



In Practice: Advocacy with Children

The purpose of this resource is to discuss some of the considerations that are unique to advocacy with children between the ages of five-12 and provide concrete examples of what child advocacy may look like in practice. Even children as young as five or six can benefit from working directly with their advocate. When providing advocacy in child sexual abuse cases, a separate advocate can promote the child's well-being by providing information and support to the non-offending parent or caregiver. (Throughout this paper the individual(s) who has the regular parenting responsibilities, i.e. daily interactions, legal guardianship, and/or decision making power as "parent.") Though their primary support still comes from their parent, school-age children are old enough to:

- Have their own questions about what is happening,
- Understand the criminal justice system if it is explained to them in simple terms, and
- Benefit from an additional supportive person.

Advocacy Services for Children

Accredited community sexual assault programs are uniquely suited to provide child advocacy services and are required by their funder to do so. Building relationships, engaging with the community, and building staff and organizational capacity are essential steps in establishing strong child advocacy services. Child and family advocacy is often initiated in the period of crisis immediately following a disclosure, but can and should be offered as an ongoing, long-term resource. Child sexual abuse victims have all the same victims' rights as any other sexual assault victim. The assumption should be that advocacy services will be provided directly to the child.

Often the initial meeting with the child occurs in conjunction with another appointment, such as an appointment with the parent, a child interview, or a medical exam. The primary purpose of this first advocacy meeting is to establish a relationship and build rapport. While keeping in mind the special considerations discussed in detail below, the advocate should explain to the child what an advocate does. From the onset of services the parent and the child should each

have their own advocate. If at the initial appointment it is only possible to have one advocate (at a forensic interview, for example) then explain to both parties that if you continue meeting, they will each have their own advocate. If there is a barrier in your agency to providing individual advocates, contact WCSAP to find a plan that best meets the needs of your clients.

After the initial meeting, advocacy services for children are driven by the unique needs of the child and family, as well as the involvement of the criminal justice system and other professional services. Some children may only see the advocate at appointments related to their criminal justice case and others may have more regular contact. However, in order to best support to the child client in the criminal justice system it is critical to have a meaningful relationship established prior to any proceedings with a case.

WCSAP provides consultation and resource material on how to facilitate one-on-one appointments with minors. It is important to understand the developmental context of providing support and systems advocacy with young children: if the child client is not familiar with the advocate or does not have a trusting relationship, then the advocate is only another unfamiliar adult in a scary situation. If the advocate and child client have an established relationship, the advocate may be able to support the credibility of other service providers and guide the child client and service provider in developing their own relationship.

In practice: An advocate with an established relationship with the child client can guide an initial appointment with a prosecutor by leading a game the child likes and helping to promote a tone of safety and comfort with the prosecutor's office. It is recommended that there be an advocate for the parent and one for the child whenever possible. This will be discussed further.

Special Considerations when Working with Children

When providing services for children, it is essential to recognize that there is not a one-size-fits-all approach. There are many individual factors that need to be taken into account to provide the most effective advocacy; some key areas are the child's developmental level and the status of the criminal investigation.

Developmental Level*

Ages	Thinking/Learning	Emotional/Social
5	<ul style="list-style-type: none"> -Concrete understanding of cause and effect. -At the very early stages of critical thinking. Continue asking “why” questions frequently. -Concepts of shame, pride, and guilt are fully formed. 	<ul style="list-style-type: none"> -Until this point most communication is through art, play, and body movement. - Around this age children begin to become more verbal in expression. -Language use is changed by outside the home influences, friends for example.
6-8	<ul style="list-style-type: none"> -Shows more independence from parents and family. -Starts to think about future. -Understand more about their place in the world and within interpersonal relationships. -Pays more attention to friendships and teams. -Wants to be liked and accepted by friends. 	<ul style="list-style-type: none"> - Shows rapid development of mental skills. -Learning better ways to describe experiences and talk about feelings. -Has less focus self and more concern for others.
8-11	<ul style="list-style-type: none"> -Start to form stronger, more complex friendships and peer relations. It becomes more emotionally important to have friends, especially of the same sex/gender expression. 	<ul style="list-style-type: none"> -Face more academic challenges. -Become more independent from family. -Begin to see other people’s point of view

