

# Children & Youth Advocate Manual

## How to & Hindsight Project



### Children & Youth Advocate Manual History

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

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

In 2016, Cody Warner, End Abuse's LGBTQ & Youth Program Director worked with the Children & Youth Committee to update and adapt the '*Guide to Knowledge and Skills for Children and Youth Advocates in Wisconsin Domestic Violence Programs*.' Which is now the Children & Youth Advocate Manual (CYAM), a tool for youth advocates that provides information and resources on the foundations of children & youth advocacy. These documents will be regularly updated.

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

### Children & Youth Advocate-Supervisor Relationship Building

The Children & Youth Advocate Manual is also meant as an online tool for CYA **AND** their supervisors/trainers to discuss and revisit resources, trainings, and skill-building opportunities a CYA identifies as a need to support their Children and Youth program. This guide may compliment other orientation and training provided by individual agencies.

Supervisors/trainers and CYA are strongly encouraged to check back with one another regarding their progress in understanding each area and what topics might need further training and professional growth. It is encouraged that the supervisor/trainer also go through the materials to look for trainings and networking opportunities for the CYA. [HERE](#) is an example of how to create a training plan.

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

Throughout the CYAM there are references to End Abuse's New Advocate Manual, you will need your login information for [End Abuse's website](#) to access this resource. Your director or supervisor will need to set you up with your login information. If you are unsure of how to create a login, please contact [codyw@endabusewi.org](mailto:codyw@endabusewi.org).

### Use Linked Resources to Learn More

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

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### Connect with End Domestic Abuse Wisconsin

End Domestic Abuse Wisconsin (End Abuse) staff are always a resource that should be strongly considered when looking for additional information on many different topics whether by supervisors or CYAs. You can submit a question to our website [HERE](#). To contact Cody Warner the LGBTQ & Youth Program Director please email at [codyw@endabusewi.org](mailto:codyw@endabusewi.org). **Please contact Cody if you find any links that do not work.**

#### End Abuse staff can:

- Talk with supervisors about orienting new CYA.
- Talk with CYA about various aspects of children, youth, teen, and family advocacy.
- Subscribe advocates to the Children and Youth advocate listserv (WisKidsDV) or others found [HERE](#).
  - The listserv allows staff working with children, youth, teens, and families in Wisconsin to communicate with each other; ask questions; and share ideas, resources and information through email.
- Inform supervisors and CYA about upcoming Children and Youth Conference Calls (CYCC), trainings, and networking events.
  - The CYCC is a place to learn about children, youth, teen, and family specific topics AND free think solutions to barriers within CY programs with other CYA
  - The CYCC occurs monthly and are announced on the WisKidsDV listserv.
- Suggest ways CYA can connect with their peers who have experiences in different intersections of children & youth advocacy.
- Suggest additional resources and trainings.

#### End Abuse Program Areas

Below is a list of program areas that End Abuse focuses on with a brief description of what kinds of work is focused on in each program and a hyperlink to find that area on the End Abuse website.

Program Area	Description
<a href="#">Children &amp; Youth, Teens, and Families</a>	Children, youth & family services, & teen dating violence.
<a href="#">Coordinated Community Response</a>	CCR/community collaborations, systems advocacy, victim services.
<a href="#">Homicide Prevention</a>	Lethality assessment program, homicide response; reporting; and prevention, community collaborations, systems advocacy
<a href="#">Legal</a>	Legal system and issues, restraining orders, family law, immigration, language access, public benefits law.
<a href="#">Policy</a>	General policy, legislative advocacy and media relations. (i.e. housing, child welfare, human trafficking, and civic engagement).
<a href="#">Prevention</a>	Primary prevention & anti-oppression. Prevention grant program, statewide prevention public awareness.
<a href="#">Program Capacity &amp; Support</a>	Victim services, trauma-informed care, program administration, capacity development, executive director support, and community collaboration.
<a href="#">Reach</a>	Culturally specific services, anti-oppression and youth work. Outreach to Tribal communities, trauma-informed care, services for elders and individuals with a disability.

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

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

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### Recognition

I want to thank all the advocates that have spent their time helping to create and update the Children & Youth Advocate Manual. Without all your insights, feedback, and resources the CYAM would not be anywhere near complete. Thank you to everyone that has helped as a part of the Children & Youth Committee from 2016 to 2020:

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

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

#### Amanda Meixner

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

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

<b>Abby Swetz</b>	<b>Diara Parker</b>	<b>Simone Lewis-Turner</b>
<b>Adrienne Roach</b>	<b>Elise Buchbinder</b>	<b>Stephanie Ortiz</b>
<b>Ann Brickson</b>	<b>Gricel Santiago-Rivera</b>	<b>Tess Meuer</b>
<b>C.J. Duxtater</b>	<b>Jenna Gormal</b>	
<b>Chase Tarrier</b>	<b>Kathryn Chapman</b>	
<b>Cia Siab Vang</b>	<b>Kwnwahta Smith</b>	
<b>Colleen Cox</b>	<b>Megan Sprecher</b>	
<b>Danny Ho</b>	<b>Olivia Osborne</b>	
<b>Diane Wolff</b>	<b>Sara Krall</b>	

# Children & Youth Advocate Manual

## Section 1: Child & Youth Development



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### Introduction & Importance

Knowledge of typical child development can aid advocates in helping each child at their life stage and recognizing potential developmental and educational delays. This information can also support advocates when talking with protective caregivers about their children and planning activities that are age appropriate.

### Youth Development Charts

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

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

[Conception to Birth](#)

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

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

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

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

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

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### What Caregivers Can Do at Home

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

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

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

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

### Recommended Sleep Times for Age Ranges

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

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

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

### Concerns

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

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

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

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

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### Resources

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

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

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

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

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

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

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

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

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

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

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

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### Introduction & Importance

Trauma is an extreme stress, such as a threat to one's safety or emotional well-being, which overwhelms a person's ability to cope. Children and youth are particularly vulnerable to trauma exposure because their brains are still developing. Although it is helpful understanding how children are exposed to domestic abuse, the externalized and internalized effects, the effects across all domains of a child's life, and the dynamics of domestic abuse; there is not a normal or typical reaction for a child. An individual may exhibit some, all or none of the reactions which is why it is so important to comprehend this material **AND** be flexible with each child.

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### Common Misunderstandings

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

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

Children often see BOTH caregivers as equal parties in the violence

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

Children perceive the violence as their fault.

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

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

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

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

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

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

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

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

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

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

### Short Term Effects

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

**Anxiety, depression, aggression** - perhaps reenactment of the witnessed aggression

**Avoidance** – evade from activities to avoid reminders of trauma

**Behavioral issues** - fighting, oppositional behavior, tantrums, etc.

**Feelings of guilt or self-blame** – from the violence happening

**Hyperarousal** – reacting strongly to ANY stimuli

**Physical complaints** – stomachaches, headaches, etc.

**Poor academic performance** - Impaired concentration; difficulty completing homework; lower scores on language, motor, or social skills

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

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

**Repetitive talk/play** – revolving around the violence

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

**Withdrawal** – cut off from ‘usual’ life and other people

**Perfectionism/Overachievement** – hyper focusing on being exactly like others or getting the best grades

**Passiveness/Aggressiveness** – being complacent, agreeing with everything, or not wanting to be seen; being forceful, easily angered over minor inconveniences

**Worry about their caregivers and are afraid to be separated from them** - Children may express their distress through physical symptoms, such as stomach aches or headaches

### Long Term Effects

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

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

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

**Poor mental health issues** – depression, anxiety disorders, PTSD, suicidal behaviors, and low self-esteem

- For more information about suicidality rates see the [American Foundation for Suicide Prevention](#)

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

### Risk Factors Affecting Individual Response

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

#### *How serious and how frequent is the violence or threat?*

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

#### *What is the child's perception of the violence?*

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

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

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

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

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

### Protective Factors

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

Positive relationship with protective caregivers

Access to positive social supports.

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

Intellectual development with good attention and social skills.

- Encouraging hobbies that are challenging and enjoyable.

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

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

High self-esteem and self-efficacy.

