Michelle Dixon-Wall: Good afternoon, welcome to Child Sexual Abuse and Child Advocacy. For beginners, my name is Michelle Dixon-Wall. I'm the Advocacy Services Manager here at the Washington Coalition of Sexual Assault Programs. Here's my colleague.

Soleil Muñiz: Hi, everybody. My name is Soleil Muniz. I am the Child Advocacy Coordinator.

Michelle: Okay. I'll let you, Soleil, get us started.

Soleil: Perfect. Thank you. To begin with, we are going to start with the prevalence of child sexual abuse. It is estimated that 22%, 30% of girls, and about 15% of boys will have some kind of sexual abuse experience. The study of women in Washington State found that 38% of women reported some type of sexual assault experience during their lifetime. With 80% of these incidences taking place before they even turned 18. Child sexual abuse occurs along a continuum can include fondling of child genitals, masturbation, oral-genital contact, digital penetration, and vaginal and or anal penetration.

Child sexual abuse could also include non-contact abuse, such as exposure, voyeurism, child pornography, anything like that. While some cases involve the use of force or threats of violence, most do not. You should also bear in mind, some of the material in this lesson may be difficult. This is a very, not exactly a cheerful subject, one would say. Particularly, because this is an online training format, please remember to do what you need to do to take care of yourself. This might include talking with a supervisor or an advocate at your program about questions or challenges that come up.

Michelle: Thank you. Great reminder, Soleil. Thank you so much. The offenders, most offenders are someone the child already knows and trusts. There's been a lot of myths around sexual assault and sexual abuse around, that it's often strangers, but that is a myth that's been disproven. Most offenders are someone that the child already knows, that they trust, like a relative, a coach, a childcare worker, or a neighbor. About a third of cases involve a family member from either the immediate or extended family. Only about 10% of those cases do involve strangers.

Offenders take advantage of the child's inexperience and innocence, and trusting nature. Sometimes, the abuse is misrepresented as normal behavior or as a game. Offenders may manipulate children by offering rewards, gifts, a special relationship, a special secret, to get them to go along with abusive behavior. Children are usually the taught that older people have power and authority over them based on our cultural contexts, and what we learn within our families. They don't feel that they have a choice in these situations.

Soleil: Then we come through a child sexual abuse laws. Washington State Laws make all forms of sexual contact by an adult with a child illegal, based on the age of the victim, regardless of any other circumstances, including the use of force or

threats or the child's behavior. Even if there was no threats or violence, or force, it is still child abuse. It is still illegal. How do these people get to the point where they are abusing a child? Most of the time, it starts with grooming. Child sexual abuse it does not just happen. Perpetuators specifically target their victims. They tend to choose those who are lonely, isolated, without power, children who may be from traditionally marginalized groups.

They go through a very intentional process of getting close to this child. That is known as the grooming process. Offenders typically groom, not just the child, but the family and the community as well. Grooming is a deliberate action taken by an offender to form a trusting relationship with the intent of having sexual contact with a child in the future. They not only convince the child that they are a safe person, but they also convince the family and the community that they're a safe person. In that way, there aren't as many eyes on them. There's no nobody keeping watch over them because they are safe and trusted. That's how they gain that power to be able to get close to the child.

Michelle: The first phase of grooming is when it's called the engagement phase. The perpetrator has set up opportunities to have access to the child. Perpetrators may build special relationships or provide like I said, things like gift. Grooming includes manipulation of the family and community **[unintelligible 00:05:55]**. In her book, *Identifying Child Molesters: Preventing Child Sexual Abuse by Recognizing the Patterns of Offenders,* Carla van Dam discusses how molesters go through a process of grooming the community, in addition to the child, in order to appear respectable and helpful, thereby gaining access to children.

This phase is ongoing long before any sexual interaction may occur. It corresponds to what is popularly called grooming. There may be absolutely nothing about this type of interaction which could be recognized as dangerous to a child. The next phase is the sexual interaction phase. This is the beginning of the sexual interaction, and the perpetrator probably will escalate from nontouching to touching behavior. The abuse may include exposure, masturbation, physical contact, and or penetration, and may occur one time or more often, many times in escalating type behaviors.

Soleil: We move on to what is known as disclosure, which is what we hope happens in every single clay case. Disclosure is basically, form of authority finding out about the abuse that is going on. Disclosure of the abuse can happen accidentally. Maybe somebody discovered it. Somebody walked in on the person doing this. In some cases, the child might actually decide to tell someone. It is very rare for perpetrators to voluntarily tell someone that they're abusing a child. Disclosure can often create a crisis as the family response with anxiety and alarm. Perhaps with reactions of disbelief.

Like we said earlier, the perpetrators, they're not just grooming the child, they've groomed the entire community, the family. It's really difficult for them to believe that this person that they have trusted for so long could actually have harmed a child. It's

even more difficult to believe if it's a family member. If it was an uncle or an aunt, or somebody close to the family, it makes it a lot more difficult. It brings up a lot of tensions in crisis because the offenders are often very social people and manipulative. Abuse is often overlooked or else it's viewed as a one-time error judgment. They're not going to do it again.

A lot of times, they also minimize or blame the victim. It's important to remember that most child molesters don't fit the media stereotype of a dangerous sexual predator. In other words, you can't just look at them and know they're a child molester.

Michelle: They might have a van.

Soleil: Yes. They might not have a white van. There's nothing in their face that says like, "Oh yes, this is a pedophile." It can be somebody that you've known for a long time, or it can be somebody who looks completely normal. A lot of times, this leads to suppression, which is the final phase. This happens when family members may try to deny that the abuse occurred. They can try to minimize is the severity of either the abuse or the child's response to it. This is a stress-provoking and frightening time. It's important to remember that the child came to somebody they trusted, and they spoke up about something.