	<ul style="list-style-type: none"> -Experience more peer pressure. -Become aware of their body as puberty approaches. -Body image and eating disorders sometimes start. 	<p>(empathy building).</p> <ul style="list-style-type: none"> -Increased attention span.
12	<ul style="list-style-type: none"> -Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol and drug use, unsafe sex, and additional high risk behaviors. -Show more concern about body image, look, and clothes. -Focus on themselves: going back and forth between high expectations and lack of confidence. -Experience moodiness. -Express less affection toward parents sometimes might seem rude or short-tempered. -Feel stress from more challenging school work. -Develop eating problems. 	<ul style="list-style-type: none"> -Ability for complex thoughts. -Better able to express feelings through talk. -Develop stronger sense of right and wrong (leading to ideas of justice and injustice)

*This chart adapted from the Centers for Disease Control and PBS.

Accounting for the child’s developmental level is the most important factor in determining what type of advocacy services to provide directly to a child client. Services are shaped less by the age of the child and more by what they understand and what their needs are. Children between the ages of five-12 are

developing a sense of themselves as a separate entity from other people. During this time we see external narration less and secret keeping more. They are expanding their social world, depending less on emotional security provided from familial units and moving toward peer groups. Advocates are in a unique position to help give accurate information, explore options, and respect the client's developing autonomy. It is appropriate to advocate for a decision the child is making. As we know, self-determination is a critical factor in long term recovery from sexual abuse/assault. As advocates we have to resist social norms of adultism (the belief that adults know better than a young person does about their own life) and stay connected to the core advocacy principle of empowerment. Every step in the client/advocate relationship should be led as much as possible by the client. Even when working with child clients, give them as many choices as possible.

In practice: "I have a few ideas of what we could do during our time together today, is it okay if I tell you about them and then you can choose which one you like best?"

One of the first things to assess when working with any child is how much they understand about what has happened to them and what is happening in response to their disclosure. A parent or other peer professional may tell you how they think the child is responding and give you additional information/details about the case. It is important to remember, as with any advocacy, to ask ourselves: "Do I need to know this? Who is it helping for me to hear this information? Do I want to hear this because I'm curious or because it will fundamentally improve the service I can provide?" It is okay to decline information from external sources.

In practice: Law enforcement informs you the child did not disclose the abuse/assault during the forensic interview. This information may help you prepare the parent for barriers in the investigation. However, if the law enforcement officer begins to describe details of the allegations, respectfully decline the information.

If the child has been interviewed, then it is appropriate for the advocate to explain their role in a developmentally appropriate way.

In practice: "Do you remember when you talked with [interviewer's name] about what happened to you last year? It's my job to help kids who have had things like that happen to them. Do you have any questions?"

It is possible to provide very effective advocacy services without ever knowing the full extent of a child's experience. At no point during advocacy services should the advocate ask a child direct questions about the child's abuse history regardless of their age.

Just as when working with an older client, advocates should meet children where they are at.

In practice: "Do you know why you are here today?"

If the child gives an answer related to their abuse history or their case, this will guide the conversation. It is not the role of the advocate to obtain information about the assault but rather to assess the child's needs by asking them if they have any questions and answering as clearly and simply as possible. If the child does not have any questions, the advocate can start by explaining what the child can expect to happen as a result of their disclosure.

As with older clients, advocates should also identify what is most pressing for the child at that time.

In practice: "Is there anything you are worried about today?"

