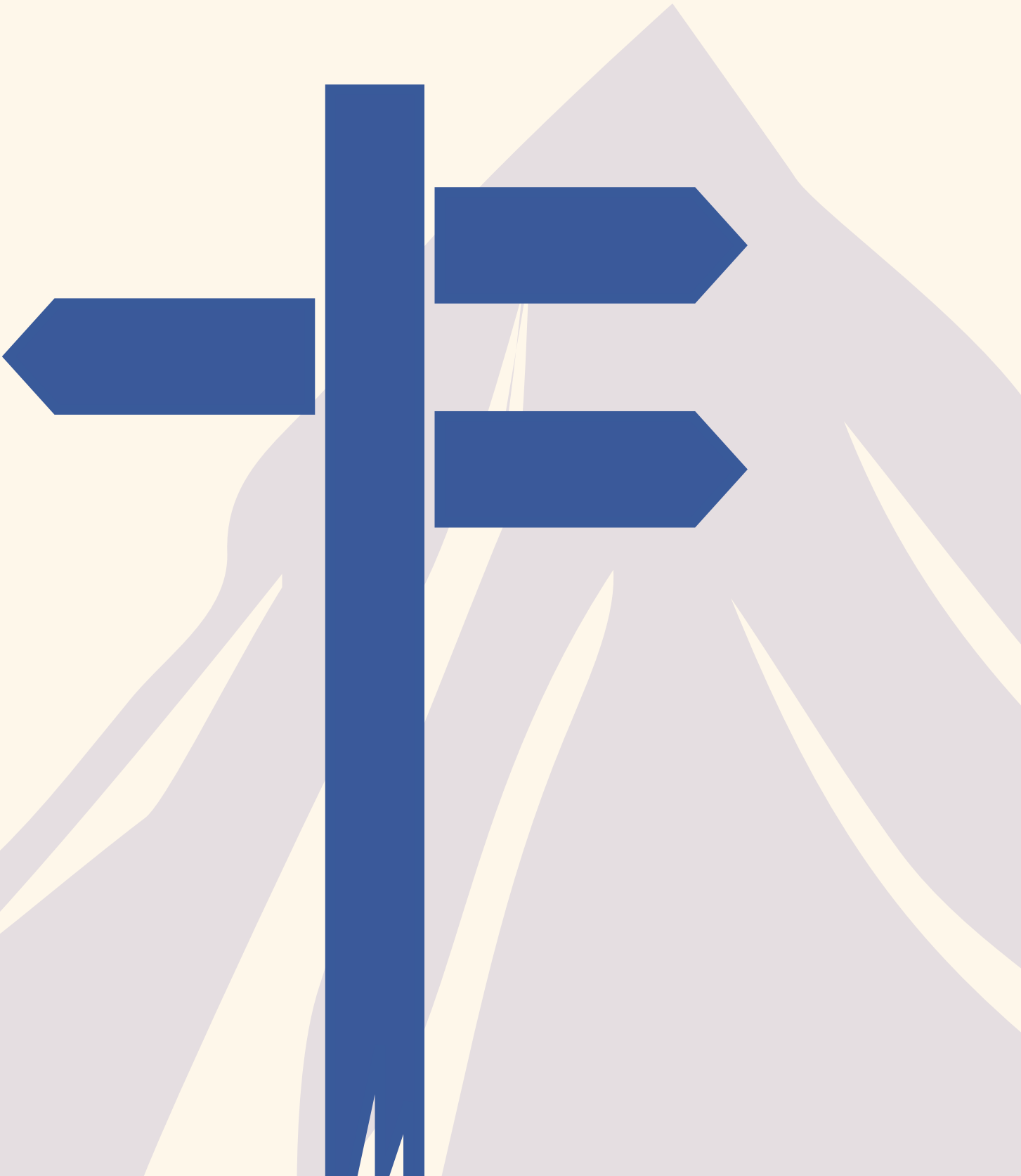


FIELD GUIDE TO FAMILY ADVOCACY







FIELD GUIDE TO FAMILY ADVOCACY



TABLE OF CONTENTS

INTRODUCTION	5
CASE STUDY	6
SECTION 1	
• History of the Victim Rights Movement: Guiding Our Advocacy Efforts	10
SECTION 2	
• Overview Of CAC & MDT Operations	14
• How Does The CAC Model Work?	16
• Understanding MDT Roles	17
• Team Dynamics - Advocates as Integral Team Members	18
SECTION 3	
• Basics of Family Advocacy	24
• History of CAC Movement	24
• National Children’s Alliance Standard (NCA).....	25
• Your Role with the Family	27
• Your Journey with the Family at the CAC.....	28
SECTION 4	
• Understanding Crisis, Trauma & Grief	36
• Crisis Intervention: A Focus on the Here & Now	38
• Distinguishing Trauma from Crisis	38
• Grief.....	39
SECTION 5	
• The Importance of Understanding Cultural Differences	44
SECTION 6	
• Building Relationships: Communication Skills	50
• Active Listening	50
• Common Obstacles to Effective Advocacy.....	52



SECTION 7

- Family Assessments, Referrals, & Follow Up 56
- Identifying Needs for Surviving & Thriving 56
- Maslow’s Hierarchy of Needs 57
- NCA Accreditation: Victim Support & Advocacy
Standard’s Relevant Essential Components 58
- Core Victim Needs & Desired Outcomes – Another Framework 58
- “Walking the Walk” with Families 60
- “Warm” Referrals: Truly Knowing Your Community Resources 60
- A Sampling of State & Non-Profit Resources to Know About 62
- Challenging Referrals 62

SECTION 8

- Caring for Caregivers: Ensuring a Trauma-Informed, Family-Focused Approach 66
- Using a Trauma-Informed Approach – What Does This Mean. 66
- The Complexities of Our Work 66
- Understanding Caregivers & Their Experiences 68
- Working with & Empowering the Caregiver 69
- Some Suggested Tips for Caregivers 70
- Offenders – Some Basic Information 70
- Child-on-Child Offenses – Some Basic Insights 71

SECTION 9

- Investigation Process & Court Preparation. 74
- Court Advocacy 75

SECTION 10

- Addressing the Impact of The Work: Self Care for Advocates 82
- Acknowledging & Addressing Vicarious Trauma 82
- Warning Signs of Trauma Exposure Response. 83
- What to Do 84
- Compassion Satisfaction & Vicarious Resilience – Acknowledging the Positive Impact of Our Work 84





INTRODUCTION

Welcome to the Field Guide to Family Advocacy, a resource developed for Family Advocates at Children's Advocacy Centers (CACs) to help build a knowledge foundation for this central component of the multidisciplinary team (MDT) response, promote reflections on practical applications of that knowledge, and serve as a vehicle for supervisory or peer conversations about the essential elements of advocacy.

While the primary audience for this Guide is CAC family advocates, it is, indeed, relevant and useful to all other victim advocates from community-based agencies and prosecution-based programs serving CAC clients.

The Field Guide covers a wide range of important information regarding roles and responsibilities with clients, colleagues and MDT members. It is intended to serve both as a primary training resource and an ongoing reference for those working in victim services and CACs.

Victim advocacy has advanced as a professional discipline as the Victims Movement has evolved over the past several decades. Utilizing this Guide to proactively develop and strengthen professional practice will further establish advocates' professional credibility and, most importantly, make an enormous difference in the lives of children and families in crisis.

A few notes on terminology:

Language can be inherently limiting, but the authors of the Field Guide have chosen terms that most closely reflect typical work at a CAC. Below is a description of the terms used throughout:

- **Caregiver** – the word caregiver refers here to the individual responsible for direct care of the child. While the term “non-offending caregiver” is often used in the field, the caregiver’s protective relationship with the child can sometimes be ambiguous and/or complicated. The term caregiver is intended to withhold judgment and move family advocates toward engaging with individuals based on their unique lives and family circumstances. Caregivers can certainly be any gender, but female pronouns have been used in this Guide given their predominant representation in family caregiving and for the sake of consistency.
- **Child** – many CACs assist children from birth to 18 years of age. The term child is used throughout to refer broadly to all children and adolescents served at a CAC. Both male and female pronouns are used throughout depending on context.
- **CAC clients** – this term refers to the child who has experienced abuse, his or her caregivers, and any other family members of the child (biological or other).
- **Family Advocate** – the individual with the designated role of advocating for CAC clients at a CAC.



CASE STUDY

A social worker at a hospital files a report with CPS after seeing a 10-year-old girl, Sofia, who disclosed repeated sexual abuse by her stepfather over a two-year period. The child's mother brought her to the hospital immediately upon the child's disclosure to her. The mother expressed much concern and fear, and said it was because the alleged offender has been physically and sexually abusive to her for several years and owns several guns with which he has threatened her and her children numerous times. She reported that he has also threatened them into silence for fear of deportation. There is one other child in the home. The other child is an 8-year-old male child and is the alleged perpetrator's child.

CPS referred the case to the CAC, which in turn contacted the other MDT members (i.e., police, prosecutor, family advocate, forensic interviewer, mental health and medical providers). A forensic interview was scheduled immediately, and the MDT convened. The team began with a brief meeting to discuss the initial allegation and family's concerns including their fear of returning to their home after the interview.

The forensic interviewer conducted the interview while the others observed from behind a one-way mirror. The child provided a relatively detailed account of her abuse by her stepfather. Given the seriousness and clarity of the child's disclosure, and the fears articulated by the mother and the children, the police, with the MDT's input, decided that an immediate arrest should be made.



While the police were attempting to make the arrest, the mother met with the rest of the team. The family advocate explained about protective orders and helped the mother obtain a protective order. CPS informed the mother that the case would be supported and opened for services. The prosecutor and family advocate explained prosecution steps. The team also discussed the importance of mental health and medical evaluation, recommended next steps and provided referrals. During this time at the CAC, the mother told the advocate about her own history of childhood sexual abuse by a family member in her country of origin. She remembers her own mother telling her that there was nothing that anyone could do, and if she did not want it to happen, she should stay away from the abuser. Her mother said it is “just what men do” and it happened to her and women in their family and village.

The family remained at the CAC until the police informed the MDT that the defendant was arrested and in custody. The defendant was arraigned the next day, and the decision was made that a no contact order would be a condition of bail for the defendant. Within the next two weeks, testimony was provided to a Grand Jury and the defendant was indicted.

The family advocate stayed in close contact with the family throughout the court process leading up to the trial and ensured that necessary services were in place and accessible. The child, the brother and mother, were engaged in ongoing therapy until they ultimately moved out of state to be closer to other family.



CASE STUDY QUESTIONS

You will find case study questions at the beginning of each chapter that relate to the story of Sofia on the previous two pages. Consider the case study questions before and after reading each chapter. You may find that your answers change or that you have a different perspective on how to work with Sofia and her family after reading the related material.

1. What lessons have you learned from the history of victim rights in the U.S. that can shape your work with victims today?
2. What does the history of sexual abuse in this family possibly tell us about victim rights and law enforcement in their country of origin?
3. What might you explore regarding the mother's perception of the occurrence of sexual abuse?
4. What points do you want to make when talking with this mother about the perpetration of sexual abuse and victim rights in our society?



SECTION 1

**HISTORY OF THE VICTIM RIGHTS MOVEMENT:
GUIDING OUR ADVOCACY EFFORTS**

HISTORY OF THE VICTIM RIGHTS MOVEMENT: GUIDING OUR ADVOCACY EFFORTS

The past 40 years have been marked by a dramatic increase in awareness, education, specialized services, and system reform for crime victims, all of which promote healing and justice. The Victim Rights Movement was informed and influenced by the Civil Rights and Women's Rights Movements of the 1960s, a confluence of issues and activism that sought to address oppression, dominance, power, control, and inequity.

Early victimization studies in the late 1960s and early 1970s highlighted what survivors of crime, particularly battered women and rape victims, already knew – that an astounding portion of crimes were never reported to the police because victims felt that they would not be believed at best, or blamed at worst, for their own victimization. When victims did muster the courage to report, however, they were so distressed by the police response and their court experience, and fearful of retaliation by the offender, that they often refused to testify. At that time, victimization surveys further revealed significant failures in apprehending and successfully prosecuting offenders. The largest cause of these failures was the lack of participation and cooperation of victims and witnesses who felt invisible, forgotten, and marginalized. Their input was neither solicited nor considered, and their needs and interests were ignored.

Victims and survivors turned their energy and efforts toward creating grassroots and self-help organizations which were focused on safety, counseling, support, and healing. It was during this time that battered women shelters and rape crisis centers emerged, providing 24-hour hotlines, safe houses, counseling, and support groups. There was typically no collaboration with the criminal justice system; in fact, advocates at that time discouraged women who were victims of domestic and sexual violence from coming forward to law enforcement authorities.

Eventually, the ineffectiveness of the criminal justice system led the federal government to pilot victim assistance programs. These programs focused on providing necessary information, supportive counseling, and advocacy that would make the system more user-friendly and encourage victim and witness participation.

Victim rights and services were established through state and federal legislation and funding. The first state Victim Rights Law was passed in 1980. In 1982, the results of a groundbreaking initiative, the President's Task Force on Victims of Crime, were published in a report that outlined numerous recommendations for the criminal justice and other systems to implement in order to address the needs of victims and survivors. Subsequently, the federal Victims of Crime Act (known as VOCA) was enacted in 1984, creating the federal Office for Victims of Crime (OVC) in the U.S. Department of Justice and establishing the Crime Victims Fund, comprised of the collection of fines against convicted federal offenders. This Fund allocates funding annually to each and every state for victim compensation and grants to victim assistance agencies and programs. Today, all 50 states have victim rights legislation and 33 of them have victim rights amendments to their state constitutions. Advocates today are helping to "keep the movement moving."

The many more milestones and achievements in the Victims Movement by individuals and agencies that followed over the ensuing decades are too numerous to discuss in detail in this Guide. What is important for advocates to know and remember is that we stand today on the shoulders of pioneers and activists whose courage to speak out and take action as survivors of abuse and violence, and on behalf of their fellow survivors, brought about system reform, victim legislation, increased funding, and advancements in research-informed professional practice.

To be sure, grassroots efforts continue to thrive and are critical components to holding systems accountable to survivors. Advocates in CACs, whether staff of the CAC, a community-based agency, or a prosecutor's office, have the ability to ensure that all victims – children, adolescents, and adults – are treated with respect and dignity and are at the center of our coordinated responses.

We encourage you to talk to your victim services colleagues who have worked in the field for a long time; you can learn much from the struggles they faced and their efforts to overcome them. Understanding the history of the Victims Movement and what it took to effectuate change for victims and survivors, reminds and inspires us to always remain vigilant and advocate for the best interests of the children and families we serve.

REFLECTIONS:

- What lessons can we learn from those who came before us in our lives and in this work?
- Do you feel a part of a larger effort? A social movement?
- How can you help the movement keep moving?