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

Connecting to something bigger than themselves or religious and spiritual affiliations

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

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### Child Abuse and Neglect

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

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

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

### Statistics

It is the goal of End Abuse to update this manual every two years which will include updating any statistics. Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crimes. About 80% of 21-year-olds who were abused as children met criteria for at least one psychological disorder. 14% of all men and 36% of all women in prison were abused as children. Abused children are less likely to practice safe sex, putting them at greater risk for STDs. They're also 25% more likely to experience teen pregnancy. In the United States, more than four children die from child abuse and neglect daily. Over 70% of these children are below the age of three.

The Wisconsin Department of Children and Families produces an annual report for Wisconsin Child Abuse and Neglect. The 2018 report has not been published yet. I expect the report to be published on the DCF's website in December of 2019. The 2018 report will provide the most recent statistics to update this section. The reports can be found at [dcf.wisconsin.gov/reports](https://dcf.wisconsin.gov/reports)

### Child Sexual Abuse

Although one in ten children will be sexually abused before their eighteenth birthday; if you look at sexual abuse by gender, 1 out of 3 girls and 1 out of 5 boys will be sexually abused before they reach age 18. Sexual abuse occurs when someone forces, threatens, or induces a young person into any kind of sexual contact. It includes direct physical contact and non-touching sexual "contact," such as when a young person is persuaded to view obscene materials. 90% of child sexual abuse victims know the perpetrator in some way. 68% are abused by a family member. Incest is a form of sexual abuse that is defined as any sexual contact or behavior between family members. The most common form of incest occurs between an older family member and a child or teenager. Incest, as well as all forms of abuse, can happen to children of any gender.

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

- [Child Sexual Abuse](#)
- [Child & Adolescent Sexual Assault Prevalence](#)
- [Teen Sexual Violence](#)
- [Sexual Violence Prevention](#)
- [Child Sexual Assault Laws](#)
- [Child Pornography Laws](#)
- [Human Trafficking and Trafficking of a Child](#)

### Safety Planning

Creating a safety plan with both the child and protective caregiver is a necessary skill. Below are some example points that should be talked about with the family receiving services when going through safety plans. It can be helpful to have an idea of what to do in dangerous situations, but understand the child is not responsible to enact the safety plan exactly. Common reactions to trauma are typically fight, flight, or freeze. Each safety plan will be unique and adaptable to meet the needs of the families. (Refer to the [New Advocate Manual: Crisis Counseling and Safety Planning](#). You will need a login to get this information and scroll down to MEMBER-ONLY RESOURCES)

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

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

### Example Safety Plans

- Safety planning handouts for children
  - [From Reducing the Risk of Domestic Abuse](#)
  - [From the Women's Council for Domestic & Family Violence Services \(WA\)](#)
- Safety Planning Handouts for Teens
  - [From the Women's Council for Domestic Violence & Family Violence](#)
  - [From Reducing the Risk of Domestic Abuse](#)
  - [Safety Planning with Children and Youth: A Toolkit for Working with Children and Youth Exposed to Domestic Violence](#)
- Technology Safety Plans
  - [Tech Safety](#)
  - [Technology Safety Quick Tips](#)
  - [Technology Safety & Privacy: A Toolkit for Survivors](#)
  - [iPhone Privacy & Security Guide](#)
  - [Thinkuknow Parents and Carers Guide to Snapchat](#)
- [Tips for Technology Safety Planning](#)

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### Child Abuse Prevention Month

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

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

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

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

# Children & Youth Advocate Manual

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



### Resources

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

- [Child Sexual Abuse](#)
- [Child & Adolescent Sexual Assault Prevalence](#)
- [Teen Sexual Violence](#)
- [Sexual Violence Prevention](#)
- [Child Sexual Assault Laws](#)
- [Child Pornography Laws](#)
- [Human Trafficking and Trafficking of a Child](#)

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

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

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# Children & Youth Advocate Manual

## Section 3: Teen Dating Violence



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### Introduction & Importance

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

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## Section 3: Teen Dating Violence



### Recognition

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

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

### Understanding Teen Dating Violence

#### Prevalence and Statistics

The reality is that:

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

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

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

#### Types of Violence

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

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

# Children & Youth Advocate Manual

## Section 3: Teen Dating Violence

### Advocacy Skills

#### Skills to Highlight

These skills were provided by teens when answering the questions:

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

#### **ALWAYS Begin by building rapport**

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

#### **Let teens know if you are a mandated reporter**

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

#### **Allow teens to make their own decisions**

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

#### **Discuss positive and negative outcomes with the teen's decisions**

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

#### **Listen and ask clarifying questions**

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

#### **Understand that every teen's situation is unique**

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

#### **Meet the teen where they are at**

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

#### **Let teens know they are not alone**

- Give teens a sense of solidarity

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

#### **Very important to be more empathetic**

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

# Children & Youth Advocate Manual

## Section 3: Teen Dating Violence



### Behaviors to Avoid

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

#### **Shame or blame the teens about their experiences**

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

#### **Be a parent or friend figure**

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

#### **Scold them**

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

#### **Assume gender of their partner**

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

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

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

#### **Act like the advocate is all knowing**

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

#### **Continuously remind teens of their experiences**

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

#### **Tell the teen how to feel or what to do**

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

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

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

#### **Jump into the problem right away**

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

# Children & Youth Advocate Manual

## Section 3: Teen Dating Violence



### **Make promises advocates cannot keep**

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

does not mean that outside circumstances will not happen

- Ask the teen what clarifications they need

### **Minimize and trivialize the teen's problems**

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

## Teen Engagement

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

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

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

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

## Using Social Media

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

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

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### Teen Events and Groups

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

#### Dare 2 Know

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

#### Statewide Teen Council

The [Statewide Teen Council](#) (TC) is an effort through End Abuse that focuses on development of teen leaders. The TC advises End Abuse on programming and public awareness including; social media and toolkit development and provides critical content for the annual statewide Teen Summit. End Abuse staff facilitate various leadership activities that promote personal agency and explore root causes of violence. The TC meets two times separately in regional meetings and two times for combined meetings.

End Abuse encourages members that are High School aged (14-19yrs old) to make a commitment to be part of the TC during their High School career. Members will graduate from TC the same year they graduate from High School or receive a High School Equivalency Degree (HSED). Groups may choose to have peer nominations for up to 3 individuals to be elected to serve as a representative. Groups may choose to elect new representatives upon graduation of existing members. TC Alumni may be invited to continue their commitment beyond graduation to support peer-to-peer learning during Teen Council meetings and events.

For more information please contact Cody Warner at [codyw@endabusewi.org](mailto:codyw@endabusewi.org)

#### Teen Summit

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

This event is continuing to grow with over 450 people in attendance at the 2018 Teen Summit. The event starts on a Sunday to avoid taking youth out of school three days in a row. End Abuse offers an excused absence form every year that students can provide their schools without fear of being tardy or having unexcused absences. Limited scholarships are offered to teens.

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## Section 3: Teen Dating Violence



The Summit includes:

- Workshops for teens and adults
  - In past years over half of all workshops had teen facilitators
- Roundtable Discussions
  - Safe spaces for teens and adults to discuss issues important to them
- Teen performances
- Rec Space open until midnight
  - Open mic night, dance party, water pong tournament
- Dynamic Keynotes
  - Violet Kilmurray, Dr. Bettina Love, Ajani Carr, Lah Tere, Rosa Clemente, Beverly Gooden, Janaya Khan, and Kat Blaque

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

### Teen Dating Violence Awareness Month

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

### Assisting Teens Transitioning into Adulthood

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

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

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

# Children & Youth Advocate Manual

## Section 3: Teen Dating Violence



### Resources

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

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

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

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

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

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

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

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# Children & Youth Advocate Manual

## Section 4: Abuse Effects on Protective Caregiver’s Parenting



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### Introduction & Importance

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

### Effects on Caregiver's Parenting

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

*The protective caregiver believes they are an inadequate caregiver.*

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

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

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

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

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

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

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

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

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

*The protective caregiver may use survival strategies with negative effects.*

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

## Section 4: Abuse Effects on Protective Caregiver's Parenting

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

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

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

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

### Suggested Child-Related Needs

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

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

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

### Positive Messages for Caregivers

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

*There are no perfect caregivers.*

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

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

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

*Single caregivers can be good caregivers too.*

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

*Protective Caregivers can be good role models for their children.*

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

*Learning effective parenting ways is a life-long process.*

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

*There are people to help if you need it.*

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

*You can model and teach non-violent behaviors.*

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

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

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Five for Families has identified why strength matters for families in five areas:

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

## Section 4: Abuse Effects on Protective Caregiver's Parenting

### Working with Protective Caregivers in Crisis

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

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

### Protective Caregivers

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

### What Protective Caregivers May Need

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

## Section 4: Abuse Effects on Protective Caregiver's Parenting

### How Advocates Can Connect with and Support Protective Caregivers

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

## Section 4: Abuse Effects on Protective Caregiver's Parenting

### Self-care and Mindfulness Techniques for Protective Caregivers

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

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

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

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

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

Stop Child Abuse Now (SCAN) of Northern Virginia has a section on their website specifically on [Self Care for Parents](#). This resource goes through what self-care is, where to start, how self-care will help their children, and offers more resources.