This gives the advocate the opportunity to address the child's concerns and determine useful interventions and referrals. Children may not talk very much at the initial meeting, but providing them a safe space to do so is critical. If the child says they don't know what the purpose of the appointment is or they don't seem to connect the advocate with their abuse disclosure, it is important to proceed more cautiously. How this is handled depends on the status of the criminal investigation, particularly whether or not the child has been interviewed. If the interview has not yet happened, it may be best for the advocate to use an initial appointment to briefly get to know the child and begin to develop a relationship, rather than ask specific questions. Advocacy services can focus on working with the parent until the criminal investigation is further along.

In either scenario this is an ideal time to begin building rapport and a relationship with the client. Sexual assault trauma can result in a lack of ability to play, a lack of creativity, and an exit from childhood (trying to be an adult). Child advocacy services can be as simple as having fun during appointments. Play is an important skill that should extend throughout a lifetime. Appointments do not need to be connected to a larger systems meeting. As long as the child client

wants to meet, ongoing services should be provided. If you want to learn more about incorporating play in an appropriate way, please reach out to WCSAP.

In practice: Begin the appointment by doing a body scan. A body scan is accomplished when a person gives time to check in with themselves physically. You can focus on one body part (a toe) or scan from head to toe and check in with each stop along the way. The client can be in any position they feel best in (sitting, standing, or laying down). The aim is to be aware of the different regions of your body, and allow yourself to experience how each part feels, without trying to change anything. Just being with what is there. The advocate does not need to talk or provide guided meditation during this activity. Midway, ask the child client (and model yourself) to check in with their physical self, adjust whatever they need to be the most comfortable. Again return to silence. This is a critical activity because a serious and marked consequence of sexual violence is a disconnection with one's physical self. An appointment with an advocate can provide a safe and trauma-informed space and place to explore this issue. Give this activity approximately 5-10 minutes. The advocate and client can discuss how the activity felt (difficulties doing it, enjoyment in it, and purpose of it) after the activity.

In practice: Ask the child client for a song of the week. This can provide insight into how the client is feeling; discuss what about the song resonates with them. Also provide the option of silent time.

Cultural considerations should always be taken into account. A prominent issue is the use of interpreters during appointments. Children should never interpret for any adult. To make use of interpretation as smooth as possible, have connections within the community already established. Talk to interpreters ahead of time to make sure they are familiar with sexual assault and legal language, but also to be assured the interpreter is prepared to do their work in a trauma-based setting. An additional cultural consideration is to be familiar and adaptable to the needs of the specific population. For example, if the child is in a migrant farm-working family, consider particular growing seasons might impact the ability to keep appointments.

Status of Criminal Justice Investigation

Unlike many adult sexual assault cases, a high number of child sexual abuse disclosures will be reported to law enforcement for investigation due to mandatory reporting requirements. While the goal of advocacy is not to ensure a

successful criminal justice outcome, it is essential that advocates' actions do not negatively impact a potential criminal case. This is particularly important when working with young children, as the perception is that they are highly suggestible to false allegations of abuse. While those in the field understand that this is not common, the general public that makes up jury pools does not.

The most critical element of a child sexual abuse investigation is the child's investigative interview. If the child has not yet been interviewed, it is important that advocates and other professionals do not introduce new concepts or information related to the abuse to the child. It is easy to provide a young child with new language and understanding of their victimization for the purpose of their healing process, and this could change the outcome of their interview. It may be appropriate to explore this information once the case is further along.

The child has the right to have an advocate accompany them to their interview if they or their caregiver request it. This is often discouraged by law enforcement out of concern that if the child appears to be influenced in any way by the advocate's presence, it can be used by defense as evidence of a tainted interview. It is the advocate's job to uphold the child's rights, while also taking care not to interfere with the interview process. This is particularly important as child interviews are often video recorded.

In practice:

- If programs find that a child's right to have an advocate with them during the forensic exam is regularly not being respected in their community, this is an opportunity for systems advocacy with criminal justice partners.
- Explain that an advocate's role is to provide support to the child. Make it clear that you understand that you are not there to ask questions of the child or contribute to the investigation.