CASE STUDY QUESTIONS

1. Think about the role of each of the MDT members and the systems they represent. What is each person's specific role, and how would you describe this for the family?
2. How might you demystify the process and systems for each family member?
3. How would you determine what Sofia, her mother, and her brother consider "justice"? What would be their definition of "success"?
4. Do you anticipate any differences of opinion among team members about this case? If so, what might they be and how might you assert your knowledge and opinions?
5. What important information might you have at this point in the process? How would you go about sharing it with the MDT before the forensic interview?



SECTION 2

OVERVIEW OF CAC & MDT OPERATIONS

“Individually, we are one drop. Together, we are an ocean.”

— Ryunosuke Satoro, Japanese writer & philosopher

OVERVIEW OF CAC & MDT OPERATIONS

Centered on the needs of the child and family, the CAC model brings together the agency professionals involved in a case on the “front end” for the forensic interview and keeps them together to collaborate for the investigation and provision of services.

Multidisciplinary, interagency efforts are challenging by nature. Professionals on MDTs:

- Come from different personal and professional backgrounds,
- Have different mandates, training, and philosophies, and
- Operate within different organizational structures and cultures.

Due to these and other historical differences, the various systems that comprise a CAC’s MDT have traditionally struggled to work together in an effective manner.

As a representative of the CAC and a critical member of the MDT, it is important for you to understand the various strengths and limitations of these agencies and commit to doing your part to create an environment of respect and trust for all team members and, most importantly, for the clients.

This diagram shows the primary systems involved in our work with children and families. Note that schools are, of course, key to children’s experiences, though NCA Accreditation Standards do not require them as one of the core disciplines for MDTs.

While each of these professional spheres is separate and distinct in this diagram, all of them have overlapping missions and goals. What is fundamental to our work on MDTs and in CACs is that all agencies and professionals are responsible for ensuring that the clients – children and families – remain at the center of the response at all times.





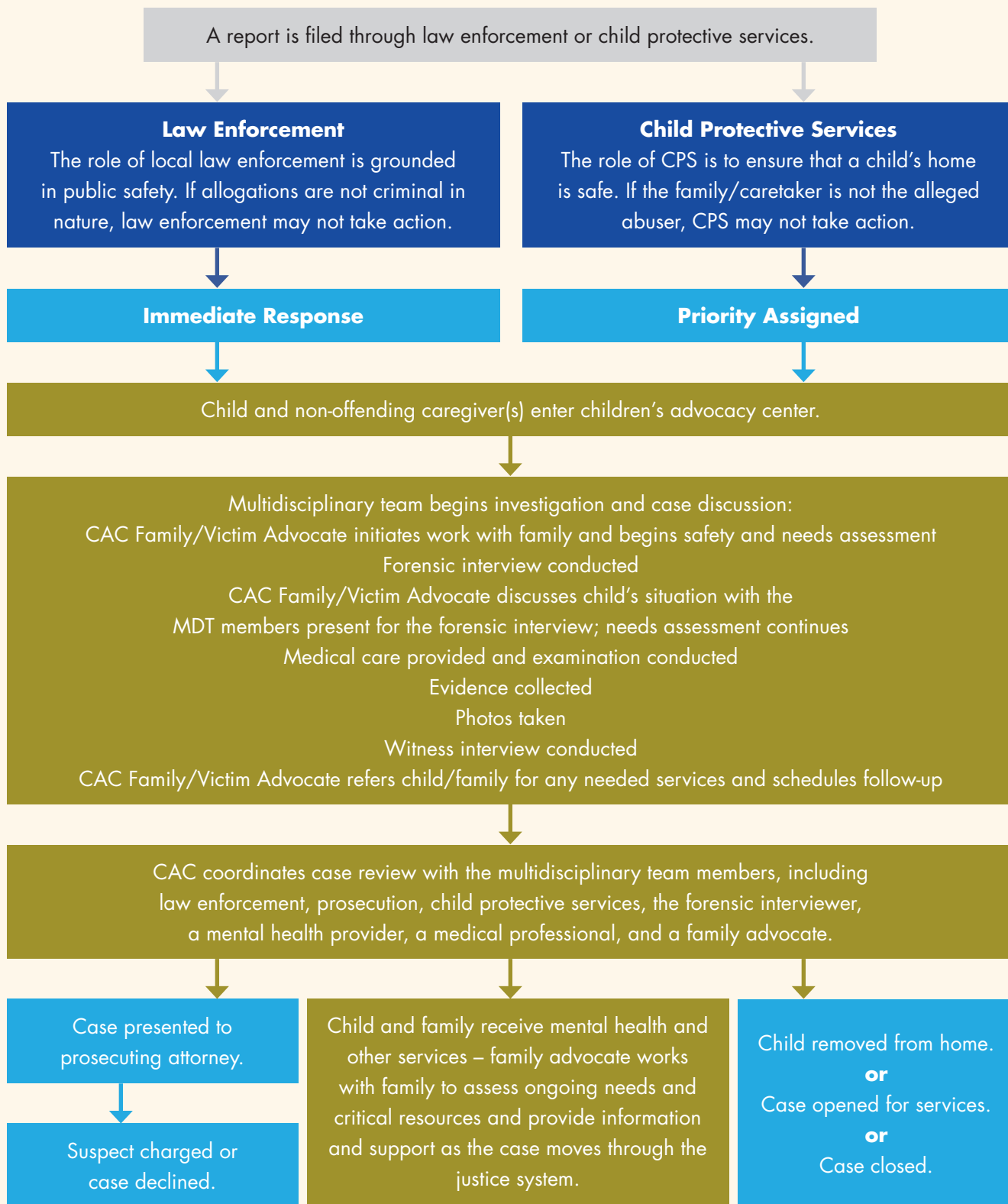
In reality, the family is not always at the table for all of the work conducted by members of the MDT. When they are not present, it is you – the family advocate – who serves as their representative.

As the liaison and consistent link to the MDT and the systems they represent, you bring:

- A critical voice in keeping the family’s experiences, concerns, and needs at the forefront of the team’s discussion.
- Awareness of the family’s needs, strengths, and barriers that may be unknown to the MDT members – and that may require their attention.
- An understanding of what you know to be important for the family and the response by each agency.

You are in the unique and vital position of helping to foster a holistic perspective to team discussions to ensure a trauma-informed, culturally-relevant, victim-centered, and family-focused response. This is a tall order, to be sure, and one that puts you squarely at the center of team intervention. You are the hub or the “glue” for the team’s overall response.

HOW DOES THE CAC MODEL WORK?



Core function of CAC or referral from a CAC. Function provided by multidisciplinary team members.

UNDERSTANDING MDT ROLES

As the family advocate, you are charged with explaining to families the CAC process from start to finish and the roles of all of the MDT members. Understanding the mission, goals, and roles of each of the agencies and disciplines represented on the MDT is, therefore, critically important. The more knowledgeable you are about other team members' roles and the types of decisions they are charged with making, the better equipped you will be to provide relevant information you have gleaned from the family. Ask important questions, engage in thoughtful discourse, and advocate for your clients.

The following are general descriptions of the other disciplines represented on the MDT:

Law Enforcement

Local, state and/or county law enforcement departments conduct investigations when a crime is reported. They participate in the forensic interview at the CAC (either by observing or by conducting the interview themselves, per your CAC's forensic interview protocol). They also conduct investigative interviews with caregivers, suspects and other witnesses, gather evidence, file criminal complaints, and make arrests depending upon the specific circumstances of a case.

While police are trained to make immediate decisions when they respond to 911 calls and crime scenes, as part of the MDT, they carefully consider and incorporate additional information from team members into their determination of next steps in criminal investigations. Charging decisions may be made ultimately in coordination with prosecutors.

Prosecutor

The prosecuting attorney has the final decision as to whether the case will be criminally prosecuted. In many jurisdictions, the prosecuting attorney works closely with law enforcement to make charging decisions based on the strength of the evidence in an individual case. These decisions are typically based on factors such as age and developmental level of the child and their ability and competency to testify, and the existence of other witnesses, and/or corroborating evidence. Each case is analyzed on its own merits. It is important that you understand the rationale for prosecution decisions, including the obstacles prosecutors face in achieving a unanimous verdict if a case goes to trial. Sometimes cases that seem strong to you and others on the MDT may be viewed differently by prosecutors.

Understanding what "success" and "justice" mean for the prosecution and for the family is essential – they may not always define these concepts in the same way, and your role is key to ensuring families do not feel re-victimized in the process if their desires and interests are not heard, considered, and addressed.

Child Protective Services

Child Protective Services (CPS) is responsible for ensuring the safety and well-being of children. When mandated reporters and others make reports of abuse and/or neglect of children by caregivers to CPS, investigations are conducted to determine the need for protective measures and supportive services.

The philosophy and focus of CPS is "family preservation," keeping families together whenever possible by providing needed supports and services. If CPS substantiates allegations of abuse and/or neglect by virtue of

their investigation and assessment, they can open the case for counseling and other services for children and caregivers. In more extreme circumstances, CPS may seek judicial authorization to remove children from their home and place them in foster care or with other family members.

Medical Provider

The medical provider on the MDT has specialized training, experience, and expertise in conducting examinations of children and adolescents when there are concerns of sexual and/or physical abuse. For you, the advocate, it is essential to understand and feel comfortable discussing with the family the specific steps involved in the examination – the trauma-sensitive, consent-focused, non-invasive nature of the exam, the overall well checkup, testing for sexually transmitted infections, photo documentation of injuries, and development of a treatment plan, discussing with the family the specific steps involved based on their individual needs.

Mental Health Provider

The mental health provider is a licensed, clinically trained specialist who provides evidence-based, trauma-focused services to children, adolescents, and family members. Mental health treatment for non-offending caregivers may focus on education about sexual abuse, trauma, and parenting; crisis and trauma reactions including self-blame, loss and grief; understanding of family dynamics, trauma, and abuse histories, and/or current experiences of abuse and domestic violence; supports and coping strategies; and referrals to other community services as needed. In addition, services for children may include trauma-specific assessment and treatment, and family/caregiver participation. It is important for advocates to coordinate with others on the MDT that may be making referrals for other services to clients to minimize duplication of efforts and potential confusion for clients.

TEAM DYNAMICS – ADVOCATES AS INTEGRAL TEAM MEMBERS

The following definition of “Team” provides a guide for our collaborative, interdisciplinary response to CAC clients.

A team is a group of people with different but complementary skills who are committed to, and responsible for:

- a common purpose
- a set of performance goals
- sharing resources
- an agreed-upon approach and plan for which they hold themselves mutually accountable and collectively reap the rewards.

Meaningful teamwork is central to ensuring that all agency decisions are informed by the input and expertise of all team members. No one individual or discipline can do all of what is needed in these complex situations and/or meet all of the families’ needs alone. Optimum functioning of the MDT requires that all members actively share information and professional insights, respect the diverse roles and perspectives of team members, raise questions, challenge assumptions, identify resources, address barriers, and advocate for clients’ needs.

Building and strengthening relationships with others on the MDT is paramount to effective investigations and interventions. Meaningful collaborations require constant vigilance, open minds, mutual respect, and excellent communication skills.

Teamwork is indeed challenging. Turf issues and professional conflicts are unavoidable but not insurmountable. Understanding the source of these issues and discussing these challenges openly with peers and supervisors is necessary for growing professional confidence to resolve conflicts and advocate effectively for your clients. Some factors that can impede good team practice include:

- Historical tensions between disciplines,
- Disparities in commitment and resources from all agencies,
- Unclear and/or duplicative roles,
- Different expectations about client confidentiality,
- Differing philosophies, measures of success, organizational cultures, training, decision-making processes, and
- Power dynamics based on age, position, gender, educational background, and credentials.

These issues, if addressed openly and respectfully, can energize and guide teams to operate optimally, which requires that all team members commit to engaging and communicating effectively. Ultimately, this enables the team to tackle challenges together and strengthen cohesion. This positive approach to teamwork can help all involved to manage inevitable frustrations, boost team morale, and maintain the vision and purpose of working together on behalf of each and every child and family the CAC serves.

Remember that you are a critical and equally valuable part of the team process. While it can feel challenging — and even intimidating — proactive, vocal advocacy on behalf of your clients is key to ensuring that they get the best the CAC has to offer. You can foster and model effectiveness in communication and collaboration by developing and consistently utilizing individual strategies such as:

- Fostering mutual respect, understanding, and trust with your fellow MDT members,
- Keeping lines of communication open and being open-minded,
- Knowing when to compromise and when to hold firm,
- Engaging in self- and cross-education with others,
- Strengthening your referral networks,
- Asking for and offering positive and constructive feedback,
- Being mindful of your biases toward other professions and systems and recognizing and respecting diversity among your colleagues,
- Keeping supervisors involved and being open to guidance and mentoring from them and colleagues, and
- Setting limits, personal and professional boundaries, and engaging in self-care.



REFLECTIONS:

As you endeavor to be an active and effective member of the MDT, ask yourself and other team members:

- Are we treating families respectfully and uniquely?
- Are we together helping families define and pursue their own paths to healing and justice?
- Are families getting the services they need?
- Are they able to access them easily?
- What system improvements are needed?
- How can we individually and collectively effectuate change?
- Are we giving each MDT member the benefit of the doubt?
- How can we each contribute to each other's decision-making and support each other in this very difficult work?





CASE STUDY QUESTIONS

1. What information do you need to prepare for your first contact with Sofia's mother?
2. How would you introduce yourself, your role, and the CAC when you make your initial call to Sofia's mother? How might you make a meaningful first connection with her?
3. If you were Sofia's mother, what would you want from the family advocate during this first meeting? What educational information might you offer to the family?
4. What are the forms that you need Sofia's mother to sign? Where are the forms located that you need? What questions do you anticipate that Sofia's mother might have about signing the forms? How would you answer those questions? What do you do if Sofia's mother cannot speak/read English well?
5. What will you discuss with the other MDT members before and after the forensic interview? What will you communicate with the family before they leave about immediate next steps?
6. What do you need to do to prepare Sofia's mother for the meeting with the MDT after the forensic interview? What follow-up information is important to provide to Sofia's mother?



SECTION 3

BASICS OF FAMILY ADVOCACY

“If we don’t stand up for children, then we don’t stand up for much.”

– Marian Wright Edelman, President & Founder, Children’s Defense Fund; Children’s Rights Activist

BASICS OF FAMILY ADVOCACY

Advocates that serve CAC clients have various titles — victim advocate and family advocate, among others. CACs' advocacy and support services vary based on the resources and constellation of services within the communities they serve. Some CACs have advocates on staff; others have linkage agreements with local victim service agencies whose Advocates serve CAC clients, whether on- or off-site; and still others have both.

Whatever an advocate's title or the CAC's structure, all advocates play a central role on the MDT and provide comprehensive services and advocacy to children and families from the point of intake at the CAC and throughout the investigation and intervention process. In this Guide, the term "family advocate" refers to all those serving in this important role.

The Meaning of Advocacy

Advocacy is a common term in our field of practice (it is even a part of the Movement's name — Children's Advocacy Centers!). It is helpful to take pause and reflect on what it really means.

Whether victim advocacy is a career-long commitment or a shorter one, doing this work well requires a foundation of passion, determination, and resilience. As advocates, you are part of a decades-long history of advancing the cause of victims and survivors; you now stand on the shoulders of those who pioneered victim rights and services and carry that remarkable legacy forward.