## Section 4: Abuse Effects on Protective Caregiver's Parenting

### Lessons for Advocates

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

#### Understand that

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

#### Remember

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

### Resources

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

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

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

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

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

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

[The Needs of Children in Domestic Violence Shelters](#) (pg. 25) is a toolkit to assist Domestic Violence agencies and other service providers to identify and respond to children exposed to domestic abuse.

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

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# Children & Youth Advocate Manual

## Section 5: Mandatory Reporting



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### Introduction & Importance

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

### Explaining Mandatory Reporting

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

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

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

# Children & Youth Advocate Manual

## Section 5: Mandatory Reporting



### Mandatory Reporting

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

All states in the United States and most nations around the world have legally mandated reporter laws that require a responsible adult to promptly report the abuse to the proper authorities. WI law states a **LEGALLY** mandated reporter must report **IF** they have reasonable cause to **SUSPECT** or **BELIEVE** a child seen in the course of **THEIR PROFESSIONAL DUTIES** has been threatened with or has been abused or neglected. If you are not a legally mandated reporter of Child Abuse and Neglect, please review your agency policies and follow as instructed.

When working with schools or other agencies ask about their mandated reporting statutes and policies. If you are not a legally mandated, please follow your agencies policies and procedures. If you are a legally mandated reporter, reports of alleged child abuse or neglect should be made to the county where the child or the child's family resides. Contact the county department of social and/or human services or law enforcement, where appropriate.

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

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

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### Mandatory Reporting in Bordering States

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

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## Section 5: Mandatory Reporting



### Confidentiality with Mandatory Reporting

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

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

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

### Information to share in your report

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

### Mandatory Reporting Sample Language

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

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

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

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

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

# Children & Youth Advocate Manual

## Section 5: Mandatory Reporting



### Questions and Responses About Mandatory Reporting Possible

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

What is Mandatory Reporting?

- Calling child protective services or law enforcement to report abuse or neglect of a child.

What kinds of things does a mandatory reporter have to report?

- Child abuse and neglect, a threat of child abuse and/or neglect that the reporter believes will result in abuse or neglect.

Who does the mandatory reporter make the report to?

- Contact Child Protective Services, known as CPS, or law enforcement. In appropriate cases, you may call Indian Child Welfare.

Under what time frame are mandatory reporters required to report under the law?

- You are required to report child abuse and neglect immediately.

Are Mandatory reporters required to report if someone else already reported?

- No, only one legally mandated reporter within an agency is required to report the same incident of abuse.

Who is considered a child under the law?

- Anyone under the age of 18 is considered a child.

How would a teen know if someone is a mandated reporter?

- Ask that person if they are LEGALLY mandated to report under Wisconsin laws and/or if they consider themselves a permissive/voluntary reporter.
  - If the person says yes to either of these questions, that person will report suspected child abuse or neglect, or a credible threat of child abuse or neglect.

If someone is NOT a LEGALLY mandated reporter can they still, make a report?

- Yes, even if someone is not a LEGALLY mandated reporter, they MAY still choose to report suspected child abuse or neglect as a permissive reporter.

What is a voluntary reporter?

- Any person, not specified under [Wis Stat. 48.981](#) par.(2) (a); (b); or (bm), who has reason to suspect that a child has been abused or neglected or who has reason to believe that a child has been threatened with abuse or neglect and that abuse or neglect of the child will occur may report to appropriate authorities.

Can I report anonymously?

- Yes. Anyone can, but there are a few things to consider:
  - You won't be able to get updates about the report you made.
  - The CPS or law enforcement agency will be unable to contact you for more information they may need.

Am I liable if I make a report and it is not substantiated?

- No. Those persons making a report in good faith are protected from liability.

# Children & Youth Advocate Manual

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What are the penalties for MANDATED reporters who do not make a report?

- A person who is required to report child abuse and who fails to do so has committed a crime; it is also possible that their professional license or certification could be affected.
  - In Wisconsin, that person may be fined up to \$1,000 or imprisoned for up to 6 months or both (s. 48.981).

If I believe that other professionals involved with a family may have already reported, do I still need to make a report if I suspect maltreatment?

- It is not a good idea to assume that someone else has made a report.
  - Consider the possible tragic consequences for a maltreated child if all potential reporters assume that someone else has reported.
  - Even if someone has, you could have information that the other person did not know and did not report.
- A mandated reporter has an *individual* responsibility to report if they suspect maltreatment.
- That doesn't prevent you from making a joint report with someone else in your agency, if you both suspect maltreatment of a specific child or children.

What if I suspect that a child has been maltreated but have a good relationship with the family and believe I can give them the help they need without reporting? Can't I try to help them first, and then report only if they don't respond to my help?

- If you are a MANDATED reporter and you suspect maltreatment, you must immediately report. There are no exceptions, other than those specified in the law.

What if I think I don't have enough information to make a report?

- It is always best to err on the side of protecting the child.
- The agency you are reporting to will help determine if there is enough information to proceed.
  - If there is not, the report remains on file.
  - If you receive additional information you can always call back and add to the report.
  - If additional reports are made for that same child, then sometimes, multiple reports can lead to an investigation.

# Children & Youth Advocate Manual

## Section 5: Mandatory Reporting



### Protective Parents Reporting to Child Protective Services (CPS)

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

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

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

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

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

### Your rights when CPS gets involved with your family

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

### Responsibilities you have when CPS gets involved with your family

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

# Children & Youth Advocate Manual

## Section 5: Mandatory Reporting



### Parenting Undermined

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

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

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

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

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

# Children & Youth Advocate Manual

## Section 5: Mandatory Reporting



### Resources

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

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

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

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

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# Children & Youth Advocate Manual

## Section 6: Adverse Childhood Experiences



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### Introduction & Importance

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

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

When advocates talk with clients about Adverse Childhood Experiences, they should **ALSO** talk about their client's resilience! See the section all about [Resilience](#)! [Saint A](#) is a resource that you can use to become a certified ACE trainer.

### ACEs Explanation

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

# Children & Youth Advocate Manual

## Section 6: Adverse Childhood Experiences



### **Abuse**

#### Emotional abuse

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

#### Physical abuse

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

#### Sexual abuse

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

### **Neglect**

#### Emotional neglect

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

#### Physical neglect

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

### **Household Challenges**

#### Caregiver treated violently

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

#### Household substance abuse

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

#### Mental illness in household

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

#### Parental separation or divorce

- Your parents were ever separated or divorced.

#### Incarcerated household member

- A household member went to prison.

### **ACEs Major Findings**

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

## Section 6: Adverse Childhood Experiences

With collaborative efforts from multiple states over multiple years we now know that study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course. **A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.** Dose-response describes the change in an outcome (e.g., alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). **The higher the number of ACEs, the more likely an individual will experience negative outcomes**

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

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

### ACE Statistics

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

#### Smoking and Lung disease

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

#### HIV Risks

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

#### Alcoholism & Liver Disease

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

#### Depression and Suicidality

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

# Children & Youth Advocate Manual

## Section 6: Adverse Childhood Experiences



### ACE Considerations

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

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

### Wisconsin Findings

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

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

# Children & Youth Advocate Manual

## Section 6: Adverse Childhood Experiences

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

[Saint A](#) is a resource that you can use to become a certified ACE trainer.