It helps to explain to the child before the interview what they can expect, including limits to the advocate's role during that time. Advocates can also find small ways to allow the child some control of the process.

In practice:

- It is important for advocates to not talk during the interview. This reduces the risk of becoming a part of the investigative record and later being subpoenaed as a witness in the case.

- Talk with the child ahead of time about what you can and cannot do during the interview. If possible, give choices like, “Where would you like me to sit during the interview?”

The interview can be an intimidating process and a child may not feel like they can interrupt, even if they are getting overwhelmed and want to take a break. Talk about this with the child ahead of time. Consider setting up a signal where the child can indicate comfortably that they need a break.

Once an interview has taken place, there is less concern about influencing a child’s statement. The advocate’s role is to provide information about the criminal justice system, answer the child’s questions about the criminal case, and be a support person during ongoing criminal justice appointments. Advocates can proactively address questions about an ongoing criminal case in a developmentally appropriate way during their time with the child.

In practice:

- Prior to a court hearing, the advocate may need to explain who the judge is. A developmentally appropriate way to explain a judge to a child is to talk about people who make rules. For example, children understand that teachers make the rules at school. A judge makes the rules in the court room.
- Most children will not have been in a courtroom before this process. It can be helpful to arrange a tour for the child ahead of time. Explain where everyone will sit during the hearing. Make sure you know where advocates are allowed to sit, and tell the child they can look for you there. If time allows, this is also an excellent time to play with the child in the courtroom. Take turns with the child in each role in the courtroom (judge’s chair, prosecution, defense attorney and the defendant, the witness chair, and the jury). Let the child direct the play and follow their lead. For example, a child in the judge’s chair might direct you in the witness chair to “tell your story of something that happened to you and you need to be brave and tell the story even though it’s scary.” Make up a story and role play.

Older children can benefit from this technique too, when followed up with more detailed information. Children should be encouraged to talk about their feelings, outside of the courtroom, throughout the process.

Remember, if the case does make it to trial, anyone who is called to testify (almost certainly the primary parent, if not additional family members) will need to be kept out of courtroom. An advocate may be the only person the child client is familiar with in the entire courtroom when they testify. This enforces the need to build a relationship through ongoing advocacy. If a case does not make it to trial, or if there is not a conviction, an advocate providing ongoing services is still appropriate.

Ongoing Services for Children

A relationship with an advocate can increase positive outcomes for sexual assault victims. These positive outcomes are related to decreased anxiety, increased self-efficacy, and increased resilience, which can be fostered through the use of the empowerment model. At its core, the empowerment model focuses on survivor strengths and choice. Children have significantly less control over their environments, which provides some challenges in the use of the empowerment model; therefore, advocates have to make a concerted effort to provide as many options as possible for the child to exercise their autonomy throughout their relationship with the advocate. WCSAP has developed materials for child sexual abuse prevention that can be utilized in a limited capacity within the advocacy relationship. The guidance provided around the use of these materials can help child advocates to identify the types of conversations and activities that fall within their role. They can be found on the WCSAP website, under the Working with Survivors section.

In practice: The advocate should give the child their business card so they can contact the advocate if they choose. Even if the child is too young to use the phone independently, having a business card still provides the child with a sense of control over their situation.

In practice: If and when another appointment is going to be scheduled, give the child client a say when they want to meet. It can be very empowering to be in control of the adults in this situation. If the child picks to have another appointment and a time they prefer, confirm with the parent that the time will work.

All advocacy services are highly individualized and ongoing work with children is dictated by their unique needs. Besides criminal investigations, advocates may be involved when the child experiences issues at school, or their family becomes involved with child welfare services. However, advocacy services can be as simple as one-on-one appointments in which the child client directs the session. It can be useful to have an activity or topic prepared for the appointment, but

ultimately what is done in the appointment should be directed by the client. By incorporating some simple approaches and activities, advocates can promote healing and build protective factors in every interaction with a child survivor.