An Essential Role, a Professional Discipline

True understanding and respect for the role of the family advocate among other professional disciplines continues to be a challenge and, as such, demands that we build and strengthen our professional practice and confidence.

Children and families in crisis need assistance and support in navigating the impact and their involvement in the many systems that respond to a report of abuse. The focus of advocacy is to:

- Help educate and guide children and family members in the aftermath of their crisis and trauma, and
- Provide access to needed information, services, and support in their pursuits of healing and justice.

HISTORY OF THE CHILDREN'S ADVOCACY CENTER (CAC) MOVEMENT

The nation's first CAC opened its doors on May 1, 1985 in Huntsville, Alabama. In 1987, the National Children's Alliance (NCA), formerly known as the National Network of Children's Advocacy Centers, was founded to assist communities around the country seeking to improve their responses to child abuse by establishing, strengthening, and sustaining a multidisciplinary team response to children and families. NCA has grown from 22 members in 1992 to over 840 members in 2016. While CACs vary with regard to their host agencies and structure, physical facilities, demographics, geography, and community support and resources, what is common across all is their foundational component—the multidisciplinary team. To ensure fidelity to this best practice model of investigation and service delivery, NCA established Accreditation Standards that guide the development and operations of CACs.

NATIONAL CHILDREN'S ALLIANCE STANDARD ON VICTIM SUPPORT & ADVOCACY

National Children's Alliance (NCA) accreditation of individual CACs is determined by evaluating their compliance with the ten standards promulgated by NCA, which are as follows:

NCA STANDARDS FOR ACCREDITED MEMBERS

Multidisciplinary Team	Mental Health
Cultural Competency and Diversity	Case Review
Forensic Interview	Case Tracking
Victim Support and Advocacy	Organizational Capacity
Medical Evaluation	Child-Focused Setting

While all of the standards are core to a holistic response to children and families, it is the Victim Support and Advocacy standard that this Guide examines most closely. According to this standard, a person(s) with appropriate training and experience must be designated to perform, at a minimum, the following critical responsibilities:

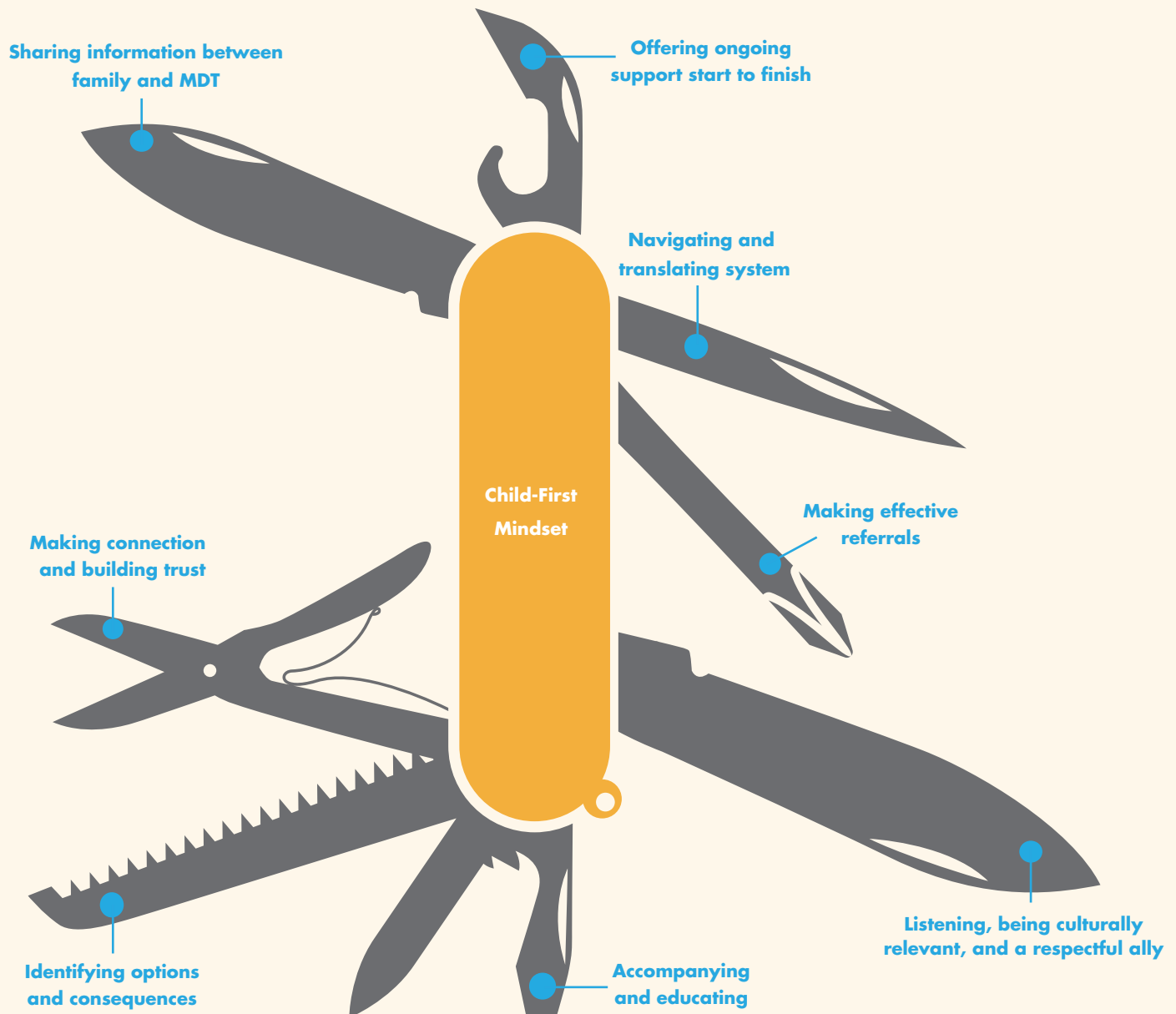
- Crisis assessment and intervention, risk assessment and safety planning and support for children and family members at all stages of involvement with CAC;
- Assessment of individual needs, cultural considerations for child/family and ensuring those needs are addressed;
- Presence during the forensic interview in order to participate in information sharing, informing and supporting the family about the overall CAC response and services, and assessing the needs of children and caregivers;
- Provision of education and access to victim rights and crime victim compensation, assistance in procuring concrete services (i.e., housing, protective orders, domestic violence intervention, food, transportation, public assistance etc.);
- Provision of referrals for trauma-focused, evidence-supported mental health, and specialized medical treatment, if not provided on site at the CAC;
- Access to transportation to interviews, court, treatment, and other case-related meetings;
- Engagement of the children and caregivers regarding their input into the investigation and possible prosecution;
- Participation in case review to communicate and advocate for the unique needs of each child and family; participation in associated service planning; facilitate the seamless coordination of services; and, ensuring the child and family's concerns are heard and addressed;
- Updates to the family on case status, continuances, dispositions, sentencing, and inmate status notification (including offender's release from custody);
- Provision of court education and courthouse/courtroom tours, support, and court accompaniment.

This is a long list of responsibilities that are core to assisting clients in their pursuits of healing and justice. The NCA Standards recognize that a CACs' provision of victim support and advocacy services may be accomplished in a variety of ways.

Coordinated Case Management

Depending upon the resources in a particular CAC and community, more than one advocate may be involved in delivering services. Therefore, coordinated case management meetings with any and all individuals providing victim advocacy services (CAC advocates, rape crisis and domestic violence advocates, prosecution-based advocates, etc.) are critically important.

Mechanisms for sharing information and coordinating intervention are key to ensuring a seamless network of support and to avoiding duplication of effort and potential confusion for the clients. Part of your job is to facilitate and support this coordination, much like identifying the right tool to enable the best possible outcomes for children and families as they begin their path toward healing and justice.



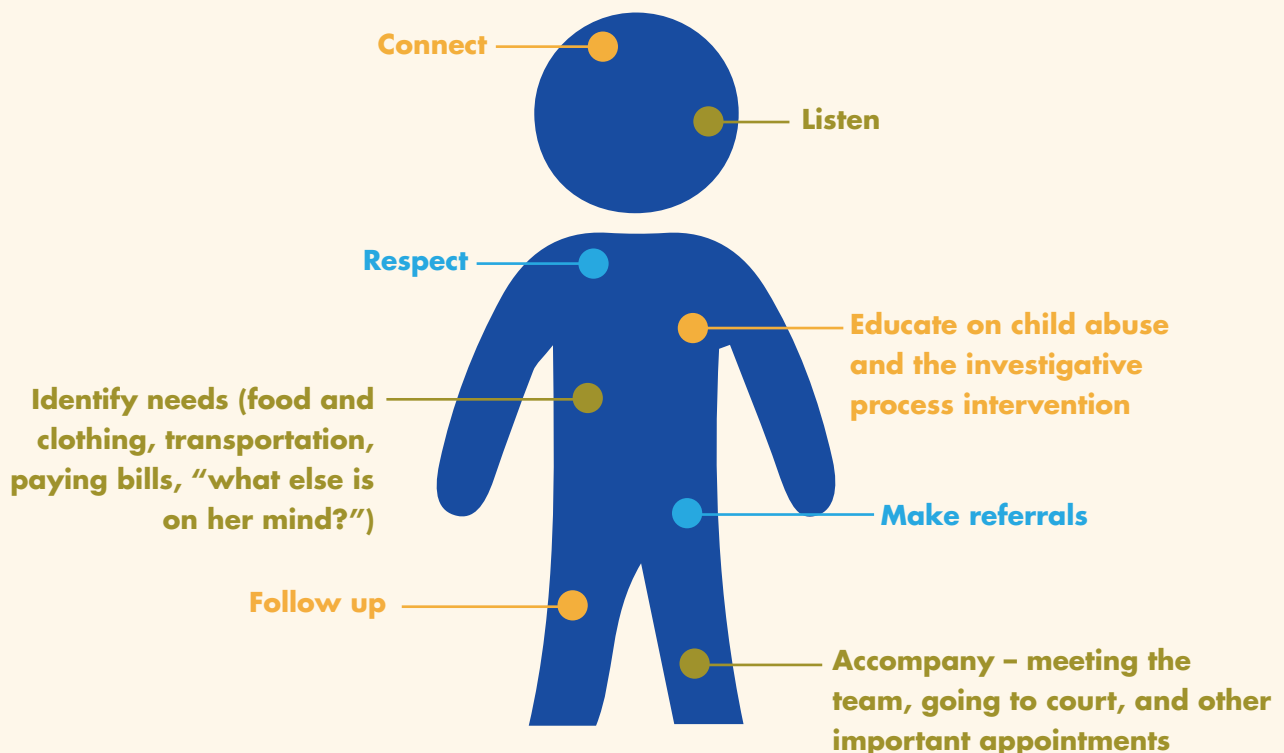
YOUR ROLE WITH THE FAMILY

The foundation for family advocacy at CACs is building trusting, respectful, and meaningful relationships with children, teens, and adults from the point of initial contact throughout the course of their interaction with the CAC and its services. This requires being open to the unique experiences of clients with diverse backgrounds, and being skillful at communicating sensitively and effectively. Conducting child- and family-centered assessments enables you to learn about all of the family members' reactions to the crises they are facing, and their strengths, coping strategies, and needs going forward.

While the art of relationship building and effective communication are informed by one's sense of compassion and empathy, professional training and skill building are also required. Developing and refining skills, and incorporating new knowledge into your professional practice are an ongoing process. Central to the advocate's role is conducting family assessments and connecting them to relevant medical, mental health, safety, financial, and social services.

In addition, advocates serve as the primary source of information, providing clear explanations of victim rights and the various systems in which they are involved, and ensuring that clients have a voice in the process, whether a case is prosecuted or not. Advocates must always be guided by the clients' individual needs and definitions of **healing** and **justice** as they assist them in navigating both the demands and resources of the agencies represented on the MDT.

The more positive and safe the relationship feels to children and their family members, the better able they will be to engage with the process, share their input and concerns, and work toward positive outcomes for themselves.



YOUR JOURNEY WITH THE FAMILY AT THE CAC

The disclosure of abuse from a child and subsequent report to law enforcement or child protective services is a crisis for the family marked by a serious loss of control and a myriad of physical, emotional, cognitive, social, and spiritual reactions. Family advocates are the consistent link and source of information and support for families throughout their involvement with the CAC. The adage “information is power” is fundamental to addressing the needs of the family in the aftermath of the crisis, ensuring that they are able to make informed decisions about next steps, and provide input to the MDT from different agencies working with the family. Family advocates are responsible for ascertaining what children and families may need at each stage of this complex journey as outlined briefly below.

1. Pre-Interview/Intake

- **Preparation for Initial Contact** – Protocols may vary from one CAC to another as to how initial contact with the family is made. You should be familiar with the expectations of your role at this initial point in time as it relates to others on the MDT. Regardless of the specifics of your CAC’s intake protocol, as the assigned advocate, you should familiarize yourself with whatever information is available at the outset, including the nature of the referral to the CAC, family composition and background, language needs, and involvement and experience to date with the various systems represented on the MDT. Determine who else has spoken with the non-offending caregiver prior to her/his contact (e.g., law enforcement, CPS). Knowing how the family received initial interventions and how they are coping thus far in the aftermath of the disclosure and report is important; this initial information sets the stage for you to build a trusting relationship and determine the focus of immediate next steps. Being open-minded and non-judgmental in your approach and attentively and actively listening to clients’ immediate concerns and needs is fundamental in this first intervention. A more formal safety and crisis assessment will follow from these initial basic steps.
- **Outreach to the Family** – This initial contact is ideally made by phone in advance of the first appointment at the CAC. Introducing yourself and your role and expressing your concern about the circumstances leading to your call is an important first step. The initial call should also include information about privacy and confidentiality, what to expect for their first visit to the CAC, and opportunities to answer any initial questions about logistics for coming to the Center. Plan for enough time for this initial call so that you can assure the family that you have all the time they need to share their questions and concerns and enable you to respond to them.
- **Welcome to the CAC** – Being there to greet the family upon their arrival at the CAC is an essential role. Plan for a proper amount of time to adequately introduce yourself, build rapport, and make them comfortable with their physical surroundings. Explain the purpose of the CAC, the MDT response and each team member’s role, your role as the advocate, and next steps for that initial visit. While the inner workings of a CAC become second nature to CAC and MDT staff, often families feel thrust into a system that is, at best, confusing and, at worst, intimidating or even revictimizing. Families find it challenging to take in all the information given to them and may feel overwhelmed. Therefore, it is important to prioritize and simplify the information provided, to normalize the overwhelming nature of their experience, and to help ease the caregiver’s concerns. Providing a tour of the CAC and a comfortable place to wait helps demystify participation in the forensic interview, forensic medical exam, and all else that follows.
- **Education** – In addition to educating the family about the CAC and the MDT investigation and service delivery, you are essential to providing information to the non-offending caregiver, and the child or teen

depending upon their developmental level, that describes common experiences of those impacted by abuse, their rights as crime victims, and available services and assistance.