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# Children & Youth Advocate Manual

## Section 6: Adverse Childhood Experiences

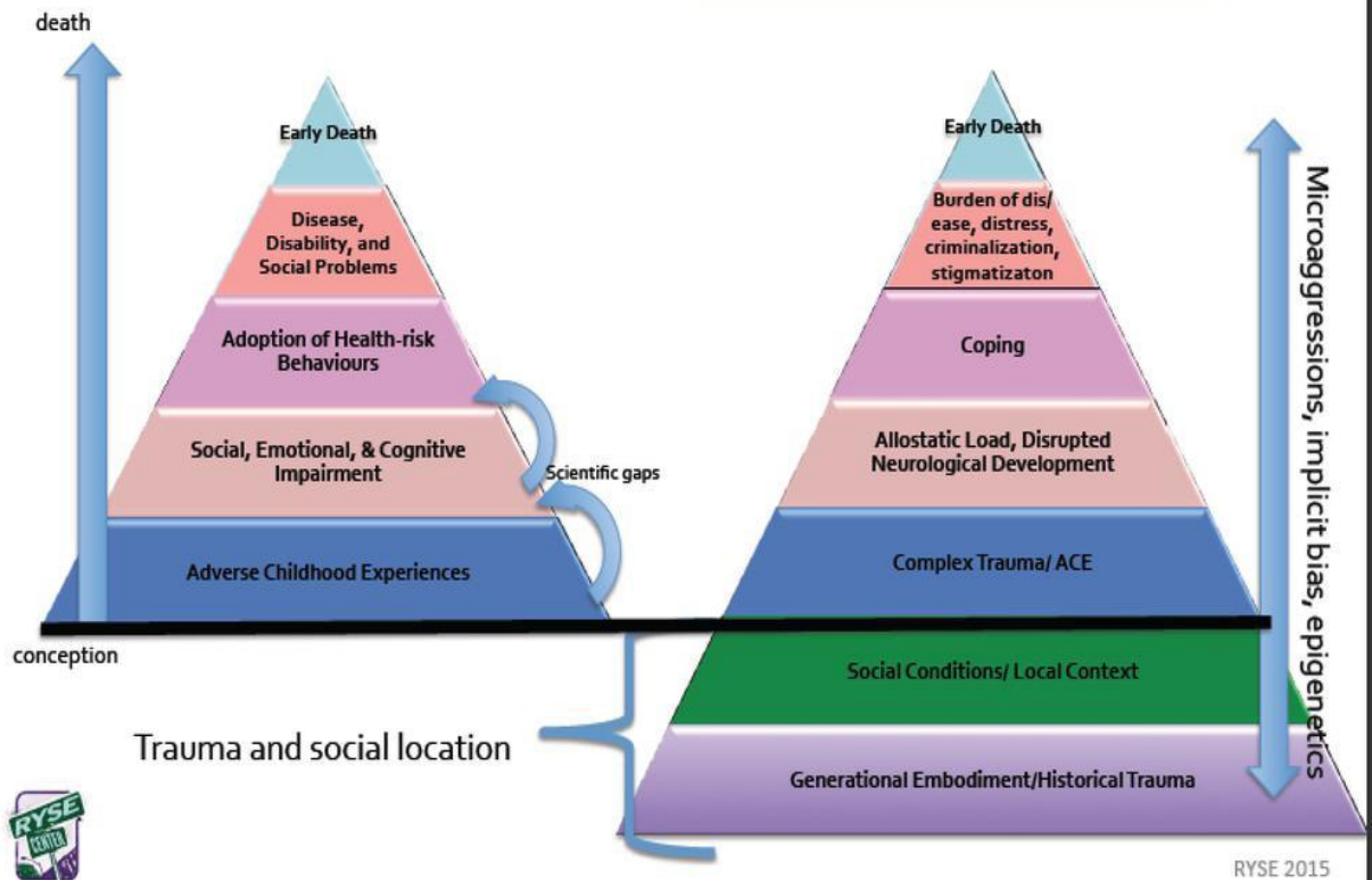
### ACE Pyramid

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

## Trauma and Social Location

### Adverse Childhood Experiences

### Historical Trauma/Embodiment



# Children & Youth Advocate Manual

## Section 6: Adverse Childhood Experiences



### Resources

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

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

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

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

[Saint A](#) is the host program for the Wisconsin ACE Interface Project. This project trains people to facilitate trainings and presentations on the ACE materials. They also have a list of master trainers around Wisconsin that people can connect with to provide those trainings for their communities.

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

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# Children & Youth Advocate Manual

## Section 7: Children & Youth Resilience



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### Introduction & Importance

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

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## Section 7: Children & Youth Resilience

### Resiliency Definitions

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



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### 10 Children & Youth Resiliency Assets

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

#### 1. Nurturing, Predictable Environments

- a. Create predictable environments so CY feel secure and know what to expect.
- b. Form guidelines that are minimal, flexible and trauma informed.
- c. Incorporate age-appropriate space for playing and learning that accommodate the needs of CY and protective caregivers (PC).
- d. Establish consistent routines and clear expectations for CY with the PC.
- e. Co-create a transition plan with the PC for when they leave shelter or services, separate from the abuser, or continue living with an abuser; that continues to reinforce the protective caregivers' values and views on safety.

#### 2. Relevant Relationships

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

#### 3. Support Protective Caregivers

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

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### 4. Individual and Group Education

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

### 5. Individual and Family Safety Planning

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

### 6. Coping with Trauma Behavioral Responses

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

### 7. Internal Strength Recognition

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

### 8. Health and Well-Being Promotion

- a. Identify each child's needs in these areas:
  - i. Physical and mental health
  - ii. Developmental growth
  - iii. Behavior
  - iv. School
  - v. Home life
  - vi. Social relations
  - vii. Consequences of exposure to abuse
- b. Collaborate with the child and the child's PC to develop a plan to address these needs.
- c. Develop cooperative relationships with community organizations that serve children.

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### 9. Foster a Sense of Connection and Belonging

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

### 10. Cultural Traditions and Awareness

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

## Agency Resiliency Characteristics

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

1. Train all staff to interact with CY and to support Domestic Violence survivors as protective caregivers.
2. Require all staff, regardless of their positions, to understand how each of their job responsibilities affect children, youth and parenting.
  - a. For example, assisting PCs with protection orders, locating housing, or coping with their own trauma responses may have repercussions for children that should be discussed with the protective caregivers. PCs may also want help with explaining these changes to children.
3. Increase the number of adults available to positively interact with CY.
4. Increase adult-to-child ratio in CY support groups with staff, volunteers, and interns.
5. Offer or refer to respite care for PCs.
6. Encourage informal interactions with CY such as play, individual conversations and help with homework.
7. Assist PC and children in managing trauma responses without blame or shame.
8. Fully integrate services for adults, children, and teens to create services that reflect the connections between family members.
9. Implement comprehensive, interactive, and sustainable training for new CYA to prepare them for the many aspects of their position.
  - a. Training for new children and youth advocates should be as thorough and participatory as training for all other new staff positions.
10. Establish sustainable methods of children and youth services during staff transitions.
  - a. Doing so prevents a lag in services when new CYA feels they need to reinvent the agency's children's programming during staff turnover.
11. Create and maintain CY friendly spaces throughout the office space. For younger children, this may include stuffed animals, books and other toys to play with. For older children and youth, this may include books, magazines and other age appropriate activities.

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### Support Group Practices that Promote Resiliency

#### Group Suggestions

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

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

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

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

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

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

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

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

# Children & Youth Advocate Manual

## Section 7: Children & Youth Resilience

### Facilitator Suggestions

There should always be at least two adult facilitators.