It does create a lot of tension when the family is thrown into chaos and they don't know what to believe. In their anxiety and stress, they lash out and say, "Well, no, this cannot be true." In saying that, they are suppressing the child's voice, and they're saying, "I don't believe you." Even if that's not their intent, that is how it's taken. There is widespread confusion about what constitutes child sexual abuse. Ambiguity and the lack of a decisive response, very often work in the offender's favor.

Michelle: Yes, and I would say also, I'd add to this why we see as sexual assault and sexual abuse advocates, why we see so many adults who come to services later in life because this experience happened when they initially disclosed a child and then, later on, thought services. A lot of times, what was so challenging and why it's so hard for the resilience piece is because of this suppression piece.

Soleil: Michelle, who is it that wrote that book, *Love WITH Accountability*?

Michelle: That is Aisha Shahida Simmons.

Soleil: Yes. It's such a perfect example of this. She, unfortunately, suffered sexual abuse when she was a child. She disclosed to her parents and was then suppressed. As an adult, this book is conversations with her parents, where they are finally coming to the realization that they suppressed their child's voice at a point in time when she was suffering. When she had trusted them to come forward and to be able to protect her, and they didn't. I feel like that it's just so relevant to this.

Michelle: Like the healing has to be done sometimes with those people who maybe failed to protect you and not as much on the person who actually committed the abuse. When we're working with adults, who've experienced child by abuse. These factors really come into play on how this went through these grooming phases and when disclosure was believed. When children were or weren't suppressed, and how they heal and grow up. Thanks for that. That's a great example. Let's test our knowledge of grooming phases.

Soleil: Okay.

Michelle: You start this.

Soleil: We are going to identify the correct grooming phase. The example in this situation, what is the correct grooming phase in this situation? Carrie tells her teacher that someone has been playing a game with her that involves taking off her clothes.

Michelle: I'll give you a minute to think about that. This is the disclosure phase. Disclosure reviews may happen accidentally, as Soleil was saying when someone discovers the abuse. In some cases, the child may decide to tell someone, or it could have been just talking or describing the game that created the actual disclosure, by saying what kind of game that is when, right?

Soleil: Yes exactly. Okay. Next question. Identify the correct grooming phase. During a meeting with an advocate, the father, Rick, states that there is no way his uncle could have abused the child: "It that it was just a harmless game."

Michelle: This is the suppression phase, family members trying to deny that the abuse has occurred, which can minimize the severity of either abuse or the child's response to it.

Soleil: Next question, all the parents on the block rely on Barry, Barry, is always willing to babysit at the last minute, especially for single moms who have evening shifts. What grooming phase would this be?

Michelle: This is the engagement phase, so perpetrators will groom the community, as Soleil has said, in addition to the child, in order to appear respectable and helpful, and thereby gain access to children. In this particular scenario, there's the additional, especially for single moms, where they are having more limited options than those with maybe more sources or more family assistance. That's an important aspect of that as well.

Soleil: Well, it's single moms whose work hours are outside the traditional work hours of 9:00 to 5:00?

Michelle: Yes.

Soleil: That makes it even harder to find childcare?

Michelle: Right.

Soleil: They are not usually open at night. Next question, and last question for this section. The assistant high school baseball coach has been coaching for 30 years, and has always been available to take the team on overnight trips. What phase would this be?

Michelle: This is the engagement phase. This is grooming the community again, in addition to the child, in order to appear respectful and helpful. They're always available, overnight trips, doing this for a really long time.

Soleil: It's a close person that they know?

Michelle: Right. A close person that they know to gain access to children. Now, one of the things that this does to us as those who are learning about grooming, is to really freak us out and think this could happen to- this can be anyone now.

Soleil: Paranoia abounds?

Michelle: Yes. Then we are experiencing our own vicarious trauma because this is new information for us, and there's some suspicion. It's important to know that we're creating opportunities for resilience in children, that we want to also in part of this training, really talk about what we do to bolster and protect against the protective factors, that we'll get to at the end. Don't worry that we'll get to that, but first we'll talk about the active abuse on children.

The degree to which a child is affected by sexual abuse is influenced by a number of things. The child's previous experiences in history, if they have been abused before, if they have a history of not being believed, in general, about lots of different things by their family. If there's been neglect or other just experiences of other family members they know being sexually assaulted, all of these previous experiences in history, really weed into how a child is impacted.

I'll also say there's been children that I've worked with who because they knew that their family history had been so hard, even not related to sexual abuse, but just poverty. Mom working really and just understanding this struggle, being a real parentified child meant that they really pushed it down and didn't dis disclose it, and didn't want to be a bother. Some of those experiences as well can really impact how they're affected. The nature of the sexual abuse in the child's reaction, so there's lots of different ways that children could be abused and/or assaulted.

Again, we're going from touch to penetration, and there's lots of degrees in between, how often it happened and who it was. If it was in a purported safe location, if this is happening in a child's room, a place is supposed to be safe and theirs, that really changes the nature of that space and that room, and the violation. Or if it happens in

church, and there's a connection to safety for them around their church, or faith, community, things like that. We have to take all of that into consideration, around the nature of the assault, and then the child's reactions to it.

There's definitely been children who have been assaulted in like a game, and it was explained to them as a game, but they didn't understand it as sexual abuse until after disclosure, and after it was explained that it wasn't okay, then their reaction changes, right? Sometimes, they might be in a place where they're like, "This doesn't feel okay or there's something wrong here or there's something," but then once it's given a name that can also change that child's reactions as well. How others are responding to the disclosure of abuse, and we're looking at the grooming phase, and seeing suppression is something that really assists perpetrators in being able to abuse and groom. The way that they're expecting the community and the family to suppress it or to respond to a disclosure with disbelief, is part of that process of making it so they have that access to children. The responses and how our families will respond to us if we are disclosing, or people that are close to us and trusted, how quickly people respond. Our demeanor when we hear disclosure, all of those things really impact how that child will be affected. As well as a lot of the cultural and social-political context in which the child is living, including the forces of oppression in which families and children are living.