- **Intake Procedures** – Complete intake forms with the family consistent with your CAC’s procedures. Typical forms that require explanations and signatures include, but are not limited to:
 - » Release for Forensic Interview and Forensic Medical Exam
 - » Confidentiality Waivers: You need to reiterate the details about what information will be kept confidential, the limits to that confidentiality, and what the parameters are in signing a waiver to enable the sharing of confidential information (i.e., what information will be shared with whom and for what period of time).
 - » Release for Training or Peer Review: In some CACs, a signed release is requested to allow the taped forensic interview to be used for peer review or training purposes. Providing information such that the caregiver can make an informed decision about waiving confidentiality rights is critical for this purpose. Remember to describe your CAC’s policy regarding how long a taped interview will be stored and possibly used for peer review and educational purposes, and your processes for securely archiving and disposing of it.
- **Reminder** – When asking people to sign such important documents, it is important to explain the document carefully and allow them to read it themselves, ask questions, and then sign. Some may have difficulty reading and/or understanding the content of these forms due to cognitive abilities, education level, and language barriers. Discuss with your supervisor and other colleagues ways to assess such communication challenges and/or the need for interpreters. What is most important is to ensure that signatures signify INFORMED consent. [See also Section 5 on Cultural Competency.]
- **Follow Up** – The advocate is the hub of information and the consistent link between the family and the MDT and all the other services and systems with which the family is engaged. As such, a central part of the advocate’s role is to provide regular communications and check-ins by phone, and in person where appropriate and possible, to provide support and information, answer questions, address ongoing crisis concerns, assess access and usefulness of services, and discuss next steps for various decisions along the way. Such communication is core to sustaining a trusting relationship with the caregiver and should include the child or teen wherever appropriate. Immediate follow-up the very next day after the experience can be overwhelming for anyone, let alone someone in the midst of a crisis. It is important to establish an understanding with the caregiver about the purpose and frequency of your contact and to encourage the caregiver to reach out to you whenever needed. Once established, it is essential that you meet those expectations by following through accordingly. Never make promises you cannot keep (e.g., “I will call you tomorrow afternoon”). Be prepared also to assess new or renewed crises that emerge and to address needs in an ongoing way. This level of consistent follow-up enables you to advocate with other members of the MDT on the family’s behalf.



2. Forensic Interview/ Medical Examination

- **Be familiar** with your CAC's protocol about introducing these key forensic components to the child and caregiver. However the initial explanation is accomplished, as the advocate, you are responsible for making sure that the clients understand the overall purpose of the forensic interview and the role of the forensic interviewer and the MDT during the process. As the NCA Standards for Accreditation state, "The purpose of a CAC forensic interview is to obtain information from a child about abuse allegations that will support accurate and fair decision-making by the MDT within the criminal justice, child protection, and service delivery systems. Forensic interviews are conducted in a manner that is developmentally and culturally sensitive, unbiased, fact-finding, and legally sound" in coordination with the criminal justice, child protection, and service delivery systems. Explain your further role in ensuring that their needs and concerns are shared with the MDT and that you will provide them with information that will help them make the best decisions for themselves and their children. Reinforcing with the caregiver the importance of allowing the trained interviewer to question the child is paramount not only for the integrity of the interview but for preserving the most helpful and appropriate role and relationship between caregiver and child – unconditional love and support. Your role also involves alleviating anxiety about the process and normalizing clients' concerns. The same is true for the medical examination as well, whether conducted on-site at the CAC or in another location.
- **Conducting Assessment** – Depending upon your CAC's protocol, you will best use the time during which the forensic interview is being conducted to talk with caregivers and assess their family's needs. This is a critical time to build and strengthen your relationship with caregivers and to assess safety and service needs.
- **Prepare Caregivers** for the purpose of meeting with MDT members post-interview. Discuss their questions and concerns and assure them that you will be there to help raise and clarify them with the team as needed.
- **Prepare the MDT** regarding any issues that may be relevant to their post-interview meeting with the caregiver before bringing the caregiver into the meeting to discuss next steps. You are the primary liaison between the caregiver and the MDT. Use your experience and the information you obtain from the family to facilitate positive relationships between the caregiver and the MDT.
- **Post-Interview Meeting** – Accompany and sit with caregivers at the meeting with the MDT to lend support, ease anxiety, and ensure that their family's interests and needs are communicated and heard. Understand what the family wants to see happen, their greatest concerns, their hopes for healing, and justice outcomes for themselves and their children.
- **Recommendations and Referrals** – Recommendations for services by the MDT should be incorporated into your communications with the caregiver. You are charged with the responsibility of coordinating with relevant team members to make referrals for the identified services. Referrals, of course, should be directly related to the needs identified in the family/crisis assessment. Empower and support caregivers in making first calls to recommended services; you may need to assist the caregiver in doing so while the caregiver is still at the CAC and/or guide them through the process of setting up initial appointments on their own by letting them know what to expect about individual providers and intake procedures.
- **Discussing Definitions of Justice** – Ascertaining the child's and caregiver's definitions of "justice" may come at the outset or at another point in time early in the family's involvement at the CAC. This is important because many CAC clients do not end up participating in the criminal justice system, and even those who do may not ultimately achieve the outcome they desired. Or, perhaps they did get the verdict or sentence they

were seeking, but it does not fully satisfy their search for justice. It is important to convey this to families and to empower them to consider what justice would mean for them. Each family member may see this differently and, as such, it is important to ascertain this for each individual, as appropriate. Provide them with questions that can help them consider what justice would mean to them. For example, what do they want to see happen throughout and at the conclusion of the case? What would they consider to be the best outcome for their child and for themselves and their family? Are there ways separate from the criminal justice process that they can imagine the alleged perpetrator being held accountable? What would that entail? You may think of other questions to prompt the family's thinking. Once you have explored this with the family, you are in a position to help guide them toward achieving their definition of "justice" as best as you can and however possible. Avoid trying to convince children and families that their participation is important to help other victims or potential victims. Their responsibility is primarily for their own needs and well-being.

- **Concluding Family's Visit** – This is an important opportunity to review information covered during the visit and next steps, answer immediate questions, and provide and review a packet of information compiled for them to take home for future reference. Given how much information a caregiver is hearing during their first visit to the CAC, it is essential to provide them with written information that they can take with them and refer back to at a later point. The packet should include such information as: CAC brochure, Crime Victim Compensation application with instructions, Crime Victim Bill of Rights, copies of signed waiver forms, list of your and MDT members' contact information, and any additional resource information for parents and developmentally appropriate resources for children and teens. Be sure to provide information in the family's first language if available and needed.
- **Soliciting Feedback** – Connect clients to the Outcome Measurement Survey (OMS) and explain the importance of their feedback to ensure that the CAC is doing the best they can to provide a positive and helpful experience for them and other children and families.

3. Case Review

You are the main ongoing source of information for the family and the MDT. Your consistent communication with the family and assessment of their situation and needs are notably valuable to all members of the team. You are often the individual with the greatest sense of the family's dynamics, needs, strengths, and challenges, and your observations and opinions are of critical importance to the entire team's determination of next steps. As an advocate, you need to make sure that your voice is heard and the MDT remains keenly focused on the best interests of each child and family. This includes making sure that cultural and other unique needs of the family are shared, understood, and addressed.

- **Serve as the liaison** between the family and the MDT;
- **Educate MDT members** on how victims and families experience trauma, crisis and the aftermath, and your assessment of their strengths, coping strategies, needs, and challenges.

4. Court

Some CACs employ advocates that remain involved with the family throughout the investigation and case management process, including court preparation and accompaniment if a case is being prosecuted. In other CACs, the CAC advocate provides all of the services described above and, if a case is prosecuted, coordinates with a prosecution-based advocate to assist and support the child and family throughout the court process. You are key to ensuring that advocacy services are coordinated in a seamless network of support. If a prosecution-based advocate takes responsibility for helping the family navigate the court system, you need

to determine the nature of the collaboration among advocates for ongoing needs and services, consistent with the particular policies and practices of your CAC. Court-specific responsibilities of the advocate include, but are not limited to the following:

- Orient and explain the steps in the court process in easily understood terms;
- Revisit child and family's definition of "justice" and what their goals are throughout and at the end of the court process;
- Prepare the child and family for common positive and challenging experiences related to their participation in the court process;
- Review the victim rights to which they are entitled by law and your role in ensuring they are afforded those rights;
- Consult with prosecutors on important issues, concerns, and next steps in the prosecution;
- Facilitate opportunities for the family to confer with the prosecutor and to communicate their needs and concerns;
- Update the family about court dates, explaining the purpose of each and whether their participation is needed; or attendance possible;
- Schedule and guide court preparation for the child and caregiver, and other witnesses;
- Accompany the family to court and provide ongoing support and information.

5. Ongoing Support – Case "Closure"

The specifics of an individual case determine the length of time in which clients remain involved with the CAC. Each CAC defines "case closure" differently, and your involvement with the family will reflect what your CAC sets as an endpoint. Depending upon the circumstances, the family advocate may need to remain involved beyond the official closure of a case. This can be determined in concert with your supervisor and other members of the MDT. Nevertheless, for however long the families are clients of the CAC, and whether a case is prosecuted or not, the advocate plays an active role throughout, including the following key responsibilities:

- **Continued Follow-up** – Regular ongoing contact with caregivers (and children or teens where appropriate) enables you to provide critical support and ensure access to case information, updates, and services. It is important to make calls even without a specific case update – simply checking in to see how the family is doing helps them to feel your genuine care and concern for their overall well-being beyond what is going on with "their case."
- **Update MDT Members** – For a variety of reasons (e.g., transportation difficulties, depression, childcare difficulties, financial stress), a family may not be accessing or following through with recommended services or may have new needs requiring your and the MDT's attention. Your role is to identify the obstacles the family is facing and strategize with the MDT about ways to overcome them, whether through individual contacts or in Case Review.



REFLECTIONS:

- The relationship with you is voluntary, so how do you initiate a welcome one from the start, and why should the caregiver want to talk to you again?
- How do you create a trusting and meaningful relationship?
- How do you ensure support for the child when the caregiver seems resistant to your help?
- How do you and the caregiver perceive the nature of your relationship and how is it discussed with the caregiver?
- What do you have to offer the caregiver to help her get to the next day?
- How can you assist and support the family given their involvement with various systems?
- What are the family members most afraid of? What are their biggest worries?
- What would the caregiver consider to be the best outcome for herself, her child, and the family?
- How can you help them to define justice for themselves?



The background of the entire page is a repeating pattern of various camera lenses in a light beige color. A solid orange horizontal bar is positioned above a solid blue horizontal bar. The blue bar contains the text for the case study questions.

CASE STUDY QUESTIONS

1. What are the ways in which this family is likely to react or be impacted as a result of the disclosure of abuse?
2. How can you educate the family about typical responses to crisis and trauma and related symptoms?
3. How might you determine the family's strengths and coping abilities?
4. How might you assist Sofia's mother to care for Sofia and her brother in the aftermath of the disclosure and the ongoing CAC process?
5. How might you follow-up about crisis reactions during follow-up calls with the mother?

SECTION 4

UNDERSTANDING CRISIS, TRAUMA, & GRIEF

“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.”

— Fred Rogers, American TV presenter & author

UNDERSTANDING CRISIS, TRAUMA & GRIEF

This section is fundamental to the work of every member of the MDT. Understanding the myriad of ways in which abuse and the disclosure of abuse impact children and families is necessary to ensuring that agencies, systems, and all providers respond in the most compassionate and effective ways possible. Indeed, this is a complex topic, and this Guide cannot fully address the depth and breadth of knowledge and practice in the trauma field. As such, this section is decidedly a very brief overview of relevant information for advocates given their specific role. You are encouraged to rely on and look to the mental health professionals on your MDT and other resources and learning opportunities to build your understanding of these complex issues.

A family advocate's role is, in part, to support the family in resolving the immediate problem and returning to a "new normal" or improved, healthier level of functioning. Family advocates are responsible for empowering, guiding and supporting families to make informed decisions, as opposed to making decisions for families. We base our work on the **core belief that people can help themselves** — a strengths-based model that identifies, recognizes and builds upon existing coping skills. To best represent the needs of children and family members and to build trust and understanding, family advocates need to gain an understanding of crisis, trauma, and grief.

CRISIS

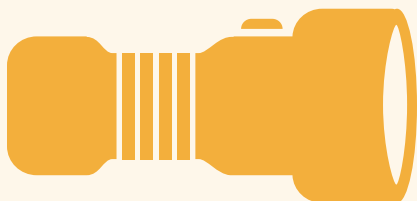
cri-sis | noun | kri:sis |

- 1: a time of intense difficulty, trouble, or danger
- 2: a time when a difficult or important decision must be made
- 3: the turning point when an important change takes place

The stages of crisis generally follow a pattern:

- A hazardous or traumatic event occurs, typically resulting in shock, disbelief, and denial. Person enters a vulnerable state, usual coping mechanisms fail, tension and confusion increase.
- Each individual experiences an often unpredictable "roller coaster" of a range of emotions; may try various coping mechanisms, some of which may or may not be healthy and productive.
- Eventually, a person reaches a renewed sense of equilibrium in his or her life. Without such resolution of the crisis, there may be a failure to cope, which manifests in a variety of maladaptive ways.

If people receive appropriate response, support, and assistance, considerable positive outcomes are possible within a short period of time.



Crises related to child abuse encompass acute, chronic, and historic abuse. The immediate crisis that brings the family to the CAC can be a window of time presenting unique opportunities for change, when a family advocate can help caregivers move toward healing by:

- Keeping caregivers engaged, helping them get their needs met (safety, physical, emotional, spiritual) and mobilizing their networks of support;
- Supporting caregivers in their efforts to protect their children and ensure their well-being; and
- Helping caregivers understand how important their role is with the child.



CRISIS INTERVENTION: A FOCUS ON THE HERE & NOW

Crisis intervention is elemental to the criteria for NCA's Victim Support and Advocacy standards. A crisis creates both danger and opportunity; effective crisis intervention is what can help create opportunity.

Crisis intervention is not the time-intensive work of changing one's self-awareness, beliefs about self, or the dynamics that influence one's emotions and behaviors; that is the role of therapy. The goal of crisis intervention is to help restore the person to his/her previous level of coping, if not to a better level. It is focused on addressing a person's immediate needs so that a path to healing can be forged.

One example of a model crisis intervention process:

- Conduct initial evaluation regarding the severity of the situation. Is emergency help needed?
- Develop a relationship, tune in to the person, empathizing and accepting the situation and feelings.
- Assist the person in identifying and discussing specific issues and components of the situation.
- Assess and mobilize strengths and resources. The person's pre-existing identity and role value is not lost in the process of establishing the new normal.
- Collaborate on outlining an action plan and assist in addressing next steps.

The focus during this process is on the here and now. Crisis intervention is action-oriented and reality-oriented. This can be a hazardous time, but it is also an opportunity for growth and learning.

Another person's crisis may not be what you think it is. Everyone's experience is unique, and advocates must work to set aside assumptions during crisis intervention as with every other aspect of the work.