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

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

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

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

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

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

When a child is experiencing trauma response behaviors

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

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

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# Children & Youth Advocate Manual

## Section 7: Children & Youth Resilience



### Resources

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

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

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

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

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

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

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

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

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

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# Children & Youth Advocate Manual

## Section 8: Parenting Skills & Child Behavior Management



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### Introduction & Importance

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

### Tip Sheets for Supporting Protective Caregivers

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

INFANTS TO TODDLERS	
What may be observed	How you can support caregivers
<ul style="list-style-type: none"> <li>Being upset at reminders and doing their best to avoid reminders</li> </ul>	<ul style="list-style-type: none"> <li>Understand that children cannot understand the concepts involved in family violence and marital separation</li> </ul>
<ul style="list-style-type: none"> <li>Sleep disturbances</li> <li>Disturbances in feeding</li> </ul>	<ul style="list-style-type: none"> <li>If they have a home visitor from public health, ask for suggestions</li> <li>Model routines and offer 2-3 choices to choose from</li> </ul>
<ul style="list-style-type: none"> <li>Feelings of helplessness &amp; passivity</li> <li>Generalized fearfulness</li> <li>Specific new fears</li> <li>Easily startled</li> </ul>	<ul style="list-style-type: none"> <li>Name the child's feelings</li> <li>Help child anticipate what will happen</li> <li>Understand that children cannot understand the concepts involved in family violence and marital separation</li> <li>Provide reassurance when the child needs it</li> </ul>
<ul style="list-style-type: none"> <li>Loss of recently acquired developmental skills</li> </ul>	<ul style="list-style-type: none"> <li>Read a book with them designed for their age level</li> <li>Spend time in face-to-face interactions, lots of baby talk and giggles</li> <li>Some protective caregivers may benefit from a parenting courses or parenting books</li> </ul>
<ul style="list-style-type: none"> <li>Clinginess and separation anxiety</li> </ul>	<ul style="list-style-type: none"> <li>Understand that children cannot understand the concepts involved in family violence and marital separation</li> <li>Spend time in face-to-face interactions, lots of baby talk and giggles</li> <li>Help them prepare for school</li> <li>Help find people the caregiver trusts to babysit</li> <li>Consider using childcare even if the caregiver is not working</li> </ul>
<ul style="list-style-type: none"> <li>Inhibited play and exploration</li> </ul>	<ul style="list-style-type: none"> <li>Give choices</li> <li>Provide reassurance when the child needs it</li> <li>Expect to need to do these repeatedly. It is normal for children to need continual reassurance.</li> </ul>
<ul style="list-style-type: none"> <li>Thinking and talking about the traumatic event</li> </ul>	<ul style="list-style-type: none"> <li>Help the protective caregiver seek out friends, family or professionals for emotional support</li> </ul>
<ul style="list-style-type: none"> <li>Aggressiveness</li> </ul>	<ul style="list-style-type: none"> <li>Teach that hands are not for hitting, hands are for non-violence.</li> <li>Your actions will speak louder than words</li> <li>Have clear rules and consequences so they know what to expect</li> </ul>
<ul style="list-style-type: none"> <li>Continually Expecting danger</li> </ul>	<ul style="list-style-type: none"> <li>Support caregivers in keeping their children close to them</li> </ul>

# Children & Youth Advocate Manual

## Section 8: Parenting Skills & Child Behavior Management

SCHOOL-AGED CHILDREN	
What may be observed	How you can support caregivers
<ul style="list-style-type: none"> <li>• Posttraumatic play: A kind of play that some children engage in who have been exposed to trauma. Is a repetitive reenactment of a traumatic experience or event</li> </ul>	<ul style="list-style-type: none"> <li>• Offer reassurance that you and the caregiver are working together to keep the family safe</li> <li>• Name the child's feelings and encourage the child to find ways to express them through language, play, or drawing</li> </ul>
<ul style="list-style-type: none"> <li>• Thinking and talking about the trauma</li> <li>• Being upset at reminders of the trauma and doing their best to avoid reminders</li> <li>• Specific fears, often triggered by traumatic reminders</li> </ul>	<ul style="list-style-type: none"> <li>• Answer questions truthfully and simply</li> <li>• Listen to the child's concerns</li> <li>• Explain the violence in terms of rules               <ul style="list-style-type: none"> <li>○ Example: "There is a law, a very serious rule, that people cannot hit others. This is a good rule. It keeps everyone safe. The non-protective caregiver knows this rule. They must learn to live with people and not break this rule."</li> </ul> </li> <li>• Offer reassurance that you and the caregiver are working together to keep the family safe               <ul style="list-style-type: none"> <li>○ Be careful about blaming the non-protective caregiver for the violence or the separation</li> </ul> </li> <li>• Name the child's feelings and encourage the child to find ways to express themselves through language, play, or drawing</li> <li>• Support the caregiver in letting the child stay close</li> <li>• Help the child anticipate what will happen next</li> </ul>
<ul style="list-style-type: none"> <li>• Feeling guilty about the trauma and responsible for what happened</li> </ul>	<ul style="list-style-type: none"> <li>• Explain the violence in terms of rules               <ul style="list-style-type: none"> <li>○ Example: "There is a law, a very serious rule, that people cannot hit others. This is a good rule. It keeps everyone safe. The non-protective caregiver knows this rule. They must learn to live with people and not break this rule."</li> </ul> </li> <li>• Children of this age may need to explain a non-protective caregiver's violence using external factors               <ul style="list-style-type: none"> <li>○ Substance abuse</li> <li>○ Bad childhood</li> <li>○ Current stressors like financial worries</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Impaired concentration and difficulty learning</li> </ul>	<ul style="list-style-type: none"> <li>• Give choices</li> <li>• Name the child's feelings and encourage the child to find ways to express them through language, play, or drawing</li> </ul>
<ul style="list-style-type: none"> <li>• Sleep disturbances</li> <li>• Headaches, stomach aches, or other physical symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Offer reassurance that you and the caregiver are working together to keep the family safe</li> <li>• Support the caregiver in letting the child stay close</li> </ul>

SCHOOL-AGED CHILDREN	
What may be observed	How you can support caregivers
<ul style="list-style-type: none"> <li>Aggressive behavior</li> <li>Fantasies of revenge</li> </ul>	<ul style="list-style-type: none"> <li>Explain the violence in terms of rules</li> <li>Example: “There is a law, a very serious rule, that people cannot hit others. This is a good rule. It keeps everyone safe. The non-protective caregiver knows this rule. They must learn to live with people and not break this rule.”</li> <li>Give choices</li> <li>Have clear rules and consequences so they know what to expect</li> <li>Listen to the child’s concerns</li> <li>Name the child’s feelings and encourage the child to find ways to express them through language, play or drawing</li> </ul>
<ul style="list-style-type: none"> <li>Withdrawn behavior</li> <li>Concerns about their own safety and the safety of others</li> <li>Fear of being overwhelmed by their feelings</li> </ul>	<ul style="list-style-type: none"> <li>Support the caregiver in letting the child stay close</li> <li>Name the child’s feelings and encourage the child to find ways to express them through language, play, or drawing</li> <li>Today is far more important to the child than what happened in the past</li> <li>Help the child anticipate what will happen next</li> <li>Listen to the child’s concerns</li> </ul>
<ul style="list-style-type: none"> <li>Regressive behaviors like bed wetting, consistent use of baby talk, sucking thumb for comfort, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Support the caregiver in letting the child stay close</li> <li>Help the child anticipate what will happen next</li> </ul>