How is racism being a factor in a child's life? How is poverty a factor? Are they of called names or bullied at school because of the kinkiness of their hair, or because of the language their parents speak? Because of maybe a very [crosstalk].

Soleil: The food they eat.

Michelle: Yes. Their perceived masculinity or femininity, if it doesn't match what people think it should be. Those kind of things and those oppressions, and how does that factor in? To how they heal or are impacted? How has that been a factor in the assault, in general, that they were taking advantage of because of these perceived identity groups, or oppression in society? Finally, it's really important to know that the children express the effects of child sexual abuse really differently at different ages. Younger children are more resilient. They have less language for things than an older child. Who's going to be able to really more understand what is happening and being able to name things. Our ability to verbalize that can really impact how we're affected.

Soleil: Marginalized communities is a big issue as well, and it goes back to culture and community, and how that can sometimes aid in the grooming process. It can also influence disclosure for different reasons. For example, some of us have come from cultures that are a lot more touch-based, and a lot more community-based. In the sense that, you walk into a room and they're like, "Have you greeted everyone?" Greeting everyone involves kissing them on one cheek or two cheeks, and then you don't really get the option of skipping. Like not traditionally. Like it's, "Oh, did you say hi to your uncle?" Did you go kiss your uncle?"

You are taught these things since you're itty-bitty. Every time you walk into the point, even now as an adult. Like I said, for me, I come from one of these cultures. As an adult, I will walk into a room. As a full-grown adult, my dad will still say, "Did you greet everybody?" By that, he means, "Did you hug and kiss everybody in this room?" There's already a cultural perception that even touch towards strangers is normal and accepted. It's not to say that it's unsafe all the time, but it is something that a perpetrator can use in their defense. Like "I didn't do anything. This touch is socially accepted."

Also, how do cultures and communities view sexual assault? There are some cultures where it's a shame to the family. Not only does the victim suffer, but the entire family would be put down by the community, and suppressed as a family if they come forward with this. There's a lot of hesitation because they are seeing that there is an issue, not just with bringing their child's voice up, but that there will be repercussions for the entire family. If their life is very enmeshed in community and socialness with their community of origin, or of descent, then it can really affect their lives. It would have very extensive ripples basically.

As well as with gender norms, it becomes easier to blame the victim if he come from a community that is very rigid in its norms. If a male presenting individual is not manly enough, or is not tough enough, and it's like, "Real men don't cry or real men don't do this." You're telling this to the children since they're very young, and you have a child that's slightly different, and they're expressing their gender in slightly different ways. Maybe not quite conforming to the rigid gender roles that their community has. Then it becomes an easy scapegoat to say like, "Well, and she was asking for it, that's not how a boy acts, a girl acts kind of thing."

There can also be another issue that can affect disclosure, is the fear of immigration status. If you are not documented, and you are being abused, you feel often that you have a lot less resources. Actually, a lot of times in these situations, when you're talking about somebody who's abusing an individual that is undocumented. This actually happens regardless of whether the abuse is sexual, physical, emotional, is that the perpetrator will use that status of being undocumented as a way to keep the victim silent.

They will say, "Don't tell anybody," Or "I will make sure you get deported" Or "Don't tell anybody, or I will make sure that not just you get deported, but your whole family. I'm going to deport your mom. I'm going to deport your dad. All I have to do is call the cops." They hold this over the victim endlessly, so that they think that there's no way, they can't reach out for help. There's nothing that they can do and that's the feeling that just pervades them, and it causes disclosure to be a lot more difficult.

Michelle: Is such a tool for that suppression phase.

Soleil: Absolutely. Then, or else, the child might come from a community that child removal is very common. The United States does not have the best track record on keeping children from BIPOC communities with their families. Great example of this

is our native communities that have lost so many of their children and with that, so much of their culture, their beliefs, their ties, their ancestry. In these communities, where removal has historically been very sensitive hair-trigger, removal kind of thing. Over what could be nothing literally, not just like, "Oh, it's harmless," but something that was harmless.

There is a much greater fear to disclose, because even if you are non-offending parents, and your child has come forward and said that they have been sexually abused by somebody you know. Even as non-offending parents, there is a pervasive fear that if I take this to the authorities, they will take my child away from me. Even if I didn't do anything wrong, technically, they will still take my child away from me, and I have all of these generations of history to back that up.

Michelle: Perceptions are sometimes as strong, if not sometimes stronger, than the reality of what might happen in a specific circumstance. Right?

Soleil: That can make disclosure a very difficult subject, and it can often lead to some very severe suppression of what truly happened. Thus compounding the adverse childhood experiences, really. It just ties straight into that. It's adding more negative experiences to an already traumatic and negative a child is going through.

Michelle: Let's talk about what those adverse childhood experiences are. Some there is, let's see, Dr. Vincent Felitti, he was the Head of the Department of Preventive Medicine at Kaiser Permanente in San Diego. He began to delve into the reasons for high dropout rate of patients who'd been successfully losing weight in Kaiser's Obesity Program. He found to his surprise that a high proportion of those dropping out had histories of childhood abuse or neglect. Dr. Robert Ander, who had been doing research with the Centers for Disease Control on psychosocial origins of health, risk behaviors, and patients at VA hospitals heard Felitti talk about these findings. In 1992, they both began to collaborate on the largest scale study to date, of the incidents and effects of childhood trauma, known as the adverse childhood experiences study.

Soleil: Also known as ACEs.