In practice: The advocate has prepared a feelings activity. The child client does not want to focus on feelings today. The advocate should ask what they would like to do instead. For example, they might propose dancing to Taylor Swift's song "Shake It Off." After the dancing, the advocate can explore what the client likes about the song, about dancing, etc. This is a way to explore coping mechanisms and promote resiliency.

Relationship with Parent(s)

The relationship with the parent is going to be determined by the availability of separate advocates. Regardless of who is providing the services, it is vitally important to see and work with the parent as a full person and client themselves, as a secondary survivor, rather than only the path to promoting wellness to the child. This includes if the parent is non-supportive or questioning the child's story. There are many reasons a parent may struggle in supporting their child. They could be a survivor of sexual assault themselves. Or they could be facing several barriers to basic needs like work, housing, employment, and the assault isn't going to be a top priority for them at this time. Or they might simply not be your idea of an ideal caregiver. No matter what, it is essential we operate from a place of unconditional nonjudgmental positive regard and recognize our own cultural bias. To best service both survivors, focus on each of their own experiences and perspective, rather than the parent solely informing the advocate on the child's behaviors.

In practice: A parent is concerned the child client is not going to be able to testify and the offender is going to "get away with it." The parent states that they don't know if the child is ever going to be okay without justice. Explore the concepts of justice and healing with the parent. Differentiate what is their fear for themselves and what is the fear for their child. For example, why is "justice" so important to them? Provide information about childhood sexual assault and the importance of self-determination over formal justice for long-term healing. Provide options on building a safer environment that may allow the child to more comfortably testify.

Advocates are in a great position to model focusing on the parent's experience and limit the amount the parent shares about the child. Ideally, this practice would carry over into their personal lives, allowing for:

- The parent to receive support for their experience rather than relying on sharing details of the child's experience to elicit support, and
- Allowing the power of disclosure about the incident and/or its impact to remain with the child. Sharing only when they decide who, when, where, and what they want to share.

During this developmental period of time (five-12) children become increasingly concerned with their appearance. Also, just like adult clients, it is okay if child clients lie to or withhold information from the advocate. This is a rare benefit for a child of working with system professionals and a privilege we have as advocates. It is critical the advocate working with the child believes the child's reality over the parent's reports.

In practice: The parent reports tantrums. It is appropriate to try to explore this with the child client, but if the child reports everything at home is great-- believe them. Advocates follow where their client leads.

Children are limited in providing for their own needs. However, we can operate from an empowerment model when trying to negotiate these needs from child to the parent. Explore the need with the child client, help brainstorm options, and discuss short-term and long-term consequences of each option. Advocate for whatever option the child client decides.

In practice: The child client brings up having trouble sleeping because they are afraid of the dark. Validate and normalize these fears. Discuss options: using a night light, keeping a hall light on, or having a small flashlight in bed with the child. Ask the child what they think about each one. Do different methods work better in certain situations? For example, when sleeping over at a friend's house?

The parent needs to be on the same page if the child is going to have initial and ongoing access to their preferred coping mechanism. To operate from an empowerment model, the advocate should ask the child to direct how they are going to get this mechanism from the parent. Do they want to ask the parent themselves? Alone? With the advocate present? Do they want the advocate to talk to the parent? Ask the child client what they are okay with you saying and

what they want you keep confidential. This is something they can control, so give them control.

When There is Only One Advocate Available

Be clear from the onset of services with both parties that you will be receiving information about both clients, and about what you can and cannot share with each other. It is especially important the parent understands the importance of keeping what the child shares in one-on-one sessions confidential. If the parent shares information about the child during their one-on-one again, ask yourself how much detail do you need and focus on their experience. This may include problem solving behavioral issues, but avoid sharing what you know from the child's perspective; use what we know is true in general for child survivors. As much as possible get permission from each party to discuss something from individual sessions, especially if you feel it is important to build trust to let the other party know you know it. Utilize direct communication skills.