TEENS	
What may be observed	How you can support caregivers
<ul style="list-style-type: none"> <li>• Detachment, shame, and guilt</li> </ul>	<ul style="list-style-type: none"> <li>• Help teens find ways to express their strong feelings                             <ul style="list-style-type: none"> <li>◦ Journaling, Writing stories or poems, or Art</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Self-consciousness about their fears and intense feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Let them know they both have someone to talk to when they are ready</li> <li>• Provide an environment in which the teen can talk about concerns</li> <li>• Answer questions honestly</li> </ul>
<ul style="list-style-type: none"> <li>• “Acting out” and sensation-seeking behaviors                             <ul style="list-style-type: none"> <li>◦ May include life-threatening reenactments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Seek out friends, family or professionals for emotional support</li> <li>• Help them learn to meet their wants without intimidating or threatening others</li> </ul>
<ul style="list-style-type: none"> <li>• Abrupt shifts in relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Let them know they both have an someone to talk to when they are ready</li> </ul>
<ul style="list-style-type: none"> <li>• Desire for and plans to take revenge</li> </ul>	<ul style="list-style-type: none"> <li>• Help them learn to meet their wants without intimidation or threatening others</li> </ul>
<ul style="list-style-type: none"> <li>• Radical changes in attitude and self-identity</li> </ul>	<ul style="list-style-type: none"> <li>• Find activities they can connect with peers</li> <li>• Help them succeed at school</li> </ul>
<ul style="list-style-type: none"> <li>• Premature entrance into adulthood</li> </ul>	<ul style="list-style-type: none"> <li>• Help them succeed at school</li> <li>• Make sure their schooling does not fall too far behind</li> <li>• Support caregivers in letting their teens stay close to them                             <ul style="list-style-type: none"> <li>◦ Even relatively independent teens may need extra support after a traumatic event</li> <li>◦ Answer questions honestly</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Reluctance to leave home</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting caregivers in letting their teens stay close to teen                             <ul style="list-style-type: none"> <li>◦ Even relatively independent teens may need extra support after a traumatic event</li> </ul> </li> <li>• Find activities they can connect with peers</li> </ul>
<ul style="list-style-type: none"> <li>• Being upset at reminders of the trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Let them know it is okay to talk about the non-protective caregiver</li> <li>• Do not express your anger at their non-protective caregiver in front of them</li> </ul>
<ul style="list-style-type: none"> <li>• Doing their best to avoid reminders</li> </ul>	<ul style="list-style-type: none"> <li>• Let them know when they’re ready they have someone to talk to</li> <li>• Let them know it is okay to talk about the non-protective caregiver</li> <li>• Do not say they are like their non-protective caregiver</li> </ul>
<ul style="list-style-type: none"> <li>• Coping behaviors that may include self-endangering behaviors                             <ul style="list-style-type: none"> <li>◦ Substance abuse, Self-harm, Suicidal ideation &amp; thoughts, etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Help teens find ways to express their strong feelings.                             <ul style="list-style-type: none"> <li>◦ Journaling, Writing stories or poems, or Art</li> </ul> </li> <li>• Help teens anticipate what will happen next</li> </ul>
<ul style="list-style-type: none"> <li>• Regressive behaviors like bed wetting, consistent use of baby talk, sucking thumb for comfort, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Expect to have to do these things again and again</li> <li>• Help teens anticipate what will happen next</li> </ul>

### Behavior Management & Discipline

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

### Creating Norms for the Household and Shelter

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

### Using Praise, Reward, & Attention

Praise needs to be:

- Specific
- Immediate
- given without “buts” and other back-handed comments
- Consistent- given every time the desired behavior is demonstrated by the child

Rewards need to be:

- Immediate
- Creative
- Small
- motivating - refocus on positive behavior and praise what you want to see in the future

Attention needs to be:

- Focused on the positive. This is MUCH more effective than focusing on the negative. The warmer the relationship between caregiver and child, the more motivated the child is to do the right thing
- 80% positive and 20% negative. Typically, caregivers practice the reverse - 80% negative; 20% positive - and don't get good results
- Refocus on positive behavior – praise what you want to see in the future

### How to Define Rewards for your Child

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

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

### Differential Attention & Ignoring

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

### Natural & Logical Consequences

- A Natural Consequence is the natural result of your behavior.
  - Example: you didn't wash your uniform last night when I told you to, so now you will need to wear a dirty uniform to the game.
  - Or you left your bike outside when I told you to bring it in and now it is rusted from the rain.
- A Logical Consequence is still related to the behavior but used when a natural consequence is not safe or practical.
  - Example: you went down the street when I told you to stay in front of the house so now you must play inside.
  - Or you threw your toy so now you can't play with it for the day. A consequence should be as directly related to inappropriate behavior as possible.

### How to Develop and Give Effective Commands

- Use Statements vs. Questions.
  - Example: “It’s time for bed”
  - Versus “Are you ready to go to bed?”
- Use a calm voice
- Offer meaningful choices, where either response is acceptable.
  - Example: “Do you want to wear your blue pants or your red pants?”
  - Versus “Do you want to get dressed now?”
- Give one command at a time, simply stated and phrased positively.
  - Example “Please put all these blocks in the bucket.”
  - Versus being vague: “Clean up this mess.”
  - Or issuing too many commands at one time: “Put those blocks away and get your clothes hung up and make your bed.”
- Provide praise after each act of compliance, particularly with younger or oppositional children.
  - Praise the children during the actions, rather than waiting until the very end when the entire task is completed.
  - Example: “You have ten blocks in the bucket already? You are doing a great job listening!”
- Describe in advance the positive consequences of compliance.
  - Example: “We can read this book together as soon as the books are put away” or “Once you take out the trash, I can take you to the mall.”

### Preventing Aggression and How to De-Escalate

#### What makes kids aggressive?

- Perception of threat
  - feeling like they need to protect themselves
- Environment
  - If kids don’t have enough space to move around and do different activities
  - Example: children of all ages grouped together watching TV in a small room and one wants to dance
- Shelter rules dictating that caregivers must always be with child
- Insufficient resources
  - If kids don’t have enough resources, it generates competition and frustration
  - Example: one game controller for 10 kids
- Boredom
  - Not enough to do or no activities planned
  - Do NOT wait until children complain or are aggressive before changing activities or play opportunities
- Previous traumatic events can influence a child’s perception of being threatened in current fairly nonthreatening situations

#### What can we do about it?

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

- What can we change about the shelter environment?
  - Example: add toys, structure activities, brainstorm with children and caregivers about improvements
- What can we change about the shelter rules?
  - Example monitoring of children, support of caregivers

# Children & Youth Advocate Manual

## Section 8: Parenting Skills & Child Behavior Management



### Child Behavior Management Activities

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

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

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

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

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

In addition; to age, think about these for each child when selecting chores:

1. Maturity level
2. Physical ability
3. Interest

They also have [12 Chore Chart Tips For Success](#).

1. Be reasonable in your expectations
2. Be an example
3. Involve the children in the process of selecting a chart
4. Consider your rewards
5. Make chore charts visual
6. Have consequences without being harsh
7. Get organized before you expect everyone else too
8. Make sure there are breaks
9. Keep it interesting
10. Supervise
11. Train your workers
12. Include homework and mandatory activities

# Children & Youth Advocate Manual

## Section 8: Parenting Skills & Child Behavior Management



### Resources

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

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

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

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

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

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

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

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

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

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

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# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations With Protective Caregivers



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### Introduction & Importance

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

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations With Protective Caregivers



### Suggestions for Facilitating Conversations

#### Advocate Readiness for Difficult Conversations

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

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

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

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations

### With Protective Caregivers



#### Goals for Protective Caregiver-Child Conversations

Here are some suggested goals that are appropriate when facilitating conversations between protective caregivers and children.

1. Protective caregivers feel supported to reclaim their parenting, able to identify their strengths as caregiver, and able to talk with their children about the domestic abuse they were exposed to.
  - a. This is the most important, and sometimes the most difficult, part of strengthening caregiver-child relationships. Protective caregivers should take the time they need to begin to come to terms with the impact of domestic abuse on their parenting and their families. Advocates should support protective caregivers so that protective caregivers are better able to support their children.
2. Children able to express their feelings and perspective AND have those feelings and perspectives validated.
  - a. Protective caregivers listen compassionately to their children and acknowledge what they have experienced and how they feel.
  - b. Protective caregivers listen and respond with empathy and in a developmentally sensitive manner.
  - c. Children are NOT placed in a listening role for their protective caregivers. That's the advocate's job. We support the protective caregiver so they can support their children.
  - d. The child can tell their story and tell their story without being corrected. If family members disagree, it may be helpful to say, "I'm hearing that you both saw that experience a little differently and that is ok. It is good to know that you have different perspectives on that."
3. Children and protective caregivers do not feel blamed for their experiences.
  - a. Advocates can help family members discuss their experiences without condemning others. Domestic abuse is not the fault of the protective caregivers or the children.
  - b. Distinguish between the abuser and their behavior, especially if the abuser is the child's caregiver.
4. A safety plan is created with the whole family that everyone understands and agrees too.
  - a. The safety plan highlights the strengths and connectedness of family members.
  - b. The safety planning process places protective caregivers in the role of caring, competent parents.
  - c. It offers opportunities for protective caregivers to learn about what their children have seen and know about the abuse.
  - d. Safety planning together as a family provides a strength-based opportunity to talk together, plan for their safety, and discuss abuse as they are ready and able. It also offers caregivers a chance to demonstrate their protective capacities.