DISTINGUISHING TRAUMA FROM CRISIS

Although many families come to us amidst crisis, not everyone who experiences a crisis is traumatized.

Trauma overwhelms one's capacity to cope. Trauma can either be a single event or can be ongoing. In addition, it is worth noting that some children who come to a CAC have experienced complex trauma, or varied types of ongoing traumatic events (for example, drug use in the home, domestic violence, poverty, a history of trauma in country of origin, etc.).

For children whose abuse was at the hands of a person who is supposed to be caring for them and protecting them, trauma can be even more disruptive.

Children exposed to trauma may experience:

- Changes to their body's stress system, leaving them in a chronic state of "fight, flight, or freeze"
- Changes in the body's response to fear and threat, meaning their bodies are apt to see danger everywhere or hardly recognize real dangers
- Effects on brain development, cognition, and social and emotional growth

Children who experience trauma may also have attachment issues with their caregivers, such as:

- Issues with infant-parent bonding
- Trusting they will be cared for
- Disorganized behavior, problems in emotion regulation, and disrupted relationships
- Changes in social development and understanding of social cues
- Encoding and interpreting social cues in ways that are unhealthy and generate an aggressive response, even if the social event is neutral in nature (e.g. a child interprets a teasing remark as a genuine threat)
- Assuming people are against them
- Problems interpreting non-verbal and other social cues

GRIEF

Grief is a response to loss. Loss can be any change in what is secure, normal, and expected in one's life. Grieving is a normal and important part of the journey for families responding to abuse.

Grief and Child Abuse

There is no one right way to grieve the losses often associated with disclosures of childhood abuse. Grieving is a very personal process that has no time limit. In addition to common expressions about a loss of innocence for the child, there are many other tangible losses that may occur as well – loss of family, community, school, financial stability, and faith among others. Such losses often challenge one's belief in a fair, just, and safe world and result in an emotional roller coaster of painful feelings. As we walk with children and families through the CAC process, we need to remind ourselves that they are navigating their own internal process, as well. Some individuals are very good at keeping their emotions inside and may not share those feelings overtly or easily. Others may display outward signs of distress and emotion. As advocates, we need to recognize that these differences are to be expected and refrain from judgments or draw any conclusions about their meaning. Normalizing feelings and reactions and exploring them further with children and families are key to effectively and sensitively assisting them. The following are some typical reactions:

- **Shock, Disbelief, Denial, and Isolation:** This is a normal response to learning something that can shatter one's belief system; no one wants to believe someone would abuse a child, especially a loved one. These are immediate responses that help them to try to adjust to the realities of the initial disclosure.
- **Anger:** As the reality of what happened to a child sets in, families may react in anger to the overwhelming pain. Anger may be directed inward and/or to other people, friends, family members and even those, like advocates, who are seeking to help them. Remember that it is normal to be angry and upset when a child is abused. This coping mechanism allows families to "vent" as they slowly come to grips with what has happened. Do not take their anger personally.
- **Bargaining:** This speaks to the family's efforts to regain control and often involves reflections of what they might have done or seen to prevent the abuse. Self-blame and guilt are common feelings as they sort through "what ifs" to re-establish themselves as good, caring, protective parents.

- **Depression:** Often family members become depressed and overcome with feelings of sadness, worry, and anxiety about what may happen next. Questions about getting their children and themselves help, keeping themselves safe, providing for their children's basic needs and paying bills, outcomes of the CPS and court process, and more all contribute to depression.
- **Acceptance:** Gradually, families begin to accept what has happened, realizing their feelings and reactions are normal under the circumstances, that there is help to get them through it and that, importantly, they can see glimmers of hope for healing and justice. Getting to this point is unique to the individual; it takes time, patience, and hard work. Advocates are an enormous source of support and validation along the way.

It is essential that advocates work in collaboration with the members of the MDT, including mental health providers and other advocates, to ensure that families receive the rights and services to which they are entitled. Teamwork also enables its members to share the responsibility for addressing the aftermath of crises for all CAC clients.

An important reminder: The people with whom we work almost never experience crisis, trauma, and loss in the same manner. Coping with child abuse is a very private and personal experience, and we need to build the trust needed to enter families' lives at this most difficult and critical time. Advocates have the unique opportunity and privilege to help support and guide families throughout this process; the rewards come in seeing children and caregivers harness their strength and courage and become resilient.





CASE STUDY QUESTIONS

1. What are your assumptions about this family given their cultural background and experience?
2. How can you identify myths vs. realities of this family's experience?
3. How might specific cultural issues impact your work with this family?
4. How would you determine linguistic abilities and relevant needs for purposes of ongoing communication?
5. If an interpreter is needed, what steps would you take to assist this family?

SECTION 5

THE IMPORTANCE OF UNDERSTANDING CULTURAL DIFFERENCES

THE IMPORTANCE OF UNDERSTANDING CULTURAL DIFFERENCES

NCA identifies the following key issues regarding culture:

- **Culture influences how traumatic events are interpreted.**
- **Culture forms a context through which the traumatized individuals or communities view and judge their own response.** For example, if people think that the society around them will not accept them as victims, there is a tendency to withdraw and be silent. We see this with males who experience sexual abuse and take much longer than females to disclose on average or refugees who fear law enforcement and government authorities in their countries of origin.
- **Cultures may also help define healthy paths to lives after trauma.** Routines and traditions may help survivors recover and heal.

CULTURE

cul·ture | noun | kuhl-cher |

- the beliefs, customs, arts, etc., of a particular society, group, place, or time
- a particular society that has its own beliefs, ways of life, art, etc.
- a way of thinking, behaving, or working that exists in a place or organization (such as a business)



As family advocates, we must work continuously on our awareness of how culture can impact an individual's experience. The goal of cultural awareness is not to become an expert regarding every culture you encounter, but to build your capacity to **help every family feel welcomed, valued, respected, and acknowledged** while at the CAC.

Cultural awareness encompasses many facets of experience and identity. It is not limited to race, ethnicity, or religion, but includes considerations such as:

- **Age** – adolescents and young children
- **Sexual orientation and identity** – GLBTQI youth
- **Gender** – male victims and female victims
- Children with **developmental disabilities**
- **Socioeconomic status**
- **Immigrants and refugees**
- **Geographic differences** – e.g., rural or urban; coastal or mountain region, northern or southern.
- **Religious affiliations and practices**
- **Language** – languages spoken at home, various dialects, age appropriate slang, or shorthand
- **Family units** – traditional family structure versus non-traditional families (e.g., grandparents as caregivers, foster parents, single-parent families, adoptive families)

Children may perceive their abuse differently based on their cultural backgrounds. Many children may already feel different, betrayed or stigmatized due to their cultural differences within society. For example, a child who is learning English as a second language may already feel self-conscious or stigmatized at school. The impact of that child's victimization may be compounded by the isolation and challenges of being perceived as, or feeling like, an outsider.

With every family, we must continually ask:

- What do I need to consider when working with this family and making referrals?
- How might cultural differences impact the ways abuse is experienced and perceived?
- How are my own experiences, background, expectations, and assumptions influencing my language and interactions?

Note: Become aware of interpreter resources available to you before you find yourself looking for one for a family in crisis. Avoid using family members as interpreters. Talk with your supervisor and MDT about how and when interpreters are used appropriately. Ask how interpreters are educated and prepared about the nature and role of family advocates and your role.

Your goal is to work, as effectively as you can, with the individuals sitting in front of you. Any piece of information we gather about a particular cultural group is merely a generalization. If the goal is to work most effectively with the specific family sitting in front of us, our work is an ongoing process, and we will learn something new with each relationship.

Every one of us brings beliefs, assumptions, and biases to our interactions with others. Reflecting on those and training ourselves to be aware of them can have a tremendously positive effect on our relationships with families and our ability to serve them best.

Discussions with the MDT

- Is your paperwork inclusive of different types of cultural group categories? Does it reflect non-traditional families, adoptive families, gay and lesbian couples, foster families?
- Do you have an understanding of the different cultures in your area? Consider the cultural diversity of your own MDT. Begin with the knowledge and experiences of your colleagues, then work together to share understanding and resources. Consider how various community leaders, religious leaders, spiritual healers, educators, therapists, and physicians can help in your work with specific families or in developing an understanding of a particular group.
- Is your CAC culturally sensitive and user-friendly? How can you help families feel welcome and comfortable? If your child was abused and you were asked to fill out paperwork describing a traumatic event that was not in your primary language, how would you feel? Frustrated? Inadequate? Helpless? Angry?
- Are you willing to learn about other people's cultures and to let a family challenge and expand your knowledge and understanding of their culture? Asking thoughtfully posed questions can help convey empathy and openness.



REFLECTIONS:

- How do you address your own self-bias?
- What can you say to a family that you feel has a bias against you? (e.g., requests to work only with a family advocate of a certain gender, race, religion, etc.)?
- How would you respond to a request for a forensic interviewer of a certain gender? Race? Same religious affiliation as the child?
- How does my CAC accommodate families where English is not the primary language spoken?



The background of the entire page is a repeating pattern of light brown Swiss Army knives. The knives are arranged in a grid-like fashion, with some knives having their blades open and others closed. A solid orange horizontal bar is positioned above a solid blue horizontal bar, which contains the text. The blue bar is a darker shade of blue and is positioned below the orange bar.

CASE STUDY QUESTIONS

1. What are important considerations for connecting meaningfully with each member of this family?
2. What do you anticipate might be difficult for you in regards to communicating with them? How might you address those challenges?
3. How can you prepare yourself for listening to the tragedy of this family's experience past and present?

The background of the entire page is a repeating pattern of light brown Swiss Army knives. Each knife is shown from a top-down perspective, with its handle and one blade extended. The knives are arranged in a grid-like fashion, with some slightly offset from others to create a sense of depth and movement.

SECTION 6

BUILDING RELATIONSHIPS: COMMUNICATION SKILLS

ACTIVE LISTENING

Listening is at the core of your work as a guide for families on their individual paths to healing and justice. Your unique role — providing information and support and empowering families to pursue their paths — depends on effective listening from your very first contact and throughout your working relationship with a family.

True active listening is a skill that must be practiced and honed. It begins with reflecting on one's own beliefs and attitudes that may get in the way of a non-judgmental response to the client. We must:

- Work at genuinely accepting what we hear, regardless of our personal opinion
- Appreciate that feelings change and that being able to express them will help a person see the situation more clearly
- See the other person as separate from ourselves and our point of view.

People are unique, typically capable and adequate in handling their own feelings and problems. Unless we can truly walk in another's shoes, one cannot fully appreciate their life experiences and responses to crisis.

Five Steps in Effective Listening

1. Suspend judgment and the urge to offer advice, theories, and opinions. This is challenging and worth discussing with your supervisor and peers so that you are fully prepared to listen actively. This is how we hone our assessment and intervention skills.
2. Listen for the feelings the person is experiencing. For example: "I don't know if I can believe my child." What is the feeling? Some possibilities are anger, annoyance, powerlessness, panic, denial, etc., or a combination of conflicting feelings. Denial, especially, is a powerful tool we all naturally employ in a crisis to protect ourselves from the overwhelming nature of the crisis at hand.
3. Reflect back to the person the feeling you imagine s/he is having, whether expressing it outwardly or not, and normalize the feelings and reactions as common to those experiencing a crisis. "It sounds like you are understandably feeling angry...or helpless." You might also normalize and educate by saying something like: "Many people experience a wide variety of emotions, such as confusion, anger, denial, or grief." Ask them to clarify and/or correct your reflection of their experience and reactions.
4. Pause and wait. Leave space for your client to continue, respond, and correct your reflection if it is inaccurate.
5. Then, listen again.



Listening is not a skill intended for solving the other’s problems or for arriving at decisions, though that may happen along the way. **Effective listening:**

- Provides opportunities for feedback and clarification. It allows you to identify and correct misinterpretations by the client and allows the client to correct misinterpretations on your part.
- Gives the client a safe space to vent feelings and frustrations, and helps him or her identify the feelings being experienced.
- Demonstrates to the client that not only have you heard him or her, you have understood. Understanding does not necessarily mean agreeing.
- Shows that you are interested in the client as a person — that you are willing to focus solely on them and suspend your own emotions (until you can discuss them appropriately in supervision, with peers, and/or at MDT Case Review).
- Communicates acceptance of the client’s unique experience and response. Affirming clients’ choices is different from accepting their feelings and perspective.
- Promotes and fosters self-determination and problem-solving, which are key to recovery, healing, and finding justice.

Effective listening also incorporates two types of reflection:

- **Mirroring:** A simple form of reflecting involves repeating almost exactly what the speaker says to allow the speaker to hear their thoughts reflected back and allow them to clarify whether that is the most apt description of their feelings.
- **Paraphrasing:** Using other words to reflect what the speaker has said. It shows that you are both listening and trying to understand.

COMMON OBSTACLES TO EFFECTIVE ADVOCACY

There are many obstacles family advocates face when working with families. Below is a list, although not all-inclusive, of common challenges you may face in your service delivery:

- Differing perspectives and responses by other MDT members
- Lack of resources
- Conflict of needs between team members and family
- Duplicative services and roles
- Lack of coordination
- Staffing
- Transportation
- Missing school and work
- Language barriers
- Apathy
- Delays
- Hard to keep in touch with families (disconnected phones, moves, etc.)
- Lack of effective communication with MDT
- Educational barriers
- Monetary/funding restraints

As part of your efforts at seamless coordination with other advocates in your network, and other CAC staff and MDT members, you can work through challenges and obstacles.

REFLECTIONS

- What listening methods do you use in your advocacy work?
- What do you find most challenging in your efforts to listen and understand the experiences of your clients?
- In what ways have you been able to employ listening skills with other advocates and MDT members? How has it impacted your ability to advocate for the families you are assisting?
- Have you been able to impart your skills to your colleagues to further strengthen teamwork?



CASE STUDY QUESTIONS

1. How can you assess the basic needs of Sofia's family? What can you do, in collaboration with the MDT, to meet those needs after the forensic interview and during the follow-up period?
2. What is necessary for this family to feel and be safe? What is your role in addressing safety needs?
3. How might you assist the family in making informed choices about their safety and well-being? How might you determine and discuss treatment needs and options? What are the best ways to make referrals?
4. What does the family's support system look like? How can you help them mobilize their support network?
5. Does this family qualify for Crime Victim's Compensation? If so, how can you assist the family in applying for compensation?
6. Given that the restraining order requires separation from the alleged perpetrator, how can you assess and address the family's financial needs, both emergent and ongoing?

SECTION 7

FAMILY ASSESSMENTS, REFERRALS, & FOLLOW UP

“Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to establish the survivor’s safety...this task takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured.”

– Judith Lewis Herman, M.D., *Trauma and Recovery*

“While the functions of [an advocate] may be perceived as providing emotional reassurance for a victim, victims continue to report that such reassurance is of negligible benefit if their practical needs go unmet.”