Michelle: ACEs right. Together, they studied over 17,000 individuals, examining the relationship between traumatic experiences during the first 18 years of life on adolescent and adult medical and behavioral issues, sexual behavior, healthcare costs, and life expectancy. As I begin to share their findings, keep in mind that their population were individuals who had health insurance. They were enrolled in Kaiser Permanente insurance system in San Diego. They were well educated, only 6% of these did not graduate from high school and 81% sought regular care from their providers. 80% were White.

If you think about the cultural context and history of marginalization, on top of this, this isn't even capturing that yet. That's a whole another layer onto this, so keep in mind that there's limitations to this particular study.

Soleil: Definitely, you're talking about individuals who, now, we're saying certain communities are scared to speak to people about what had happened. We're also seeing that these are the same communities very often that don't have the means or the tradition or the confidence to be able to seek just basic medical healthcare.

Michelle: Absolutely, so each of the participants that were in this particular study, answered 70 questions about their childhood experiences, and then their health records were used to identify the health outcomes. The adverse childhood experiences questions came from existing standard standardized instruments. The researchers did not make up their own new ideas about child abuse or domestic violence. They use existing tools from those fields. This information could be really hard for us for a variety of reasons because we all know people who have struggled with these experiences. Many of us have served children or families who are struggling with them.

Adverse childhood experiences are personal to most people who do this work and are taking this training. The study found that over 60% of Americans have one or more of these adverse experiences, so that as a child, some kind of sexual abuse, some kind of physical abuse. The emotional abuse, physical neglect, or emotional neglect. A mother that was treated violently. Domestic violence within the home. Substance abuse being used within the home. Mentally ill depressed or suicidal person in the home, parental separation or divorce, hugely common. Or incarceration of a family member. One or more of these is incredibly common.

Also, know that this ACEs study does have its limitation in its sample study and what they asked about. What he found when this research began really surprised him. That there's a direct correlation. I want to say correlation, not causation, just because these things happen to you doesn't mean that you will have poor outcomes, but there is a correlation, a connection, between the number of ACEs and the prevalence of a wide range of health issues like smoking, like drug use, being a victim of sexual or physical abuse, but also things like diabetes and obesity, heart attacks, and early death.

The primary finding of the ACE study is a dose-response relationship between adverse experiences and poor physical, mental and behavioral health. The bigger, the dose of ACEs, the bigger the score, the bigger number of health problems.

Soleil: Like you said, it doesn't mean that it was causation, but the more ACEs that you have experienced or that a person has experienced in their life, the more propensity or likelihood that they will also have difficulty in one of these, or be affected by one of these range of health issues. The study was also done in Washington, however, it was modified a bit to begin with. They could only do the study in regards to eight of the ACEs. The ACEs score in the Washington data is a score of zero to eight ACEs, and they weren't able to ask for child neglect because the questions that the CDC developed for this, they didn't make it through Washington's rigorous testing process.

In Washington, ACEs are common, in fact, they are almost as common as they were in the initial study population, which was in San Diego, California. 62% of Washington adults have an ACE score of one or more. Half of them here in Washington State, over half of it has had been impacted by at least one adverse childhood experience. 26% have an ACE score of 3 or more, and 5% have an ACE score of 6% to 8%. The news that ACEs are this common can be hard to hear, and again, for a variety of reasons. We went back to the different what constitutes an ACE, or it is sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect.

Mother treated violently, household substance abuse, mentally ill, depressed, or suicidal person in the home, parental separation or divorce, incarceration of a family member. A person that has gone through all of that. That's difficult for even you as a provider to hear that, and also have to try and help people through it. It's important to be aware of the secondary trauma that can cause. We all know people who have struggled with adverse experiences. What do we mean when we say, "Oh, ACEs, are common." It means that most of us here with this, most of us in the State of Washington, most of us in general, but if we're talking like here in this webinar, most of us have personal experience with ACEs.

You're talking about things that you've undergone, things that everybody for, the most part, has undergone. Things that we have recorded data that says that over half of the population has undergone, it just really hits home. There are many thousands Washington who have seen this PowerPoint or a similar one, and some people have been very deeply touched by the data, they've been moved to tears, and that is okay. A lot of the people who have had very strong reactions, emotional reactions to this material, afterwards a lot often say that they feel liberated.

They say, "Oh, okay. These things in my life, they're interconnected. There's a reason why my life is hard, and if there's some very good reason." Sometimes knowing, just knowing that there is a reason why something happens in your life, is in enough itself, a relief.

Michelle: It's validation, right?

Soleil: Yes, it's a validation. It's like, "Oh, okay, so it's not my fault. I can work to change it. I can work to address and heal it, but I'm not causing this for myself on purpose. Some people have asked us there are other ACEs, and the answer is probably yes. These nine types of experience are proxy for toxic stress, so that's the kind of stress that creates elevated stress hormones for prolonged periods of time, and through critical or developmental periods. You have young children who are growing up, they're very sensitive. They're developing into the adults that they're going to become and they are surrounded by these factors that are causing them to be stressed a large percentage of their time.

There are some of the researchers referred to the type of stress that causes stress hormones, and neurotransmitters to be released and to remain at high level for long

periods of time as toxic stress. Several others, people will refer to this as complex trauma, which is also difficult to hear. How many of us are supposed to think of a child, a young child living with complex trauma. Unfortunately, that does happen. We've covered how the data is not positive.

Michelle: I was just going to say too, Soleil, that again, this is an incomplete data set too, because we know that toxic stress can also happen based on just constant experiences of racism or xenophobia, sexism, sexual harassment at work. There's a lots of different places where this can come from. When we say probably yes, they're just not tested in this study, that we're thinking about all those outer layers of things that we don't even know about outside of the ACEs score.

Soleil: Well, and also it can depend by community or an individual in how they identify. The initial study said that it was 80% White individuals, so they wouldn't think to be asking about racial abuse, about discrimination, about social suppression because it wouldn't be part of their everyday life. How is this research helpful to our work? We know that it's depressing research, but why do we do it? Why do we want to know this research? In many ways, the research gives power to the stories of survivors and advocates. It goes back to what Michelle was saying, it's validation.