#### Non-Violent Communication

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

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations

### With Protective Caregivers



#### Always Start Conversations with Protective Caregivers

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

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***TIP:** It may be helpful to talk in general terms of how trauma affects children versus talking about the family's trauma directly if a protective caregiver is not at a place to talk about the impacts of abuse on their children.*

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Many protective caregivers believe that their children have been shielded from the abuse and do not want to consider that this thinking might not be true. Often, these conversations will be the first time a protective caregiver has allowed herself to think about the impact of domestic abuse exposure on their children. Start slowly, begin with the protective caregiver's concerns. If a protective caregiver becomes very reluctant or defensive, then it may be too soon for these conversations.

Some protective caregivers in crisis are not open to talking about or receiving help for their relationships with their children. They can be overwhelmed by survival concerns and may feel too vulnerable or defensive about their batterer-dominated parenting, especially if this is not the original intent for them seeking services. Once they have trust for staff and have moved beyond the crisis, they are often ready to focus on improving their relationships with their children. When a protective caregiver is willing, introduce the idea of talking with their children about the abuse at home. Acknowledge that parenting in public can be difficult and assure the protective caregiver that you are not judging them as a caregiver. These questions can present opportunities to initiate conversations with mothers about talking to their children. Some example questions include:

- What concerns are you having about your child's behaviors?
  - What do you think is causing those concerns?
- What are some practices you and your child can create to cope with this?
- What conversations has your family had about receiving services?
  - We can set up a time to meet as a family to have these conversations if you would like.

Another method to introduce these conversations is to talk about what is known about the effects of domestic abuse on children. Ask if they have noticed any of the affects you mention, and ease into a discussion of their family. It may help to assist the protective caregiver in identifying what they have done to protect their children. Make a list together; pay attention to decisions that may look like survival parenting, and make sure that they know that you understand the difficult choices they must make.

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

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations

### With Protective Caregivers

#### Conversations with Protective Caregivers and Children

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

When first meeting with the family, it is more important that everyone is connecting with one another. Some suggested questions for the first family one-on-one are:

- What activities do you do as a family?
- What is a happy moment you have with your family?
- What holidays/celebrations do you like having with your family?
- What do you wish your family did more?

It is very important to remember that ONLY IF NECESSARY, should you start the first meeting with creating family discussion guidelines that everyone understands and can agree to. Examples of when guidelines may be useful to incorporate are when family members are talking over each other or continually speaking for others in the family. If a family member is dominating the conversation, ask others what they think about what has been said. Some suggestions for guidelines:

- One person talks at a time.
- Questions will be answered honestly.
- Take breaks if conversation is getting heated.
- Start and end on time.
- No yelling

#### Suggestions for Facilitating Family Conversations

Some advocates from around the state have created a family events calendar that is displayed in their agency that everyone can see. Others have created a family events calendar that they print and give to the protective caregivers. To find activities in your community try looking at websites like your city, school district, youth serving agencies, etc.

- Have the family lead the discussion.
- Maintain your role as facilitator of the discussion.
- Show respect and concern for every member of the family.
- Support the adult's role as caregiver.
- Support everyone's right to be heard.
- Respect the family's values.
- Ask about the family rules, traditions, cultural, or religious beliefs or practices.
- Identify strengths in individual family members and in the family.
- Do not judge, blame, or take sides.
- Use active listening skills.
- Expect expressions of anger or other distress, but do not allow threats or abusive behavior.
- Take breaks and have a separate conversation with one or more family members if anger or silence create an impasse.
- The family members should talk to each other rather than to the advocate.
- Look for informal opportunities to support good conversations between protective caregivers and children.
- Use art, music, yoga, and relaxation exercises to bring families together.

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations

### With Protective Caregivers



#### Learning Strengths and Challenges

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

#### How this Guide and the Children and Youth Assessment Questions may be useful:

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

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

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

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

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

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

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations

### With Protective Caregivers



#### Children and Youth Assessment Questions for Protective Caregivers

The questions below were taken from *Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers*. **Pages 46-47** and **page 57** of the [Helping Children Exposed to Violence at Home: An Essentials Guide](#) contain a guide to helping protective caregivers identify their needs for their family, and can be used in combination with these questions. Having the [Potential Needs Chart](#) from section Abuse Effects on Protective Caregiver's Parenting may help move along different conversations.

#### General

- Describe your child.
- What are some of the things you like best about your child?
- What does your child do that makes you proud?
- How would you describe your relationship with your child?
- Does your child know why your family is staying here? (For shelter programs)
- What would you like to tell me about your family's culture or traditions that will help us understand you better?

#### Physical Health

- Is your child usually healthy?
- Does your child have a history of health problems?
- Does your child have any current health problems that concern you?
- Would you like to find medical help for your child?
- When was your child's last well child visit to a doctor or health clinic?

#### Child Development

- What does your child do well for someone his/her age?
- Are there ways that your child is behind other children his/her age?
- In general, do you think that your child's development is appropriate for his/her age?
- Do you have any concerns about how your child is growing and developing?
- Would you like more information about or help with your child's growth and development?

#### Behavior

- How is your child cooperative and well-behaved?
- Are there times when your child's behavior is a problem?
- How would you describe your child's overall behavior?
- What do you do that's effective in helping your child manage his/her behavior?
- Do you ever have difficulty coping with behavior problems in your child?
- Would you like help coping with your child's behavior?

#### Emotional Health

- When does your child usually feel relaxed and happy?
- Are there times when your child is depressed, withdrawn, anxious or angry?
- In general, how would you describe your child's emotional health?
- Has trouble with your partner or abuse in your home caused problems for your child? If so, how?
- Do your child's moods or emotions ever cause you concern?
- Can you talk to your child about his/her feelings?
- Can you talk to your child about problems in your family?
- Would you like to find help to improve your child's emotional well-being?

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations

### With Protective Caregivers

#### Home Life

- What do you enjoy about living with your child?
- Are there times when living with your child is a challenge?
- Who in your family does your child usually get along with? Who do they usually have conflicts with?
- Do your child's family conflicts ever become too difficult to handle?
- Would you like to find help to better handle your child's behavior at home?
- Is it important to you to give your child a sense of cultural pride or family tradition that makes him or her a stronger person?

#### School

- What are your child's successes in school?
- Are there parts of school that are difficult for your child?
- Are you concerned about any part of your child's progress at school?
- Who are the teachers and other staff you feel comfortable talking to about your child's progress at school?
- Would you like help with any part of your child's progress at school?

#### Friends and Social Relationships

- What makes your child good at being a friend?
- Does your child have any problems getting along with friends or other people?
- Is there anything that concerns you about your child's relationships with other people?
- Do you think your child could use help in improving their social or friendship skills?

# Children & Youth Advocate Manual

## Section 9: Facilitating Conversations With Protective Caregivers



### Resources

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

[Helping Children Exposed to Violence at Home: An Essentials Guide \(2017\)](#) This guide is an updated and revised version of the 2004 publication titled “Helping children thrive: Supporting woman abuse survivors as mothers”, the 2007 publication titled “Little eyes, little ears: How violence against a mother shapes children as they grow” and the 2008 publication titled “Helping an Abused Woman: 101 Things to Know, Say, and Do”. The guide addresses: the needs of abused women as mothers, the effects of power and control tactics on mothers, and the potential impact of woman abuse on children of different ages.

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

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

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

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

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

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# Children & Youth Advocate Manual

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



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### Introduction & Importance

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

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

### Youth 1:1 Requested & Informed Consent

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

Elements of Informed Consent	
These elements of informed consent should be included.	
Nature & description of services	An explanation of services; Expected duration of participation in those services; Description of the procedures the agency follows.
Risks and discomforts	A description of any reasonably foreseeable risks or discomforts to the family.
Benefits	A description of any benefits to the family.
Reasonable alternatives	A disclosure of appropriate alternative services, if any, that may be helpful to the family.
Confidentiality	A statement describing the extent, if any, to which confidentiality of records identifying the family will be maintained.
Contacts	An explanation of whom to contact for answers that relate to questions about services and rights to services.
Voluntary Participation	<ul style="list-style-type: none"> <li>A statement that participation is voluntary, that refusal to participate will involve <b>NO</b> penalty or loss of services to which the family is entitled.</li> <li>The family may discontinue participation at any time without penalty or loss of services to which they are entitled.</li> </ul>
Assessment of understanding	Assessment of the family's understanding of the elements within the informed consent form.
Additional Elements of Informed Consent	
These elements of informed consent can be included as needed.	
Unforeseeable risks	A statement that the services may involve risks to the family which are currently unforeseeable.
Number of people	The approximate number of other people also receiving specific services.
Additional costs to the family	Any additional costs to the family that may result from participation in services.
Consequences of withdrawing from services	The consequences of the family's decision to withdraw from the services for orderly termination of participation by the family.
Involuntary termination of services	Anticipated circumstances where family's participation may be terminated by the agency.