– Marlene Young, J.D., Ph.D., *Victim Assistance: Frontiers and Fundamentals*

IDENTIFYING NEEDS FOR SURVIVING & THRIVING

Surviving is one thing. Thriving is another. Sometimes, following a child’s disclosure of abuse, surviving is the first and foremost focus for the family. And yet we ultimately want children and families to thrive. This requires a holistic response – that means recognizing the sociocultural context and resources with which individuals and families present and understanding the myriad of ways in which crisis and trauma impact their day-to-day experience.

As a family advocate, you are in the position of keeping the MDT’s focus on the “big picture” for families. You can assist the team in understanding and empathizing with the family’s crises that manifest in periods of heightened vulnerability and imbalance.

As described in Section 5, children and families arrive at the CAC with a variety of physical, emotional, cognitive, social, and spiritual reactions. While the immediate crisis of disclosure of abuse may be short-lived, CAC families’ engagement with multiple systems over time dictates the need for ongoing assessment, intervention, and follow-up. As families navigate the systems involved in the MDT response, some crises get addressed and others arise; advocates’ responsibilities reflect this evolving experience for the families they serve.

It is important for you to first identify, understand, and advocate for families’ basic needs based on their unique circumstances. Some basic needs are common across all families, but others are unique to each individual and family based on their backgrounds, culture, histories of trauma and crisis, prior coping skills, and support systems.

An established framework that can help guide your assessment and intervention is Maslow’s Hierarchy of Needs, a psychological theory of motivation formulated by Abraham Maslow in the 1940s. The pyramid image of Maslow’s theory helps illustrate the significance of ensuring basic needs from which all else can flow.



MASLOW'S HIERARCHY OF NEEDS

The basic premise of Maslow's theory is that individuals must have needs satisfied in each step before they are able to progress to the step above. Crisis assessment and safety planning with families is a critical immediate responsibility for advocates. Start at the bottom with basic needs (i.e., food, clothing, shelter) and safety for both children and caregivers. While we may readily recognize the importance of counseling for children and families, it is important to begin our interventions by addressing these primary areas of concern for caregivers. **It is not uncommon for a caregiver to be more preoccupied with being able to house, clothe, and feed their children than with what seems like longer term issues of well-being.**

This makes sense in terms of Maslow's model. For example, housing needs and children's safety are typically intertwined; the immediate need for a safe place to live normally takes precedence. If children and caregivers are at constant risk of abuse or violence, this remains the primary need to address. Other intervention strategies may be more difficult — or impossible — to achieve until basic needs and safety are secured.



Progressing up the pyramid, while physical safety is an immediate issue, emotional security is a longer-term essential goal. Belonging and love needs can be explored by discussing the family's support network. Some have a lot of support; some have very little or the support network may be complicated by the relationship with an alleged perpetrator. In addition, social supports may include family, friends, neighbors, co-workers, but also professionals such as counselors, therapists, clergy, other service providers, and YOU. Esteem needs, feeling self-respect, self-confidence, respect, and affirmation from others will likely be significant as well, as feelings of failure and shame are common among caregivers in the aftermath of a child's disclosure of abuse.

The information you have to share along with your consistent support, referrals, and follow-up are most important and meaningful to families.

NCA ACCREDITATION: VICTIM SUPPORT & ADVOCACY STANDARD'S RELEVANT ESSENTIAL COMPONENTS

The National Children's Alliance outlines the role and responsibilities of Victim Advocates serving CAC clients, and recognizes that CACs may fulfill this standard in a variety of ways, including CAC staff, advocates from community agencies and prosecutors' offices, or a combination. No matter how staffing is configured, the standard requires provision of a constellation of services, including the following requirements that focus directly on assessment and follow-up services:

- **Crisis assessment and intervention; risk assessment, safety planning, and support** at all stages of involvement with the CAC;
- **Assessment of individual needs, cultural considerations,** and ensure needs are addressed;
- **Presence during forensic interview** for information sharing, inform and support the family, assess needs of child and non-offending caregiver;
- **Provision of education** and access **to victim rights and crime victim compensation;**
- Assistance in **procuring concrete services** (e.g., housing, protective orders, DV intervention, food, transportation, public assistance, etc.).

CORE VICTIM NEEDS & DESIRED OUTCOMES – ANOTHER FRAMEWORK

SAFETY	HEALING	JUSTICE	RESTITUTION
Actual and perceived	Physical, emotional, cognitive, social, spiritual	Fairness and system treatment	Financial stability and recovery

(Adapted from D. Voth, *Quality Victim Advocacy: A Field Guide*, 2010)

All victims may not necessarily have all four of these defined needs, or have them at the same time, or in any particular sequence. This framework may help guide you and other MDT members in helping families assess their needs and set realistic and incremental goals for meeting them.

Areas of Assessment: What are you striving for with each?

- SAFETY
 - » Assess immediate safety concerns first and foremost with a focus on safety planning.
 - » Conduct regular follow-up through check-ins regarding ongoing safety needs.
 - » Help families achieve the goal of feeling physically safe.

- HEALING
 - » Help families to feel less alone and better understand crisis and trauma and that their reactions are “normal responses to abnormal events.”
 - » Provide information and education to families so that they are able to make informed choices and decisions about services.
 - » Help families access and make use of their informal support networks and professional services.
 - » Enable them to achieve a decrease in trauma-related symptoms and a belief that they can move forward.
- JUSTICE
 - » Inform families about the victim rights to which they are legally entitled; assist them in accessing their rights.
 - » Educate them about the criminal justice system and factors that contribute to prosecution decisions.
 - » Explore caregivers’ definitions of “justice” for themselves and their children and paths to seeking it.
 - » Help families feel satisfied with their level of input and participation in the investigation and prosecution process and to have a positive experience with the justice system.
 - » Enable them to achieve their measure of self-defined justice.
- FINANCIAL STABILITY
 - » Provide referrals to ensure that emergency financial needs are met, including information and access to crime victim compensation.
 - » Assess ongoing financial needs and promote restitution where appropriate and possible.
 - » Help families achieve financial stability.

REMINDER: Advocates are not expected to assess and “cure” every problem children and families face. In addition, during the assessment process, caregivers may not recognize or be able to articulate their concerns.

Your responsibility is to **LISTEN, NORMALIZE, REASSURE, COLLABORATE, SUPPORT, REFER, and GUIDE.**

Your role is to:

- **Listen** to the caregiver’s expressed, implied, or unspoken concerns; normalize and reassure them that their reactions are common and that healthy functioning and coping can be restored;
- **Be a resource** to families in their decision-making process, do not make decisions for them;
- **Gather critical information** from MDT members (e.g., family background, safety concerns, language needs, prior CPS and law enforcement involvement, known trauma histories of children and caregivers, experience with service systems, etc.) and coordinate next steps;
- **Ensure access** for families to services at the CAC, in the community, and/or in court;
- **Follow up** regularly as families’ needs may typically change over time and consistent support is key;
- **Identify gaps** in resources, strategize with MDT members, supervisors, and other victim advocacy colleagues to address unmet needs;
- **Guide and support** families on their unique paths to safety, healing, justice and financial stability.

“WALKING THE WALK” WITH FAMILIES

The assessment process requires sincere, respectful, and trusting relationships, the ability to suspend judgment, give and get information, and encourage and empower families’ participation with you in the process. It is best not to view the assessment as a “checklist” or a “recipe” that must be followed the same way every time.

Learn from supervisors and peers about ways to incorporate the following assessment guidelines into your own unique style.

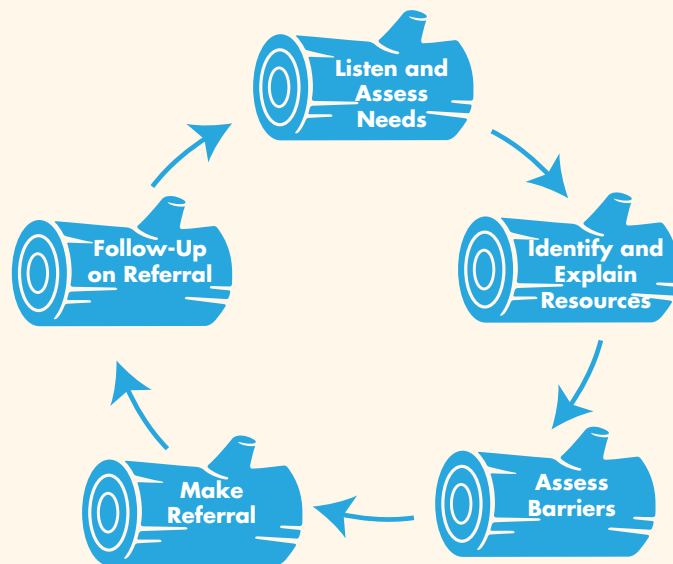
- Introduce and orient families to the CAC process and physical space
- Assess safety and basic needs and assure safety plan is in place
- Discuss the presenting issues that brought the family to the CAC (be aware of your CAC’s protocol about discussion of facts of abuse prior to the forensic interview)
- Normalize, validate, and educate families about crisis and trauma reactions
- Explore coping skills that worked well for them in the past and what is working or not working currently; affirm their strengths and educate them about healthy coping
- Identify their sources of support, both personal and professional, and determine their ability to mobilize them
- Collaborate on identifying priority needs, relevant services and referrals, and assist them in taking next steps
- Follow up and check in on a regular basis to monitor access, use, and satisfaction with services; provide updates and additional information, and assess ongoing system-related stressors and crises

REMINDER: Your unique role demands a continuing effort to understand the children and families’ experiences across time and systems.

“WARM” REFERRALS: KNOWING YOUR COMMUNITY RESOURCES

In addition to your MDT members, there are government agencies, community and civic organizations, businesses, and individuals who can be valuable resources for the families with whom you work. You can begin to build your network of services and resources by asking your colleagues about those they regularly refer to in your jurisdiction and identifying contacts in underserved communities. In-person networking meetings with diverse community providers, visiting their agencies, having them visit you at the CAC, and conducting outreach and trainings all help build your network and allow for increased understanding of one another’s roles and services.

Family members are often uneasy or feel insecure about following up on a referral. By developing detailed knowledge of resources and providers, you can do much more than provide a list of agency names and phone numbers. You can help clients know what to expect regarding intake procedures when calling other agencies to make initial appointments and make more personal connections for them to specific individuals at an allied agency.



Facilitating these connections with as much information and support as possible helps reduce anxiety and enables them to take appropriate steps to access critical services for their children and themselves.

Important steps for helping families access recommended services:

- Collaborate with clients on assessing and prioritizing their needs
- Identify and explain the community resource(s) that may help meet their needs
- Assess barriers to follow-through (e.g., schedule limitations, transportation, child care, financial resources, lack of self-confidence or prior negative experiences with outside services, etc.)
- Offer to sit with caregivers while they call to initiate services with another agency (especially if the other agency requires the initial call from the client directly)
- Consider accompaniment and/or transportation to an outside agency if possible and appropriate
- Follow up to determine if the family was able to follow through and whether they encountered any obstacles; seek to address obstacles or make alternate referrals as needed, appropriate, and possible

What's next? Go back to Step 1. Listening and Assessing Needs is an ongoing process!

A SAMPLING OF STATE & NON-PROFIT RESOURCES TO KNOW

- State Department of Health & Human Services (HHS), including but not limited to: Youth Services, Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), and Child Support
- Medicaid
- Food banks
- Vocational rehabilitation; employment services
- Subsidized housing
- Schools (teachers, counselors/social workers)
- Legal Aid
- Court Appointed Special Advocates (CASA)
- Domestic violence programs (including emergency shelter, assistance with protective orders, support groups, hotline, etc.)
- Faith communities, civic organizations, businesses interested in providing donations of clothing, food, school supplies, holiday gifts, etc.

FEATURED PROGRAM – THE SAMARITANS

Some CACs have formalized programs to connect families with community resources. “The Samaritans” is a project initiated out of Princeton, WV, in which community members or organizations can commit to becoming members of “The Samaritan” alliance. Members receive an occasional email about specific, pressing needs and commit to purchasing needed items for families once or twice a year based on when and how they choose to help. Families’ information is always held confidential. The program serves as an innovative example of engaging the community in our work in a manner that is respectful, confidential, and addresses families’ basic needs.

CHALLENGING REFERRALS

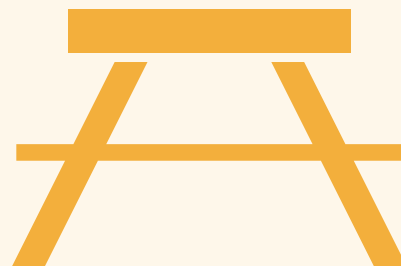
Making successful referrals, particularly to mental health treatment and medical exams, can require a great deal of time, effort, and explanation to alleviate anxiety and assure a level of comfort for children and families in crisis.

There are many circumstances that can make these referrals challenging including stigma, myths, and cultural barriers. For example, mental health services that are part of the CAC’s MDT response may not be consistent with cultural healing practices. The family may come from a community in which it is not seen as acceptable or common to receive mental health services, or they may be used to engaging in alternate healing processes unique to their culture.

Finding culturally relevant mental health services is key to helping caregivers understand how such interventions can mitigate the negative consequences of untreated trauma and enable families to heal and move forward in meaningful ways. Identifying specially-trained bilingual providers or those who have expertise working with individuals with disabilities is also critical.

REFLECTIONS ABOUT CONDUCTING ASSESSMENTS & MAKING REFERRALS

- What questions might you ask caregivers to help them identify and discuss their needs and concerns?
- What obstacles do you frequently encounter in your work with families regarding crisis assessments, safety planning, and making referrals?
- How would you guide a non-offending caregiver who is in crisis through a referral process?
- How would you explain and encourage mental health and medical treatment to caregivers for themselves? Their children?
- What other types of services might you recommend, and how would you explain them to the caregiver?
- How might the caregiver's relationship with the perpetrator impact her/his ability to access services?
- Consider writing your answers to these questions to reflect on with your supervisor, victim services colleagues, and other MDT members.



CASE STUDY QUESTIONS

1. What is your role in continuing to assess the family's safety needs? How might you help make Sofia, her mother and brother feel safe?
2. What reactions might you expect from Sofia's mother after learning of the outcome of the forensic interview? How would you respond to each of these issues?
3. How would you assist the MDT in determining whether Sofia's mother was in any way complicit in the abuse of Sofia?
4. If Sofia's mother was not complicit in the abuse, how can you advocate for her with the MDT and ensure that she is not blamed for her child's abuse? How might you assist the mother with her feelings of guilt and self-blame?
5. What will you need to continue to support the mother about her efforts to protect and support her children?

SECTION 8

CARING FOR CAREGIVERS: ENSURING A TRAUMA-INFORMED, FAMILY-FOCUSED APPROACH

“To link the safety of children to the safety of their mothers is the goal, although it may not always work in practice...However, in many cases, trying to make mothers safe does make children safer and offers children their best hope for stability.”

– Susan Schechter, Social Worker, Professor, Victims Movement Pioneer (1946-2004)

CARING FOR CAREGIVERS: ENSURING A TRAUMA-INFORMED, FAMILY-FOCUSED APPROACH

USING A TRAUMA-INFORMED APPROACH – WHAT DOES THIS MEAN?