It's saying like, "Hey, it's not just an addict that somebody told you, we have the data that backs it up. You're right." Understanding the science behind responses to end the potential effects of trauma can validate survivor's experience. It eases the self-blame and the shame that they often feel. Goes back to that I hope you're being able to say like, "Oh, okay, it's not something I'm doing consciously. It's not something that is my fault," and just being able to take away that burden of, it's not your fault, it's very liberating.

Educating about ACEs, it empowers both advocates and survivors to understand the connections to self, to one's self, to one's health, wellbeing, and even to parenting because these individuals who suffered like these ACEs. When I say these individuals, most of us here have gone undergone at least one ACE, maybe more. As we move on and if we have children and we're raising children, this is also going to affect how we parent these children. ACEs research, also reinforces the best practice of early intervention and dual generation work to stop a cycle of abuse and adversity. That is to say, we work with the parents and we work with the children.

That this cycle stops now, that when they grow up, they're not extending that parenting with that same toxic cycle. If we work with adults and caregivers, who have also experienced trauma, it may reduce the likelihood of outcomes that become ACEs for the next generation. When we're working with child survivors and their families, it can also reduce the likelihood of them experiencing more ACEDs, and/or it reduces the risk for negative long-term outcomes. Being able to work in this and address it, especially, known as early as possible, it helps to minimize long-term trauma.

Ultimately, the ACEs study tells a story. It tells a story about individual, community, and family health. When you open education from this angle, you open the door to conversations that communities may not have spoken about before, because they would be reluctant to talk about them. They want to pretend like it doesn't happen, but you're saying, "Look, we have a way for you to be healthier as a community, as a family, as an individual." It does open more doors for conversation, and it provides evidence to our communities, and as well to our funders, for those of us who are advocates, about the necessity of prevention, and why this is so important.

Michelle: Yes. I really like this too because I think that, sometimes, if we've experienced child sexual abuse or we've experienced sexual assault, or any kind of trauma, that sometimes it's just fits in its own little place. I think one of the things that is so important about trauma, inform care, is that we're looking at people as a whole person, a whole bunch of experiences, a non-linear, everything that's happened to me makes up who I am. This is only one part of that, right?

Soleil: You're not defined by one thing.

Michelle: Right. Really, like this is looking at the ACEs study, telling a story about individuals, families, and community health, because child sexual abuse is not just the responsibility of parents. It's not the responsibility of children, and it's responsibility of all of us. It takes a village to raise a child, it takes a village to prevent child sexual abuse. In all of the structural ways, that we're making sure that children are protected from a number of adverse childhood experiences.

Soleil: Well, it also takes a village to facilitate healing.

Michelle: One of the things that's really important for us to remember, is that families are the most central, powerful, and enduring influence in a child life. Working with families as whole units, being able to bring in the parents in the work that we do with children. Making sure the families are strong as full units and protective, is the best way that we can work to help children heal and be protected.

Let's talk about protective factors. Now that we talked about all the things that we experience that are hard as children. Let's talk about how we work to protect folks from them. Just as there are factors that place parents at risk for maltreating their children, there are other factors that may protect families from being vulnerable to abuse, and that also promote resilience.

The protective factors framework addresses both risk and protective factors to help prevent child abuse and neglect. It evolved out of the work of the Center for Study for Social Policy, after the Doris Duke Foundation approached the Center for Study of Social Policy in 2001, to create a strategic, feasible approach to child abuse prevention. Protective factors are conditions that protect families and promote resilience. Protective factors serve as a buffer against adversity when present in families, so the likelihood of child maltreatment goes down.

The buffer against diversity. How does our family pull together when something happens? What is that? How are we making the suppression phase irrelevant in the grooming phase? How are we able to pull together, believe and make appropriate responses, that increases protective factors later on. I know I can trust and feel safe within my family and my healing, it's going to go way up. A protective factor framework focuses on strategies for building family strengths, rather than focusing on the risks and deficits, a strength-based approach.

Soleil: Like positive reinforcement?

Michelle: Right. Here are the protective factors. These are linked to a lower incidence of child abuse and neglect. Parental and family resilience, we have social connections, concrete support that are, of course, for parents. Social and emotional competence of children, nurturing and attachment, and the knowledge of parenting and child development.

These protective factors are critical for all parents and caregivers, regardless of a child's age, sex, ethnicity or race, racial heritage, economic status, any special needs. Or whether the child is raised by a single, married, divorced parent or by any other caregivers like grandparents or other family members.

All of these are important and are useful in all of those contexts. Where we see the ACEs was really limited, this is very much all-encompassing. To provide optimal protection to children and families, these five factors work best when they are not in isolation of each other, but rather when they're overlapping like these cards are. When they're all working together, helping to reinforce each other. For example, parents that are experiencing stress are more likely to be resilient when they have both a strong attachment to their child and strong social supports. They have best friends who will show up for them that they can call and debrief with, they have family close by. There's just those strong social connections. These protective factors form the conceptual framework for guiding service providers' work with children and their families. The more protective factors that a program, a church, a sexual assault program, a neighborhood, a community can build into their approach, the more positive outcomes can be for families.

Soleil: That's the perfect way to be building that parental or family resilience. You want these families to have adaptive skills and strategies so that they can persevere in times of crisis. A family's ability to openly share positive and negative experiences and be able to mobilize, to accept, solve and manage those problems, it's important. That's why it's so important to have all of those cards in place for that or as many as possible.

Going into parental and family resilience, Dr. Mark Pat was a researcher in resilience, in strength in the face of adversity. Resilience is about the ability to stand in times of challenge and to bounce back when overwhelmed. We cannot prevent stress or crisis from happening to families. Unfortunately, that's beyond our control, but we can give them the tools to respond effectively so that when those high crises

do happen, they don't escalate and the fallout does not negatively impact their parenting.