### Tips for Crafting an Informed Consent Form (ICF)

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

# Children & Youth Advocate Manual

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



- Written in simple, plain language, and should not contain any jargon.
  - Plain language includes short paragraphs, with short sentences, that have short words.
- For adults, the ICF should be written at an 8th grade reading level.
- Write in the second person (you) and avoid the first person (I).
- Avoid the passive voice and opt for the active voice.
- Should not include any exculpatory or victim blaming language.
- Use 12-point font with 1-inch margins to maximize readability.
- If using multiple consents, label each clearly in a footer.
  - To lessen the likelihood of using the incorrect consent document.

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

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

### Mandatory Reporting

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

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

# Children & Youth Advocate Manual

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



### Begin to Understand the Culture of the Family

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

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

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

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

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

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# Children & Youth Advocate Manual

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

### Space and Supply Considerations

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

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

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

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

- Have more than one person in the room
- Have more than one person attend any out of office “fieldtrips”
- Use spaces that have windows
  - If the person is comfortable ask if they would like to have the door open a little
  - Leave door unlocked
- Go in teams if working with someone who has experienced sexual assault
- Know your agencies grievance procedure for these types of allegations or to know when an investigation may be necessary

# Children & Youth Advocate Manual

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

### Beginning Conversations: Icebreakers and Conversation Starters

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

One way to establish a connection is asking the youth what they are hoping to get out of meeting with you. That way you have one measure to show progress. Talk about anything that they enjoy discussing and that makes them feel at ease. Adapting the 'Children & Youth Assessment Questions for Protective Caregivers' from the ['Facilitating Conversations with Protective Caregivers'](#) section of the manual may help start conversations. For example:

- What do you like to do for fun/when you are bored?
- What are things you feel you do well?
- What are things you like to do with your family?
- What are activities are you involved with?
  - At school, in the community, etc.
- What books have you been reading?
- What movies or shows have you been watching?

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

- |                                  |  |
|----------------------------------|--|
| • Draw together                  | • Take a walk  |
| • Read a book together           | • Write together   |
| • Play an indoor or outdoor game | • Post a question of the week and offer incentives to answering the question |
| • Offer fidget items             |  |
| • Listen to music                |  |

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*If you feel like you could use some help in this area reach out to advocates on the Children & Youth listserv ([wiskidsdv](#)) or connect with other youth advocates on the **MONTHLY** Children & Youth Conference Calls. Contact the Children & Youth Prevention & Outreach Coordinator, [Cody Warner](#), for more information!*

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# Children & Youth Advocate Manual

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



### Moving Towards Deeper Issues

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

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

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

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

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

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

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

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

### Topics & Questions

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

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

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

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

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

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

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

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

### Wrapping up a Conversation

Have a clock, watch, or timer so you can let them know when there are about 10-15 minutes left. Go over what they would like to share with their caregiver about the time with you before the caregiver comes in the space. Ask the youth if there is anything the youth wants you to share with the caregiver.

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

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

# Children & Youth Advocate Manual

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### Resources

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

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

[Love Is Respect: Start Talking Campaign](#) teens, parents, teachers and service providers are receiving tools and resources they need to promote healthy relationships.

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

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

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

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

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# Children & Youth Advocate Manual

## Section 11: Age Appropriate Support Groups



### Introduction & Importance

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

### How to Start a Support Group

#### Group Ratios

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

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

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

#### Chart Terms

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

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

#### Child-to-Adult Ratio Chart

AGE	CHILD-TO-ADULT RATIO	GROUP SIZE	TOTAL NUMBER OF ADULTS NEEDED TO BE PRESENT IN A FULL GROUP
Infant (Birth to 11 months)	1 adult to 3-4 infants	No more than 6-8 infants	2 adults to 6-8 infants
Young Toddler (1 to 2 years)	1 adult to 3-6 younger toddlers	No more than 6-12 young toddlers	2 adults to 6-12 young toddlers
Older Toddler (2 to 3 years)	1 adult to 4-6 older toddlers	No more than 8-12 older toddlers	2 adults 8-12 older toddlers
Preschooler (3 to 5 years)	1 adult to 6-10 preschoolers	No more than 12-20 preschoolers	2 adults to 12-20 preschoolers
School Age (5 years and up)	1 adult to 10-12 school-age children	No more than 20-24 school-age children	2 adults to 20-24 school-age children

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### Forming the Group

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

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

### Recruiting Participants

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

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

### Obtaining Group Spaces

- Location for meetings must be inviting and non-threatening to youth
- Transportation and/or accessibility are factors – check to see if your adult supporters can help with them
- Host organization could and should provide resources
- Have youth create decorations for their own space (creates a sense of ownership and inclusion from the beginning)
- Find furniture in a space so youth feel comfortable engaging and could possibly remain anonymous (i.e. making sure if group is at school it is not during school hours)
- Include food (if appropriate)

# Children & Youth Advocate Manual

## Section 11: Age Appropriate Support Groups



### Establish Group Norms, Guidelines, etc.

Establishing group norms or guidelines in the beginning helps group participants understand, recognize, and take ownership of how everyone is expected to be in the group space. Below is an example activity of how to set up group norms.

#### Materials Needed

- Flipchart or large sheet of paper
- Markers

#### Preparation

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

#### Instructions

##### Introductions

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

##### Beginning Discussion

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

##### Creating Norms for the Year

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

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

##### Closing

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

# Children & Youth Advocate Manual

## Section 11: Age Appropriate Support Groups



### New Members to Existing Youth Group

#### Start with the New Member

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

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

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#### Example Logistics

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

#### Youth Group Norms Addition

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

# Children & Youth Advocate Manual

## Section 11: Age Appropriate Support Groups



### Example Activities by Age Group

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

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

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

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

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

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

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

[School-Aged Activity \(5-11\)](#): A 3-session respect-peacemakers activity to build support and community around how to respect each other.

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

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

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

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

# Children & Youth Advocate Manual

## Section 11: Age Appropriate Support Groups



### Resources

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

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

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

[Elementary School Small Counseling](#) (K-6): This is a blog that offers small group counseling activities based on specific topics like anger management, grief, self-esteem, and much more.

[North American Council on Adoptable Children](#) has compiled information on how to start a youth network as an advocate. Including the [Ladder of Youth Engagement](#) illustrates the varying degrees of youth involvement in groups.

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

[West Virginia Department of Education: School Counseling](#) (K-12): Offers group lessons for specific age ranges and a wide variety of topics. Some of the topics are anger management, divorce, grief, self-control, and self-awareness. They also provide any handouts needed for the lesson.

[Youth and Child Advocate and Educator Manual of Activities and Exercises for Children and Youth](#) This PDF has 50+ different activities from body image to sexual violence. Each activity comes with instructions that include age level, activity description, and handouts needed!

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

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# Children & Youth Advocate Manual

## Section 12: Age Appropriate Presentations



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### Introduction & Importance

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

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

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

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

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

Other helpful hints for successful advocates are to:

- Go with a seasoned advocate to tour and meet some of the school staff or other collaborating partners.
  - That way they know who they will be talking with later when the newer advocates setup their presentations.
- Check-in with your contact from time to time.
- Find other ways to collaborate beyond doing presentations.
- Coordinate cross trainings with each other’s staff so you can build relationships with others in the school or agency.

# Children & Youth Advocate Manual

## Section 12: Age Appropriate Presentations



### Example Topics for Presentations by Age Group

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

**Remember**, you do not have to go at this alone. Teaming up with your agency staff or with collaborating partners to co-facilitate a presentation may enhance the presentations through additional knowledge, insights, and experiences. Incorporate a variety of activities for different types of learning.

### School Specific Presentation Considerations

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*For school presentations, it can be helpful to tie in [the social-emotional learning \(SEL\) competencies](#) for each grade.*

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

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

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

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

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

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

# Children & Youth Advocate Manual

## Section 12: Age Appropriate Presentations



### Resources

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

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

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

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

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

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

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

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

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

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

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