Given that all families who enter our CAC doors are in crisis and may have experienced trauma in their lives, past and/or present, it is vital that we understand the varied ways in which crisis and trauma impact them. While you certainly interact directly with the children referred to the CAC, the vast majority of your direct advocacy work is done with caregivers. Remember that trauma affects their view of the world, how they see themselves and their relationships, and is shaped by their background and culture. These beliefs affect how victims respond to the systems and services represented on the MDT. Understanding their experiences and reactions to crisis and trauma and putting that knowledge into practice is key. For each child and non-offending caregiver you meet, it is helpful to ask yourself:

How can I create a situation in which my clients feel safe, are able to make informed choices and decisions, and feel heard and understood?

THE COMPLEXITIES OF OUR WORK

Child abuse in its various forms, and exposure to violence and abuse, can impact a person's life in a myriad of ways. Our hope for every child who experiences abuse is that they can heal and move forward from any negative consequences they endured. The most significant factor in children's abilities to heal after abuse is the availability and supportive responses of their caregivers. Families and other social supports are the best predictors for resiliency and healing. However, caregivers come to us with a variety of life experiences, strengths, and challenges. Sometimes, for understandable reasons, a caregiver has difficulty immediately believing their child's disclosure of abuse. It may take some time, if ever, for them to grasp such painful and anxiety-provoking information. They might, therefore, be hindered in their efforts to provide the kind of unconditional love and support their children need. It is incumbent upon us as advocates to explore these complex reactions further with an open mind and a thoughtful and skillful response. We need to consistently remind ourselves that immediate crisis reactions can, and often do, evolve over time even when caregivers seem to doubt the child's report and deny that abuse occurred.

Indeed, it can be frustrating when we meet caregivers who do not react or respond as we might expect. It is also important to understand the common and legitimate reasons behind caregivers' reactions that may seem to reflect culpability but may be reflective of other concerning circumstances. Though infrequent, mothers may be alleged perpetrators themselves, either as abusers or as complicit in some way with the primary perpetrator.

Advocates play an important role in helping to educate their MDT members and ensure that the team as a whole does not dismiss, judge, or blame caregivers inappropriately, or even inadvertently, because of their responses to a child's disclosure. This significant, albeit challenging task is core to being a true advocate, one that recognizes and empathizes with the unique experiences and needs of clients in crisis. Caregivers may often exhibit disbelief and denial when they first learn of an abuse disclosure by their children. However, most caregivers will come to believe their children's allegations totally, or in part, and will take appropriate actions to support them.

Further, a significant body of research now exists that speaks to the frequent overlap of child abuse and domestic or intimate partner violence. The National Survey of Children’s Exposure to Violence (2009) reported that children’s exposure to violence in both the past year and in their lifetime is common, and that one in 10 children experience polyvictimization, or multiple victimizations, including but not limited to direct abuse and indirect exposure to other forms of violence in their homes, schools, and communities. The report of the U.S. Attorney General’s Task Force on Children Exposed to Violence (2012) describes this direct and indirect exposure to abuse and violence as a “toxic combination” requiring increased collaborations. This underscores the importance of our MDT response.

What does this mean for advocates? It means that we need to build trusting, respectful relationships with children and caregivers to best assess and address their needs broadly focusing on safety, healing, justice, and financial stability. Indeed, while a child may get referred to the CAC due to a report of sexual abuse, the most compelling concern that child may have is hearing or witnessing the abuse of his/her mother. Both issues require our attention, intervention, and support. [See Section 7: Assessment of the Family’s Needs]



UNDERSTANDING CAREGIVERS & THEIR EXPERIENCES

By definition, CACs focus on the well-being and best interests of the child and holding offenders accountable. However, we must focus on children in the varied contexts in which they live and provide a child-centered, family-focused response. Seeing our work as “child-centered” alone, without considering the role of family and other support systems within which the child exists and interacts, is counter to the holistic nature of CACs. It has become abundantly clear that the advocate’s focus needs to be keenly on the variety of contexts that shape children’s and families’ lives. Keeping the personal crises of the caregiver at the fore is paramount to effective interventions and outcomes.

There is no single “right way” for caregivers to react to the news that their children may have been abused. If they are also victims of abuse, they may feel powerless to protect and care for their children as they want, or they may, in fact, be doing all they can to ensure safety, even if it does not appear that way to us as outsiders. Discussing the protective strategies they use is an important first step in a safety assessment. Victimized adult caregivers, who are intent on preserving their children’s well being, need our support and assistance in order to provide the same for their children. If the alleged perpetrator is still in the home and presenting ongoing safety risks for the caregiver and the children, every effort should be made to talk to the caregiver about having the alleged perpetrator leave the home. While there are exceptional circumstances in which removal of a child from their non-offending caregiver is needed for the protection of the child, typically it is best if the advocate works with CPS and other MDT members to help keep them together.

The advocate is key to educating the MDT, curbing “victim blaming” perspectives, and promoting appropriate interventions. The following key points are helpful reminders for the MDT:

- Caregivers are typically in a state of crisis, stressed and highly confused, having been thrust into systems that are, at best, difficult to understand and navigate and, at worst, intimidating, threatening, and blaming.
- In this acute emotional state, caregivers may be pressured to make quick decisions and “take a stand” in a situation that is very complex.
- Caregivers anticipate significant physical, emotional, and social “costs” if the disclosure is, in fact, true, including, but not limited to, loss of their partner, income, employment, housing – all of which are basic needs in Maslow’s Hierarchy of Needs.
- Caregivers may grieve these losses by blaming themselves, becoming overprotective of themselves and their children, feeling overwhelmed, depressed, withdrawn, and unable to comply with provider recommendations.
- Caregivers’ normal immediate crisis responses of shock, disbelief, and denial may cause them to look for alternate explanations that are more bearable.
- Other circumstances related to domestic violence and/or other effects of trauma may undermine caregivers’ abilities to respond to their children’s needs including, but not limited to:
 - » cultural barriers
 - » personal trauma and abuse history
 - » loss of social networks of support
 - » loss of faith and faith community

- » negative prior experiences with systems and agencies, fear of losing children
- » lack of financial resources, support systems, transportation, child care, health care
- » substance abuse (note that substance abuse may well be a coping strategy, albeit a maladaptive one, for dealing with chronic abuse and trauma)
- » children’s health, mental health, cognitive and behavioral issues; disabilities; sexual reactivity.

WORKING WITH & EMPOWERING THE CAREGIVER

The immediate aftermath of the disclosure and report is an opportune time for you and the caregiver to jointly assess their needs and assist them with next steps for themselves and their children. Supporting the caregiver before, during, and after the forensic interview and post-interview team meeting is a critical part of your role. Learning from the team about their child’s disclosure may provide new insights for the caregiver. As a family advocate, you need to ensure that information is communicated in a non-judgmental and empowering manner to enable caregivers to move forward in the healing process and in protecting and ensuring their child’s well-being. One of your key roles is to help caregivers acknowledge and build on their strengths and stay focused on their children and effective, supportive parenting. Their abilities to do so will enable them to build resilience in themselves and their children. Explaining this and offering the following definition to caregivers helps and gives them hope.

RESILIENCE

re-sil-i-ence | noun | ri’zilyens

- ability to recover readily from illness, depression, adversity, or the like; buoyancy
- the power or ability to return to the original form



SOME SUGGESTED TIPS FOR CAREGIVERS

As the family advocate, you will be able to support caregivers by offering them concrete tips for communicating with their child.

Do:

- Tell your child and reinforce that the abuse wasn't her/his fault
- Ask what your child needs to feel safe (e.g., a night light, door locks, stuffed animal, safety plan)
- Let your child know it is normal to be confused about the abuse and what is happening now that they have disclosed
- Let your child know you aren't mad and that you want to hear about their feelings
- Know that it is OK to let your child know you're sad or to see you cry
- Keep your child appropriately informed about what might happen next; encourage them to talk with you and/or their therapist to get guidance about how best to handle this
- Reassure your child that you want to protect him or her
- Ask the family advocate for help in responding to children's questions and concerns

Don't:

- Express disbelief to your child about her/his disclosure
- Minimize your child's feelings
- Ask probing questions about the abuse or stop them from talking about it; allow the child to talk freely but leave the interviewing to the professionals
- Evade your child's questions about the process and next steps
- Make promises you can't keep
- Make too many changes in routines right after the disclosure

OFFENDERS – SOME BASIC INFORMATION

Caregivers are often confounded by the acts and behaviors of offenders, particularly those they know, or thought they knew and loved. They may question how the abuse could have happened without their knowledge and experience a great deal of self-doubt and self-blame. As the family advocate, it is worth having some understanding of offenders.

Child molesters work very hard to obtain their desired sexual objects. They will often target children from dysfunctional homes or who are vulnerable in other ways. In many cases they carefully groom the child and guardian/parent by showering them with gifts, praise, and attention. Gaining trust and spending time with the child is an important part of their strategy. In addition, they often:

- Engage children in games that involve physical contact
- Show them child pornography or make it accessible
- Shame, directly or indirectly, threatens and instills fear once the offending has begun
- Manipulate law enforcement and community service providers

CHILD-ON-CHILD OFFENSES – SOME BASIC INSIGHTS

The nature of the offense and offender can have a significant impact on the caregiver's perception of the abuse. For example, if the offender is a minister, it might impact the caregiver's feelings about church, God, community, and religion. If the offender is the caregiver's partner, it can generate confusion about her own sexual relationship with the offender, create instability, and potentially impact her initial ability to believe the child. One of the most complicated dynamics for caregivers to understand and address is child-on-child abusive behavior when the children are living in the home and are siblings, step-siblings, or otherwise related.

Common questions caregivers have in these situations:

- How do I support both children in this situation, both the child victim and child offender?
- What caused my child to offend against his sibling?
- How can I ensure their safety?
- Is the child who offended also a victim? Where did he learn this behavior?
- Will he become an adult predator?
- How could this have happened on my watch?

Every situation is unique, and your response and ability to help the caregiver will vary from family to family. Coordinating with other MDT members and victim service colleagues is paramount in such cases; these are extremely challenging to handle and require collaborative responses that are thoughtful and well-informed.

REFLECTIONS:

- Think of some normal or typical reactions from caregivers that you see in your work. Considering what you have learned in this section, what factors may have influenced those reactions?
- What were your impressions of the caregivers' reactions to the abuse disclosure?
- What were the MDT's impressions?
- How did you advocate for the caregiver?
- Would you do anything additional or differently for the caregiver and the MDT?

CASE STUDY QUESTIONS

1. How could you acknowledge, honor, and celebrate Sofia's courage throughout the investigation and prosecution?
2. Is it your role to help obtain the protective order after the forensic interview in this case? If so, what steps will you need to take, and how would you discuss this with the mother? If not, who is responsible, and how can you coordinate with the appropriate provider(s)?
3. How will you discuss each family member's feelings about going to court? How can you empower them to define justice for themselves?
4. What does the family need during the pre-trial process? What do you need to do to prepare them for court? What is your responsibility in preparing Sofia and others to testify?
5. How can you help ease the family's anxiety and concerns throughout the court process? How might you prepare them for the potential outcomes of trial?
6. What might you do to assist them and process the experience after trial? What role do you have post-conviction?

SECTION 9

INVESTIGATION PROCESS & COURT PREPARATION

INVESTIGATION PROCESS & COURT PREPARATION

The following are key steps in the investigation process. If the determination is made to bring criminal charges and prosecute the alleged perpetrator, there are many additional steps required of the family and the advocate as the case winds its way through the court process.

- Disclosure – report to CPS and/or law enforcement
- Referral to CAC
 - » Relationship building and advocacy begins
 - » Forensic interview
- MDT Meeting post-forensic interview to determine next steps by CPS, law enforcement/prosecution, medical, mental health, victim advocacy. Discussion with caregiver.
- With safety of the child as the driving factor, may result in some or all of the following:
 - » Open CPS case
 - » Children to foster care
 - » Law enforcement investigation and interview with the alleged offender
 - » Medical exam
 - » Referral to therapy and other community resources
- Case Review: updates on case status held monthly or more often
 - » Be aware of the CAC's Case Review protocol and look to supervisor for guidance in preparing for your role in the discussion.
 - » Your primary focus is advocating for the safety and well-being of the child and family, providing details to the MDT regarding the family's concerns and needs in general and particularly as they relate to further criminal investigation and prosecution.
 - » The investigation may result in the decision to prosecute; it is important to note that, for a variety of reasons, prosecution is not possible in many cases.
 - » Learning more about prosecutorial decision-making enhances your ability to advocate effectively for the family and assist the family in providing input and understanding decisions, including reasons for delays in the process.

Effective court advocacy means:

- Working collaboratively with the MDT and family
- Understanding how to maintain appropriate boundaries regarding your role with the family; remember that the role of advocate and that of therapist are separate and distinct
- Preserving the integrity of the case by only sharing relevant information about the process and the professionals involved in collaboration with the prosecutor
- Offering assessments of the child's ability to testify and concerns to address
- Continuously assessing and referring to resources and therapy as needed

COURT ADVOCACY

Throughout all aspects of court advocacy, remember to acknowledge, honor, and celebrate the child's courage.

An essential role of the advocate is supporting children through related court proceedings. Court cases may be civil (such as a protective order or custody hearing) – or criminal – if an allegation of abuse leads to criminal charges or arrest. Criminal and civil courts vary in their responsibilities and processes. It is important that you familiarize yourself with the types of various courts and continuously seek out information and clarification so that you fully understand and can convey to clients what to expect at each part of the court process.

The family's interaction with the system can differ based on the type of case and point in the process. Requirements and decisions in civil and criminal cases, especially when they are happening at the same time, can sometimes be in conflict with one another. Both systems have the potential to leave clients – and especially children – feeling confused, frightened, powerless, and ultimately re-victimized. The advocate's role is central to avoiding or minimizing these negative consequences.

Protective Order Hearings

Sometimes caregivers are told to get a protective order immediately following the forensic interview and/or as part of a CPS service plan. The CAC family advocate should accompany her/him unless another advocate has this role or already has a relationship with the client. Many MDTs include domestic violence advocates or coordinate with domestic violence agencies in their communities for this purpose. Those resources are excellent sources of information about risk assessments, safety planning, and protective orders, and you are encouraged to develop collaborative relationships with these colleagues.

Criminal Court Proceedings

When children report abuse and an alleged perpetrator is charged with a crime, the child and family are thrust into the adult legal system. It is the responsibility of the CAC and the family advocate to help children and their families prepare for court. A strong child-witness court preparation program can improve the child's ability to handle the difficult and intimidating process of testifying and assist the caregiver in their efforts to support the child as well.

The court process can easily compound a child's trauma. Children may experience:

- **Fear.** They may be afraid of seeing the defendant, of the threats previously made to the child, of getting into trouble, or of getting the defendant in trouble.
- **Anxiety.** They may feel anxious about the unknown – the unfamiliar setting and the many people involved in the process; they may also worry that they will cry, become confused, or give the "wrong" answer.
- **Shame.** They may feel embarrassed or humiliated by talking about such private and personal things in a public setting.
- **Exhaustion.** They may be tired and discouraged by the delays in the process and long hours of waiting to testify.