People think of resilience as being innate. No, it just comes to you naturally. What we know is that actually it is highly influenced by one's environment. Psychology has long talked about the concept of learned helplessness, and that it's that when people are given the message that they can't succeed, or are prevented from succeeding, it just stops their will to try.

What we're talking about here is the reverse of the concept. You are providing an environment that is positive, validating, and it encourages the skills and internal resource that will help individuals to cope effectively when things are difficult. What does that look like? For example, you have hope and optimism. You want this family to have hope and optimism. What can you do? You can support the the parents' decision making, there we go. Support them and feel like, yes, you are making right decisions. Keep doing that.

Again, what can resilience look like? Having problems-solving skills and how do you do that? You can really provide validation and encouragement. It goes back to that positive reinforcement when you see them being creative and actually coming up with solutions. Even if the solution is not one that would work, you can still validate them and say, "That is such a fantastic idea. It doesn't really work in this scenario, but that is just so creative. Let's see what else you can come up with."

That's a more positive way of framing that than being like, "Oh no, that's wrong. You're not parenting right." You want it to look like the ability to maintain calm or to restore calm and what you can do to foster that in a family or in parents is provide support for self-care to be able to say, you know what? You do need to spend some time on yourself. You are important too and your health matters. What's that saying? You can't pour from an empty cup. You need to take care of what's going on inside of you so that you can then share that with the children that you're parenting.

Then we talk about self-care, but what is self-care? How do you institute that or how do you foster that in a family that you're trying to bolster their family resilience? You can do that by providing training, providing support and problem solving. If they are seeking help-- That's another thing of resilience. Someone who's resilient also knows how to seek help and say this happened, this is what I need to do to be able to fix it and I can't do this by myself. I need to seek help.

People don't always know how to do that or that they can do that. We can model that. We model resilience by doing these things, and by saying, Hey, I didn't know how to do this so I asked for help and I asked for help here. You're showing them that it's normal not to always have the answer, but it's also acceptable, in fact encouraged to ask.

Michelle: I would always do that with the clients when I was working with the survivors in direct service. It'd be like, ask me a question and I'll be like, "I don't

know. Let's find out". Should be like, "Let's Google it first. Let's start here." Just trying to find the things and be able to model, "Here's how we start looking for information". Some of our most important jobs we have as advocates is connecting people to community resources.

A lot of people don't know for one that there's a sexual assault agency, and if they happen to find you, they also might not even know that there's a local housing program, that there's this food bank or this other thing that you're eligible for this, that, what a protection order is, all kinds of things that just giving them options, providing all of them saying, look at all this stuff that might be available for you, just widens that lens out from focusing on this thing that's hard to helping to widen that lens.

Soleil: Absolutely. One of the things I really loved about what you just said too, is that you said, "I don't know". That is so important because all too often, individuals who come from these backgrounds where they've had all multiple ACEs in their own childhood and it's a family cycle, we've also talk about marginalized communities, lack of education. They often think and they're seeing you as the advocate and you're this like, oh she's educated, so she knows this. Clearly somewhere in college, they must have taught her how to do all of this, and they didn't right, but they don't know that.

There's this concept of, I don't know that because I'm not educated and I've seen it a lot when I've been working. I've even seen it from fellow colleagues that have like 20 years of work experience and no college education. I would ask a question and they would say, Oh, you're the one that know. You're the one that's educated. I'd be like, "No, no, no. I have book smarts, you have 20 years experience. Tell me your experience. Help me figure this out." It's the same with the people that we are working with, that we're advocating for to be able to tell them, "Hey, I also don't know everything". You don't know this, and I don't know this, and we are very similar in that, and now let's go find this out together.

That's just such an important element of being able to form that connection with the clients that you're advocating for. That also leads to future orientation. You want to basically be your client's cheerleader, and the thing about the people that we advocate for and the families that we work with, and the parents that we work with is that they are individuals who have gone for a traumatic experience, are in extreme crisis, their whole life has been turned upside down, and they're not always the nicest, most patient individuals that we meet.

Sometimes we can just be like, Oh my goodness, this person is such a thorn in my side. It helps. I find it helps me and it helps the individual I'm working with, if I can frame it to like, oh my goodness, this person is such a thorn on my side, but they are finally advocating for themselves. They are a thorn in my side because they're saying, Hey, what about this? What about that? I try to reflect that by saying, "You're doing the right thing. You are parenting correctly. You are being involved mama, an involved daddy. You are truly doing what you're supposed to do."
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Just have that cheerleading effect of validating and upholding the whole you are the expert in your life, you're the expert in your child's life and you can do this. In fact, you are doing this.

Michelle: Right. My colleague, Tracy, would always say, "If you can't find anything, maybe always find something positive to say. Always find something encouraging to say, even if it's like, everything is hard, but I like that shirt," She would always say things trying to always find the nugget that can be encouraging or cheerleading. Something to start when we're talking about a strength-based approach in family resilience. This is great, and this great thing is a springboard to your next thing.

Now that we're talking about building family resilience, let's talk about what advocacy with children looks like in the context of our services in the next few slides before we end. Advocacy with children who have been sexually abused is really challenging, but very important work because the reactions and responses of adults following a child's disclosure of abuse can play crucial role in their healing.

We as advocates are often in the position to support a child and to do that encouraging of non-offending family members to support the child in the most positive ways possible for us to work really hard to suppress the suppression phase, right? To encourage the positive rallying around that child so that they can be the most resilient if possible in their healing. Our work with other professionals in legal and healthcare systems can help improve the experience of these children and their families after abuse.

Also, it's just important for us to remember that we are part of an early intervention in healing. We want to make it so that that ACE is not determinative of their future. Part of what defines an ACE is how that response happens, to heal from it, to address it, to acknowledge and validate it, to create safety after it.

