

Child Advocacy Centers in Israel: Perceptions of Best Practices and Operational Challenges A Formative Evaluation Study

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Abstract

Background

Child advocacy centers were first established in the US in 1985 in response to child abuse. Their establishment in Israel, starting in 2002, had several purposes: (1) Prevent additional victimization and secondary traumatization of child victims; (2) Provide preliminary assistance and initial intervention for child victims of sexual and physical abuse who are subjected to neglect; (3) Enhance the quality of questioning by child and juvenile interrogators. The service is provided through sensitive, available and effective holistic intervention by a multidisciplinary team that operates literally under a single roof. The child advocacy centers in Israel operate under the responsibility of the Ministry of Welfare and Social Affairs (hereafter, Ministry of Welfare), in collaboration with a wide range of relevant administrative and professional agencies.

Objective

The overarching objective of the study is to provide policymakers with information that would help optimize the work carried out in the child advocacy centers. The research questions are as follows: What are the challenges and best practice principles in operating the centers, as perceived by those involved in operating them? Are there any differences between the centers? Which? What are the implications of management of advocacy centers by a director employed by an NGO as opposed to those employed by the Ministry of Welfare? How did the COVID-19 period affect the centers' work, and what conclusions have arisen with regard to operating the centers in times of emergency and crisis?

Method

This qualitative study included 35 semi-structured in-depth interviews: 11 with administrators in the Ministry of Welfare, the Ministry of Justice, the police, and the Efshar Association, that provides Child Advocacy Centers; 8 with center directors; and 16 with juvenile justice social workers, child and juvenile interrogators, doctors, and attorneys.

Main Findings

The study highlights eight best practices for operating child advocacy centers: trauma-aware intervention with the child victims and their family members; ensuring the accessibility and suitability of the intervention, according to the characteristics and needs of the children and families; ensuring continuity of services for the

children and their families; cooperation and synergy among the various professionals; optimal management of a multidisciplinary team; strengthening the team's resilience; focusing on fully realizing the case potential within the target population; and positioning the advocacy center as a knowledge center. It was also found that the advocacy centers adapted their operations to the restrictions imposed during COVID-19 and provided service even during lockdowns, as well as in times of security tensions.

The interviews did not suggest any significant differences between directors employed by an NGO or by the Ministry of Welfare in terms of practices, role perceptions, and coping with management challenges.

Conclusion and Recommendations

The centers were found to vary with regard to each of the eight best practices. They were found to be similar mainly in implementing the principle of trauma-aware work. The difference between the centers that was perceived as most significant was in the level of cooperation and synergy between the various professionals. It was also found that the level of cooperation and synergy between the various professionals affected additional operational aspects, and that the higher it was, the higher the quality of services provided.

The findings point to several recommendations for best practices:

1. Continue implementing the trauma-aware approach in working with victimized children and their family members
2. Continue improving the children's and families' access to interventions and the adjustment of the services to the characteristics and needs of the children and their families
3. Promote service continuity by following up on the children and their families
4. Emphasize improved collaboration between the various professionals at the centers
5. Act to improve the management skills of center directors with regard to managing a multidisciplinary team
6. Emphasize the professionals' resilience
7. Act to increase the number of children and families arriving at the advocacy centers and fully realizing the case potential within the target population
8. Act to position the advocacy centers as knowledge centers on physical and sexual abuse of minors for professionals in the community, and to formulate a professional doctrine that will contribute to optimizing center practices
9. Improve the employment conditions of advocacy center directors employed by the Ministry of Welfare
10. Adjust the interventions provided at the center to periods of crisis and emergency