In practice: The parent brings up the child has had more tantrums recently. Ask the parent if they are okay with you letting the child know you both talked about this. If the parent agrees, then directly bring it up in the session with the child. For example, "when I met with your parent earlier they said things have been harder at home lately. How's it been going for you?" If the child says everything is fine, believe them and move on. If they agree and want to talk about it, process it like normal.

Emotional and Behavioral Reactions

The trauma of child sexual abuse manifests differently in each child. Some children become anxious and depressed, resulting in symptoms such as withdrawal and nightmares. Other children become hyper-active and begin to have a difficult time controlling their emotions and behavioral reactions. They may try to control everything about their environment in an attempt to reestablish some sense of self efficacy. Other children may not have any observable behavioral symptoms at all. The advocate can help to normalize any of these behavioral responses for both the child and the parents.

In Practice: "Has your child's behavior changed?" "Are you experiencing any parenting challenges?"

The advocate's role is not to try to address or solve behavioral issues. It is the role of a therapist to address the trauma response. If the child is experiencing a lot of trauma resulting in behavioral changes, it is possible a therapist who is

experienced in working with child sexual abuse survivors can help address these behaviors. The advocate should facilitate a referral to a therapist to address these types of emotional and behavioral issues. It is the responsibility of the sexual assault advocacy program to have community partnerships with therapists to ensure the best possible referrals. A therapist should be not only trauma-informed, but ideally also experienced in working with childhood sexual assault. If the child does not want to engage in therapy, that is their choice and an advocate should support whatever their client wants regardless of personal opinion.

The advocate can help increase the child's coping skills to deal with strong emotional reactions, particularly in preparing for events such as interviews and medical evaluations. Answering any questions the child may have can reduce anxiety; information goes a long way toward making all people more comfortable. It also helps to ask if there is anything specific that they are worried about. After addressing immediate questions and concerns, advocates can help children practice calming exercises. Common techniques that are useful with any client can be geared specifically to appeal to children.

In practice: Rather than just teaching breathing techniques to use when triggered, children can be taught to pretend to blow bubbles. It accomplishes the same goal, but in a way that is more engaging and likely to be remembered by a child.

Common Concerns of Child Sexual Assault Survivors

Another particularly helpful function of an advocate can be to help a child and their parent identify when a child is concerned about what is happening after their disclosure. Several aspects of the child's life can be altered following their disclosure. This can be scary and sad. Considering the statistics, it is likely the child knows and cares about their offender. As a result of grooming, they might not want the relationship to end, just for the offending behavior to end. They also may grieve the loss of connected family members. Incest will often heavily divide nuclear and extended family units. A child may talk to you about their upcoming birthday and their concern they won't be able to celebrate like they usually do. For example, they may not be able to do a special day with their aunt (offender's wife) or express concern about receiving fewer gifts.

Advocate response should include active listening, validating the emotion, and exploring the concept with open-ended questions (avoid "why" questions as they require a client to justify their statement). Use the language the client uses. For

example, if the offender is a family member ask the client what they want to call them. This may vary from their name, their title (like uncle), or “the bad guy.” Older clients might use stronger language. Whatever way they want to refer to the offender and what happened to them is how you should refer to it.

It is the role of a therapist to address the underlying emotions that lead to the physical and psychological expressions. However, advocates can address concerns and worries with children when observed, and provide information and exploration; this is a very powerful tool to promote healing in children. In doing so, advocates are also modeling this intervention for parents so they are better able to respond when they hear the child using a negative thought pattern. Below are some common concerns child survivors may express and ways that an advocate can respond.