Soleil: True. When you're working with advocacy with children, you're working with children. It's important forming connections with the family, but we are also forming connections directly with the children that we are serving. We have to do this in a way that validates the child's experience, but also empowers the child because in all of this process, there's been a large amount of power and control that has been taken away from them.

Even if you're talking about grooming so often it's like, Oh, we have this special a relationship, but that's a relationship in which the child does not have power and control. When you are doing this, when you're advocating with children, you're first creating your relationship, your contact with the child, the way in which you do that is that you're modeling, to begin with, ways in which boundaries, consent and autonomy should be presented, and you're also doing it verbally with the child by the way in which you treat them. It's clearly different than for the most part, how they've been treated before.

Examples. For example, start off by telling the child they're very brave for having come forward. We assure them that they did the right thing by telling, that that took bravery, that took courage, and they made the right decision. You can bring snacks, make sure that their parents approve because children can have allergies. Bring snacks, bring small bottles of water. Most humans in general, always appreciate something to eat.

If a parent or a caregiver is present during your interactions, that's fine, but make sure that you still direct your remarks to the child. You're speaking to them, not to the parents because you want them to know that they also have a say in what is happening. Ask the child if they know why they are meeting an advocate, why they're meeting you. Then ask them if they know what an advocate does. Do they know what you're going to be doing?

Most of the time they're going to be telling you no. Explain this in age-appropriate language. Think about like if you have children, how would you tell your children about what you do for work if you have young children, if you have a teenager? If you don't, Google also helps. You want to keep the first meeting short and friendly because the goal is for the child to feel comfortable with the advocate, not to just push them all of a sudden into this long, intense relationship. Make sure that you pay attention to a child's body language.

If a child retreats looking in your eyes or whatever, that's okay. Respect that. If they want absolutely no touch contact, absolutely 100% respect that. If the child is antsy or acting out and clearly wants to leave, you can actually give them that option. I know that that's not something that necessarily occurs to a lot of us, it doesn't occur to me. At least not in the beginning, but you can say, "Hey, I'm seeing that you're not wanting to do this right now. We can stop. We don't have to be meeting right now." Giving them that option to walk out of that meeting is an actual step forward in creating a connection with them because you are returning autonomy to them.

Michelle: One of the things, Soleil, that I like to-- because you bring up the antsy thing that I think is not on this list, is like having things like yoga balls that they can sit on or be bouncing on. Sometimes they do want to be there but they're just like, "I don't sit still. It's not what I do" or fidget spinners or whatever, things to color, draw on. Sometimes it's easy to just be coloring while chatting so you don't have to look at somebody in the eyes if you don't like to. There's so many different ways. I like to have a room that has those different options around that's child friendly so they could pick up a thing or they can sit in different ways, a bean bag chair, yoga ball or couch. Right?

Soleil: I've sometimes started off a meeting by playing a game with a child such as, where you say, okay, this person have like red hair and everybody puts down the **[unintelligible 01:07:36]**. Just interactive games that involve a child starting to speak with you even if it's not about what happened, it's about something totally unrelated, but it's just just getting them used to speaking with you. That's important.

You're a new person and they're going through a traumatic time. They need to know that they can even just say hello. Part of getting them used to having them speak with you is, address the child's fears and acknowledge them. Acknowledge that those fears are real. Sometimes those fears, there's not a solution. Sometimes they're scared and it's not a type of fear that you can fix, but you can still say, "Hey, I know you're scared. I know that you think this is going to happen," maybe it is going to happen.

Maybe a child is worried that because of all of the tensions coming up and this huge crisis, and because "They spoke up" that they're breaking their family apart. Maybe their parents are divorcing. Something like that is happening. You can't say, "Oh no, that's not going to happen." You don't know. What you can say is, "Hey, I know that this is really difficult and this is a fear. It's a valid fear. It's okay to have that fear."

Then you can talk about coping techniques. We have talked before here at WCAP about breathing exercises, we have talked about making a worry box where they write down their worries and stuff them in the box, and then they can do whatever they want with the box, including setting it on fire. We've even talked about handholds that show the child how to self sooth, but also how to potentially communicate with somebody when they're uncomfortable.

There's a lot of different coping techniques out there that can be used. Go and find some decision that the child can make. Let them know that they have choices. Even if it's something as simple as taking a stuffed toy to an interview. Yes, you can. Which one would you like to take? Always let the child know what's next. Don't leave them guessing, and tell them when they will meet with you again. Don't make any promises. Don't say, okay, well, I'm going to see you next Wednesday, if you don't actually know that know or don't say, I'm going to see you next week, if you're going to postpone that but tell them where it's going. Like I said, don't just leave them guessing.

Also, something that you can do is that you can give the child your business card belonging just to them. They see you handing out your business card to their parents, to everybody who walks by, you can give one to them as well, because they are also an integral part in an integral voice of this process. Then also, always remember, and this is vital, the advocate's role is to support not to investigate. You are there to support the child in their trauma and what they want, you're not there to investigate and that's an important distinction to make.

Michelle: That's my favorite part of being an advocate. I don't have to find out what happened and I can be the only person there who's not asking questions of this child.

Soleil: You're just there to support them, to validate them, to bring back that sense of confidence and autonomy. A lot of times, a non-offending parent or caregiver will be present during these visits. This depends on the age of the child and whether the child or the caregiver is presenting for services but remember, this is a meeting for

you to get to know the child. Don't spend this time talking to the caregiver. Direct most of your comments, most of your questions directly to the child regardless of age.

After a brief time with the child in the caregivers, and if the child is able to communicate, some one-on-one time the child can allow for questions that maybe they do not want to ask in front of their caregivers.

Michelle: I think sometimes what's really nice too is to have a separate advocate for the parent as there is for the child.