The goals of Court Advocacy is to:

- Increase understanding of court procedures
- Alleviate stress and anxiety for the child and family
- Support the child if he/she is expected to testify; provide support to the caregiver and other witnesses
- Understand the child's and caregiver's rights in the process and advocate on their behalf

Collaboration for Effective Court Advocacy

The CAC family advocate has an essential role in supporting a child through any court proceedings related to their case. However, the specifics of that role may vary from system to system, court to court, and even proceeding to proceeding. Roles of CAC advocates and community-based, law enforcement, or prosecution-based advocates may overlap, seem duplicative, or sometimes even feel in conflict with one another. Building relationships and collaborating with your colleagues is critical to ensuring seamless coordination of advocacy services and avoiding confusion, duplication, and conflicting messages, and will help smooth the way for the child victim and caregiver. This can be challenging at times, but providing this coordinated network of support is essential for the clients and the providers, as well.

Aspects of Court Preparation

Although court preparation practices differ among CACs and prosecutors' offices, many advocates base their court preparation on the following elements: education, relaxation training, role play, court accompaniment, and debriefing/follow-up.

Education

The objectives of education are 1) to familiarize a child and family with the courtroom procedures and legal terms; 2) to aid in helping them understand the adversarial nature of the justice system, and 3) to help them feel comfortable with the courtroom environment and personnel.

The manner in which a child is told about what will happen and the rules of the courtroom vary based on the child's age, cognitive development, and communication abilities. Understanding the linguistic needs of children is critically important as well; even if they speak English, they may be more comfortable in their first language. Children can accurately report their experiences when they understand what is expected, feel prepared, supported, and — most critically — safe. It is your role to help a child feel a general sense of comfort and measure of mastery over both the environment and the process.



The **Educational Component** should help the child and family:

- Be aware of their rights as victims (statutory and constitutional – whichever apply)
- Understand taking an oath (promise to tell the truth) and basic information about the court process, including that the judge and jury are neutral and not connected to anyone on either side of the case
- Become familiar with the roles of different court personnel, safety in the courtroom, and rules for witnesses in particular (e.g., if someone objects, stop talking; when to stand up; when to sit down, etc.)
- Know what to expect for the actual day in court, including appropriate dress and behavior (e.g. standing when the judge enters the courtroom, removing hats, and remaining quiet in the courtroom while proceedings are underway, etc.)
- Understand key terminology
- Alleviate stress and anxiety by empowering them with information, a sense of control, and relaxation techniques

Relaxation Training/Anxiety Management can also help alleviate stress and facilitate testimony.

Reducing anxiety can help memory recall and the ability to focus, understand, and answer questions. Exploring with clients their own methods for reducing anxiety is helpful. In addition, deep breathing, muscle relaxation, guided imagery, and drawing on existing skills can be useful. The therapist on your MDT may be able to suggest additional methods and exercises.

Role Play can also reduce anxiety, as it builds skills to cope with testifying and cross-examination. It allows children to experience the process for questions and answers **not specific to the court case**, focusing on a different recent event such as a school trip, birthday party, or other such event. **DO NOT DISCUSS ACTUAL EVIDENCE IN THE CASE.** Any information regarding evidentiary material should be handled by the prosecutor or investigator in collaboration with you.

Court Accompaniment and Support

In addition to soothing anxiety and increasing the child's capacity to testify, the advocate can help anticipate needs such as food, books, clothing (such as a sweater if the child feels cold), breaks, etc. The advocate can also be a notable support in the face of disappointment, frustrations, and if family conflicts arise. In addition, it is always helpful if the advocate can help the caregiver to mobilize other support people in their lives (such as trusted friends and other family members) to ease their experience. Many courts around the country allow a support person – who is not also a witness in the case – to be in the courtroom as a familiar presence among strangers. To ensure that there is no suggestion of bias, the judge may instruct the jury not to draw any inferences from the presence of support persons. If the child's primary support person is the caregiver, be sure to determine if the caregiver will also be a witness and, as a result, ultimately be sequestered from the courtroom during the child's testimony. Knowledge of this in advance is critical to ensuring that there are no surprises for the caregiver and child and that alternate arrangements can be made to have another support person present in the courtroom per their request.

As a primary support person, it is important that you not engage in discussing the specific content of the child's testimony. This helps to avoid any insinuation that the family advocate was coaching the child witness or suggesting responses through non-verbal cues. Family advocates must be exceedingly aware of any inadvertent displays of emotions or non-verbal messages (e.g., shaking of head, eye rolling, etc.), some of which are natural responses but inappropriate in the courtroom.

An increasingly implemented practice across the nation involves the use of support dogs during testimony. The mere presence of an emotional support animal has been documented to change the physiology of the nervous system response, facilitating more effective testimony, as well. If the use of a trained facility dog is permitted, you may consider incorporating the animal and the handler into one of the court preparation sessions, in particular on the day that the child visits the courtroom.

Permitting a comfort item such as a stuffed animal, toy, or blanket may have a similar calming effect on the child witness during testimony. When children are afraid or anxious, holding a personal item may provide comfort, security, and confidence.

Depending on your state laws and pre-trial motions ruled on by the judge, a trained facility animal or comfort item may be allowed in court. Determine whether such practices are permitted in your jurisdiction before discussing them with a child and family.

Debriefing and Follow-Up

Debriefing with the child and family/caregiver is important after testifying. It is key to identifying any distressing, confusing, or traumatic aspects of the proceedings, explaining what occurred, and honoring the child's and caregiver's courage. You are key to this debriefing process and can coordinate with the prosecutor and other members of the MDT about the best way to debrief with the child and family.

Conduct this debriefing in a manner that demonstrates respect for the family's privacy. Take time to go to an office, back to the CAC or other quiet location to discuss what occurred in court.

You can use this time to discuss what they felt good about and what was most difficult, scary, or confusing. It is also an appropriate time to answer questions about the process and what to expect regarding next steps.

Next Steps

In anticipation of case disposition, it is important to revisit and prepare the child and family for all possible outcomes. Engage them in an open-ended discussion of their definition of "justice," encouraging them not to consider "criminal justice" as the only form of justice. For example, there may be positive outcomes separate and apart from the verdict, including a positive and supportive experience that includes being believed and supported by you, the prosecutor, and others, and/or feeling vindicated and empowered to take back control from the defendant.

In the days that follow, it is important that you reconnect with the family to discuss the verdict again, as needed, and explain next steps. For example, you may need to explain what an "acquittal" means or other terminology. In some areas, a child or family may be able to give a victim impact statement, and the family may need support from you as they prepare that statement and return to court for sentencing, of the defendant.

A Few Reminders About the Needs of Caregivers

Recognize and understand their needs as well and provide:

- Support and stress management techniques.
- Education about the court process.
- Reminders that they are relieved from any role vis a vis court preparation other than their primary role as a consistent support for their child; it is best that they refrain from trying to prepare their child for testifying and avoid any misperception that they were “coaching” responses to questions.
- Encouragement to express their concerns about the court process to you; they are entitled to have you as their support person, as well, thereby more appropriately channeling their anxiety rather than passing it along to their child, even inadvertently.

Remember, during your debriefing and follow-up, as with every aspect of court advocacy, acknowledge, honor, and celebrate the child’s courage. Reminding yourself of the legitimate needs of the caregiver is always important, including during the court process when caregivers may themselves need to testify and whose own trauma is often palpable.

Note: It is important to take the time to find out what resources your colleagues are using and are most helpful to clients through the court process.





CASE STUDY QUESTIONS

1. Have you been able to acknowledge the impact of trauma exposure for yourself? With colleagues? Supervisor?
2. How have you responded to direct or indirect trauma in the past? What are your prior and current coping skills?
3. Describe your support system. How would you use your support system to deal with your reactions working with this family and others?
4. What are the warning signs you might recognize in yourself if you are experiencing vicarious or secondary trauma? What will you do if the warning signs and symptoms persist?
5. What strategies might you employ individually and in your organization to address vicarious or secondary trauma and make yourself as resilient as possible while doing this work?
6. What positive impacts has your work had on you personally and professionally?



SECTION 10

ADDRESSING THE IMPACT OF THE WORK: SELF-CARE FOR ADVOCATES

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

– Rachel Naomi Remen, M.D., *Kitchen Table Wisdom*

“Being present is real work.”

– Laura van Dernoot Lipsky, *Author, Trauma Stewardship & Trauma Expert*

ADDRESSING THE IMPACT OF THE WORK: SELF CARE FOR ADVOCATES

Working in CACs and in the victim services field can be challenging for many reasons, one of which is our daily exposure to children and families' abuse, violence, and trauma. The impact of this exposure is inevitable, including a range of reactions that can have negative, neutral, and/or positive consequences. We are affected in ways that we do not expect and may not recognize. As Laura van Dernoot Lipsky states in *Trauma Stewardship* (2007), "Often, people begin recognizing the effect of trauma exposure when they realize they are behaving in ways they never would have when they first started working in this field."

ACKNOWLEDGING & ADDRESSING VICARIOUS TRAUMA

In your job as family advocate, you hear detailed stories about the unthinkable traumatic experiences that children and families have endured. As a result, you are at risk for experiencing vicarious trauma, also referred to as compassion fatigue, secondary traumatization, secondary victimization, or secondary traumatic stress. Vicarious trauma typically speaks to a change in world view as a result of bearing witness to the pain and trauma of others. The impact of trauma exposure may manifest in a variety of ways – physically, emotionally, cognitively, socially, and spiritually — and left unaddressed, may result in various symptoms, including the possibility of Post-Traumatic Stress Disorder (PTSD).

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), the American Psychiatric Association's classification and diagnostic tool, now includes indirect exposure to trauma as part of its PTSD definition. That definition speaks to exposure to actual or threatened death, serious injury, or sexual violation resulting from one or more of the following scenarios in which the individual:

- directly experiences the traumatic event;
- witnesses the traumatic event in person;
- learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
- experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television, or movies, unless work-related).

The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work, or other important areas of functioning. It is not the physiological result of another medical condition, medication, drugs, or alcohol.

Vicarious trauma is expected in our profession, compounded by a sense of isolation at times due to confidentiality that makes it difficult to confide in friends or a partner as a supportive outlet.

For all of these reasons, vicarious trauma warrants discussion and awareness across professional disciplines, acknowledgement by agency leaders, supervisors, and the MDT, and strategies to address it. Supervision should routinely include discussion of the consequences of vicarious trauma and developing positive ways of maintaining support systems, health, and well-being both at work and at home.

WARNING SIGNS OF TRAUMA EXPOSURE RESPONSE

How do you know if you or a colleague is experiencing vicarious trauma?

The following are some common examples of personal ways in which vicarious trauma manifests:

- **Physical** – Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches
- **Emotional** – Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress, or physical reactions to reminders
- **Behavioral** – Irritability, sleep and appetite changes, isolation from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened
- **Cognitive** – Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, recurrent and unwanted distressing thoughts
- **Relational** – Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others' concerns, projection of anger or blame, intolerance, mistrust
- **Spiritual** – Loss of purpose, loss of meaning, questioning goodness vs. evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness

The following are some common examples of ways in which vicarious trauma manifests professionally:

- **Performance** – Decrease in quality/quantity of work, low motivation, task avoidance, obsession with detail, working too hard, setting perfectionist standard, difficulty with inattention, forgetfulness
- **Morale** – Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion
- **Relational** – Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the “only one who can do the job”
- **Behavioral** – Calling in sick, arriving late, overwork, exhaustion, irresponsibility, poor follow-through

Experiencing these symptoms of trauma exposure can affect the quality of one's work. Ultimately, you may not have the same ability to be present and patient with each family. You may begin to see children or people as just “another case” rather than recognizing their individuality. You may find yourself avoiding picking up the phone for a caregiver who may need you. Ultimately, vicarious trauma may impact our ability to effectively help the clients who need and rely on us.

WHAT TO DO

Because this work is so isolating, one of the responses is to draw upon the community you have created. This may be other members of the CAC staff and/or members of the MDT.

- Which of your friends and colleagues could you tell about how your work affects you and ask for their support?
- Do you have a regular practice of discussing your exposure to trauma and its effects in supervision? In MDT meetings? With your peers?
- How will you monitor your exposure and notice when you start to seem stressed or otherwise negatively impacted?
- Develop individual strategies to address vicarious trauma and share your ideas for developing improved policies and practices by the MDT and CAC to build individual and organizational resilience.

COMPASSION SATISFACTION & VICARIOUS RESILIENCE – ACKNOWLEDGING THE POSITIVE IMPACT OF OUR WORK

Francoise Mathieu, author of *The Compassion Fatigue Workbook*, describes also the positive feelings that come from working with individuals who have experienced trauma. It stands to reason that if we risk vicarious trauma by virtue of our exposure to our clients' experiences, we can also be inspired and empowered by their ability to overcome adversity. There are ways that simply doing the work can increase our resilience, giving us greater perspective and appreciation of our own lives, increasing our hope and belief in healing and recovery, and finding and maintaining a profound sense of meaning from the work. Recognizing the positive ways in which we can learn and grow from our work with trauma survivors is equally as important and all too often overlooked.

Addressing secondary trauma and resilience requires ongoing conversations within your CAC community. For the health and well-being of our colleagues, ourselves, and services to our clients, it is essential that we prioritize and share model strategies and responses at both the individual and CAC/MDT levels.

For further information regarding individual self-care strategies, we recommend *Trauma Stewardship: An Everyday Guide for Caring for Self While Caring for Others*, by Laura van Dernoot Lipsky.

To address the needs of CAC staff and MDT members as a whole, see NCAC's *Vicarious Trauma Plan Guide*.

Continue to check with colleagues and through other means to identify additional tools that can be useful to address vicarious trauma.

REFLECTIONS:

- Who are your sources of professional support?
- Who are your sources of personal support?
- What do you do to relieve stress – and what are some healthy ways of doing the same?



ACKNOWLEDGMENTS

This project was completed as a partnership between Children’s Advocacy Centers of Mississippi and West Virginia Child Advocacy Network.



CHILDREN’S ADVOCACY CENTERS™
of mississippi



wvcan

The Children’s Advocacy Centers of Mississippi and West Virginia Child Advocacy Network would like to extend a special thanks to Janet Fine and Karen Dempsey for their expertise and contribution to this project. Their many years of experience spent advocating for families is woven throughout this document.

Ultimately, projects like this one cannot be completed without the help of funders. We would like to acknowledge the grants that have made this Field Guide possible.



This project is supported by Grant # 2014-CI-FX-K005 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or the policies of the U.S. Department of Justice.

This project was supported by Grant No. 14-JJP-004, awarded by the West Virginia Division of Justice & Community Services and the US Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

This project is supported by funding made available through Award # 2015-VA-GX-4038, awarded to the Mississippi State Department of Health by the U.S. Department of Justice, Office for Victims of Crime. The views and opinions expressed in this publication are those of the author and so not necessarily reflect the views and opinions of the Mississippi State Department of Health or the U. S. Department of Justice.