Expressed Concern	Advocate Response
It’s my fault.	I hear you saying something is your fault. What do you feel like is your fault? Has someone told you it’s your fault or do you feel that way on your own?
Everyone knows what happened to me.	Some people will know what happened to you, that’s true. Like the police. But we can talk about who you’re okay with knowing and who you don’t want to know. Then, if you want, we can talk to your parent and let them know what you want. How does that sound?
When will I be normal? When will this be over?	That’s a big question. When do you think it would be over? Like after trial? Or when you “feel normal?” What does normal feel like for you? How would we know when you got there?
What’s going to happen to my offender? Or their family?	I’m not sure what will happen. Things will likely be different. You might not be able to go to your aunt’s house anymore. And the offender might go to jail. Or they might not. How do you feel about your offender? What do you want to happen?
What if they don’t believe me? Why doesn’t my parent/teacher/cousin believe me?	Sometimes it’s hard for people to believe someone they care about can hurt kids. It doesn’t mean you’re lying

	<p>or your cousin doesn't love you. But it can be very hard to have your cousin not believe you. Do you want to do anything to try to get them to believe you? (Make sure you address that they don't have control over how someone else responds or believes, in an age appropriate way.) Who do you think believes you? Is it enough that your parent and sister believe you?</p>
--	---

Ending Advocacy Services

Advocates can facilitate intentional discussion and activities with child survivors to identify strengths, increase feelings of safety, foster a sense of self efficacy, and create supportive connections. WCSAP has several resources on facilitating activities during appointments. However, if the child client does not want to meet with an advocate this should be respected. Explore options with the client, for example how they want to talk to the parent about ending services with an advocate. Develop an emotional safety plan with the child and a plan for reengaging in services if they would like to do so in the future. Remind the parent that they can continue services on their own if they want to. They do not need the primary survivor to receive services in order to receive services themselves.

Partnering with a Therapist

Therapists can be a critical component of a child's support system and healing process following abuse. While there are significant areas of overlap between a therapist and an advocate, it is because of their differences that they are both important members of a child's professional team after a disclosure.

Differences between Advocacy and Therapy

Advocacy	Therapy
<ul style="list-style-type: none"> • Crisis intervention • Coping with symptoms • Normalizes and validates • Provides information and options • Identifies cognitive distortions • Broad focus on all potential elements of victimization 	<ul style="list-style-type: none"> • Processing trauma • Alleviate symptoms • Deeper exploration of feelings • Gives specific advice • Resolution of cognitive distortions • Specific focus on emotional and behavioral responses only

Facilitating Therapy Services for Child Survivors

In some communities, the advocacy agency may play an important role in ensuring that there are specially trained and accessible therapists for child survivors. However, there is no one way to heal from sexual trauma. Self-determination and autonomy, feeling like you are being heard, and social support are the most important factors in healing. Therapy services are valued differently from individual to individual and from culture to culture. Advocates need to be able to engage with survivors from different cultures who may require specialized cultural support outside of therapy or in addition to therapy. It is not the role of an advocate to talk a client into therapy, or any referral, including our own services. Many children are reluctant to participate in counseling because they don't want to talk about what happened or they may believe that going to therapy means something is wrong with them. The advocate can help to alleviate the anxiety of going to therapy by normalizing the act of counseling, answering the child's questions, and sharing information about the therapist to increase the child's comfort. Call WCSAP or refer to the resource "What an Advocate Needs to Know about Therapy" if additional information is needed.

Coordination of Advocacy and Therapy Services

After an initial referral to either a therapist or cultural leader, it may become beneficial to have a release between the advocate and the other provider; however, the only person who can decide it is beneficial is the client, including a child client. While it is common practice in most agencies for a legal guardian to sign a release for a minor who is 12 or under, the child should still be included in the discussion around the release as much as possible and given control over what is shared. Any release should be as specific as possible in scope and should expire in a reasonable amount of time for the goal to be accomplished (but no more than 90 days). It should never allow an advocate and therapist to have a full disclosure release/relationship. If, in the course of advocacy, information is learned that may be relevant or helpful to the therapist's work with the child, the advocate can explore the pros of a release with their client. Advocates can help to facilitate direct communication between the parent and the therapist or coordinate a release of information at the parent's request and the child's approval. Releases need to be client-driven and based on empowerment.