Soleil: Yes.

Michelle: Sometimes it's most appropriate for the parent to be there when you're meeting with the child, but you're not having the meeting for the parent and so the parent might need that, especially if their struggle is around that suppression piece of the grooming. Like, I can't believe that my uncle would do this. They're really needing to process it too and they should have that opportunity to do that and they should have the opportunity to do that outside of where the child is because then the child's not also carrying that baggage as well.

Their parent gets to go through those stages of grief. It needs that opportunity to have a conversation with an advocate. Advocate can say these things are normal, I understand how you could feel that way. Let me tell you about grooming and how this happens and to get them to that place where they're able to best support their child because they have that avenue to say all the things that they shouldn't say in front of their kids or that isn't helpful, but they really need to process it. That's great. We want them to do that. Having a separate advocate for that as well is just a really great idea.

Soleil: Well, also, if you think about it, often we're also talking with parents who they themselves were abused as children, and maybe they never disclosed, maybe they disclosed and were suppressed or maybe they never disclosed. This is, in some cases, it's like they're going through the entire thing over again for the first time but with the added issue of a child that depends on them, that is going through this.

Michelle: Absolutely great point. Just finally here we're talking about what our advocacy looks like with children. We work with children in the context of legal systems, oftentimes child sexual abuse is a mandatory report. Lots of systems get involved CPS in law enforcement and forensic interviewers and child advocacy centers and multidisciplinary teams. There's a lot of things getting involved. However, we can think about some of those simple places like involving the youth and giving them information about what's happening, again, in ways that are age-appropriate.

We're going to go on here and we're going to talk to this person and this person's job is to ask you lots of questions so that they can get as much information about what's

happened to you so that they can make sure it doesn't happen again. That stuff that we're trying to explain. Taking a tour is great. There's a lot of things that we don't know what's going to happen next. We can't make promises and we shouldn't. We don't know how a case is going to end up, we don't know if a bad guy is going to go to jail. We don't know if you're never going to see this person again or not.

What are the things that we can do in a lot of these uncertain systems? One of them is to take a tour of this is what the courtroom looks like. This is what the room where they interview people looks like. This is what the medical office looks like. Then talk about and ask questions and look under the table if you want to. Just being able to really explore that and talk about it. I find this to be useful with adults as well.

What are the things that we can make certain to have less questions about when there's so many questions that we can't answer? Where are those places we can create some more safety? Clarify what is and isn't. The criminal justice system does not determine the truth. I think that is one thing that is really hard, especially for children, or if they're in a household where they watch a lot of, I don't know, *Law & Order SVU* there's a lot of that on TV, that we absorb about the criminal justice system gets the bad guys. I think that it's a really a harmful myth all the time, that that's an easy thing that wraps up in an hour procedural.

I think always being able to clarify what is and what isn't. This happened to you because you're telling me it happened to you. Anything that happens after this, whether or not they find somebody guilty or not, does not take that away but here's what is and then all this stuff maybe right, it may be wrong, but it doesn't necessarily determine the truth.

Finding ways to help explain that, help talk about that, help reinforce the belief, the normalization and validation, that is our job as advocates, and that the legal outcome does not determine their healing or their worth. Prosecution is not necessarily for personal sense of justice and this is just as true for children as it is for adults. You are in your truth, and you are saying what has happened to you and I believe you and also a lot of the ways that systems work sometimes are needing more than that and that's really unfortunate.

You could still heal from this, you can still pursue different things-- and not just you can be, you are amazing, you are worthy, you are doing the absolute best thing you can and you're still going to school every day, and you're still doing these things. We're taking again, like when we were talking about resilience, taking that strength and using that as a springboard, a jumping-off point for more positive momentum.

Soleil: As we start wrapping this up, and this is good. I know we've gone through all of these depressing things and all these really sad, unfortunate, anger-inducing things. Again, please do what you need to do to make sure that you are restoring your sense of well-being and that you are taking care of your mental health. We do want to say the news is good, it's not all bad. Luckily, most children recover naturally and do not have long-term effects. Younger children tend to be less severely

affected by child sexual abuse, usually, because it's not violent and they didn't really understand the meaning of it.

Working with young child survivors can be really vicariously traumatic. Keep that in mind for yourself as well and consider this as a reframe. Early intervention is best. Even if a child is only four or six years old intervention now means that the abuse more than likely has stopped and children are resilient. If you reframe this in your mind as opposed to these poor kids, like these kids that have undergone this trauma at such a young age and if you think about these kids are resilient and they spoke up and more than likely, the abuse has stopped.

This means that now they have a better opportunity to move forward with their lives without increasing, hopefully those ACEs. Then also things to keep in mind, parental belief, support and protectiveness is what is most important to the outcome for kids. It's not the legal system, it's not anything else, as much as a kid needs to know that their parent believes them, that their parent supports them and that their parent is there to protect them.

If that hasn't been the case in the past, being able to work it up with a non-offending parent to bolster that with the child and the family, so that parent does step up and believes the child, protects the child, supports the child. That is what's going to make the biggest difference in that child's life, because that is what mainly they're looking for, that validation from their parents. Remember our work with those parents can influence it. That is why we're working with them about being resilient and becoming their cheerleaders.

Michelle: Absolutely, Soleil. Thanks for saying those things too. That reframe about they might be young now, but they're only six now instead of being like, oh, they're six and this is terrible, but they only six. That means that when I'm working on the hotline that there's going to be one last, like 40 year old, who's calling me about when they were six, how nobody knew about it.

Soleil: Nobody believed them.

Michelle: Right. I love that reframe. That has always really helped me too in getting through hard days in this work. Welcome to your work with children and thank you for attending this webinar today. We look forward to supporting you as members of the Washington Coalition of Sexual Assault Programs and new advocates.

[01:22:24] [END OF AUDIO]