There are legal considerations for releases and there are ethical considerations. It is legally required for advocates to have a signed release of information to give out client information. Advocates can also incorporate ethical standards of confidentiality for what information they receive about their client. This ethical

supports self-determination of the client to solely decide when and what they share with an advocate. This is a unique privilege of working with an advocate. Clients choose what information to share with an advocate, and what information to share with others or keep to themselves. Although it can feel useful to have additional information about your client (from a parent, law enforcement, or school system) an advocate should always ask themselves whether their client would want them to have the information, and what purpose having the information will serve.

In practice: A client wants you to find out from their school if their peer offender is being moved to a new district. The client only wants you to acknowledge they are receiving services, no additional information. A release of information can be used to specify what information to give and what information to receive as an empowerment tool.

Specific Examples of What Can and Cannot be Released During the Conversation with the School System:	
<p><u>What you can release:</u></p> <ul style="list-style-type: none"> -Client is currently receiving sexual assault advocacy services. -General information about sexual assault, sexual assault trauma, Title IX information. 	<p><u>What you cannot release:</u></p> <ul style="list-style-type: none"> -Opinion on how the client is doing. -Trauma symptoms the client is exhibiting. -Client’s short or long term plans. -Status of a criminal case. -Opinion on what the school should do.
<p><u>What you can receive:</u></p> <ul style="list-style-type: none"> -Where the offender is moving. -When the offender is moving. -Any interim measures the school is planning to assist the survivor in being able to attend school. 	<p><u>What you cannot receive:</u></p> <ul style="list-style-type: none"> -The client’s grades. -Client’s behavioral problems, if an -Client’s attendance. -Parent-teacher meeting information. -Counselor/teacher/administration’s opinion on client.

In practice: A parent wants releases to be signed by a therapist and an advocate so the advocate can assist in a crime victim compensation application for reimbursement for therapy services. The advocate, parent, and child should discuss what the purpose of the release is and what information the advocate would be releasing and receiving. The boundaries surrounding releasing and receiving information should be determined by the parent and the child. In this example, an advocate should only release that they are working with the family and assisting with the crime victim compensation application. They should only receive

what days and times the child met with the therapist. If the therapist begins to talk about their sessions with the child it is appropriate to stop the therapist. "I'm sorry, but it's not in our releases for us to talk about that right now. If you feel like it's important for us to talk about it, we'll need to discuss it with the parent and child beforehand."

The advocate can also help to reinforce the skills the child is learning in therapy by asking the child what techniques are being used to help the child cope when they are sad or anxious. These techniques can then be used by the advocate at other times or appointments when the child may be experiencing stress. The application of these skills during triggering situations helps the child practice utilizing the techniques and reinforces their effectiveness.

In practice: If the child is particularly worried about an appointment, such as a defense interview, it would be helpful to consult with the therapist about what anxiety techniques have been taught to the child. In advance of the interview, ask the child what they remember about how to help stay calm.

It is always good to ask what the child thinks will work before automatically providing the technique. This increases the child's sense of self efficacy. If they can't think of anything, then use the technique suggested by the therapist.

Conclusion

While an advocate's work with non-offending parents or caregivers can provide essential tools, resources, and support to promote healing for children, working directly with young survivors should be considered an essential element of advocacy services in child sexual abuse cases. Be genuine and honest in your actions with clients. Accounting for a child's development, being attentive to the status of the criminal justice process, maximizing opportunities for ongoing advocacy, and coordinating with therapy services and culturally-based healing services can all help to ensure that advocacy with children is most effective in promoting healing and resilience.